

APPENDIX FIVE

HARINGEY COUNCIL

EQUALITY IMPACT ASSESSMENT FORM



Service: Drug & Alcohol Action Team

Directorate: Safer & Stronger Communities

Title of Proposal: Reduction of funding to COSMIC

Lead Officer: Marion Morris

Names of other Officers involved: Inno Amadi

Step 1 - Identify the aims of the policy, service or function

State what effects the proposal is intended to achieve and who will benefit from it.

Following the Government's comprehensive spending review (20th October 2010) many of the grants that used to come to local authorities have been either trimmed or cut completely. Specifically the Area Based Grant, which the DAAT have used to commission the COSMIC (a service for children affected by parental substance misuse). This service is delivered by Haringey Advisory Group on Alcohol – the boroughs' voluntary sector alcohol service.

Whilst **this** EIA is specifically addressing the cuts to this service it should be noted that HAGA is being hit by a range of further cuts, which in their totality amount to the end of some key services for people with alcohol problems in Haringey. Alcohol services have historically received a disproportionate amount of 'funding'. The alcohol allocation is made up largely of mainstream health and social care monies and more recently the ABG. This is in comparison to the drug treatment which has benefitted from a separate 'ring-fenced' budget (Adult Drug Pooled Treatment Budget) from central government, along with historic mainstream monies. This coupled with the minimal mainstream investment in alcohol services has meant that the impact of cuts from the ABG have been more severe on alcohol services.

The aim of this proposal is to attempt to keep some form of functioning service to the children and families affected by substance misuse - but this will inevitably mean a reduction in funding from 111k to 70k. This is because the grant used to commission this service has been deleted. However, the Home Office have confirmed funding for one year from the London Community Safety fund to the value of 70k.

COSMIC supports the Local Authority (LA) in its duty to safeguard children within its area under the Children Act 1989 and 2004. COSMIC works in partnership with the LA as a voluntary body under the Children Act 2004.

Under its vision of *One Borough, One Future: Reducing inequalities-working for a better society*, Haringey set its budget pledging to tackle 'some of the big issues facing Haringey' one of which was 'Increased investment to match the increase in demand in children's safeguarding and early intervention.'

COSMIC directly supports the LA in meeting this increasing demand as it offers families a place to receive treatment and address issues of Child Protection (CP), parenting capacity and treatment for addiction. It offers a "whole family" approach and is able to work holistically with families over a sustained period (250 children and 180 adults (parents/carers) annually).

The beneficiaries of this service are children and families affected by substance misuse – this proposal clearly puts that at further disadvantage and increases safeguarding issues for children in these families

"As a public authority, Haringey Council is bound by a general duty created by section 149 of the Equality Act 2010. That duty requires that in all its functions, the Council has due regard to the need to:

- a) "eliminate discrimination. Harassment and victimisation";
- b) "advance equality of opportunity between different groups";
- c) "foster good relations between different groups".

As defined by S149(3) of the Act, having "due regards" means having due regards in particular, to the need to:

- a) "Remove or minimise disadvantage suffered by persons who share "a protected characteristic". (this includes people who share the protected characteristics of race/ethnicity, sex (formerly gender), disability, age, religion or belief, sexual orientation, gender reassignment, marriage and civic partnership and pregnancy and maternity)
- b) "Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share that characteristic".
- c) "Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low".

In relation to this proposal, the relevant aspects of public sector equality duty are a) and b) above. Accordingly, the purpose of this equality impact assessment is to examine this proposal in detail if, in what ways and to what extent a reduction in funding to COSMIC from £111k to £70k could:

- Have a disproportionate adverse impact any group of existing or potential service users who share any of the protected characteristics listed above.
- What, if any steps could be taken to minimise any adverse effects on those groups.
- To draw the attention of decision-maker to the findings and conclusions of this assessment in a formal report on the proposal in order to inform his/her decision”.

Step 2 - Consideration of available data, research and information

You should gather all relevant quantitative and qualitative data that will help you assess whether at presently, there are differential outcomes for the different equalities target groups – diverse ethnic groups, women, men, older people, young people, disabled people, gay men, lesbians and transgender people and faith groups. Identify where there are gaps in data and say how you plug these gaps.

