

Equality Impact Assessment: Screening Tool

When contemplating a new project, the planning process should take account of intended and unintended impacts on people protected by equalities legislation and on all disadvantaged groups.

For the purposes of Equality Impact Assessment, the term project includes:

- New policies and services
- Significant changes to existing policies or services
- Advice to, or collaborations with, partner organisations.

Services and amenities should be targeted according to need so that people who are most disadvantaged are prioritised and protected from negative health impacts.

Equality Impact Assessment includes the following:

Race	Religion/belief
Gender	Marriage and civil partnership
Disability	Pregnancy and maternity
Gender reassignment	Socio-economic disadvantage
Sexual orientation	Welsh language
Age	

Undertaking an Equality Impact Assessment **at an early stage of the planning process** and with involvement of the relevant groups ensures that equity issues are addressed. Identification of negative impacts, especially where no mitigation is planned, indicates the need to find a better way forward. This can be done by adjustments to the project or, if necessary, by means of a more detailed impact assessment.

Guidance notes are available to assist in completion of this Equality Impact Assessment screening tool.

Title of project	Substance Use and Misuse Policy
Date of assessment	July 2016
Completing officer	Jane Rees, Staff Health and Wellbeing Manager
Whose needs will the project address? (e.g. whole administrative area, specified population group)	Policy applies to all staff in the organisation
What is the project designed to achieve?	<p>This policy is designed to help protect workers from the dangers of drug and other substance misuse and to encourage those with a drugs problem to seek help.</p> <p>It also seeks to highlight the potential dangers to the health and safety of drinkers and drug misusers and their colleagues if an alcohol/drugs problem is untreated, and the importance of early identification and treatment of an alcohol problem.</p> <p>An alcohol or drugs problem may be an illness to be treated in the same way as any other illness.</p>
Will people whom the project could potentially benefit be subject to access problems? Please consider matters such	<p>No access problems identified.</p> <p>The policy aims to support staff irrespective of their language and is available in both English and Welsh.</p>

as location, gender of practitioner, medium and language.

Please consider the following population groups and describe the project's potential impacts.

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No change
Race (consider ethnic group, language difficulties, health beliefs, etc.)	The policy has a positive impact in that it offers the same levels of support regardless of race.	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:* Evidence exists to indicate that substance use and misuse levels vary between different ethnic groups. The UK Drug Policy Commission (UKDPC) states that in general, drug use is lower among ethnic minority groups than in the white population. Reported drug use prevalence is highest among those from mixed ethnic backgrounds, however when the younger average age of this group is taken into account, their drug use levels are similar to those in the White population. Lowest overall levels of drug use are reported by people from Asian backgrounds. Men are more likely than women to use any illicit drugs in many ethnic groups, particularly among Asian, White and Chinese/other groups. Black and mixed race men and women have similar levels of use.</p> <p>69% of our staff have indicated their ethnic group; of this proportion, 67% are White, and the remainder are Mixed - Any other mixed background 0.1%, Asian or Asian British – Indian 0.6%, Asian or Asian British – Pakistani 0.2, Asian</p>			

or Asian British – Bangladeshi 0.1, Asian or Asian British - Any other Asian background 0.2, Asian Tamil 0.1, Black or Black British – Caribbean 0.1, Black or Black British – African 0.3, Chinese 0.1, Any Other Ethnic Group 0.2 and Japanese 0.1.

A range of EQIAs undertaken by other organisations found that their related policies did not affect one group less or more favourably than another on the basis of race or ethnic origin.

Gender	The policy has a positive impact in that it offers the same levels of support regardless of gender.	Mitigation:	Opportunities:
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Factors emerging from consulting this group:*

There is widespread evidence that adults in Wales drink in excess of the daily recommended units of alcohol. Alcohol Concern reported that according to the General Lifestyle Survey (2011), 34% of men and 28% of women drank more than recommended (4 units for men, 3 for women) on at least one day in the week preceding the survey. Of these, 18% of men and 12% of women drank heavily (at least twice the recommended limits) on at least one day during that week. Excluding those who didn't drink at all in the last week, the figure rises to 27% of men and 22% of women.

The gender breakdown of the organisation is approximately 80% female and 20% male.

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No change

Disability: physical, mental and sensory (consider access, communication, etc.)	The policy has a positive impact in that it offers the same levels of support regardless of disability.	Mitigation:	Opportunities:
<p>Factors emerging from involving this group:* There is a lack of evidence concerning drug misuse in the disabled, but evidence does exist that use of alcohol is more common than substance misuse.</p> <p>2% of our staff have indicated that they have a disability, but this information is not known for 51% of staff.</p>			
Gender reassignment	The policy has a positive impact in that it offers the same levels of support regardless of gender reassignment.	Mitigation:	Opportunities:
<p>Factors emerging from involving this group:* Some research indicates that transgender people experience lower self-esteem and higher rates of mental health problems and these have an impact on health behaviours, including higher reported rates of smoking, alcohol and drug</p>			

use.

