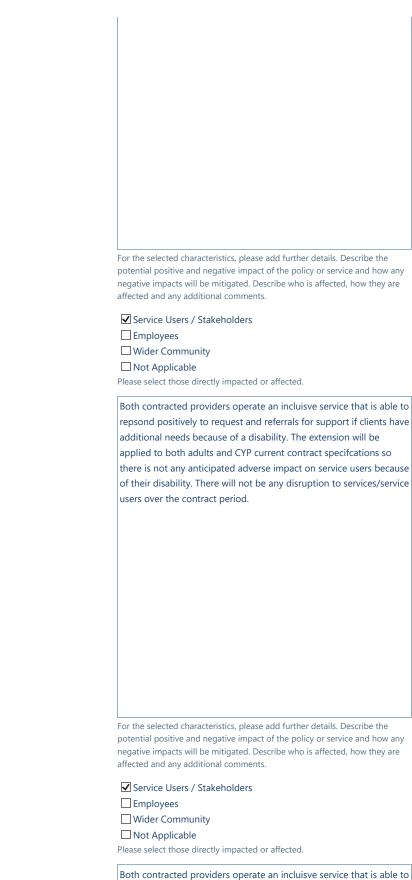
Title of proposed EIA *	12 month extension to Adult's and Children and Young People's Sul Please provide the title of your policy or service area.
Reference No	EQUA899 Please do not amend. A reference number will automatically be applied once the form is saved.
EA is in support of *	Amended Service
Review Frequency *	Six Months Please select how regularly you plan to review the assessment.
Date of first review *	24/10/2022
	Based on the review frequency, please enter the date when your first review will take place.
Directorate *	You can't leave this blank.
Division	Public Health
Service Area	Health Protection
	Please add if applicable
Responsible Officer(s) *	John Freeman X
	This is the person responsible for completing, submitting and reviewing the assessment. If you get the message 'The user does not exist or is not unique'. Please enter the full email address.
Quality Control Officer(s) *	Chris Baggott ×
	This is the person responsible for checking the quality of the assessment. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.
Accountable Officer(s) *	Marion Gibbon X This is the person responsible for making the final decision on the EIA and the policy, plan, procedure etc. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.
Purpose of proposal *	Extension to current contract arrangements for 12 months (April 20)
Data sources	Survey(s)
	✓ relevant reports/strategies
	✓ Statistical Database (please specify) □ relevant research
	Other (please specify)
	What sources of data have been used to produce the screening of this policy/proposal? (Please tick all that apply)
Please include any other sources of data	contract management reports
ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS	Include how any potential negative impact be removed or mitigated.
Protected characteristic: Age *	 Service Users / Stakeholders Employees Wider Community Not Applicable Please select those directly impacted or affected.
Age details:	The extension will be applied to both adults and CYP current contract specifcations so there is not any anticipated adverse impact on service users because of their age. There will not be any disruption to services/service users over the contract period.



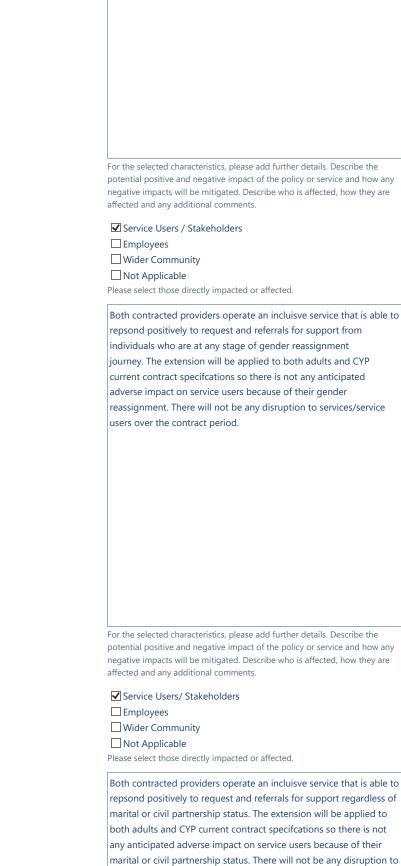
repsond positively to request and referrals for support regardless of sex and gender identity. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their sex and gender identity. There will not be any disruption to services/service users over the contract period.

Protected characteristic: Disability *

Disability details:

Protected characteristic: Sex *

Gender details:



services/service users over the contract period.

Protected characteristics: Gender Reassignment *

Gender reassignment details:

Protected characteristics: Marriage and Civil Partnership *

Marriage and civil partnership details:

Protected characteristics: Pregnancy and Maternity *

Pregnancy and maternity details:

Protected characteristics: Race *

Race details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated.

Service Users / Stakeholders

Employees

Wider Community
Not Applicable
Please select those directly impacted or affected.

Both contracted providers operate an incluisve service that is able to repsond positively to request and referrals for support and continuity of care for individuals who pregnant or new mothers. The extension will be applied to both adults and CYP current contract specifcations so there is not any anticipated adverse impact on service users because of pregnacy or maternity status. There will not be any disruption to services/service users over the contract period.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users / Stakeholders
 Employees
 Wider Community
 Not Applicable
 Please select those directly impacted or affected.