In order to establish whether a group is experiencing disproportionate effects, you should relate the data for each group to its population size. The 2001 Haringey Census data has an equalities profile of the borough and will help you to make comparisons against population sizes.

http://harinet.haringey.gov.uk/index/news_and_events/fact_file/statistics/census_statistics.htm

2 a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:

- ***are significantly under/over represented in the use of the service, when compared to their population size?***
- ***have raised concerns about access to services or quality of services?***
- ***appear to be receiving differential outcomes in comparison to other groups?***

Cosmic Service User Data

Cosmic is the only service in Haringey for children and their families affected by substance misuse. The inevitable cut to funding will disproportionately impact on children affected by parental substance misuse as there are no other similar services in the borough. It will also impact on parents who have substance misuse problems

Cosmic has operated for 10 years and it has gathered information on the children, young people and parents that it has provided a service to. Cosmic monitoring over this ten year period indicates that it works with an average 253 children and 181 adults per year.

Cosmic Stats in relation to Ethnicity and Gender 2010-11

Gender of parents

Female	75%
Male	25%

Gender of Children

Female	47%
Male	53%

Ethnicity

White British	40 %
Black British	4.4%
African Caribbean	12.4 %
Mixed parentage	4.4%
Black African	2.6%
White African	1.7%
Asian	6%
Turkish	2.6%
Irish	8%
Polish	7%
Lithuanian	.9%
Italian	.9%
Portuguese	1.7%
Not recorded	8%

The above stats are the most recent available and indicate that the service is attracting parents from a wide range of ethnic backgrounds. Latest census data indicates that 34% of population in Haringey were of Black and ethnic minority origin.

Prevalence of children affected by parental substance misuse

Over the past decade national estimates indicate that there are between 250,000 - 350,000 children of problem drug users in the UK (ACMD, 2003) and 780,000 and - 1.3 million children of adults with an alcohol problem (AHRSE, 2004).

Haringey figures for problem drug users in treatment 2009-10 was 959 with 115 being new engagements this would indicate approximately 300 children living with a problem drug using parent in Haringey.

Current estimates of levels of alcohol-related risk in Haringey (from the Department of Health's Alcohol Ready Reckoner) are:

- Increasing Risk 37,153
- Higher Risk 11,379
- Dependent 6,132
- Bingeing 26,923

From these local figures we could estimate approximately that some 1/3 of Binge drinkers having child care responsibilities approximate to 8,000 children in Haringey

A 2010 review of all referrals made to Cosmic found that 60% of the children and young people were already known to CYPS. Analysis of the current case allocation (March 2011) at Cosmic shows that there are currently 32 families, 23 of which are 'active' with CYPS. Two cases were recently discussed at the MARAC. These families are receiving a weekly intervention either in direct one to one sessions, family sessions or parenting programme.

Access to service or quality of services

'Alcohol misuse has been identified as a factor in 50% of all Child Protection Cases'
(Hidden Harm Agenda 2009)

As a group of service users the children who use Cosmic are unlikely to have an independent voice to express their need in families that are already experiencing problems. Cosmic often acts as an advocate for the child to support them in expressing their needs in the light of their parent or carers substance misuse.

Cosmic, in conjunction with a group of young people coordinated and delivered a young peoples conference 'Speak Easy' which was attended by 90 young people from a range of secondary schools across the borough. This was a very successful event which enabled the voices of young people to be heard and be a part of the strategic development and shaping of future services

Differential outcomes in comparison to other groups

Children who attend COSMIC are often known to CYPS. Unless parental substance misuse issues are tackled in conjunction with child protection issues little will change in the lives of the children affected. Children who grow up in families where there is substance misuse often take on the role of 'caregiver' not only to parents but to other siblings. They will struggle to meet the 5 outcomes of Every Child Matters.

2 b) What evidence or data did you use to draw your conclusions and what are sources?

- Monthly monitoring of all Cosmic Case work
- Analysis of Cosmic figures from its inception
- Evidence drawn from supervision of workers as they engage with service users
- Direct feedback from service users who have recently used the service
- Service user involvement in the creation of their support plans and identifying their own outcomes

Currently families who require a specialist assessment because of the substance misuse issues have to attend either an out of borough or residential setting for assessment and intervention. In developing its services Cosmic will provide services in the community either in the family home or locally to the family environment. This will provide a more realistic assessment and intervention as cultural and demographic aspects for the family will be evident in the work.

2© What other evidence or data will you need to support your conclusions and how do you propose to fill that gap?

