



EQUALITY ANALYSIS (EA) - SCREENING TEMPLATE

GUIDANCE TOOL This Tool assists services in determining whether their plans and decisions will require a full Equalities Analysis. EAs help the Council comply with its duty under s.149 of the Equality Act 2010 to have “due regard” to specified equality matters. They are required in most cases but, in some cases, an EA is not necessary or is only necessary for certain aspects of a decision. The full EA template is available here:

<https://foresthub.walthamforest.gov.uk/services/information-governance/governance-and-law/council-meetings>

The Council understands that whilst its equalities duty applies to all services, it is going to be more relevant to some decisions than others. We need to be pragmatic and ensure that the detail of Equality Analyses (EAs) are proportionate to the impact of decisions on the equality

duty. In some cases a full EA is not necessary and/or the equalities duties do not apply. In other cases, only part of a decision will require an EA to ensure the Council has due regard to its equality duties. The following examples are intended to assist:

Where will a full EA be required?

In short, wherever a decision has a more than minimal or theoretical **adverse or negative** impact on those with protected characteristics, for example, if the Council is considering:

- Ceasing a service
- Reducing a service or reducing it in particular areas, e.g. closing an office in Leyton but not Walthamstow
- Changes to the way a service is delivered, e.g. moving to personalisation or moving to online access only
- Changes to eligibility criteria, rules or practices for a service
- Changes to discretionary fees and charges

Where might an EA not be required?

- Where it can be proven that the decision has no equalities impact– with particular focus on negative impacts on service users and residents
- Where it can be proven that the decision has a minimal or theoretical equalities impact (and so does not need to be considered)
- Where the decision is mandatory and there is no element of discretion (e.g. to adopt a member’s code of conduct or similar)
- In rare cases, where a previous EA exists and a review shows that it is still relevant at the time of the final decision, i.e. the facts have not changed

Important:

- The EA screening tool should not be used to mask over any equality impacts or as a “get out”.
- There can be a negative equality impact even if you think that overall, you are proposing changes that will make services better. If there is an adverse or negative impact, you must complete a full EA.
- **Negative** impacts are often indirect, i.e. a rule that is on its face of universal impact but has greater impact on some groups in practice e.g. due to the ethnic makeup of an area.
- In most cases, the screening process requires a degree of collation and analysis of

evidence. If this requires a lot of work, consider whether it is actually simpler to omit the screening process and undertake a full EA.

- The equality duty **continues** up to and after the final decision. If proposals or facts change before the final decision, any screening tool will need to be reviewed and evidenced.
- Any consultation undertaken should also inform the screening process, e.g. issues raised by those affected. Monitoring should take place after a decision as part of service delivery.
- The completed screening template will be attached to Cabinet or other decision making report and so it must include sufficient detail to justify the decision not to carry out a full EA.

What to do?

The screening process should be used on **ALL** new proposals, policies, projects, functions, saving proposals, major developments or planning applications, or when revising them, if there is no negative equality impact or there is uncertainty about whether there is a negative equality impact. **However**, If your proposal is of a significant nature and it is apparent from the outset that a full EA will be required, then you do not need to complete this screening template and can progress directly to a full EA. If a negative/adverse impact has been identified during completion of the screening tool, a full EA **MUST** be undertaken.

proposal does not have any negative/adverse impact. **If your proposal is going to Cabinet or Committee (e.g. Planning or Licensing) and you are not undertaking a full EA, you must:**

- a. share your report and completed screening tool with Equalities (equalities@walthamforest.gov.uk), who will check and challenge your findings *and*
- b. use the following wording under the Equality & Diversity paragraph in the Cabinet report: *“An initial screening exercise of the equality impact of this decision was undertaken and determined there was no / minimal impact*

If you have not identified any negative/ adverse impacts arising from your proposal you do not need to undertake a full EA. However, make sure you have explained clearly why the

(delete as appropriate) on the Council's equality duty." Attach the completed template as an appendix to your report.