Both contracted providers operate an incluisve service that is able to repsond positively to request and referrals for support for clients from all races and ethnicities. consideration is given to meet language and different cultural needs. The extension will be applied to both adults and CYP current contract specifications so there is not any anticipated adverse impact on service users because of their race and ethnicity. There will not be any disruption to services/service users over the contract period.

	For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.
Protected characteristics: Religion or Beliefs *	 Service Users / Stakeholders Employees Wider Community Not Applicable Please select those directly impacted or affected.
Religion or beliefs details:	Both contracted providers operate an incluisve service that is able to repsond positively to request and referrals for support regardless of religion and/or beliefs. The extension will be applied to both adults and CYP current contract specifcations so there is not any anticipated adverse impact on service users because of their religion and beliefs. There will not be any disruption to services/service users over the contract period.
	For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.
Protected characteristics: Sexual Orientation *	 Service Users / Stakeholders Employees Wider Community Not Applicable

Sexual orientation details:

Please select those directly impacted or affected.

Both contracted providers operate an incluisve service that is able to repsond positively to request and referrals for support regardless of a clients sexual orientation. The extension will be applied to both adults and CYP current contract specifcations so there is not any anticipated adverse impact on service users because of their sexual orientation. There will not be any disruption to services/service users over the contract period.

	For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.
Socio-economic impacts	Deprivation and poverty have been linked to problematic drug use and higher prevalence of substance abuse, with those at the "margins" of society most at risk (e.g. in care, in the criminal justice system, in mental health services and homeless people). The residential location of current service users in drug treatment shows significant variation across the City which reflects a possible association with deprivation and poverty. Both contracted providers operate an incluisve service that is able to repsond positively to request and referrals for support regardless of
	their socio-economic status. The extension will be applied to both adults and CYP current contract specifcations so there is not any anticipated adverse impact on service users because of their status. There will not be any disruption to services/service users over the contract period.
Please indicate any actions arising from completing this screening exercise.	The extension will be applied to existing arrangements in terms of eligible client groups and the service models and required outputs and outcomes so it is not anticipated that there will be any actions required to address adverse impact.
Please indicate whether a full impact assessment is recommended	NO Solution If yes, please continue to complete the remaining questions. If no, please go to the quality control section below.
What data has been collected to facilitate the assessment of this policy/proposal?	
Consultation analysis	What are the main findings from the analysis of the data?
Adverse impact on any people with protected characteristics.	Who was consulted, what are the results of the consultation exercise?
Could the policy/proposal be modified to reduce or eliminate any adverse impact?	Based on the analysis of the data does the policy/proposal have any adverse impact?
How will the effect(s) of this policy/proposal on equality be monitored?	Can the policy/proposal be modified to reduce or eliminate any adverse impact? on any particular group(s)?

What data is required in the future?

Are there any adverse impacts on any particular $\operatorname{group}(s)$

If yes, please explain your reasons for going ahead.

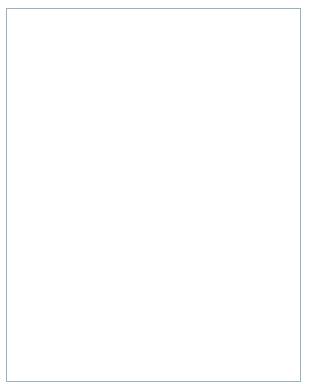
Initial equality impact assessment of your proposal

Consulted People or Groups

Informed People or Groups

Summary and evidence of findings from your EIA *

Please describe the data needed to ensure effective monitoring of this policy/proposal?



Please give details on any initial assessment carried out. For a full assessment please complete the rest of the form. AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX.

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The proposal to extend the two current contracts is not expected to have an impcat of the delivery of services to eligible clients because of their protected characteristics or socio-economic status. the services are universal in terms of access.

Please add any documents including any consultation or engagement findings. Attach any source data using the attachment button above. Please include how you will mitigate against any negative impacts. Submit to the Quality Control Officer for reviewing? Please tick this box and 'Save' the document once you have finished. Your nominated Quality Control Officer will by notified to review the assessment and decide whether it can proceed for approval or reject it. Extension to exisiting fully inclusive service - no changes or concerns with impact on protected characteristics Please untick 'Submit to quality control officer box' before saving. Proceed for final approval 🗸 IMPORTANT: Quality Control Officer - Please untick the above box 'Submit to the Quality Control Officer for reviewing?' before provide your decision. Submit draft to Accountable Officer? \checkmark Quality Control Officers only - Please tick the box when you are happy for the assessment to be submitted for approval. \checkmark IMPORTANT: Accountable Officer - Please untick the above box 'Submit draft to Accountable Officer' before providing your final decision. Date approved / rejected by the Accountable Officer 0 ✓

Please print and save a PDF copy for your records

QUALITY CONTORL SECTION

Quality Control Officer comments

Decision by Quality Control Officer

Decision by Accountable Officer

Reasons for approval or rejection

Version: 26.0

Created at 25/04/2022 09:56 AM by John Freeman

Last modified at 25/04/2022 03:10 PM by Workflow on behalf of - John Freeman

Cancel

Save