

Equality Impact Assessment

Full assessment form 2018

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Directorate:

Children's social care

Service, function:

Domestic Abuse Strategy

Title of policy, service, function, project or strategy (new or old):

Supporting victims of domestic violence and abuse

Type of policy, service, function, project or strategy:

☐ Existing

☒ New / proposed

☐ Changed

Lead officer

Bruce Marr; Head Harm and Exploitation

People involved with completing the EIA:

Bruce Marr; Head Harm and Exploitation
Lisa Wills; Strategy and Partnership Manager

Introductory information (Optional)

The Safer Portsmouth Partnership (now part of the Health and Wellbeing Board) recommended a review of services and resources in relation to support for victims of domestic violence and abuse (DVA).

Step 1 - Make sure you have clear aims and objectives

What is the aim of your policy, service, function, project or strategy?

The strategy outlines how the Council and its partners will provide support to residents who are victims of DVA. The strategy aims to make sure that

- Everyone in the city - especially young people - understand what a healthy relationship looks like
- Everyone in the city know where to get the right support for their needs
- That professionals understand both the presenting and underlying needs of adults and families struggling with unhealthy or abusive relationships
- That there is a clear measurable, process to access the right support and that support is provided for as long as required in order to keep adults, children and families safe
- That those who use coercive control, unhealthy or abusive behaviour are held to account and supported to change insofar as this is possible.

The strategy was ratified by the:

- a) Domestic Abuse strategic group on 16th October 2019
- b) Children, Families and Education Departmental Management Team on 23rd October 2019 and
- c) Due to be presented to the Health and Wellbeing Board on 8th January 2020

While there is currently no legal definition of DVA this is being reviewed as part of the Governments proposed Domestic Abuse Bill. The current Home Office definition includes any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Chapter One of the Domestic Abuse Bill provides the proposed legal definition (<https://publications.parliament.uk/pa/bills/cbill/2017-2019/0422/19422.pdf>). It includes 2 people over 16 years of age who are in an abusive relationship and personally connected to each other and defines abuse and personally connected further.

Who is the policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Female and male residents of Portsmouth aged 16 and above who experience DVA. By supporting victims and those who use unhealthy or abusive behaviours the aim is that less residents are at risk and relationships are healthier regardless of whether the relationship continues or ends.

The strategy also includes needs of the children; both for those who witness DVA and for all children to raise their awareness of healthy relationships.

What outcomes do you want to achieve?

How Portsmouth City Council, including councilors and with the support of their partners, will provide support and advise to victims of DVA and hold those who use unhealthy or abusive behaviours to account.

Victims to feel safer.

What barriers are there to achieving these outcomes?

Measuring effectiveness is difficult due to the longevity and complexities of reducing risk and because DVA is an under reported crime.

The complexities of holding those who use unhealthy and abusive behaviours to account and achieving change in their behaviour.

Step 2 - Collecting your information

What existing information / data do you have? (Local or national data) look at population profiles, JSNA data, surveys and patient and customer public engagement activity locally that will inform your project, national studies and public engagement.

We know that DVA is an under reported crime with the March 2017 Office for National Statistics report finding that only 46% of DVA is reported to police nationally, so the local level of demand is also likely to be an underestimate. The 2018 report identified little change in the prevalence of domestic abuse in recent years. Nationally "the police recorded 599,549 domestic abuse-related crimes in the year ending March 2018. This was an increase of 23% from the previous year. This in part reflects police forces improving their identification and recording of domestic abuse incidents as crimes and an increased willingness by victims to come forward." The most recent Crime Survey for England and Wales (CSEW) estimated that 7.5% of women and 4.3% of men aged 16 to 59 had experienced DVA in the last year. This equates to approximately 4,860 women and 3,040 men aged 16-59 in Portsmouth or a total of 7,900 victims of DVA in 2016/17.

Since April 2015 there have consistently been over 5000 police call outs in the PO1 to PO6 area and in the 6 months from April to September 2018 this increased to 3214. From April 2018 to March 2019 there were 554 cases discussed at the Multi Agency Risk Assessment Conference (MARAC) up from 457 in 2017/18 and 450 in 2016/17.

