

# Neighbourhoods Scrutiny Commission

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## **Procurement of Domestic and Sexual Violence and Abuse Services for Leicester**

Date of Commission meeting: 28<sup>th</sup> January 2021

Lead Director: John Leach

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Leicester  
City Council

**Useful Information:**

- Ward(s) affected: All
- Report author: Daxa Pancholi, Head of Community Safety and Protection
- Author contact details: (37) 0203

**1. Summary**

- 1.1 Four city council domestic and sexual violence service contracts are scheduled to end 31<sup>st</sup> March 2022. Through a period of joint commissioning with the Police and Crime Commissioner for Leicestershire, Leicestershire County Council and Rutland County Council, these and other services and needs have been reviewed. As a consequence, a proposed service system has been developed which has been out to public consultation.
- 1.2 The proposed service system will involve some parties procuring services for all of Leicester, Leicestershire and Rutland and others procuring services which will be specific to their local area.
- 1.3 A joint working agreement has been drafted to cover the joint commissioning approach. This provides a framework for ongoing co-ordination and it supports understanding of the entire service system across Leicester, Leicestershire & Rutland.
- 1.4 The proposal is to contract for 3years with the option to extend for a further two years. This will give stability to service providers operating in the sector and the vulnerable population they will work with. The tenders will be assessed weighted towards quality (80%), and the intention is to have an element of service user assessment, as applied in the 2015 procurement.
- 1.5 A series of consultation workshops were held in 2018 followed by a public consultation process and soft market test towards the end of 2019. The model was reviewed early in 2020 following the public consultation. March 2020-May 2020 commissioning work was paused due to the impact of COVID-19. Subsequently a further soft market test was developed and carried out in October 2020 for specific input into ITS co-ordination solutions and learning from COVID-19. At each point the model has been refined.
- 1.6 City council funding for this commissioning exercise is £769,000 per annum, which incorporates £75,000 public health funding<sup>1</sup>. The intention is that council resource is spent on: three contracts for domestic abuse victim-survivor sole provision (£565,000), and one contract for interventions with domestic abuse perpetrators and their partners and ex-partners/victims (£164,000). Provisional amounts are currently allocated to each contract however the split between contracts may be subject to adjustment for reasons including the outcome of the procurement or government funding announcements. Around £40,000 will be needed for direct salary cost related

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<sup>1</sup> See paper brought to Executive August 2019

to contract support.

- 1.7 The Police and Crime Commissioner will commission sexual violence services for the region and a helpline and engagement service, which will be for sexual and domestic violence and abuse and the main access point to the entire service system. They will also continue to fund an out of court disposal project (CARA) for perpetrators.
- 1.8 Reports to police of domestic and sexual violence and abuse in Leicester have seen year on year increases over the last five years. Leicester's commissioned services are accessed by large numbers of people and the children and family service has seen yearly increases in referrals.
- 1.9 The Domestic Abuse Bill<sup>2</sup> is processing through parliament and anticipated to bring new duties from April 2021. This will bring new statutory duties for the city council around partnership work, housing and homelessness and the provision of accommodation related support services. There has been a consultation on the allocation of funding to local authorities to fulfil obligations of the Act but no final announcement to date.
- 1.10 The intention is that all of the joint commissioning parties mentioned in 1.1 will secure permission to procure before the end of February 2021 and go out to tender April 2021. This should allow 12-weeks for tender submissions to be developed by the market and four months for implementation of new service, ready for delivery on 1<sup>st</sup> April 2022.

## **2. Recommendation(s) to scrutiny**

The scrutiny commission are recommended to consider the proposed procurement of domestic and sexual violence and abuse services for Leicester.

## **3. Supporting Information**

- 3.1 A series of stakeholder engagement workshops were held autumn 2018 to identify good practice, needs and models which would address those needs. Following this an initial proposal was shaped.
- 3.2 Public consultation and a soft market test took place September to November 2019. There were 114 responses to the consultation survey. Additional views were given through various presentations and engagement sessions throughout the consultation period. 65 responses were completed for the Leicester survey with a further 16 people residing in Leicester completing the Leicester, Leicestershire & Rutland survey. Over 75% of comments about the range of proposals, from those completing the Leicester survey, were positive.

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<sup>2</sup> This will be subject to a separate report to the Executive

Many respondents said that the proposed model was similar to existing provision, but a simpler pathway.

- 3.3 Revisions were made to the model to better manage the risks highlighted through the consultation process and a new draft service system issued October 2020 as part of a further soft market test.
- 3.4 Service users responded to the online public consultation and were also directly engaged.
- 3.5 The cost of domestic abuse in England and Wales was estimated to be approximately £66bn for victims of domestic abuse for the year ending March 2017.
- 3.6 In the year ending March 2019, across England and Wales, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse (1.6 million women and 786,000 men).
- 3.7 Joint commissioning on domestic and sexual abuse services, across the sub-region, was first undertaken in 2015. The national statement of expectations explains the actions local areas should take to ensure victims of violence against women and girls<sup>3</sup> get the help they need and formed part of the [strategy to end violence against women and girls 2016 to 2020](#).
- 3.8 Joint need assessments on domestic and sexual violence and abuse were completed by Leicester City Council for Leicester, Leicestershire and Rutland in 2017 and 2019. Under the new sub-regional governance structure for domestic and sexual violence and abuse there is now a data sub-group.
- 3.9 In March 2020 the government re-introduced the Domestic Abuse Bill into this Parliament. The Bill includes a new duty on Tier 1 local authorities in England to provide support for victims and their children within safe accommodation. Subject to the successful passage of the Bill, the new duty will commence in April 2021. The [government response to the consultation on future support in domestic abuse safe accommodation](#) sets out more details of how the proposed new duty will work and can help local authorities in early planning for implementation.
- 3.10 Leicester's commissioned services are subject to national quality standards including those of Respect, Women's Aid, Safe Lives, Lime Culture and the Helpline Partnership. This helps to ensure safe practice with this vulnerable population.
- 3.11 The MHCLG is expected to release funding specific to the new duties under the Domestic Abuse Act and has recently consulted on how these funds should be allocated. The MHCLG currently fund the Leicester, Leicestershire & Rutland 'Hope Project' which provides additional refuge provision in the city and county together with wraparound multi-disciplinary support, for victims of

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<sup>3</sup> As predominant victims, not exclusive

domestic abuse with one or more of the following needs: mental health support, substance use, immigration, being from a black or minority ethnic community and/or language.

- 3.12 A summary of need, evidenced through the 2017 and 2019 need assessments, was provided in the Executive briefing of August 2019. The current city council commissioned services are well established and have been delivering since December 2015. The helpline receives over 9500 calls each year, of which around 4000 are known to be from Leicester callers. Nearly 2000 contacts to victims take place 'out of hours'<sup>4</sup>. Around 500 families are referred annually to the 'children, young people and family' service for support. Approximately 800 referrals are received annually for safe accommodation (many from out of the city). Around 150 perpetrators are referred to the voluntary interventions service each year and through this their partners and ex partners receive a direct approach and offer of support: 60% of whom have not previously approached any services directly for support themselves.
- 3.13 The most common perpetrator risk, identified through the voluntary interventions service, is that of having witnessed domestic abuse as a child. This is followed by mental ill health and being an offender.
- 3.14 General support and information is the highest recorded need for victims, followed by housing and health (physical and mental). Just under 70% accessing current services are parents. Financial needs are also common and have risen in recent quarters.
- 3.15 Reported lengths of abuse indicate that those over 60 have waited longer before accessing help. The average length of time for domestic abuse victims in Leicester is just under 4 years. Those accessing support from our commissioned 'support and information' services are often experiencing abuse from an ex-intimate partner, and there are also those experiencing abuse from family members.
- 3.16 Higher levels of physical violence and jealous and controlling behaviours are reported by Leicester victims than in the national Insights dataset. Those with a known alcohol need, whilst a low proportion of all victims accessing support, tend to have lower positive outcomes across a range of indicators.
- 3.17 Research and engagement has shown the importance of having support accessible within a range of safe accommodation related support services. We also understand that stable funding and effective commissioning of support within safe accommodation is a vital accompaniment to successful delivery of these services<sup>5</sup>.

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<sup>4</sup> Defined as 9am-5pm

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/839171/Domestic\\_Abuse\\_Duty\\_Gov\\_Response\\_to\\_Consultation.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839171/Domestic_Abuse_Duty_Gov_Response_to_Consultation.pdf)

3.18 During consultation, survivors reiterated the importance of have options for perpetrators, including the ability to remove perpetrators of abuse as well as options for victims to move to a place of safety.

3.19 The children, young people and family service recorded that concerns for children were most frequently identified around relationships with family members, mental health and coping strategies. The average time they were exposed to abuse was reported at over 5 years. 92% of the children were at home when the abuse took place.

3.20 An equality impact assessment began in 2018 and is being considered throughout the commissioning process. It is attached to this paper as appendix two.

### 3.21 Current commissioned services

3.21.1 Current service providers of city council contracts share a common case management system which allows them to provide co-ordinated care. There has been several occasions over the 5 years of contract that the providers have been concerned about their ability to meet demand, which fluctuates throughout the year (to no discernible pattern) and through the week, and can be impacted by national and local campaigns and changes in police or other partners process. Around 40 trained volunteers assist with service delivery across the largest contract, the support and information contract.

3.21.2 Cases are triaged according to risk of homicide or serious injury, in cases of domestic abuse, and impact including suicidal intent for cases of sexual abuse. New weekly check ins and befriending services have been developed to meet demand over the covid-19 period, which initially saw referrals drop significantly, whilst need for support of existing clients increased.

3.21.3 Timely and co-ordinated engagement and liaison with the referrer (if not self-referred) appear critical. Work is ongoing to identify other common attrition points and factors that impact on individual outcomes.

### 3.22 Proposed service system

3.22.1 The proposed service system model is attached at appendix one.

### 3.23 Proposed procurement approach

Provisional funding allocation across parties is outlined in the table below. This may be subject to change for reasons including the outcome of the procurement or government funding announcements.

Funding and service	PCC (£)	City Council (£)	County (£)	Rutland (£)	Totals (£)
Helpline & Engagement	435,455	0	0	0	435,455
DA City adults (16+)	0	225,000	0	0	225,000
DA County/Rutland	0	0	205,877	56,984	262,861
Sexual Violence	177,053	0	0	0	177,053
City accommodation related support	0	160,000	0	0	160,000
County refuge	0	0	115,000	0	115,000
CARA	30,000	0	0	0	30,000
Perpetrator Interventions	40,000	164,000	26123	2,016	232,139
City DA Children and Family	0	180,000	0	0	180,000
<b>Totals</b>	682,508	729,000	347,000	59,000	1,817,508

Provision type	Specs	No. Lots	No contracts	Lead
Accommodation related support	2	2	2	City Council and County leading separate lots and procurements
Domestic Abuse (16+)	1	2	2	City Council and county leading separate lots and procurements
Perpetrators	1	1	2	City Council (CARA separate PCC contract)
Helpline and Engagement	1	1	1	PCC
Sexual Violence	1	1	1	PCC
DA Children, Young People and Family	1	1	1	City Council

#### 4. Financial, legal and other implications

##### 4.1 Financial implications

The revenue budget for commissioning of domestic and sexual violence and abuse support service for 2020-21 is £694,800. With an additional £75,000 funding secured from Public Health monies, our current commitment through contracts of the services delivered in Leicester is going to be £769,800.