If COSMIC service is reduced it is inevitable that they will not be able to see the same numbers of children and families which increases the safeguarding risk of those children not being seen. Drug and alcohol services will also experience reduced access to the service for children and families that they may wish to refer. In the long term this will put stress on First Response Team in children's service.

2(d) What factors (barriers) might account for this under/over representation?

Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)

Increase barriers?x	Reduce barriers?	No change?
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Comment

Impact on life's chances of children who use COSMIC

There are implications for the life's chances of children who attend COSMIC if their services are reduced.

- Children who attend COSMIC are often known to CYPS and unless parental substance misuse is tackled in conjunction with child protection issues, little will change in the lives of those children.
- Children who grow up in families where there is substance misuse often take on the role of 'caregiver' not only to parents but also to other siblings and in their situation, will struggle to meet the 5 outcomes of 'Every Child Matters'.

In summary this reduction of service will increase barriers for children and families affected by substance misuse as services will be restricted. Historically workers in the drug and alcohol field have had the adult as the focus of their attention. Since the commissioning of COSMIC it has made it easier for both service users to self refer or seek help but has also encouraged workers in other drug and alcohol service in Haringey to refer. It has also acted as an important resource to CYPS.

COSMIC delivers its service to a section of the local community that already suffer from inequality and stigmatization because of their parents or a member of their family's substance misuse. This will only add to that stigma.

3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?

In the inevitable event of a reduction in services provided by COSMIC, the obvious source of alternative or mitigating services would be Children and Young People Service (CYPS) social workers. However, CYPS social workers are unable to offer extended support and intervention to families where there is an alcohol or substance misuse issues due to capacity and workloads. This means that often there is little change to the Child Protection status of the family, and the children can remain subject to a Child protection plan for years while little changes for them and their parents. A recent review of cases in CYPS suggests that cases remain on a Child Protection plan as the parental substance misuse difficulties are tackled separately from the child protection issues as joint working in these cases has been difficult to achieve between CYPS and the Drug and Alcohol agencies as set out in 'Working Together 2010'.

This means that a viable and effective alternative service to mitigate the adverse children protection impact of any reduction in the services of COSMIC are unlikely to be developed unless alternative funding can be identified immediately.

3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

Summary of Equalities Impact

An analysis of COSMIC service user data suggests that the protected characteristics likely to be affected most by this proposal are:

i. Some ethnic minorities

The COSMIC data suggests that the service is being used by parents and families from a wide range of ethnic Backgrounds. In relation to their population size, no particular ethnic groups in Haringey are over represented in the statistics. However, three ethnic groups appear to be more represented than others. These are: White British (40%), African Caribbean (12.4%) and Irish (8%). This demonstrates that all ethnic groups in Haringey have a need for the services of COSMIC, with White British demonstrating the highest need, followed by African Caribbean and Irish respectively. A reduction in services of COSMIC will therefore impact more on three ethnic groups than others.

ii. Sex (formerly gender)

In terms of the gender of parents who use COSMIC service, the statistics for 2010 -11 shows 75% women and 25% men. In 75% of serious case reviews, substance misuse was found to a factor in prenatal mental health among women and in domestic violence against women (Hidden Harm Strategy 2009). Similar findings have been recorded in a number of local serious case reviews. These indicate that women will be disproportionately disadvantaged by a reduction in services.

iii. (a) Age (Child protection impact on children)

A recent study by Manning, Best, Faulkner and Titherington (2009) suggested that 34% of binge drinkers had at least one child in the household. From this national estimate, we have extrapolated that this would amount to about 8,000 children in Haringey who are living in households with a binge drinker, with potential child protection implications.

- Alcohol misuse has been identified in 50% of child protection cases (Hidden Harm 2009)
- A 2010 review of referrals to COSMIC found that 60% of the children and young people were already known to Children and Young People Service.
- Substance misuse and or domestic violence have also been a feature in a number of local SCR's.
- Analysis of current cases (March 2011) at COSMIC shows that there are currently 32 families, of which 23 are 'active' with Children and Young People Service

These figures suggest that a reduction in COSMIC services will inevitably increase child protection risks to children in Haringey.

Step 4 - Consult on the proposal

Consultation is an essential part of impact assessment. If there has been recent consultation which has highlighted the issues you have identified in Steps 2 and 3, use it to inform your assessment. If there has been no consultation relating to the issues, then you may have to carry out consultation to assist your assessment.