We also know that:

- Just under 20% of Multi-agency Safeguarding Hub contacts involved evidence of dDVA.
- DVA was noted as factor in 65% of child protection conferences, 47% of repeat referrals to Children's Social Care and 40% of children taken into care had DVA as an issue in 2017/18.
- The impact of DVA on very young children is often under estimated and the impact on school age children could affect their ability to achieve. Low educational attainment and insecure family environments are risk factors for young people in relation to entering the criminal justice system.
- Research has found that the single biggest predictor for children becoming victims or using unhealthy or abusive behaviours as an adult is whether they grew up in a home with DVA.
- Only a small proportion of those experiencing (and/or reporting) repeat incidents of DVA receive a support from specialist services - approx. 60% of victims and only 5% of perpetrators.

More detailed analysis on domestic abuse can be found in the community safety strategic assessment (<https://www.saferportsmouth.org.uk/wp-content/uploads/2018/07/Strategic-Assessment-2016-17-web-version.pdf>)

Using your existing data, what does it tell you?

With no consistent national or local reporting, it is not possible to provide comparable analytical information on the level of need or performance management for Portsmouth. Therefore this strategy has used this data to inform level of need as opposed to explore comparable provision elsewhere in the country. The strategy also recognises that not all victims will access support wider than their friends and family.

Nationally just over half the Crime Survey for England and Wales estimates were reported to Police (n1,068,020), but in Portsmouth the rate of reporting is higher with 5,508 incidents reported to the police, 59% (n3,276) of which were recorded as crimes. About a quarter of these will be repeat incidents, so there will be more victims than perpetrators. Numbers have increased steadily since 2011/12 which may be due to improved reporting.

Existing available data generally measures/monitors improvements to service capacity and efficiency rather than outcomes. The only metric collected regularly since 2013 that demonstrates a generally positive difference is the level of risk assessed at the beginning of contact with the specialist victim services (Portsmouth City Councils Portsmouth IDVA Project and the commissioned Stop Domestic Abuse service) In 2018/19, 77% of clients were assisted in reducing their risk (a slight reduction compared to Portsmouth IDVA Project in 2017/18 when risk was reduced in 82% of cases, but remained within the target range). While initial findings from those who accessed Up2U: Creating Healthy Relationships (for those who access support to to reduce their use of unhealthy or abusive behaviours) are positive, this is still a relatively new service.

Step 3 - Now you need to consult!

Who have you consulted with?

Individuals who have accessed specialist DVA victim services and individuals who have acknowledged they use unhealthy or abusive behaviour and want to change.

Professionals who work in Portsmouth

If you haven't consulted yet please list who you are going to consult with

While attempts were made to consult those who accessed specialist DVA and Children Social Care services this proved problematic due to concerns about re-traumatising victims. Therefore the strategic action plan includes developing an on-going programme of service user interviews providing real time feedback on service quality including the voice of the child

3 workshops which included members from non statutory and statutory services, the voluntary sector and children and adult services.

Please give examples of how you have or are going to consult with specific groups or communities e.g. meetings, surveys

See above

Step 4 - What's the impact?

Is there an impact on some groups in the community? (think about race, gender, disability, age, gender reassignment, religion or belief, sexual orientation, sex, pregnancy and maternity, marriage or civil partnerships and other socially excluded communities or groups)

Generic information that covers all equality strands (Optional)

Ethnicity or race

Based on 2011 census data residents of Portsmouth includes: 84% of the population is White British compared to 92% in 2001 with the Black and Minority Ethnic (BME) community accounting for 16% (5.3% in 2001).

The issue of Honour Based Violence and Forced Marriage is a potential problem within this group and access to some provision is difficult for some groups (e.g. refuge and those with no recourse for public funds). In 2016/17 and 2017/18 7% of referrals to MARAC were for the BME community which fell to 4.2% in 2018/19. In 2018/19 (where stated) 11% of referrals to the Portsmouth IDVA Project and 36% of referrals to Stop Domestic Abuse were for "non White British". In the 6 months from April to September 2019 the rate was 14% and 26.5% respectively.

Gender reassignment

There are 168,923 adults in Portsmouth of which 83,697 are females and 85,226 are males. This strategy identifies the need for provision for all victims regardless of gender and recognises that unhealthy and abusive relationships are wider than solely around coercive control and that different types of abuse develop differently, have their own causes and consequences and need diverse interventions. The strategy recognises the importance of understanding the dynamics of the relationship to ensure individual needs are met and since April 2018 there have been 2 referrals for individuals who were transgender.

Community victim services are available to both women and men while the refuge is only open to female victims. Male victims, who are fleeing domestic violence and abuse, are offered B&B.

Up2U: Creating Healthy Relationships is Portsmouth's bespoke programme to support those who acknowledge they use unhealthy and abusive behaviours in their relationship and is available to men and women regardless of whether they are in a heterosexual or same sex relationship.