Colin Sharpe ext. 4081

#### 4.2 Legal implications

Legal and procurement teams are engaged in the new procurement.

The consultation responses have been considered and these have fed into the decision-making process and recommendations outlined in this report.

Shireen Eliyas, Qualified Lawyer ext 4479

#### 4.3. Climate Change implications

Following the council's declaration of a climate emergency in 2019 the council has an important role to play in addressing carbon emissions relating to the delivery of its services, and those of partners. As a result, where practical, commissioning and procurement should take the need to reduce carbon emissions into account. This could be done through, for example, requiring greater use of low carbon transport and efficient buildings, and following the council's Sustainable Procurement guidelines.

Aidan Davis, Sustainability Officer, Ext 37 2284

#### 4.4 Equality Impact Assessment

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions, decision makers must pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The recommendation of the report is to approve the procurement of DVSA services outlined within the report. The overall aim is to have a positive equality impact across all protected characteristics. The protected characteristics of sex, ethnicity, age, disability, religion and belief, sexual orientation, gender reassignment, pregnancy and maternity are all of specific relevance due to the data surrounding prevalence for certain groups, specific potential or actual barriers to accessing DVSA services, or specific needs which would need to be accounted for and met within a DVSA service related to their protected characteristics, although these barriers and

needs may differ for different people or groups. The Equality Impact Assessment explores any potential disproportionate negative impacts in greater detail and considers ways in which the accessibility of the services may be improved via the contract. Decision makers should refer to the EIA and the consultation and engagement findings in deciding on whether to approve the model and, consequently, approval of the procurement.

The Public Sector Equality Duty cannot be delegated and, therefore, remains with the commissioning authority. Therefore, decision makers must be assured that any disproportionate impacts in relation to a protected characteristic/s are identified in the EIA and consequently addressed via the service specification, and ultimately the service contract. This enables robust contract monitoring and provides a mechanism for both monitoring and also proactively addressing any issues that arise from an equalities perspective during the course of the contract, as the expectation of what will be delivered in terms of equalities outcomes will have been made clear from the outset. Decision makers must also take into account the evidence provided in the EIA, including issues raised in the consultation and engagement.

Hannah Watkins, Equalities Manager ext. 375811

#### 4.5 Other Implications

##### Procurement

The report sets out that approximately 12 months has been allowed for procurement and implementation based on advertising tenders in Spring 2021. This should be sufficient time however the timeline does not allow for slippage. Anything that can be done to bring this forward should be done to ensure timely delivery as a collaborative procurement such as this is likely to be complex and time-consuming and there are likely to be TUPE implications which means an implementation of period of at least three months should be allowed for.

It would be important to commit to a detailed timeline once permission to procure has been secured by all partners to ensure timescales are met and delivery is not impacted.

It is positive to see that further market engagement with providers has been undertaken to inform future models and take into account learnings from COVID-19.

Hussain Dakri

**5. Background information and other papers:**

**6. Summary of appendices:**

Appendix 1: Draft Domestic and Sexual Violence and Abuse (DSVA) Service System Description<sup>6</sup>

Appendix 2: Working Copy Equality Impact Assessment DSVA Commissioning

7. **Is this a private report?** No

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<sup>6</sup> Dated 15/10/20

## APPENDIX ONE

### **Draft Domestic and Sexual Violence and Abuse (DSVA) Service System Description<sup>7</sup>**

Leicester City Council, Leicestershire County Council, Rutland County Council and the Police and Crime Commissioner for Leicestershire are jointly re-commissioning a series of sexual violence and domestic abuse (SVDA) services across Leicester, Leicestershire and Rutland (LLR). Our funding represents a significant proportion of the specialist services available in the area, but not all. To garner maximum impact, a co-ordinated response and value for money we have taken a joint commissioning approach to the next services we will collectively commission (called for the purposes of this document the 'service system'). This document sets out how we currently see the overall service system, the relationships between each element, flow within and how it is expected to interact across LLR and beyond.

Sexual and domestic violence and abuse are prevalent across LLR and our redesigned model of provision builds upon previous good work locally, relevant national and local policy drivers and a wide consultative and co-productive process over a period of months with service users, providers, the public and wider stakeholders.

LLR is not one homogenous whole, but it does make sense to commission a service system across the whole area. Naturally, some provision will be specific to particular local authority areas. Where services are delivering across the whole of LLR they will need to take account of the varying needs across the whole area. This will be ensured through multiple lots/contracts and a robust contract management approach.

The new model of provision is intended to reduce the prevalence, likelihood and harm of domestic and sexual violence and abuse on all and will do this through a co-ordinated approach to both provide help and support to victims/survivors (enabling them to live abuse free lives and to cope and recover) and challenge and change for perpetrators (especially as this relates to domestic abuse).

For the purpose of brevity within this document:

- the term "victim" will be considered to mean both "victim" and "survivor"
- the term "violence" is interchangeable with "abuse" for the purposes of this document
- the term "service system" shall be considered to mean those services being re-commissioned (see figure 1 below)
- the term 'domestic abuse' will be considered to mean all behaviours currently classed as 'domestic violence and abuse' within the cross-governmental definition (2012) and with a view of the statutory definition currently in the Domestic Abuse Bill.

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<sup>7</sup> Dated 15/10/20

Figure 1. Domestic and Sexual Violence and Abuse Services comprising the Service System

