

Equality and Consultation Analysis Template

Guidance for completion

- Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, during the Council's decision making processes.
- These 'protected groups' are those defined by race, age, gender, disability, sexual orientation, gender reassignment, religion or belief, pregnancy, maternity or breastfeeding.
- Please remember to consider children and young people as a specific group that you may need to consider the impact on, and engage with during this analysis.
- Equality analysis will help you consider whether the decision you want to take:
 - will have unintended consequences for some groups; and
 - if the service or policy will be fully effective for all target groups.
- The Council also has a statutory duty to consult.
- This equality and consultation analysis template will require you to demonstrate how equality information and the findings from consultation with protected groups and others, has been used to understand the actual or potential effect of your service or policy on the protected groups and to inform decisions taken.
- The template should summarise key issues arising from information that has been collected, analysed and included in other key documents e.g. Needs Analysis, Baseline Reports etc.
- This form should be completed on an ongoing basis at each stage of any formal decision making process. Failure to comply with this will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review.
- For further help and support please contact Helen Shankster on 7683 4371 (consultation advice), Sheila Bates on 7683 1432 (CLYP consultation advice) or Jaspal Mann on 7683 3112 (equalities advice).

Context

Name of analysis	Domestic Violence and Abuse Multi Agency Model
Officer completing analysis	Penny Kay, Milan Jagatia
Date	25 th October 2013

1. Briefly describe the area of work this analysis relates to:

In September 2010 the Coventry Domestic Violence & Abuse Partnership (strategic sub group of the Coventry Community Safety Partnership) were requested to undertake a review of existing approaches and services in relation to Domestic Violence and Abuse (DVA) and develop a city wide multi agency model in order to improve the management of the existing levels of DVA in the City and begin to reduce predicted rises in number of cases and future demands on services.

The need for an integrated multi agency model was identified by the Coventry Domestic Violence and Abuse Partnership and the Community Safety Partnership via the findings of the 2009/10 Strategic Assessment. This demonstrated that during 2009/10 Coventry had the highest rate of DVA per member of the population in the West Midlands, and showed that victims were unclear on where to look for help and members of the public and professionals needed guidance on the full range of options available to them, including services for victims, children and perpetrators.

The vision for Coventry seeks to ensure that residents of the City have the right to respectful, safe and healthy relationships, where domestic violence and abuse is not tolerated. The new model will develop an integrated DVA service and pathway for children, victims and perpetrators, and ensure a clear first point of contact, prevent duplication and strengthen information sharing.

The model includes the following 3 elements:

- Early Intervention/Prevention
- Response/Case Management and Support
- Safe and Well Aftercare

The model is being developed in two stages:

1. The development of specialist DVA services required for commissioning.
2. A review of statutory functions across statutory agencies to develop proposals for how this might be better integrated through a co located unit of agencies (which will then link into the commissioned services element of the model).

This analysis relates to the development of the specialist DVA services that will be commissioned.

Scoping the analysis

2. Who are the key stakeholders, both existing and potential, that could be impacted by this work?

- Coventry Local Police & Crime Board (formerly Coventry Community Safety Partnership)
- Children, victims and perpetrators of domestic violence and abuse

- Specialist providers of domestic violence and abuse services including:
 - Coventry Haven
 - Valley House
 - Panahghar
 - Refuge
 - Relate
 - Barnados
- West Midlands Police
- West Midlands and Staffordshire Probation
- Coventry Public Health and Coventry and Rugby CCG
- Coventry City Council Adult Social Care
- Coventry City Council Children's Social Care
- Other Coventry Domestic Violence and Abuse Partnership Forum members and third sector providers

3. From the list above, which of these constitute protected groups?

Children, victims and perpetrators of domestic violence and abuse including:

- Female and male victims and perpetrators.
- Service users from Black, Asian, Minority Ethnic and Refugee (BAMER) communities.
- Service user from different religions and faiths
- Service users with physical and sensory impairments.
- Service users who are lesbian, gay, bisexual and transgender.
- Children and young people.
- Older people.