Age

There are 168,923 adults in Portsmouth of which 83,697 are females. The most recent Community Safety Strategic Assessment (2016/17) identified that for cases reported to the police the peak age of female victims is 20-35 years, which is spread out over a larger age range, including older victims than

in 2014/15. The peak age range was the same but less pronounced for male victims.

Below are the referrals to the Portsmouth IDVA Project and Stop Domestic Abuse by age:

Referrals	2018/19		Apr-Sept 2019	
	PIP	SDA	PIP	SDA
16 - 30 yrs	39%	34%	40%	30.5%
31 - 45 yrs	43%	49%	42%	55%
46 - 65 yrs	16%	14%	16%	14.5%
Over 65 yrs	2%	3%	2%	0%

DVA has an impact on children and during 2018/19 the Multi-Agency Safeguarding Hub (MASH) received 12,554 contacts of which 19% (n2,448) involved domestic abuse. This is the same proportion as in 2017/18, although there were numerically more MASH contacts (n11,265) and contacts with DVA. Over the last 2 years roughly 70% of children with a child protection plan have DVA as a feature.

Disability

20% of the city's population has a disability. In 2018/19 11% of those who accessed the Portsmouth IDVA Project and 15% who accessed Stop Domestic Abuse had a disability. For the 6 months from April to September 2019 this was 8% and 11% respectively. In 2018/19 only 0.4% of cases discussed at MARAC were for those with disabilities; down from 0.9% in 2017/18 but up from 0% in 2016/17.

Religion or belief

There is nothing specifically considered within the DVA strategy or specialist provision in relation to religion or belief. The DVA strategy does not discriminate against anyone from a particular faith group and acknowledges that those from some faiths may find it more difficult to access services.

Sexual orientation

While there is no information available in relation to Portsmouth residents, it is believed that 15-17% of the UK population are lesbian, gay or bi-sexual. Support for victims of DVA is provided regardless of sexual orientation. In 2016/17 & 2017/18 0.2% of cases discussed at MARAC were from the lesbian, gay, bisexual and transgender communities. This increased to 1.6% in 2018/19 which is higher than similar police force groups (0.9%) and the national figure (1.1%).

Where the information was given referrals to Portsmouth IDVA Project and Stop Domestic Abuse for the LGBT community were 3% and 3% in 2018/19 and 2.5% and 2% from April to September 2019 respectively.

Sex

The most recent Crime Survey for England and Wales (CSEW) estimated that 7.5% of women and 4.3% of men aged 16 to 59 had experienced DVA in the last year. This equates to approximately 4,860 women and 3,040 men aged 16-59 in Portsmouth or a total of 7,900 victims of DVA in 2016/17. Since April 2015 there have consistently been over 5000 police call outs in the PO1 to PO6 area and in the 6 months from April to September 2018 this increased to 3214. The 2016/17 Community Safety strategic assessment identified that where victim details were recorded, almost three quarters were women. There has been a gradual increase in the proportion of males over the past few years from 20% in 2013/14 to 27% in 2016/17.

Referrals to specialist provision by gender were: for high risk victims there were 627 females and 54 males referred to PIP in 2018/19 and 308 females and 30 males from April to September 2019. For victims assessed at medium risk there were 783 referrals for females and 19 for males in 2018/19 and 437 for females and 8 for males in Apr to Sept 2019.

Marriage or civil partnerships

No specific data is collected in relation to the individuals relationship however the current definition includes "intimate partners or family members regardless of gender or sexuality" therefore the very nature of DVA means there needs to be a relationship.

Pregnancy & maternity

Research identifies pregnancy as a high risk time to experience DVA and the Portsmouth Hospital Trust and Health visitors continually review and refresh they action plans to ensure all women are asked if they have experienced DVA at this time.

Other socially excluded groups or communities

DVA is a "hidden" and under reported crime with victims from all socio-economic backgrounds. The Domestic Abuse strategic group is aware of specific vulnerabilities and therefore has representatives on the board from Adult Safeguarding, housing and Health.

Note:Other sociallyexcluded groups, examples includes,Homeless, rough sleeper and unpaid carers. Many forms of exclusion are linked to financial disadvantage. How will this change affect people on low incomes, in financial crisis or living in areas of greater deprivation?

Health Impact

Have you referred to the Joint Needs Assessment (www.jsna.portsmouth.gov.uk) to identify any associated health and well-being needs?