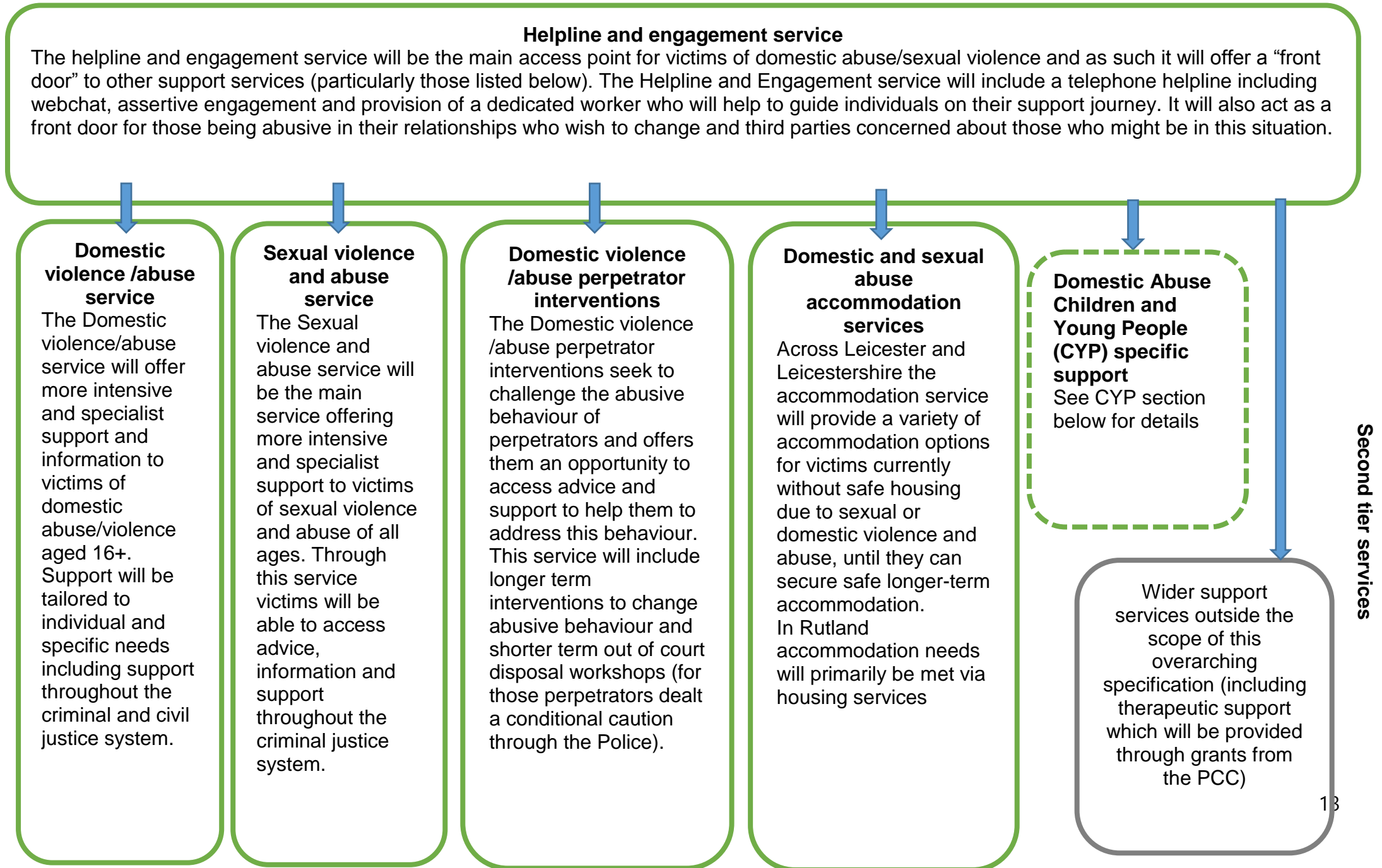


Figure 2. The place of the “Service System” within the wider overall DSVa system

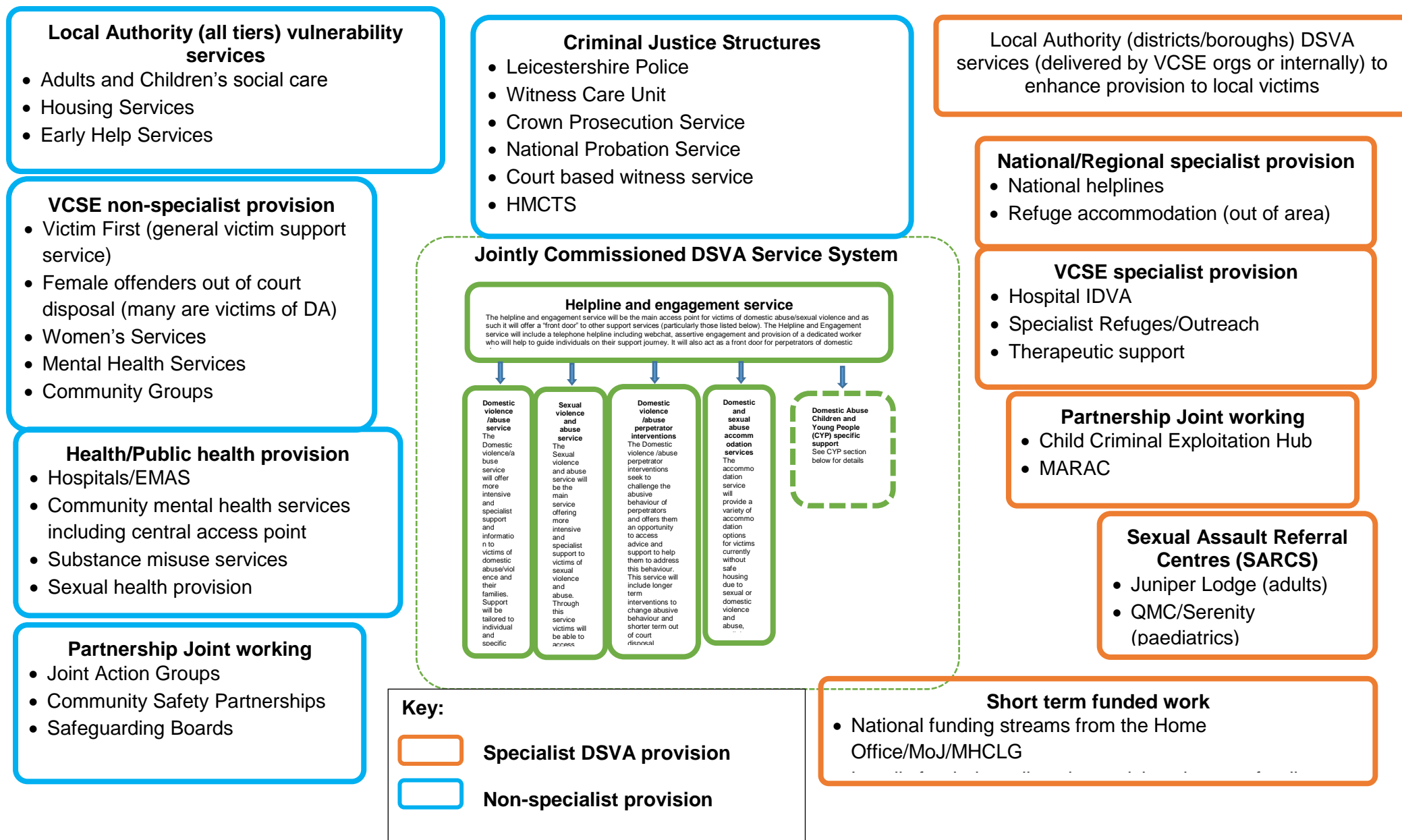
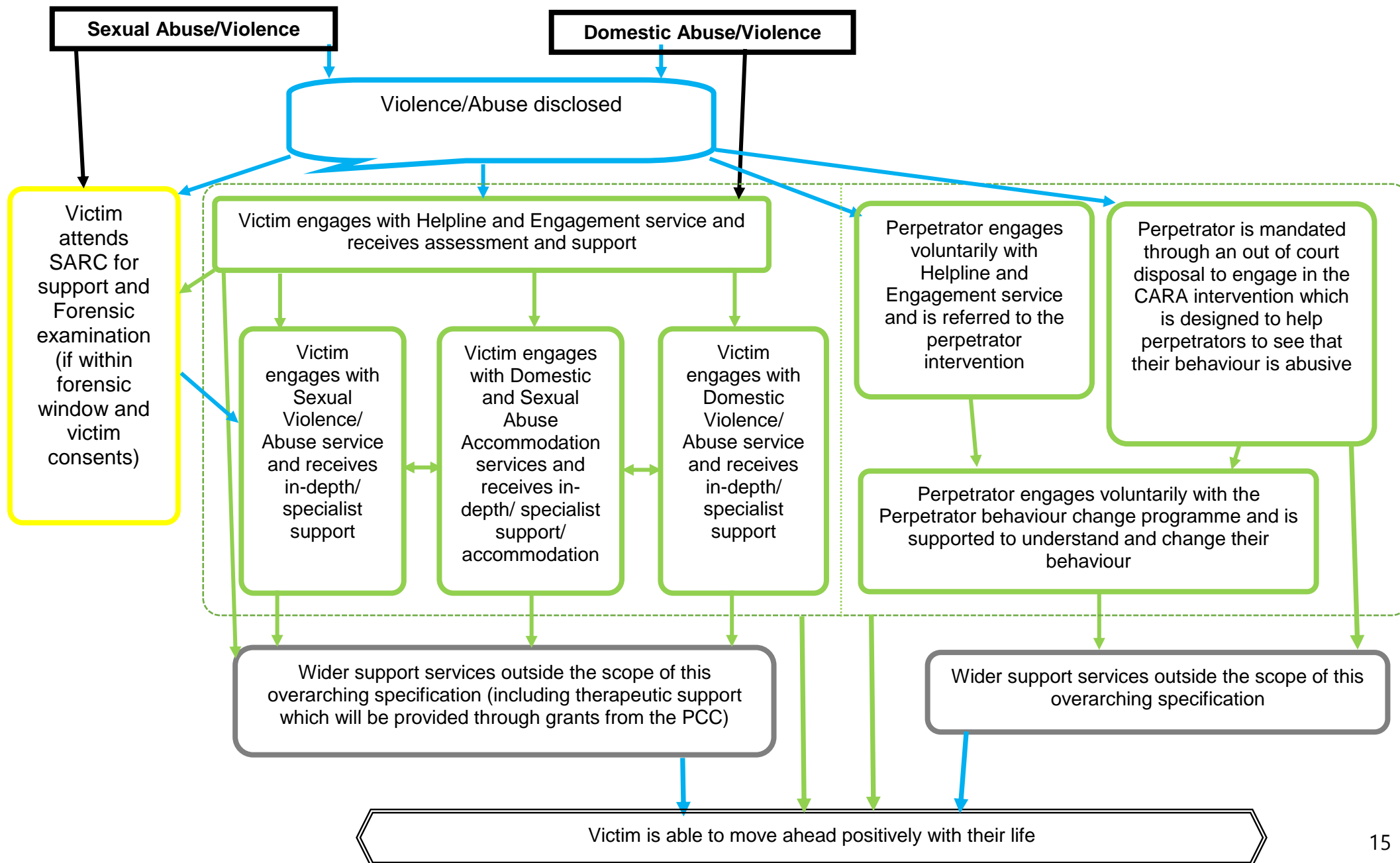


Figure 3. Victim and perpetrator flow through the Service System (see CYP section below which sets out which service elements are relevant to children)



## **The Helpline and Engagement service and how all other services will link in with this**

The Helpline and Engagement service will act as a simple 'front door' to all of the service provision which sits underneath and will in and of itself provide support to victims. This does not mean that all second-tier services will receive 100% of their referrals from the Helpline and Engagement service but it would be expected that the majority would be. The Helpline and Engagement service will be staffed by skilled and trained individuals who are able to make the most of the initial engagement with the victim or perpetrator.

The Helpline and Engagement service is the only service that is expected to be immediately available to the public/professionals for initial referrals via a phone line/live webchat. Each second-tier service will have requirements as to how quickly referrals or other enquiries will be responded to and it is expected that service users will then be allocated a worker who they/linked professionals can contact going forwards.

The Helpline and Engagement service will work closely with second tier services and commissioners to ensure that second tier services do not become overwhelmed with demand. This will require the Helpline and Engagement service to have an up to date understanding of the capacity of each service and for all services to adjust their offer accordingly to keep the overall service system in balance.

## **Supporting accommodation needs**

The Helpline and Engagement service will have the following responsibilities around helping victims to access accommodation:

- Checking refuge availability (local, regional and national) on the 1<sup>st</sup> day of referral/self-referral and making referrals where spaces are available/acceptable to the victim
- Advocating on behalf of the victim to housing solutions/services within the-- local authority either where they wish to or currently reside

Where a victim with accommodation needs is going to immediately access a second-tier service (other than accommodation) then it will be the responsibility of the second-tier service to provide that advocacy to housing solutions/services.

## **Children and Young People**

There is specific provision in the model for children, young people and families affected by domestic abuse in Leicester. There is specific consideration of the support of children and young people around sexual abuse across Leicester, Leicestershire & Rutland in that service element.

Support and protection for children, young people (CYP) and families is covered by a variety of statutory and non-statutory services and each of the three upper tier or unitary authorities will have different provision and arrangements to enable CYP to be appropriately supported.



Table 2. Support for child victims, witnesses and perpetrators within the service system

Service	Child victims	Child exhibiting abusive behaviour
Helpline and engagement service	Yes	Yes
Domestic abuse service	16+ year olds	16+ year olds
Sexual abuse service	Yes	N/A
Domestic abuse perpetrator interventions	No	No
Domestic and sexual abuse accommodation services	Yes	N/A

Table 3. How CYP victims, witnesses and those using abusive behaviours will be supported within each area through the wider local system.

CYP group	City	County	Rutland
Child SV victims	LLR SV service		
Child DA victims	Specific commissioned service for children, young people and families jointly working with local authority (LA) staff, including referral as appropriate [full detail in the specification	LA Children+Family Services Early Help targeted and specialist support	Targeted/ specialist support services  Family Therapy, (CAMHS) self-referral route, 1:1 sessions with Early Help
16/17 yr old DA perpetrators	Specific intervention offer within the domestic abuse perpetrators commission, jointly working with local authority staff where the individual is known to them/ where referral is appropriate [detail to be in the specification	LA Children+Family Services Early Help targeted and specialist support	Targeted/ specialist support services,  Family Therapy, 1:1 sessions with Early Help
Children using sexually abusive behaviours	Local authority Children's Social Care and Early Help offer including onward referral to specialist Voluntary & Community Services as appropriate	LA Children+Family Services Early Help targeted and specialist support	Specialist support/ assessment

Further specialist support on a smaller scale may also be made available via second tier authority funding or wider grant funding.

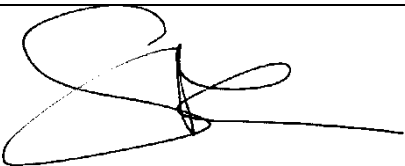
### Case management and handover between services

We are aware, through our previous soft market testing and public consultation, that good co-ordination between different parts of the Service System is imperative. It is also important to have an understanding of need both for individual services and the Services System as a whole. This element of service design is subject to further soft market testing.

