

# NATIONAL PROBATION SERVICE HAMPSHIRE AREA

## EQUALITY IMPACT ASSESSMENT

### Section Two: Full Impact Assessment

This “Equality Impact Assessment” documents the outcome of a full impact assessment on the specified function, policy or procedure, addressing the equalities strands of: Race, Gender, Disability, Sexuality, Faith and Age. It is to be completed, published as specified, and appended to policy and/or strategy documents.

#### 1. Function Name, Policy or Procedure:

Drug Rehabilitation Requirement (DRR) Protocol for Offender Management Teams and Treatment Providers

#### 2. Aims and Approach of Function/Policy/Procedure

The protocol sets out the detail of the working agreement between the treatment agencies responsible for the delivery of DRR of a court order and the Probation Service. It addresses the role of Drug Intervention Programme staff and Probation staff in relation to a DRR, report stage, assessment processes, seriousness and treatment need, DRR's and offender management, contact hours and drug testing, reviews.

#### 3. What data/information is available & does it suggest differential impact for any of the groups identified as part of the impact assessment process?

*(A range of different data may be used for this section – e.g. internal monitoring data, national reports/research, locally commissioned reports/audits/research, results of previous consultations/workshops, statistical data such as census data, Home Office Statistics)*

HPA's monitoring reports have shown that Minority ethnic offenders have good completion rates of DRR's, slightly higher than the overall completion rate and that this is a continued positive trend.

Female offenders are over-represented on DRR's but recent monitoring has shown that their level of successful completions is lower than mens.

Offenders who have disclosed a disability as an overall group are well represented on DRR's, with mental illness being the largest group of disabled offenders. Successful completion rates for disabled offenders are considerably below the overall completion rate, even more so for those with mental health problems.

#### **4. What consultation has been undertaken, with whom?**

*(include here information on who has been consulted, the purpose of the consultation and how it was carried out)*

Consultation was carried out with HPA's Equalities Consultation Panel, which includes representation from HPA staff with diverse perspectives and experiences, Unions, local community representatives, Black Staff Support and Consultative Group

#### **5. What are the main findings of the consultation undertaken (what positive or negative impacts were identified for any of the different groups)?**

The comments of the Consultation Panel were:

- The process, as it relates to diversity, isn't really covered in the protocol (either in the main body of the document or in Appendix A which tabulates which information is shared and at what stage. For diversity we would see the process as the HPA Diversity Assessment being completed at report stage, as is usual practice. This information should be made available to treatment providers in order that it informs their assessment and their care plan.
- Some of the sorts of issues we would want addressed by treatment providers in relation to diversity are: what women specific provision is available or how are women's needs being integrated into existing provision; how are offenders catered for if they are not able to comfortably participate in group work (mental health needs, learning needs, vulnerability); how are language needs catered for; are there any specific initiatives that meet the needs of minority ethnic groups; what level of flexibility is built in in order to meet the needs of those with care responsibilities or those with different disabilities.
- Although we can identify an appropriate process by which HPA communicates with the DIPs on issues of Diversity and by which we would hope the DIPs provide information back on how this is going to be integrated into a care plan, we do so with a recognition that these processes have not been agreed at a strategic level. The DATS should have an equalities framework to which it expects the DIPs to adhere. The recommendation would be that alongside the integration of the diversity assessment into our own protocol for information exchange, we establish a strategic framework through the DATs and the DIPs so that they understand the expectations of them in relation to meeting the needs of diverse groups. Our protocol will be ineffective if it stands outside this.

**6. Does this policy have the potential to cause unlawful discrimination, exclusion of some groups of people from its benefits or lead to negative relations?**

The key issue is that diversity information is shared with treatment providers and pulled through into care plans. DAT's need to establish their own equalities framework and inform all DIP's of how they will meet diverse needs. Under circumstances where diversity assessments are not undertaken and service provision tailored, there is the potential for unlawful discrimination and exclusion.

**7. What measures have been identified in order for the policy/procedures to achieve its aims without risking any adverse impact?**

**As section 5**

**8. What action is now to be undertaken?**

Statement of general principle of recognising and responding to diverse needs has been added to the beginning of the document. Instructions to complete the diversity assessment at PSR stage and share this information with DIP's also added.

More difficult to action the DAT's equality framework but HPA can influence this.

**9. Monitoring arrangements and review process**

Continuation of monitoring across equalities strands of outcomes of offenders on DRR's.

**10. How results will be published**

This assessment and monitoring results will be published on HPA's intranet and website.

**Signature of Policy Lead Jackie Hall**

**Position Area Manager**

**Date October 2009**