☒ **Yes**

☐ **No**

What are the health impacts, positive and / or negative? For example, is there a positive impact on enabling healthier lifestyles or promoting positive mental health? Could it prevent spread of infection or disease? Will it reduce any inequalities in health and well-being experienced by some localities, groups, ages etc? On the other hand, could it restrict opportunities for health and well-being?

The most recent JSNA (2016) identifies that DVA remains the largest category of violence in the City and that adult behaviours impact negatively on children from pregnancy onwards however there was no specific data in relation to DVA collected within this.

Health inequalities are strongly associated with deprivation and income inequalities in the city. Have you referred to Portsmouth's Tackling Poverty Needs Assessment and strategy (available on the JSNA website above), which identifies those groups or geographical areas that are vulnerable to poverty? Does this have a disproportionately negative impact, on any of these groups and if so how? Are there any positive impacts?, if so what are they?

For more help on this element of tackling poverty and needs assessment contact Mark Sage: email:mark.sage@portsmouthcc.gov.uk

There is national research (e.g. Womens Aid 2015 or Agenda 2016) that has identified the links between poverty and poor outcomes including DVA, especially for women, but there is no local data for Portsmouth and it is not possible to cross reference data around health inequalities with individuals (e.g. those who access specialist provision or who completed the consultation)

This strategy can address these risks and support positive outcomes by ensuring that:

- 1 Staff working in services that encounter people in poverty understand the impact of DVA and are able to provide appropriate levels of advice and guidance.
- 2 People who have experienced DVA receive timely and effective money, benefits and debt advice.

Step 5 - What are the differences?

Are any groups affected in a different way to others as a result of your policy, service, function, project or strategy?

Please summarise any potential impacts this will have on specific protected characteristics

With a better understanding of demand, client need, and the views of professionals, we have identified five priorities for improvement.

- A. Promote healthy relationships
- B. Improve identification and assessment
- C. Challenge and support those who use abusive or unhealthy behaviours
- D. Hold to account those who use coercive control and violence
- E. Improve performance monitoring, quality assurance and workforce development

Does your policy, service, function, project or strategy either directly or indirectly discriminate?

☐ Yes ☒ No

If you are either directly or indirectly discriminating, how are you going to change this or mitigate the negative impact?

Step 6 - Make a recommendation based on steps 2 - 5

If you are in a position to make a recommendation to change or introduce the policy, service, project or strategy clearly show how it was decided on and how any engagement shapes your recommendations.

The strategy was developed by a multi-agency group and ratified by the Domestic Abuse strategic group, Children, Families and Education Departmental Management Team and in the New Year will be considered by the Health and Wellbeing Board. The strategy is accompanied with an action plan

What changes or benefits have been highlighted as a result of your consultation?

The strategy was partially successful in consulting with service users (however to prevent risks of re-traumatisation will include this within the action plan) and had 3 workshops with professionals. This identified a number of areas for development including:

- a) Given the nature of domestic abuse and associated under-reporting to police and other responsible authorities, it is difficult to assess the level and patterns of need in the city. Despite regular detailed analysis and monitoring of relevant data sets, there are still significant gaps in our shared understanding about the impact of services and the experience of services users.
- b) The changing language in identifying and responding to DVA. When recognising the complex dynamics of domestic abuse we need to develop a new language for those who use unhealthy behaviours, violence and coercive control. It is also important to understand, that in the context of domestic abuse, 'families' don't always include children.
- c) The need to ensure there are consistent referrals across partner agencies and those who are most likely to come in to contact with victims of DVA and those who use unhealthy and abusive behaviours.
- d) the benefit of prevention programmes to raise awareness, specifically for young people.

If you are not in a position to go ahead what actions are you going to take?

(Please complete the fields below)

Action

To deliver the DVA strategy

Timescale

April 2020 to March 2023

Responsible officer

Bruce Marr and Lisa Wills

How are you going to review the policy, service, project or strategy, how often and who will be responsible?

While the Health and Wellbeing Board has overall responsibility for overseeing this strategy and will receive regular updates the monitoring of the action plan will be delegated to the Domestic Abuse Strategic Group who will meet 3 times a year to review progress.

Step 7 - Now just publish your results

This EIA has been approved by:

Contact number:

Date:

PCC staff-Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9283 4789, Email: equalities@portsmouthcc.gov.uk

CCG staff-Please email a copy of your completed EIA to the Equality lead who will contact you with any comments or queries about your full EIA. Email: sehccg.equalityanddiversity@nhs.net