APPENDIX TWO

**Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes**

Title of spending review/service change/proposal	Domestic and sexual violence and abuse service redesign
Name of division/service	Neighbourhood and Environmental Services Domestic and Sexual Violence Team Commissioning
Name of lead officer completing this assessment	Stephanie McBurney
Date EIA assessment completed	<i>Commenced July 2019 – completed 21/12/2020</i>
Decision maker	Cllr Sarah Russell
Date decision taken	

EIA sign off on completion:	Signature	Date
Lead officer		17/12/2020
Equalities officer		
Divisional director		

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

#### 1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

In Leicester, the current range of specialist domestic and sexual violence service provision is broad, and in line with government expectations. There is high demand for services, and the level of police reports for both sexual and domestic abuse related incidents and crimes has increased over recent years. There is evidence of positive impact across each specialist service, but there is also some evidence of difficulty and delay in accessing support. There is some joint commissioning but there is willingness to consider more if this improves the existing pathway. Current contracts are due to end on 31<sup>st</sup> March 2022, and by that point will have been in place 6 years and four months.

When reviewing what specialist services should be commissioned for the future, Leicester City Council revisited national guidance, research findings, best practice, local data and the available budget.

Leicester City Council has protected the base budget for sexual and domestic abuse services over several years, despite facing acute financial pressure. Additional funding previously used to support the Council's sexual and domestic abuse service budget, is no longer secure.

Prosecutions for sexual offences are reported to be taking longer to get to court and providers are reporting more complex cases throughout their services. Ongoing work to reassure and encourage people to access specialist support at the earliest opportunity is likely to further increase demand for specialist services over time. Referrals into the family service have grown considerably over time.

The coronavirus pandemic has had an impact on domestic and sexual abuse in Leicester, and it is possible this might extend into 2022. Research from other countries and some national helplines would indicate a rise in demand, particularly for those currently in an abusive relationship.

Several local organisations currently fund local specialist domestic and sexual violence and abuse provision, collectively in one

joint commission and independently in line with their own specific priorities and duties.

Leicester City Council considered that it was important to explore if pathways could be simpler, more efficient and resilient to increasing demand, through reviewing resources and need collectively across Leicester, Leicestershire & Rutland.

The following agencies currently jointly commission a single support and information service across Leicester, Leicestershire & Rutland:

- Leicestershire Police and Crime Commissioner
- Leicestershire County Council
- Rutland County Council
- Leicester City Council

In 2018 these four organisations agreed to collectively review current provision and need across Leicester, Leicestershire & Rutland.

Budget limitations might reduce the amount of improvements that can be expected, but it is hoped that having a clear focus on early intervention, broadening the sub-regional, jointly commissioned provision and implementing learning from the current commissions, Leicester residents can benefit more from the proposed model.

The model maintains the main foundations of service that have been available in Leicester since at least 2012:

- Specialist interventions for those using abusive behaviour (not court related)
- Specialist sexual violence and abuse support
- Specialist domestic abuse support at all levels of need and risk
- Specialist helpline and engagement support
- Specialist children, young people and family support
- Specialist refuge accommodation and safe housing solutions

Counselling, and child on parent abuse (outside of the definition of domestic abuse), support is not protected in the proposed

model.

The rationale for the decision to leave this out of the preferred model includes:

- 1) It is not feasible within the available budget; the providers of the current model allocate £30,000pa of the joint commissioning budget for counselling and have struggled to meet demand due to both finances and the volunteer counsellor recruitment challenges currently faced by the specialist counselling sector.
- 2) including counselling within the specification has prevented the provider trying to secure further grant funding to expand provision
- 3) it is more effective to focus local authority resources on early intervention, information and support, and the potentially soon to be statutory accommodation related support options.
- 4) It being important to prompt health commissioners to consider their duty to ensure that mental health support pathways meet the needs of those who have been subjected to sexual or domestic violence or abuse.
- 5) That child on parent abuse is a broad issue that takes place both connected to and outside of domestic abuse contexts. Domestic abuse is nationally defined as between those both aged 16 years old and over. Experience from funding additional projects in this area, to complement the small resource allocated across the existing perpetrator interventions, children young people and family service and the sub regional support and information service is that the cases are small in number and very complex; that intervention is more effective the earlier it takes place. It is not considered feasible to include the work in the new commissions and the proposal is that the focus on early intervention and support of families reduces the likelihood of longer-term child on parent abuse that might require a dedicated resource.

Sometimes acronyms will be used in this template, for brevity. Domestic and sexual violence and abuse is referred to collectively as DSVVA. Domestic violence is interchangeable with the term domestic abuse and both apply the current cross government definition of 'domestic violence and abuse' (2012). Sexual violence and sexual abuse are also used interchangeably and reflect a very broad range of behaviours (we often refer to the World Health Organisation definition of sexual violence).

Black and minoritized ethnic communities (BME), or black, minority ethnic and refugee communities (BMER) are sometimes referred to in this document. Another acronym some research uses around this area is BAME (to stand for Black and Minority Ethnic). The intention is to only use these terms when quoting from literature, appreciating the growing discussion of the limitations rather than positive aspects of such grouping. Where possible and relevant, specific data will be used, for example to

add understanding on the experience of black African or south Asian service users. The same approach will be taken with the acronym LGBT (Lesbian, Gay, Bisexual and Transgender), which sometimes appears in literature in different formats (for example LGBTQ+).

## 2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	Is this a relevant consideration? What issues could arise?
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>It is a relevant consideration for current and proposed service across all protected characteristics due to the exploitation of inequality that features in domestic and sexual violence and abuse. However, the service changes have been designed to positively benefit and improve the situation of those affected and have been considered carefully against any known or potential disproportionate impact. Equality issues are central in the terms and conditions of service and contract management.</p> <p>Due to the nature of the population more likely to experience, and be harmed by, domestic and sexual violence and abuse, there could be a disproportionate impact from any change, as whilst domestic and sexual violence and abuse effects all communities, there are some indications of disproportionalities in terms of access, risk or outcomes which co-exist to increase risk of harm .</p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Women, who are more likely to be victim and experienced greater physical harm (see ONS data below for example)</li> <li>• Black, Minority Ethnic and Refugee men and women are more likely to have multiple perpetrators, language needs and immigration issues (see local and national data below for example)</li> <li>• Those with disabilities are more likely to experience DSVAs and might be more likely to</li> </ul>

experience barriers to getting support (see national and local data below)

- Those with children/children (two thirds of victim cohort and 80% of domestic abuse perpetrator service cohort) might experience more ongoing abuse (due to continued child contact) and additional barriers to accessing support (fear of separation from children for example), see national data below.
- Men are more likely to be perpetrators of domestic and sexual abuse and want/need to access services to help them change. They might experience more barriers to accessing support as a victim of DSVVA due to standard societal perceptions of heteronormative male perpetrator and female victim, the over focus on physical violence and 'strength' rather than power. See local and national data below.

There are also groups currently less likely to access specialist services, or report to the police:

- Male victim-survivors (slightly lower than expected level of access in local specialist services)
- LGBT victim-survivors (lower end of expected level of access in local specialist services)
- Asian/Asian British Indian victims - sexual violence (bigger gap) and domestic abuse lower than expected levels of access
- Those aged over 55 (biggest population gap locally).

There are groups appearing over-represented in local police and specialist services data, which might imply heightened risk. These groups include younger populations.

Examples of consideration within the proposals:

- Proposing a better resourced first point of contact and broader engagement resource,

	<p>so that a full assessment of need can inform understanding of risk at the earliest point and offer more proactive support and information; reducing missed calls, disengagement and 'could not establish contact' outcomes. This is relevant against protected characteristics as average length of abuse differs greatly across groups (see average length of abuse at intake table below).</p> <ul style="list-style-type: none"> <li>• Accommodation jointly commissioned across Leicester and Leicestershire to allow for a greater range of accommodation options, including those suitable for victims with older male children, those not safe in Leicester, those with a higher level of need, or other specialist 'by and for' provision.</li> </ul>
<p>Advance equality of opportunity between different groups</p> <p>How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p>	<p>This is a relevant consideration.</p> <p>Quality standards, contract monitoring and recording requirements and service reviews will protect equality of opportunity and give tools to routinely assess changes in service reach, analysis of different variables that might impact on outcomes (including all protected characteristics).</p> <p>There can be:</p> <ul style="list-style-type: none"> <li>• Poorer access as people (i) do not know of the service, (ii) physical, cultural and past (individual and collective) experience barriers in accessing the service, (iii) do not consider that the service can help them; is for them; will understand them, (iv) fear the impact of accessing help.</li> <li>• Poorer outcomes can include (i) less engagement, (ii) less contact, (iii) greater drop out, (iv) less positive impact from interventions.</li> </ul>



<p>Foster good relations between different groups</p> <p>Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>This is a relevant consideration.</p> <p>A co-ordinated community response to the issues is the aim with the service redesign and in current service; seeking to harness the positive influence of as many people as possible and using the concept of community champions.</p> <p>The focus remains on early engagement, awareness raising and skilled community members and practitioners. These issues are based on the abuse of power and control perpetrators use isolation and shame.</p> <p>By undertaking the following these commissions seek to improve community cohesion and good relations:</p> <ul style="list-style-type: none"> <li>• reducing the prevalence of domestic and sexual violence and abuse;</li> <li>• challenging the attitudes and beliefs which support them and</li> <li>• giving people the tools to respond appropriately to domestic and sexual violence and abuse.</li> </ul> <p>.</p> <p>The service model has an offer for everyone affected by domestic abuse and sexual violence in the area. There is a requirement to work collaboratively across the individual services to broaden understanding and maximise community impact. The issues affect all communities; none is immune, and awareness materials and the training elements embedded into the service reflect this.</p>
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3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those *who could benefit from but do not currently access the service*.

### Affected population

Domestic and sexual violence and abuse affects communities across the world. As domestic abuse and sexual violence are inherently linked to power and control, across all protected characteristics there can be additional impact of any change to specialist services:

1. Disparity in likelihood of experiencing abuse and form of abuse and collusion with abuse from community
2. Disparity in barriers to accessing services
3. Disparity in barriers to achieving positive outcomes once in receipt of service.

### Sex

29% of women and 13% of men have experienced domestic abuse since the age of 16 years (CSEW 2018). Based on these percentages and the population of Leicester, it could be that 40,462 women and 17,973 men are affected locally. Due to the diversity of the community in Leicester there might be higher likelihood (for men and women) of domestic abuse including so called 'honour based' abuse and forced marriage risk.

Women are more likely to be victim-survivors as adults and men are more likely to be perpetrators as adults. Women are more likely than men to be victim of domestic homicide than men (Domestic Abuse Victim Characteristics, England and Wales: year ending March 2019). Women and girls are more likely to experience fear and serious injury from abuse.