4. Which of the key stakeholders (including representatives of protected groups) will need to be kept informed, consulted or actively involved in this area of work?

Key Stakeholder	Type of Involvement*	Method(s) used
Coventry Local Police & Crime Board	Information	Regular briefing updates at meetings
Specialist providers of domestic violence and abuse services	Involvement and consultation	Stakeholder and provider consultation surveys Membership of DVA multi agency model working group and attendance at engagement sessions
West Midlands Police	Involvement and consultation	Stakeholder and provider consultation surveys Membership of DVA multi agency model working group and attendance at engagement sessions
West Midlands and Staffordshire	Involvement and consultation	Stakeholder and provider consultation surveys

Probation		Membership of DVA multi agency model working group and attendance at engagement sessions
Coventry Public Health and Coventry and Rugby CCG	Involvement and consultation	Stakeholder and provider consultation surveys Membership of DVA multi agency model working group and attendance at engagement sessions
Coventry City Council Adult Social Care	Involvement and consultation	Stakeholder and provider consultation surveys Membership of DVA multi agency model working group and attendance at engagement sessions
Coventry City Council Children's Services - Social Care, Children and Family First Service, Children's Safeguarding Board	Involvement and consultation	Stakeholder and provider consultation surveys Membership of DVA multi agency model working group and attendance at engagement sessions
Other Coventry Domestic Violence and Abuse Partnership Forum members and third sector providers	Information	Regular briefing updates at CDVAP Forum meetings
Children, victims and perpetrators of domestic violence and abuse	Consultation	Service user focus group consultation events

* *Information, Consultation or Involvement*

**5. Which, if any, parts of the general equality duty is the service relevant to?
Please mark with an 'X'.**



Eliminate discrimination, harassment and victimisation.



Advance equality of opportunity between people who share relevant protected characteristics and those who do not.



Foster good relations between people who share relevant protected characteristics and those who do not.

6. What information is available to be used as part of this analysis?

Information and data is available on:

- National research on gender and domestic violence and abuse
- National research on BAMER victims and domestic violence and abuse
- National research on disability and domestic violence and abuse
- National research on the effects of domestic violence and abuse on children and DVA in teenage relationships.
- Local police data on the level of domestic violence and abuse in Coventry including demographic data.
- Local data on service users supported by specialist DVA agencies including demographic data.

Section 8 shows an analysis of what the data is telling us about protected groups.

7. What are the information gaps?

There is limited national information on lesbian, gay, bisexual and transgender people experiencing domestic violence and abuse.

There is limited national information on the impact of religion and faith on domestic violence and abuse.

There is limited local and national information about the actual number of children and young people affected by DVA, although estimates are available.

Data analysis

8. Please summarise below the key issues that your data is telling you.

Levels of Domestic Violence and Abuse in Coventry

Data for 2011 showed that Coventry was the third most affected area of DVA per 1000 population in the West Midlands, 10.6% ahead of the average. This was an improvement on the 2009/10 data. During 2011 West Midlands police data showed that DVA was 29.3% of recorded violence with a total of 1,666 crimes and a further 3,051 incidents that were not recorded as a crime. However this figure is likely to be an underestimation of the extent of this particular issue; as it is known that DVA is under-reported and many victims do not access support.

Age

Domestic Violence and Abuse affects all age ranges. However during 2011 80% of victims from Coventry who reported to the police were aged 17-43 and those in this age bracket were 6 times more likely to be a victim than ages either side of this bracket.

Gender

Domestic violence and abuse (DVA) is a form of family/relationship based violence that is mainly experienced by women. National data shows that 1 in 4 women and 1 in 6 men experience DVA. However while men do suffer from DVA, in over 90% of cases, DVA is perpetrated by men against women and women experience the most serious violence

and the most frequent assaults, including almost all sexual assaults (*Walby and Allen, 2004; British Crime Surveys: 2000.*)

In Coventry West Midlands police data for January 2011 – December 2011 shows that there were 3182 individual victims of DVA. (*Coventry Community Safety Partnership Strategic Assessment 2012/13*) Of these 88% were female and 12% were male (although national research demonstrates that 33% of male victims of domestic violence and abuse are actually the perpetrator and in a further 33% of cases it is unclear which partner is the perpetrator.) The Coventry data in respect of perpetrators demonstrates that 88% of perpetrators of violence were male, 100% of perpetrators of sexual abuse were male and 95% of perpetrators of harassment were male.