We do not currently hold data on staff who have undergone/are undergoing gender reassignment.

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No change
Sexual orientation (consider access to services, issues of prejudice, etc.)	The policy has a positive impact in that it offers the same levels of support regardless of sexual orientation.	Mitigation:	Opportunities:
Factors emerging from consulting or involving this group: The NHS Choices website indicates that lesbian and bisexual women tend to drink more and have more binge-drinking sessions than heterosexual women. Gay and bisexual men don't appear to drink any more than heterosexual men. Of the 61% of our staff who have disclosed this information, 59.4% indicated they are heterosexual, 0.42% gay, 0.42% bisexual and 0.24% lesbian.			
Age e.g. children and young people, older people, physical and/or mental frailty.	The policy has a positive impact in that it offers the same levels of support regardless of age.	Mitigation:	Opportunities:

Factors emerging from consulting or involving this group:

Alcohol Concern reported that according to the General Lifestyle Survey (2011), older people tend to drink more frequently than younger, but younger people tend to drink more heavily on a single occasion than older people. The Welsh Health Survey in 2012 showed that across the principality, 42% of adults reported drinking above the recommended guidelines on at least one day in the previous week, and 26% reporting binge drinking (twice daily guidelines) on at least one day in the past week.

Table below indicates current age profile of our staff:

Age Band	Headcount	%	FTE
<20	3	0.18	3.00
20-25	61	3.64	58.04
26-30	153	9.13	141.92
31-35	206	12.30	182.75
36-40	230	13.73	200.44
41-45	233	13.91	197.42
46-50	258	15.40	229.69
51-55	273	16.30	245.93
56-60	188	11.22	162.47
61-65	55	3.28	41.91
66-70	11	0.66	6.97
71+	4	0.24	2.81
	1,675	100.00	1473.35

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No change
Religion or Belief (consider belief or non-belief, culture traditional way of life, etc.)	The policy has a positive impact in that it offers the same levels of support regardless of religion, belief or non-belief.	Mitigation:	Opportunities:
Factors emerging from consulting or involving this group:			
Marriage and civil partnership	The policy has a positive impact as it offers the same levels of support regardless of marriage/civil partnership status.	Mitigation:	Opportunities:

Factors emerging from consulting or involving this group:

According to the Health and Social Care Information Centre, single adults were more likely to have taken drugs during 2012-13 than any other marital status (15.3% in single adults compared to 8.7% of co-habiting adults and 3.1% of married adults).

Other evidence has found that married women generally drink more heavily than single women, widows or divorcees while men who are happily married drink less than their bachelor friends and significantly less than divorced men. Previous studies have shown that, overall, married people tend to drink less than non-married people, suggesting that a more settled home life can promote good health, but previous research had not further separated married and non-married groups by gender.

Of the 81% of staff who have declared this information, 55.2% are married, 26.8% single, 6.3% divorced, 0.84% in a civil partnership, 0.78% are legally separated and 0.84% are widowed.

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No change
Pregnancy and maternity		Mitigation:	The policy applies equally regardless of pregnancy and maternity status. Opportunities:
Factors emerging from consulting or involving this group:			

The needs of the foetus/dependants should be taken into account when this policy is being used for staff who are pregnant, or have just given birth/have caring responsibilities.

Socioeconomic disadvantage (consider low income, no car, poor housing, unemployment, homelessness, etc.)	The policy has a positive impact in that it offers the same levels of support regardless of socioeconomic status.	Mitigation:	Opportunities:
<p>Factors emerging from consulting or involving this group: According to the Health and Social Information Centre, there is a drug dependence relationship between drug dependence and household income i.e. the prevalence of drug dependence increased as household income decreased. Alcohol Concern reported that alcohol-related mortality rates were higher in the most disadvantaged socio-economic class than in less disadvantaged classes</p> <p>We do not currently capture information relating to our staff and their socio economic status.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No change
Human Rights (consider rights to dignity, family life, etc.)	This policy focuses on early intervention and proactive, supportive approach.		

		Mitigation:	Opportunities:
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Welsh language (ease of communication, preference for first language, etc.)		Mitigation:	The policy will be made available in Welsh should a member of staff request it. Opportunities:
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How will the impact of the project on groups covered by this Equality Impact Assessment be monitored?	Annual monitoring to be established to consider demographic of staff requiring support from the policy.
After what	Annually

period will results be reported?	
Who will be responsible for monitoring and reporting?	Jane Rees, Staff Health and Wellbeing Manager

* Legal requirement to consult race and gender groups and to involve disability groups.

A copy of this form should be sent to your Executive Lead for scrutiny in collaboration with the Lead for Health Inequality.