In 2014/15 there were 157 domestic homicides; 68% of these were females. The majority were killed by a partner/ex-partner. (Home Office: Domestic Homicide Reviews 2016). Therefore, any change in services might impact more on women and with more risk of homicide.

Domestic abuse-related crimes by sex of victims have been analysed using data from the Home Office Data Hub<sup>27</sup>. There were 29 forces that supplied data for sex in the year ending March 2019. In three-quarters of domestic abuse-related crimes the victim was female (75%). This proportion was similar for most offence categories, but for domestic abuse-related sexual offences the proportion of victims that were female was higher, at 96%.

Whilst the proportions are smaller, there remains a significant number of men who are victim of sexual and/or domestic violence and abuse.

Male victims of domestic abuse face barriers to getting help and accessing support services (*University of Bristol – Gender and Violence Research, June 2019*). The research found that male victims may fear not being believed or being accused as the

perpetrator; they may be concerned about the welfare of their partner and children; they may not be aware of specialist support services or feel that they were not appropriate for male victims of abuse – the research states that when men did seek help, it was usually when their situation had reached a crisis point

In March 2019, the government published its Male Victims Position Statement setting out 12 specific commitments to better enable male victims and survivors of domestic abuse to come forward and receive the support they need and bring perpetrators to justice.

The Office for National Statistics data (2014/15), shows that male victims (39%) are over three times as likely as women (12%) to not tell anyone about the partner abuse they are suffering from. Only 10% of male victims will tell the police (26% for women), only 23% will tell a person in an official position (43% for women) and only 11% (23% for women) will tell a health professional.

### Age

Children are affected in large numbers. Over two thirds of those who have experienced domestic abuse accessing police or current independent commissioned services are parents. The draft domestic abuse bill now recognises the position of children as victims in such circumstances.

In April 2020, the Children's Commissioner for England published analysis of the extent of child vulnerability for England. The report provides local area profiles for each local authority in England. Leicester was highlighted as a higher-ranking area for some of the measures.

Areas of concern for Leicester are around those aged between 0-17yrs – there are higher rates of children within this age group that have issues of domestic abuse, mental health and substance misuse (toxic trio).

For those known to services, there were higher CIN (Children In Need) episodes for unborn children with domestic abuse identified as a factor, mental health of parent or someone else in the household identified as a factor, and substance misuse by a parent or someone else in the household identified as a factor.

The number of children involved/referred into local services shows the impact of domestic abuse on families and the need to increase visibility of children and young people. SafeLives Insights national briefing on Children, young people, and the involvement of Children's services highlighted the impact domestic abuse has on children – for instance, sleep difficulties and feelings of blame. During the covid-19 pandemic, March-July figures from children's social care and early help 'front door' showed an increasing proportion of contacts regarding domestic abuse.

Children and young people are likely to face barriers to accessing support. The Action for Children report state that barriers can include where the child might be living, whether their family is known to children's social services, the engagement of their non-abusive parent with support services, and if they have any additional support needs.

Research has also found that BAME children, LGBT+ children, disabled children, and those from migrant families, are often more likely to have limited access to domestic abuse services (Refuge, NSPCC and City Bridge Trust, Meeting the needs of children, Nov 2011).

Young people aged 16 and over facing intimate partner abuse are entitled to access specialist domestic abuse services. However, their needs can differ from those of adult victims, so the services that are set up for adults cannot always meet the needs for younger people (SafeLives 2018; Safe Young Lives: Young people and domestic abuse).

Those aged between 16 and 18 years reported greater lengths of abuse compared to the 19-24-year-old in local UAVA data ([Needs Assessment Refresh 2019](#)). It is estimated that 6% of males and 8% of females aged 16-19 years experienced domestic abuse in March 2018 (ONS, Domestic Abuse in England and Wales). SafeLives Spotlight Report on Young People and Domestic Abuse highlighted that young people experience the highest rates of domestic violence of any age group, however they are not visible to services.

Many children are not known to social care or early help services, despite being within families where there is domestic violence – 20% of children identified through Operation Encompass are not known to Early Help or Children's Social Care. (Operation Encompass Leicester Data between Apr18 and Feb19).

Local data in 2018 showed that those aged 41-50 years old were less likely to feel safer after support (65%) compared to all UAVA clients (79%) in UAVA Insights data for 2018.

Older women are over-represented in domestic homicides and under-represented in access to local specialist services. Those

over the age of 60 account for 18% of the UK population but 25% of all domestic homicide cases, and 67% of these are females (Dr Hannah Bows; research from 2010-2015; November 2018). This means that again there could be a greater risk of harm if there is any negative impact from changing these services as this older population are both less likely to access specialist services and more likely to be reflected in homicide statistics.

The most significant gap across those accessing local services is with those aged 55 and over (UAVA data and police data).

The data collected from Insights locally (by UAVA) suggests that older victim-survivors are more likely to suffer from longer terms of abuse. The average length of abuse suffered by victims under 45 in the last year was approximately 4.1 years compared with 10.4 years for victims 45 and over.

### Disability

Women with disabilities are thought to be more likely to experience DSAV (almost twice as likely) (Public health England 2015 and CSEW 2019), Disability and domestic abuse, risk, impacts and response) and appear more likely locally to need/use refuge accommodation/ have housing issues, but also potentially most likely to not be successfully safely housed. (Safelives Insights Report for UAVA for 12 months to January 2019), so changes in relation to how specialist housing support is delivered is likely to impact them more.

Having a disability recorded can also, at times, appear to adversely impact the likelihood of reporting positive outcomes (UAVA Insights data over different years but not noted in quarter 3 2019-2020). National data (SafeLives Spotlight March 2017: Disabled People and Domestic Abuse) states that disabled victims typically experience abuse for a longer period before accessing support (3.3 years' average length of abuse vs 2.3 years). Data for Leicester shows that the average length of abuse for those with a disability is higher compared with the national average – 6.8yrs vs 5.5yrs.

For the year ending March 2019, CSEW showed that adults aged 16-74 years with a disability were more likely to have experienced domestic abuse in the last year than those without. This was true for both men (7.1% compared with 3.3%, respectively) and women (13.8% compared with 6.4%, respectively).

A Public Health England report published in 2015 found that people with disabilities who experience domestic abuse may face broader risk factors than other domestic abuse victims. Vulnerability resulting from a disability may make a disabled person less able to recognise, report or escape domestic abuse. Disabled people experience higher rates of domestic abuse and they also experience more barriers to accessing support, such as health and social care services and domestic abuse services. See also research from McCarthy, M (2018, 2019).

### Sexual Orientation

Societal perception of domestic abuse and sexual abuse is by men against women related to heterosexual relationships. Familial abuse relating to homophobia or 'outing' is often not considered. Same sex domestic and sexual abuse is also not considered. There can be silence and silencing of the issues and Lesbians and Gay men can feel that services will not understand and will not be able to meet their needs. Single sex spaces cannot offer the same protection where the abuser is also from the same sex. Lesbians and Gay men can fear homophobia, judgement and exposure where part of a small potentially close-knit LGBT 'community'. SafeLives' Spotlight Report on LGBT+ highlights that this group may face a range of barriers to accessing support.

The Government provided Galop (national organisation) with £500,000 to build capacity and deliver support to LGBT victims of domestic abuse. The project will facilitate better knowledge and understanding on LGBT domestic violence through the development and use of technology. Galop will deliver a campaign to raise awareness within LGBT communities with the aim of increasing the number of LGBT people actually reporting domestic violence and seeking out the help that they need. The project will also provide training and consultancy to deliver the knowledge and understanding of the needs and experiences of LGBT victims of domestic violence and abuse in statutory, voluntary and LGBT organisations that work with victims of domestic abuse.

The CSEW for the year ending March 2018 shows the percentage of men and women aged 16-59 who had been victims of domestic abuse in the last year by sexual orientation: • 4.0% of men and 7.2% of women who identified as heterosexual or straight; • 8.2% of men and 10.0% of women who identified as gay or lesbian; • 5.7% of men and 25.3% of women who identified as bisexual.

Stonewall research found that one in four lesbian and bisexual women have experienced domestic abuse in a relationship. Two thirds of those say the perpetrator was a woman, a third said the perpetrator was a man. Almost half (49%) of all gay and bisexual men reported having experienced at least one incident of domestic abuse from a family member or partner since the age of 16.

Evidence suggests that LGBT communities face complex barriers to seeking support for domestic abuse, with a reported 60-80% of LGBT+ victims have never reported incidents to the police or attempted to find protection from services. It is estimated that 2.5% of all survivors accessing domestic abuse services in England and Wales are LGBT+. This is the experience of the current local specialist DSVAs provider.

### Gender reassignment

There is limited research on how many transgender people experience domestic abuse in the UK. A report commissioned by the Scottish Trans Alliance and published in 2010 indicates that 80% of trans people had experienced emotional, sexual, or physical abuse from a partner or ex-partner; only 60% recognised the behaviour as domestic abuse. [https://www.scottishtrans.org/wp-content/uploads/2013/03/trans\\_domestic\\_abuse.pdf](https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf)

The National LGBT survey (<https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>) conducted in July 2017 found that trans respondents had much higher declared rates of most incident types involving people they lived with (48%) than cisgender respondents (26%). This was particularly true for verbal harassment (27%), coercive or controlling behaviour (19%), physical harassment or violence (5%), and sexual harassment or violence (2%). Trans men were notably more likely to have experienced an incident (58%) than trans women (40%) and non-binary respondents (47%). 94% of respondents said that the most serious incident they had experienced had not been reported. Incidents involving people the respondent lived with were therefore slightly more likely to go unreported than incidents involving people they did not live with (91%). Notably, for all respondents, physical harassment and violence, sexual harassment and violence, and threats thereof, were generally more likely to have gone unreported than other incident types for reasons reflecting feelings of shame or embarrassment, being upset, not thinking that reporting would be taken seriously, or for fear of retaliation.

### Marriage and Civil Partnerships

For the year ending March 2019, CSEW showed that adults aged 16 to 74 years who were separated or divorced were more likely to have experienced domestic abuse than those who were married or civil partnered, cohabiting, single or widowed. Both men and women who were married or civil partnered were less likely to be victims of domestic abuse in the last year than those who were single, cohabiting, separated or divorced. This is reflected in locally available data from domestic and sexual abuse specialist services.

Over 3% of married or civil partnered women were victims of domestic abuse, compared with 2.1% of married or civil partnered men. In contrast 11.6% of single women were victims compared with 5.3% of men.

There were 90,871 divorces of opposite-sex couples and 428 divorces of same-sex couples in 2018/19. Of the same sex couples, three-quarters (75%) were among female couples. Unreasonable behaviour was the most common reason for divorce among same-sex couples. Most divorces of opposite-sex couples were petitioned by the wife (62%). Unreasonable behaviour has consistently been the most common reason for wives petitioning for divorce. Examples of unreasonable behaviour could include physical violence, verbal abuse, drunkenness or drug-taking or refusing to pay towards shared living expenses.