1. Proposal / Project Title: Substance and alcohol use service procurement				
2. Brief summary of the above: (include main aims, proposed outcomes, recommendations / decisions sought) The current contract for all age community-based support for substance and alcohol use expires at the end of March 2025. We are seeking to directly award the new contract to the current provider using the Provider Selection Regime Direct Award C procurement route, for a new five-year term (3 + 2 years). The main evidence to support this procurement route is good performance, and the fact that the service is not materially changing in the new contract. There are also several other elements of support provided through this commissioning arrangement, including residential care, inpatient detoxification, and community pharmacy support with purchasing, dispensing and supervising the consumption of medication. Current service provider, national charity CGL, is also delivering additional services for criminal justice clients, supporting homelessness and supporting employment, that are funded through additional time limited Office for Health Improvement & Disparities (OHID) grants.				
3. Considering the equality aims (eliminate unlawful discrimination; advance equality of opportunity; foster good relations) indicate for each protected group whether there may be a positive impact, negative (adverse) impact, or no impact arising from the proposal.				
4. Protected Characteristic (Equality Group) <input checked="" type="checkbox"/>	Positive Impact	Negative Impact	No Impact	Briefly explain your answer. Consider evidence, data and any consultation. https://www.walthamforest.gov.uk/content/statistics-about-borough
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the original tender for this service in 2019, the provider was asked to identify how they intended to address protected characteristics. The winning tender (and provider we are seeking to directly award the new contract to) correctly identified the varying needs of different age groups and has worked proactively throughout the course of the contract to address any barriers to access related to age. Substance use can disproportionately impact people based on their age, requiring targeted engagement and age-appropriate support. The service is an all-age service with separate locations where children and young people (up to age 25) and adults (age 18 and over) are seen. Both locations are central in the borough, accessible by public transport and visits are also carried out to reach people who may not be able to attend the service in person, for example people at schools or those who are housebound. This is one of a number of proactive policies and measures in place to reduce inequalities in access to the service related to age.
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	People with disabilities may face additional barriers to accessing community treatment and may also be affected differently by substance use. As part of the original tender for this service in 2019, the provider was asked to identify how they intended to address protected characteristics, including disability. The winning tender (and provider we are seeking to directly award the new contract to) correctly identified how people might be impacted by disabilities and ways that the service must be accessible, inclusive and adaptive to the diverse needs of residents. The provider has worked proactively throughout the course of the contract to be accessible to people with disabilities. The last CQC inspection report for the service,

				in 2022, found that the service was wheelchair accessible, and that communication support was readily available. The provider organisation has also been accredited with a Disability Confident award.
Pregnancy and Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the original tender for this service in 2019, the provider was asked to identify how they intended to address protected characteristics, including pregnancy and maternity, and in their winning tender appropriately identified how discrimination and barriers to accessing substance use services could be experienced by people due to pregnancy or maternity. As such, throughout the contract they have proactively worked with local services to facilitate maternity and parental support, including by delivering therapeutic interventions at parenting groups and providing satellite clinics at the Family Hubs in the borough. They also work closely with social services.
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the original tender for this service in 2019, the provider was asked to identify how they intended to address protected characteristics, including race, and in their winning tender appropriately identified how racial discrimination and inequalities must be addressed by the service. The demographics of our treatment population are monitored throughout the contract and actions are agreed where there are indications of greater unmet need among groups based on race or ethnicity. The provider also ensures services are culturally appropriate and take into account how substance use can be experienced differently based on race or ethnicity. The provider works with local community organisations to promote the service and facilitate bespoke interventions to groups who may face greater barriers to accessing treatment. The staff are trained on recognising and challenging discrimination, and language services are available for anyone who uses the service. At a national level, the provider publishes ethnicity pay gap reports.
Religion or Belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the original tender for this service in 2019, the provider appropriately identified how religion or belief could impact equality of access to substance use services. The demographics of our treatment population are monitored throughout the contract and actions are agreed where there are indications of greater unmet need among groups based on religion or belief. The provider has links with local faith-based groups and organisations, including churches and mosques, including working with them on the ground to reach people who may face barriers to accessing the main route into treatment due to religion or belief, including due to stigma.
Sex (Including Gender Re-assignment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider identified and set out ways to address inequalities based on sex in their original tender for the service in 2019. The demographics of our treatment population are monitored throughout the contract and actions are agreed where there are indications of greater unmet need among groups based on sex or gender