Make sure you reach all those who are likely to be affected by the proposal, ensuring that you cover all the equalities strands. Do not forget to give feedback to the people you have consulted, stating how you have responded to the issues and concerns they have raised.

4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

The main consultation methods were a face-to face meeting and questionnaires. The result of the questionnaire can be seen at **Appendix 3**. A brief summary of the issues and concerns follows:

- 22 respondents filled in the questionnaire of which 20 strongly opposed the any reduction or cuts to the service, 1 opposed and 1 stated they strongly support (however by analysing the subsequent question it was clear the respondent had misunderstood the question).
- Of those who strongly opposed the main concern that emerges is that users feel there is no other service that understand the needs of families with substance misuse problems and they have been immensely supported by COSMIC.
- 16 of the 22 respondents said that they understood why the Council was proposing to reduce the service, 5 replied no, and 1 was not sure. Of those

who understood why the cuts were being made none felt that understanding the reason made it right. Of those who said no the main theme was incomprehension at why as this is the only such service in the borough that offers support to families with substance misuse problems.

- 21 of the 21 respondent replied to what they value most about service, the responses were varied but what comes across is the value of having a service that is able to provide a holistic package of things from parenting skills, to counselling, “ Support with Family court to gain contact and social services support”
- 21 of the 22 respondents replied to what the impact of a these proposal would be. Again they were wide ranging from “I will be helpless with no where to turn to”, to ““No service to support with CYPS and family mediation”. The overall sense is that service users feel devastated by any prospect of not being able to come to this service.
- In response to how could the services be provided differently – none of the respondent felt this was possible as there was no such service in the borough. Service users felt if anything more funding was needed “.If it ain't broke don't fix it”.
- The comments section of the questionnaire allows parents or children to add any comments – these can be seen in full but a snapshot reveals: “My daughter will be devastated...”, “COSMIC has support me with CYPS and as a result I have got back my youngest child...”

A meeting was held with COSMIC service users on the 22nd March. In attendance were 7 users of the service. Below is a summary of their views on the possible reduction/and or closure of the service.

- “Service users are dependent on the service.”
- One SU who has an 11 year old son who is receiving counselling commented – “It is an outlet. Cosmic understands drug and alcohol and families whose lives are affected by it”
- “Cosmic used to have fun days out with free food but now that has been changed, you have to pay for your fare and bring your own sandwiches”.
- A Service User has a 2 year old daughter and would like her to access cosmic service too. “The judge was also pleased when he found out that I am attending cosmic service.”
- Another SU has been using the counselling service now for 6 months.” My son suffered from mental health problem and committed suicide. I had a hard time dealing with it and couldn't leave the house until cosmic helped her out and supported me. Advice and support is always available on the phone”.
- “Every family has different problems – cosmic never turned anyone away.”

- One woman commented on how “Cosmic helped me and my daughter to reconnect and bond again. Build communication with each other”.
- “It’s not like being in school. Here in Cosmic, children mix with the same age and have the same background therefore they don’t feel isolated or judged. They feel comfortable and safe where everyone is equal and the same”
- “Cosmic identify families with problems. They make positive differences in their lives.”
- One service users asked “Have the children’s point of view been taken into account? Children will feel rejected if they don’t have cosmic service.”
- “Saturday opening should be reinstated as people who work can then access the service on Saturdays”
- “It is more than a treatment service – they also help them write letters, do a home visits etc. it’s also an intervention.”

One service user commented – “Social Services has helped him a lot and was very effective when my child was on the at risk register”.

4 b) How, in your proposal have you responded to the issues and concerns from consultation?

Have attempted to emphasize the very real risk posed by reducing this service to children and families affected by substance misuse and to convey the absolute sense of desperation that these families feel at the thought of COSMIC not being able to deliver all that it presently does.

4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

Face to face feedback to be provided to service users following outcome.

Will work with service manager, and CYPS to see what can be achieved from the limited money available.

Step 5 - Addressing Training

The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even training. You should identify those issues and plan how and when you will raise them with your staff.

Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

It will be imperative that Social Workers working in safeguarding children's services receive training in working with children and families affected by substance misuse. This is currently commissioned by the DAAT and hosted by the LSCB.

Step 6 - Monitoring Arrangements

If the proposal is adopted there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all the six equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects. You should use the Council's equal opportunities monitoring form which can be downloaded from Harinet. Generally, equalities monitoring data should be gathered, analysed and report quarterly, in the first instance to your DMT and then to the Equalities Team.

What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?