### Ethnicity

Considering police and UAVA data against the 2011 census, there is under reporting and access of sexual and domestic violence services for those of Asian/ Asian British Indian descent (but not Asian British Pakistani or Asian British Bangladeshi) in Leicester.

Language barriers – the 2017/18 Needs Assessment refresh highlighted that there had been an increase for an interpreter need in Leicester compared with the previous year from 43 service users to 59 service users (14% from 8%).

Clients supported by UAVA (2018) identifying as Asian/Asian British were more likely to report feeling safer after support than White British client (88% compared to 75%).

Information collected by UAVA through Insights (DV only) shows that female victims from BME backgrounds were more likely to be affected by multiple perpetrators – 17% of all cases involving females from BME backgrounds had multiple perpetrators compared with 5% of cases where the victim was from White British/Other White backgrounds (Needs Assessment Refresh 2019). Sisters for Change (2017) report states that 50% of BME women victims of violence experience abuse from multiple perpetrators.

Sisters for Change report (2017) on Unequal Regard, Unequal Protection states that BME and migrant women experience higher rates of domestic homicide and are three times more likely to commit suicide than other women in the UK. This report states that 50% of BME women victims experience abuse from multiple perpetrators. Only 37% of these women make a formal report to the police, on average only 9% make an application for a non-molestation order despite 56% suffering from post-separation



harassment, and one in four have insecure immigration status, giving them limited access to welfare and housing benefits.

For those experiencing sexual violence, it has been found that some groups of sexual violence survivors, such as BME women and those that are refugees, face additional risks (Love et al. 2017; Refuge Council, 2009).

Dr. Ravi Thiara and Sumanta Roy (Imkaan) published research "Reclaiming Voice: Minoritised Women and Sexual Violence (March 2020) explores the barriers to accessing support and ascertains the kinds of support required by BME survivors of sexual violence.

A study of service responses to BME women and girls experiencing sexual violence (Thiara, Roy and Ng, 2015) found that existing services were viewed as inaccessible and under-utilised by BME women even in areas that have higher BME populations. Rape, sexual assault, sexual violence in marriage/relationship, and adult survivors of child sexual abuse (CSA) were the three issues which BME women most commonly accessed services. 36 in-depth interviews were conducted with women across diverse ethnicities and ages – the majority of women had been subjected to sexual violence in intimate relationships with higher levels of coercive control. Sexual violence lasted for several years (two to fifteen years) and frequently involved multiple people, including partners and also male members of the family such as fathers-in law and brothers-in law. Disabled women were vulnerable to repeated/daily rape from non-disabled partners. A large number of women were without any social networks and family support and lived isolated lives.

Other barriers to accessing appropriate support included racism and a lack of knowledge about support services; inadequate responses from support providers marked by assumptions about 'culture' (Ahmed et al, 2009; Burman et al, 2004), the reluctance among BME women to involve criminal justice agencies and the difficulty of discussing sexual violence in particular communities (Gill and Harrison, 2016). Victims of domestic abuse from BME communities may experience barriers to disclosing abuse and accessing services. Research by the NSPCC, June 2008 (Domestic Abuse within South Asian Communities) suggests that victims from BME communities continue to live in abusive situations for longer. BME victims may be reluctant to seek help for many reasons, including language barriers, fear they will not be believed, fear they will become isolated from family and community, lack of awareness of laws etc.

According to Walby and Allen 2004, there is little variation in the prevalence of domestic violence by ethnicity. Batsleer, et al 2002; and Rai and Thiara, 1997 found that Black and other minority ethnic communities are less likely to access statutory services.

Shah-Kazemi, 2001; Rai and Thiara, 1997 findings that Asian women may find it more difficult to seek help for domestic abuse. The research suggested when Asian women marry, they implicitly represent their family. Therefore, if a marriage fails it is often

seen as being the woman's fault and she is also blamed for letting down the family's honour.

For the year ending March 2019, the CSEW showed that those in the Mixed ethnic group were more likely than those in the White or Asian ethnic groups to experience domestic abuse within the last year. In the White, Mixed and Black ethnic groups, women were significantly more likely than men to have experienced domestic abuse in the last year. This difference was greatest for the Mixed ethnic group (20.0% of women, compared with 3.5% of men).

Day, A.S and Gill, A.K (2020) paper on Intersectionality and provision of services connected to criminal justice system parties encouraged reflection on the accessibility of such services due to the history and nature of the relationship some men and women will have with the criminal justice system connected to their ethnicity or other factors of their experience.

Olumide, A and Allen, K (2020) reflected on the lack of research into those using abusive behaviours in a domestic abuse context from black and minority ethnic communities in the UK and how use of language might be a barrier (in their paper on family and intimate relationship harm within black and minority ethnic communities).

### Religion & Belief

Hindu or Christian faith are the religions where there appears to be a gap in local 2011 census data and UAVA data on access. There is a limitation in that information on religion and belief is not as robustly reported and recorded as other protected characteristic categories. That said, there is no clear reason why data from those two religions would be more adversely affected by a recording issue. Research and activity is growing in this area nationally <https://www.restored-uk.org/resources/in-churches-too-church-responses-to-domestic-abuse/> . <https://www.standingtogether.org.uk/faith-vawg> state that many survivors with a faith feel that some specialist services and society, in general, are unable to understand their experiences of abuse, and their barriers to accessing support due to their religious identity, their faith community and any spiritual abuse that they may experience at the hands of their perpetrator<sup>8</sup>.

### Pregnancy

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<sup>8</sup> Accessed 17/12/2020

The profile and length of abuse were different for clients who were pregnant at intake (33 clients). Pregnant clients were more likely to experience high severity physical abuse than non-pregnant clients (53% compared to 43%). The length of time clients had experienced abuse before accessing support was shorter for pregnant clients; 24% pregnant clients had experienced abuse for less than a year compared to 9% clients who were not pregnant. This indicates that pregnancy was likely to be a triggering factor for the abuse in these cases. (SafeLives report for UAVA – 12 months to January 2019)

The Confidential Enquiry into Maternal and Child Health (CEMCH) identified domestic abuse as one of eight key risk factors for maternal death. The study, which looked at all maternal deaths in England and Wales in the period 2000-2002, found that 14% of all women who died (55 out of a total of 391) had self-declared that they were subject to violence in the home. The report also notes that none of these women had been routinely asked about violence as part of their social history, so states the actual figure is likely to be higher. Other studies have also found evidence that there is a proven link between abuse during pregnancy and the mother's chance of being killed by the perpetrator.

As domestic abuse is an underreported crime, it is difficult to accurately assess prevalence, but one study has found that around 30% of domestic abuse starts during pregnancy.

One study found that first-time mothers experiencing physical and emotional intimate partner violence (IPV) were more likely to experience mental health issues as well as physical issues, including poor general physical health. These findings highlight the need for greater awareness of the diversity in women's experiences of IPV among health care providers. This includes the prevalence of emotional IPV among new mothers, and the range of health problems that are common for women experiencing IPV (Physical and Emotional Intimate Partner Violence and Women's Health in the First Year After Childbirth: An Australian Pregnancy Cohort Study – July 2020).

#### Other considerations – Armed Forces

Women service personnel make up approximately 11% of the British Armed Forces (iNews 2019). They can be considered a hidden population. A research study by Forward Assist (*No Man's Land - Research study to explore the experience & needs of women veterans in the UK Jan18-Mar19*) interviewed 100 veteran women and found that 20% of them had been in local authority care as children. Over half of the women stated the main reason they had joined the Armed Forces was to escape an

abusive home environment. Of the women interviewed, 26% reported being physically assaulted whilst serving. A further 52% reported they had been sexually assaulted whilst serving.

For those leaving the Armed Forces, women found that they received little support or preparation for life as a civilian. 58% of respondents reported that they would have benefited from accessing mental health support during service.

Many of the women veterans interviewed acknowledged that they have continued to suffer from poor mental health after leaving the services and direct experience of abuse and neglect in their childhood. Many reported being re-traumatised as a direct result of their experiences during military service and the lack of recognition of their service and sacrifice.

In the USA, research into both male and females with prior history of 'unwanted sexual contact' (Sexual Assault) prior to entering the military, revealed that they were 3-5 times more likely to be sexual assault victims when serving. Approximately 85% of sexual assaults in the US among female service members occur in the first two years of military service. It is no surprise therefore; that the trauma of sexual assaults that occurred while the service member was in the military interferes with a successful transition back to civilian life (Castro 2018).

Men and women currently serving in the armed forces, veterans of or reservists for the armed forces may face particular challenges to accessing services for factors which can include repeatedly changing locations and limited ability to build trusted relationships, sense of loyalty, fear of disbelief, exposure, perceived judgement of weakness; there is an emerging body of research in this area which, whilst it currently shows as a population they are no more or less likely to experience domestic abuse or sexual violence, indicates that specific consideration of their needs is required.

#### Other considerations - geography

Safe Lives data for UAVA (2018) found that for all client reported outcomes the proportions of Leicester residents with positive outcomes were slightly lower than in the Insights national dataset: 78% felt safer (national 85%), 73% felt that their wellbeing had improved (national 80%), 68% felt their quality of life had improved (national 76%), 71% felt they were more optimistic about the future (national 75%) and 72% felt more confident in themselves (national 74%). A total of 622 clients completed an exit form. This might mean that there are factors specifically connected to Leicester that result in positive outcomes of specialist service being slightly less likely, however this has fluctuated over time. There are areas within the City which show repeatedly lower than average reporting per 10,000 population and also higher than average areas. Both require attention.

### Other considerations – immigration

Between 4,000 and 10,000 migrant women and girls are sexually exploited in the UK. However, women fear institutional encounters and are reluctant to go to authorities for help for fear of deportation (Refugee Council, 2009). A significant issue for local services is victims having no recourse to public funds due to their immigration status, which can create barriers to their safety.

### Other considerations – poverty

There has been growing awareness of economic abuse and growing reported financial need, with an increase noted during the Covid-19 pandemic.

### **Summary**

There have been several research studies exploring impact and needs of specific populations in relation to sexual abuse and domestic violence. The reasons for disparate access and outcomes are broad but can include:

- Structural inequalities
- Victim blaming attitudes, cultural concepts of shame and honour
- Fear
- Lack of secure finances or immigration status
- Not identifying with the services offered
- Successful isolation and undermining by the perpetrator(s) of the victim; coercive control.

The proposals have taken this into consideration and have sought specific input as part of the public consultation.