				identity. An example of this is the provision of women’s only satellite spaces and women’s groups, as well as close links with domestic violence support organisations. At a national level, the provider publishes gender pay gap reports.
Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In their original tender for the contract, the provider appropriately identified the potential equality impacts experienced by people who identify as LGBTQIA+. Staff are trained on how to identify and challenge discrimination. The service provider also works closely with local LGBTQIA+ organisations and services to reduce barriers to accessing treatment. The provider organisation has been recognised as an LGBTQ+ Inclusive Employer by Stonewall (2023).
Marriage and Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are no foreseen impacts on people based on their marriage or civil partnership status.
5. There are no negative/adverse impact(s) If you have not identified any negative/adverse impacts please briefly explain your answer, providing evidence to support decision.	The service is an all-age/universal offer. Given that the procurement route we are seeking is to directly award a new contract with no significant changes to the specification, there will be minimal change to the service therefore no new negative or adverse impacts have been identified and the EQIA carried out when the service was last tendered through an open procurement route still applies. The service specification clearly outlines the expectation that the provider will offer bespoke and targeted engagement and interventions where any potential unmet need exists related to a protected characteristic, with a particular focus currently on women, those from the LGBTQIA+ community and people from a South Asian and Eastern European background. Throughout the current contract, the provider has shown responsiveness and proactivity in not only mitigating negative equality impacts, but also in bringing about positive impacts, in line with the recommendations from the Institute of Health Equity’s report on equity and the social determinants of health in Waltham Forest (2022).			
6. Describe how opportunities to advance equality and foster good relations for any of the protected characteristics has been taken up (where relevant).	<p>The service is formally monitored on performance each quarter and as part of this monitoring process, demographic data is analysed to identify unmet need or any trends relating to under/over representation in the cohort of people accessing the service, with steps outlined and taken to address any under representation and/or unmet need by the provider.</p> <p>The service is a universal offer but as laid out in the service specification, consideration will be given to ensure that appropriate engagement is carried out with individuals who are identified as having increased vulnerabilities, which may result in their substance and/or alcohol use and as such may need more support to engage with services.</p> <p>This focus on reducing inequalities shall include but is not limited to the protected characteristics of age, disability, pregnancy and maternity, race, religion or belief, sex (including gender re-assignment), sexual orientation and marriage and civil partnership. Opportunities to work with other community groups and services will continue to be sought. People with lived and living experience of substance use and affected by discrimination or inequalities will continue to have a key role to play in shaping the way the service is run.</p>			
	Yes	No	Briefly explain your answer.	

<p>7. As a result of this screening is a full EA necessary (Please check <input checked="" type="checkbox"/> appropriate box)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>A full EA was carried out in 2019 when this service was last tendered. We are not materially changing the service in the new contract, hence why we are seeking to directly award the contract to the existing provider using the Provider Selection Regime. As such, there is not a material change to the original EA. The last CQC inspection report for the service in 2022 identified that the service was accessible for people with a protected characteristic or communication support need, and that staff are appropriately trained and aware of how to protect clients from harassment and discrimination based on protected characteristics. The service specification demonstrates that this is an all-age/universal offer with bespoke pathways and targeted engagement and interventions for people who may face additional barriers to accessing treatment based on one or more protected characteristics. The service is formally monitored on performance each quarter and as part of this monitoring process, demographic data is analysed to identify unmet need or any trends relating to under/over representation in the cohort of people accessing the service, with steps outlined and taken to address any under representation and/or unmet need by the provider, for example, women, those from the LGBTQIA+ community and people from a South Asian and Eastern European background, who have been identified in a needs assessment carried out in 2022 as groups which may be underrepresented in our service population.</p>
<p>8. Name of Lead Officer: Katla Arnarsdottir</p>		<p>Job title: Public Health Programme Manager</p>	<p>Date screening tool completed: 26 July 2024</p>

Signed off by Head of Service:	<i>Russell Carter</i>	Name:	Russell Carter	Date:	26/07/2024
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