Cosmic as a service as part of contract monitoring and review is monitored – we will need to examine to what extent numbers are reduced, and or ethnic spread is not so wide – most importantly need to monitor impact in terms of potential safeguarding risks with CYPS.

- ***Who will be responsible for monitoring?***

DAAT in liaison with CYPS.

- ***What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?***

As part of the contract management process HAGA supply the DAAT with monitoring reports. These procedures are already in place as part of the quarterly contract review meetings

- ***Are there monitoring procedures already in place which will generate this information?***

Yes as above

- ***Where will this information be reported and how often?***

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- To the DAAT as part of quarterly monitoring arrangements.

Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Ethnicity	Gender	Religion or Belief	Sexual Orientation
<p>Yes - Children. The potential impact on children could be significant</p> <p>(a) Child protection impact on children</p> <p>A recent study by Manning, Best, Faulkner and Titherington (2009) suggested that 34% of binge drinkers had at least on child in the household. From this national estimate, we have extrapolated that this would amount to about 8,000 children in Haringey who are living in households with a binge drinker, with potential</p>	<p>No specific impact identified</p>	<p>The service is being used by parents and families from a wide range of ethnic Backgrounds. In relation to their population size, no particular ethnic groups in Haringey are over represented in the statistics. However, three ethnic groups appear to be more represented than others. These are: White British (40%), African Caribbean (12.4%) and Irish (8%). This demonstrates that all ethnic groups in Haringey have a need for the services of COSMIC, with White British demonstrating the highest need, followed by African Caribbean and Irish respectively. A reduction in services of COSMIC will therefore impact more on three ethnic groups</p>	<p>In terms of the gender of parents who use COSMIC service, the statistics for 2010 -11 shows 75% women and 25% men. In 75% of serious case reviews, substance misuse was found to be a factor in prenatal mental health among women and in domestic violence against women (Hidden Harm Strategy 2009). Similar findings have been recorded in a number of local serious case reviews. These indicate that women will be disproportionately disadvantaged by a reduction in services.</p>	<p>No specific impact identified</p>	<p>No specific impact identified</p>

<p>child protection implications.</p> <p>* Alcohol misuse has been identified in 50% of child protection cases.</p> <p>* A 2010 review of referrals to COSMIC found that 60% of the children and young people were already known to Children and Young People Service.</p> <p>* Analysis of current cases (March 2011) at COSMIC shows that there are currently 32 families, of which 23 are 'active' with Children and Young People Service</p> <p>These figures suggest that a reduction in COSMIC services will inevitably increase child protection risks to children in</p>		<p>than others.</p>			
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<p>Haringey.</p> <p>(b) Impact on life's chances of children who use COSMIC</p> <p>There are implications for the life's chances of children who attend COSMIC if their services are reduced.</p> <p>* Children who attend COSMIC are often known to CYPS and unless parental substance misuse is tackled in conjunction with child protection issues, little will change in the lives of those children.</p> <p>* Children who grow up in families where there is substance misuse often take on the role of 'caregiver' not only to parents but also to other siblings and in their situation,</p>					
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will struggle to meet the 5 outcomes of 'Every Child Matters'.					
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Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Safeguarding Social workers To receive training on Impact of substance misuse on children (Hidden Harm)	Agreement needed from senior management within CYPS to make training mandatory. and for Senior Practitioner to deliver training with DAAT Strategy Manager to Safeguarding Social Workers	Alison Johnson (Senior Practitioner in Substance Misuse) CYPS Marion Morris Drug & Alcohol Strategy Manager	Agreement May 11 Commence July and Ongoing 11	Within existing resources
Insecure and limited Resources going into COSMIC	To agree longer term Resourcing for COSMIC	Marion Morris Drug & Alcohol Strategy Manager Senior Management in CYPS	Agreement by October 11	New resources needed

Step 9 - Publication and sign off

There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

When and where do you intend to publish the results of your assessment, and in what formats?

On council website – via email to HAGA.

Assessed by (Author of the proposal):

Name: Marion Morris
Designation: Drug & alcohol strategy Manager
Signature: MP Morris
Date: 26th April 2011

Quality checked by (Equality Team):

Name: Inno Amadi
Designation: Senior Policy Officer (Equalities)

Signature:



Date: 26th April 2011

Sign off by Directorate Management Team:

Name: Anne Lippitt
Designation: Director of Urban Environment

Signature

Date: 26th April 2011