Potential positive impact from proposals:

- Commissioning accommodation related services with Leicestershire allows for a larger contract which could allow for greater diversity of provision, including for larger families, those with higher levels of need (specific accommodation types or staffing levels), services for male victims and families with older male children.
- Enhancing resource at the first point of contact will help with the engagement of all, and as targeted should disproportionately benefit those most vulnerable to both sexual and domestic violence and also those less likely to have engaged with a 'standard' service; there will be additional language support and specialist workers; including a triage system which can offer quick, proactive and creative engagement
- Having clear locality domestic abuse provision with individual area contracts allows for more direct accountability to the needs of the local population
- Having a sexual abuse service mainly located in the sexual abuse referral centre might allow for more resources to be spent on skilled staff rather than office costs, and faster access to forensic medical examination and options for giving evidence in court (alternative to physical attendance)
- Having a sub-regional non-court mandated offer of interventions for perpetrators of domestic abuse allows for some capacity to work on motivation and taking responsibility, which can be barriers to people being suitable for service.
- Separating out adult and child provision, and maintaining specific staff and offer for young people, should give greater clarity of services according to need and better engagement.

Potential negative impact from the proposals:

- Those groups more likely to be affected by mental ill health impact from domestic and sexual abuse might be more likely to need counselling, but this is not clear in currently available data. During 2018/19 there were UAVA records relating to 45 referrals made to domestic abuse counselling and 23 referrals to sexual violence counselling. Of the 166 cases opened by the Support and Information Service between Oct-Dec19, 57 service users were identified as having a mental health need. The majority were female (96%) between the ages of 25-44years. 40% were from a BME background (in line with total service population and just under local population). Whilst still less likely to be in service overall, a higher number of males

(22%) accessed *sexual violence counselling* compared with domestic violence counselling (3%). A smaller BME population has accessed sexual violence counselling (17%) compared with domestic violence counselling (36%). This is reflected across many agencies and is thought to relate to the issue outlined above regarding barriers to accessing services around sexual abuse and around accessing counselling services in general. There will be emotional support offers within the proposed service and this will be at individual and group level. It will also be flexible to need and be able to be more intensive should someone require that.

- With the proposed sexual violence and abuse service located mainly within the SARC, which is delivered by Leicestershire police, some people might not wish to engage if they see the service as connected to the Police.

#### 1. Information used to inform the equality impact assessment

What data, research, or trend analysis have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

We have considered national, international and local information. We have considered sector expert reports and policy briefings and undertaken a local needs assessment and consultation activity. We have looked at how different data sources compare and where they differ, either consistently or inconsistently. We have looked specifically at what we know about people who might be more at risk.

There is a good amount of detailed contract data available, which can be analysed further to assess trends over time for specific populations, and outcomes across different variables.

There is less data held locally on perpetrators of domestic abuse or sexual violence, but local contract data has in-depth data on needs and, through their equality impact assessment reports, have noticed impact (positive and negative) on specific groups. For example, they noticed that young men were struggling with certain aspects of the course and might benefit from additional support or a tailored programme.

The data highlights a need to understand intersectionality and that it can be a complex picture in terms of needs and protected

characteristics. At times the data has shown a disparity of outcomes for a characteristic, but then no disparity at another time.

The Insights data set is the most comprehensive data that can be analysed by any number of variables. This is very useful but is also only a part of the picture as not every service user will need a service to this level or consent to this level of (anonymous) data being collated. We have demographic data on all of the UAVA client population, and it is similar to the Insights data set.

## 2. Consultation

What consultation have you undertaken about the proposal with current service users, potential users and other stakeholders?

What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

A series of stakeholder events were held in 2018. Outside of the specific consultation process for this commissioning exercise, there is routine engagement with service users and members of the public through the following mediums:

- Feedback survey on web page
- Service user engagement through monitoring and contract management cycle
- Service user accountability measures for the provider, discussed quarterly in contract management
- Service user scrutiny and reference panel.

Information through these routes has informed what is important to them regarding current services and where risk points are. Some specific actions and developments came through this:

- Value of befriending and mentor services
- Orientation support



- What an ideal keyworker does/ looks like
- Importance of communication
- Risks and frustrations around delay
- Frustrations of not being able to get support when you need it (not getting through on the helpline for example; not seeing refuge staff)
- How hard it is to have to repeat personal and sensitive material.
- Essential for staff to understand the impact of trauma and provide services that show that understanding and do not have systems which risk retraumatising victim-survivors.
- Value of advocacy and accompaniment in helping people access the services and protections they might need.

Members of the service user scrutiny and reference group have been aware throughout of the commissioning exercise and had a separate presentation on the findings and developing models. The service user scrutiny and reference group meet monthly (was quarterly for some of this period). They receive performance information from the commissioned service providers and also invite key service providers in for question and answer sessions.

A public consultation on the model was launched on 11<sup>th</sup> September 2019 and closed on 24<sup>th</sup> November 2019. This was promoted online and with paper flyers. Specific attempts were made to engage several of the groups highlighted in this assessment.

Leicester City Council staff undertook a series of engagement sessions and presentations to promote the consultation opportunity. All communication included an open offer to go out and support engagement wherever possible, and each request received was met. The consultation was also promoted through contract management meetings, and partnership meetings. Individual meetings were also held, for example with the parents' community development worker, and survey links were distributed through email and promotion in local newsletters.

The total number of respondents to the consultation (for Leicester and LLR) was 114. Of these, 81 responses were completed by Leicester residents. 48 of the 81 (59%) responses to the Leicester survey were from those responding as being affected by sexual or domestic abuse or a member of the public (rather than as a practitioner in the area).

There was broad representation in terms of age (slightly older than the current service user demographic), sexual orientation and ethnicity. The male/female ratio was in line with expectations, and 20% (13) identified as disabled, which is slightly under the

current access rates for the specialist domestic and sexual abuse services.

77-88% of responses about the proposals were positive (good or very good idea). Many commented that the basic offer of services was similar to that currently in place; but that the changes should result in greater simplicity and ease of access.

The need for specialist support is mentioned in several responses, mostly in terms of culture, ethnicity, age and sex.

The following information has been summarised from the equalities section of the survey and highlights for each proposed service and proposed benefits, concerns and suggestions that have been made by respondents.

#### Helpline

- Not all ages would be able to access the internet
- Children may not have access to a phone
- Difficulty for those that are disabled to access the phone
- A text messaging service would be beneficial for those that find it difficult to speak on the phone
- A need to staff to understand the cultural beliefs and needs for those from a BME background
- Beneficial if staff were available that can speak different languages
- Access needing to be promoted to male victims and children

#### Sexual Violence and Abuse Service

- Concern around how mental health needs would be addressed
- Understanding of people from different backgrounds and their cultures, and support needs to be provided in a wide range of areas, especially immigration.

#### Domestic Abuse Service

- Language barriers and cultural differences need to be understood by the service provider

- Requirement of more facilities for older women and men
- Suggestion that there is more one-to-one time for those that have a disability
- Provide the right support for women that are pregnant or have young children as they are likely to find it more difficult to leave

#### Perpetrator Interventions Service

- Concerns around different cultural beliefs supporting abuse

#### Accommodation Related Service

- Having a variety of options for specialist accommodation would be a positive, particularly for adults with care and support needs, accommodation needs to be adapted.
- Suggestion that there is accommodation that is specifically BAMER led
- Concerns around accommodation for younger populations – below 16yrs
- There is a comment around a need for more family refuges, possibly specialist mother and baby units.
- Support for those that have no recourse to public funds and asylum seekers

#### Counselling

- Suggestion that there is a need for a specific service for Asian women.

#### UAVA – Client reported outcomes (Safe Lives Insights Qualitative Data Report 2018)

Clients, whose cases were submitted to the Insights portal, are asked to answer two questions as they exit from UAVA services. One related to their experience of gaining support and accessing UAVA services and another broader question that asked service users to reflect on what they would want for others in a similar situation. Question two was 'From your experience, what do you feel could improve the safety and wellbeing of other people at risk of domestic abuse? There were 105 valid responses to

this in 2018.

Responses to question two were focussed around two key themes. Firstly, encouraging victims and survivors to take the steps to access support as soon as possible, and the positive outcomes that come from that. Secondly, a desire for services to respond better, specifically the police, and for perpetrators to be held accountable for their actions.

Almost half of all responses (44%) mentioned seeking help and support as soon as possible (accounting for 34% of primary themes), with several service users specifically referencing UAVA. A theme within this seemed to reflect service users' feelings of relief after they had accessed services. Respondents encouraged others not to 'suffer in silence', to seek help as soon as possible, and to 'not be afraid as there is help available'.

*"Encourage people to get help as soon as possible and to get out of a bad situation. Learning about and understanding domestic violence."*

The above responses overlapped with another key theme, mentioned by one in five respondents, (22%) focussing on awareness. These responses then fell into two distinct categories. Firstly, a desire for victims and survivors to have a better understanding of domestic abuse and where to get help and support.

Secondly, several respondents felt that services and agencies, including the police, should have a greater awareness of domestic abuse. Linked to this was a desire for victims and survivors to be kept better informed by social services, local authority agencies, and the police.

*"More communication from social services. Also more communication from Leicester city council housing."*

Police were specifically mentioned in around one in five responses (17%), and the criminal and civil justice system more broadly in one-third (35%). The key theme within this was police doing more and holding perpetrators to account. Several respondents said they would like the police to respond 'more appropriately', act on harassment and breaches of civil orders, and to arrest and

charge perpetrators.

*“People being listened to and being believed. If perps keep breaching orders they should be held accountable and be punished so they do not do it again.”*

The other major theme within the responses related to housing and living arrangements. Broadly, this was a request for greater levels of support, both from housing and social services, not just with moving in a general way, but specifically moving quickly and efficiently. Other less frequent responses related to safety and security, consistency of response, funding for services, and support around finances and immigration.

*“More protection through the CJS - feels let down by CJS. No protection even though NMO in place. Police failed to bring charges for breaches on NMO stating this was because it was not an order from the criminal court.”*

Respondents reflected upon support and assistance received by UAVA very positively. In answering the questions, the most dominant theme was that support had had a large impact on service users’ safety and wellbeing. Respondents recommended that those in a similar position should access support as soon as possible.

Service users were grateful to their caseworkers for helping them access agency support and navigate the criminal justice system. However, they also felt that these agencies, specifically the police, would benefit from greater knowledge and some changes in approach. Accountability for perpetrators was a prominent theme, as was the need for a prompt response from housing to ensure safety and security for service users and their children.

### 3. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	Impact of proposal:	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age <sup>9</sup>	<ul style="list-style-type: none"> <li>Protect continuation of specific post(s) for young people based on learning from existing services and research – positive impact</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility, breadth, location and medium of promotion of services will be integral to success across the age range.</li> </ul>	<ul style="list-style-type: none"> <li>Preventative action through the procurement phase; developing very clear expectations and quality</li> </ul>

<sup>9</sup> Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	<ul style="list-style-type: none"> <li>• Provision across the age range but age specific; clear distinctions between CYP and adult domestic abuse service</li> </ul>	<ul style="list-style-type: none"> <li>• It is unlikely that the proposal will have a negative impact as the focus is on improving accessibility, bringing greater clarity to provision and protects what has been found to work well (YP specific posts)</li> <li>• Younger age ranges are reflected more in sexual violence service users; and in counselling need for this area. The potential reduction of protected budget for specialist counselling could have a significant impact on this age group (19-34 years).</li> </ul>	<p>standards for the service specifications across protected characteristics, including workforce training and supervision. Also highlighting the benefit of working with other specialist organisations, establishing reciprocal arrangements regarding training and referrals.</p> <ul style="list-style-type: none"> <li>• Protection of young people and children specific posts for domestic abuse and sexual violence services.</li> <li>• Ensure that commissioned services have clear policies in place that take into account the Equality Act</li> </ul>
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Disability <sup>10</sup>	<p>No impact of this <u>specific proposal</u> has been identified. Those who are disabled are more likely to be in need of these specialist services, but no specific element of the proposed changes is considered to have a potentially negative impact on those who are disabled. If the breadth of accommodation provision is broadened, this will improve access.</p> <p>Earlier and improved engagement should also have a positive impact on those with a disability, which might previously have not engaged, for several reasons.</p>	<ul style="list-style-type: none"> <li>• Accessibility and promotion continue to be the areas for ongoing impact (not specific to this proposal)</li> </ul>	<p>appropriately and do not withdraw single sex spaces/provision where it is appropriate (but have an alternative, proportionate and equal offer that meets requirements)</p> <ul style="list-style-type: none"> <li>• During procurement (assessment) phase to ensure appropriate weighting in assessment of provider understanding of risks regarding impact against specific protected characteristics and mitigating actions, and in particular sex, age and disability (largest disproportionality for need and harm).</li> </ul>
Gender Reassignment <sup>11</sup>	No potentially negative impact of this specific proposal has been identified		
Marriage and Civil Partnership	No potentially negative impact of the specific proposal has been identified		

<sup>10</sup> Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

<sup>11</sup> Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.



Pregnancy and Maternity	No potentially negative impact of the specific proposal has been identified and locality approach might improve identification of domestic abuse at time of pregnancy or post-natal.		<ul style="list-style-type: none"> <li>• Monitor access, risk and outcome by every protected characteristic on a regular basis as part of the future contract(s). To include preferred language and how often this could/could not be met.</li> <li>• Contract management phase: to ensure that quality assurance frameworks are in place inclusive of need of providers to demonstrate an understanding of equality issues and of emerging research on domestic abuse (including homicides)</li> </ul>
Race <sup>12</sup>	No potentially negative impact of the specific proposal has been identified		
Religion or Belief <sup>13</sup>	No potentially negative impact of the specific proposal has been identified		
Sex <sup>14</sup>	No specific potentially negative impact of the proposal has been identified <i>but women are the largest group in need of all domestic and sexual abuse services and are more likely to suffer serious harm or death (homicide or suicide due to domestic abuse). Women are also accessing counselling services in higher</i>		

<sup>12</sup> Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

<sup>13</sup> Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

<sup>14</sup> Sex: Indicate whether this has potential impact on either males or females

	numbers, and this is a service not included in the proposed model.		and suicides) and can evidence a tailored approach to those individuals and communities and are engaging in work to build trust.
Sexual Orientation <sup>15</sup>	No potentially negative impact of the specific proposal has been identified.		<ul style="list-style-type: none"> <li>• Check with public health colleagues around plans regarding counselling provision.</li> <li>• Check with CSC&amp;EH colleagues around provision and support for parents experiencing abuse from their child (under 16).</li> <li>• Ensure that the ongoing training programme for local practitioners includes intersectionality and increased awareness on older</li> </ul>

<sup>15</sup> Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

			<p>people and domestic abuse, the impact on children, the impact of and on mental health and substance use and general domestic abuse awareness.</p> <ul style="list-style-type: none"><li>• Prioritise counselling and BME specific provision in any opportunities to apply for additional funding.</li></ul> <p>The Government provides funding for the provision of services or has developed strategies for marginalised groups who also experience domestic abuse. Examples of this include £300k funding in 2018/19 to Imkaan to build capacity in the specialist BME women's sector to reduce the impact of violence on the lives of BME women and girls. The funding will support dedicated, specialist BME organisations which provide essential crisis</p>
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			<p>interventions, safety, and ongoing 'recovery', resilience and empowerment support. This is also to build the capacity and improve the sustainability of essential, specialist, independent BME/VAWG organisations and small community organisations working to address VAWG</p> <p>Disabled victims: The government have provided over £200,000 for Victim Support and Stay Safe East. The joint project aims to link the skills and knowledge of Stay Safe East, a specialist disability and domestic violence agency, with that of Victim Support, the largest national employers of Independent Domestic Violence Advocates (IDVAs). This partnership aims to encourage disabled survivors of domestic abuse to come forward and ensure that their needs are recognised and effectively supported.</p>
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<p>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</p> <p>See above, whereby nature of the client group they are thought to be disproportionately affected by any change, even if the specific changes in the proposal are not by themselves likely to lead to a direct impact.</p> <p>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?</p> <p>See above; where there are no changes in delivery model that have been identified as having a specific impact on a protected characteristic population</p>			

	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Other groups	Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	Domestic abuse services will be specific to Leicester and it is hoped that this will improve the service that can be offered to	Likelihood is perceived as low however there can be direct barriers to attending appointments and in accessing	Monitor accessibility, disengagement and factors influencing poorer outcomes. Enquire about barriers and lived

	families and children living in poverty. There will be an online and physical face to face service offer.	services which might primarily be delivered over the telephone and online. There can also be barriers for parents such as fear of judgement and surveillance.	experience during service user engagement activity. Ensure specifications include level of community level provision of physical face to face services alongside online service.
Other vulnerable groups  High financial need/poverty	Needs will continue to be met.	Transport barriers and fears of judgement.	Links to welfare rights and benefits services are sustained and included in the specifications and local partnership work.  Local workforce to be skilled in economic abuse.
Other (describe) Co-occurrence of multiple barriers to service	The separate helpline and engagement service should allow faster and easier access to immediate support and co-ordinated navigation of the wider service system, particularly where multiple services might be required.	Disjointed provision; not knowing the full service offer from the wider service systems; higher levels of disengagement and more exits from service without achieving good outcomes (including notices to quit; warnings, suicide attempts, deterioration in mental health).	It will be important to have a clear picture of need and pathways taken across the service system to ensure people do not fall between services or receive a fragmented experience of support/information.
Armed Forces individuals or families (currently serving, reservist or veteran)	The new service system model is an opportunity to include specific monitoring and recording requirements so more can be known about this population, which are likely to experience domestic abuse and sexual abuse at similar levels, if not	Lack of awareness or trust in the specialist services commissioned. Compelled to keep silent about the abuse. Possibly transient so limited access to ongoing supportive relationships.	Providers to be encouraged to sign up to the armed forces covenant.  Monitoring and recording processes identify links and outcomes.

	higher, than the wider population, and might experience specific barriers or risks related to their individual circumstance.		Tailored promotion of support services to this cohort.
<p>4. Other sources of potential negative impacts</p> <p>Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p>			
<ul style="list-style-type: none"> <li>• Other divisions or joint commissioning/external agencies (e.g. CCG) might reduce budgets/grant systems for counselling</li> <li>• Brexit could impact negatively in any way on immigration status/ finances/housing in a way that could be used to control/enhance vulnerability in situations of domestic abuse</li> <li>• Reduction in neighbourhood/ locality level provision; such as Early Help Centres and libraries – places people might approach for help and disclose abuse.</li> <li>• Changes in mental health provision (positive or negative), including pathways.</li> <li>• Education – schools outside of local authority provision; prevention work, including Relationship and Sex Education work, might be harder to influence</li> <li>• Legal Aid restrictions</li> <li>• Pandemics, such as the coronavirus situation from March 2020, and associated lockdown measures limiting access to support and reduced visibility. Also increased potential for control by abusers.</li> <li>• Delays in court processes</li> <li>• Increase in modern day slavery</li> <li>• Domestic Abuse Bill progression through parliament is expected to include level of statutory responsibility on local authorities to provide a minimum level of refuge accommodation, and possibly other types of domestic abuse service.</li> </ul>			

## 5. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

Articles 2,3,4 in particular

Article 2: Right to Life – due to level of homicide and suicide related to domestic abuse and sexual abuse

Article 3: Right not to be tortured or treated in an inhuman or degrading way – due to intrinsic nature of abuse and violence, particularly economic abuse, coercive and controlling behaviour

Article 4: Right not to be subjected to slavery/forced labour – due again to use of these elements within domestic abuse and sexual abuse and crossover of perpetrators and victims.

## 6. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.



- Specification requirements detail monitoring and recording requirements
- We also undertake needs assessments across the wider sexual and domestic abuse partnership
- Contract recording and monitoring systems – including 360 surveys, EIA reporting template, case file audits
- Commissioning board with providers – regular meetings
- Service user scrutiny and reference group
- Internal contract management processes

#### 7. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Informed potential providers/market	Hyperlinks in tender documents to key local data across protected characteristics.	SMcB	31/3/2021
Specifications reflect equality knowledge and areas requiring specific attention	Revise draft specifications accordingly.	SMcB	31/3/2021
Procurement process reflects weighting on	Method statement questions provide additional opportunity to assess bidders understanding and commitment to	SMcB	31/3/2021

equality	equality.		
Emerging negative and positive impacts are picked up in a timeline manner and responded to appropriately	Contract monitoring and management takes account of equality actions and can quantify and qualitatively identify progress made.	SMcB	Review annually
Strategic commitment continues to drive improvements	Joint commissioning and assurance board holds a clear strategic commitment and accountability for improved equality, providing a critical role regarding improving understanding and removing barriers to safety and wellbeing.	DP	Review annually

## Human Rights Articles:

- Part 1: The Convention Rights and Freedoms
- Article 2: Right to Life
- Article 3: Right not to be tortured or treated in an inhuman or degrading way
- Article 4: Right not to be subjected to slavery/forced labour
- Article 5: Right to liberty and security
- Article 6: Right to a fair trial
- Article 7: No punishment without law
- Article 8: Right to respect for private and family life
- Article 9: Right to freedom of thought, conscience and religion
- Article 10: Right to freedom of expression
- Article 11: Right to freedom of assembly and association
- Article 12: Right to marry
- Article 14: Right not to be discriminated against

## Part 2: First Protocol

- Article 1: Protection of property/peaceful enjoyment
- Article 2: Right to education
- Article 3: Right to free elections