West Midlands Police indicate that only 1 or 2 Coventry male victims of DVA a year are likely to require supported accommodation. However an increased number of male victims require other types of support such as support through court processes, and sanctuary schemes.

Race

Evidence shows that women from Black, Asian, Minority Ethnic and Refugee (BAMER) groups who experience DVA are more vulnerable to repeat victimisation and are least likely to engage with organisations or be aware of what help is available to them. (*Gill and Rehman 2004, Parmar et al 2005, Thiara 2005.*) BAMER service users might be isolated by forced marriage, threatened by ostracism from their family and community, and pressured to use their own community-based strategies and may face additional issues of language barriers and immigration.

The Office of National Statistics data 2010 shows that the percentage of BAMER residents in Coventry is 8.7% higher than the national average. In 2008 a Coventry Safeguarding Children Serious Case Review highlighted the limited support for victims from small BAMER communities, and the West Midlands police data for 2011 shows that the number of victims from African Caribbean communities is considerably higher than the population data. The number of victims from white and Asian communities are in line with the City's population although a high percentage of Multi Agency Risk Assessment Conference (MARAC) victims were Asian, which may be a reflection on how issues have the potential to escalate for Asian victims

Religion and Faith

Domestic violence and abuse can take place in any religion or faith irrespective of the teachings of the religion, and faith leaders are in a key position to influence societal attitudes about the unacceptability of domestic violence and abuse.

Specialist DVA agencies in Coventry work with service users from a range of religions and faiths, including Panahghar who provide a specialist service for BAMER victims. Outreach and links have been made with community leaders and temples to raise awareness of domestic violence and abuse and promote the role of faiths in reducing/addressing domestic violence. Feedback from specialist agencies and service users demonstrates that it is important that DVA services respect and meet the needs of service users from different religions, including practical needs such as the issues relating to food preparation in supported accommodation, and respect for religious festivals, prayer times and fasting.

Disability

Disabled service users, including services users with learning disabilities, may be at higher risk of experiencing DVA and find it difficult to access services. Recent research has shown that disabled women experience proportionally higher rates of sexual abuse as compared with non disabled women (*Hague et al 2008*) and that 9 out of 10 people with learning disabilities experienced harassment or violence within a year (*Mencap 2000, Alberti Review 2010*). A woman's impairments may be taken advantage of in order to abuse her, and disabled women have an increased vulnerability to financial abuse and are often exposed to abuse by several people. Data from current services shows that the proportion of disabled service users currently accessing DVA services in Coventry is under-represented.

Older people

Older people face additional barriers to accessing DVA services, including access issues, discrimination and a lack of recognition of DVA. Older people may be subject to family DVA and the perpetrator is less likely to be male. During 2009/10 The City Council's Safeguarding Adults team received 147 DVA referrals (31% of overall referrals) where 68% of perpetrators were family members and 29% of victims were male.

Sexuality

There is limited national data on domestic violence and abuse in lesbian, gay, bisexual and transgender (LGBT) relationships. A small survey of gay men and lesbians in 2003 (*Henderson*) found that one in four individuals in same sex relationships probably experience DVA, and a research project in 2006 (*Donovan, Hester, Holmes and McCarry*) found that 38% of LGBT people questioned had experienced DVA.

Research shows that LGBT victims are less likely to contact the police about a violent incident and often do not recognise the behaviour as DVA or believe that they are to blame. LGBT victims may also encounter homophobia when seeking support and therefore more often seek help from friends than access services. This is demonstrated in Coventry where the number of LGBT service users accessing services is very low.

Summary of overall representativeness of DVA service users using current adult services

Analysis of data from current services shows that those accessing services are partly representative of those experiencing DVA. During April – September 2012 99% of service users were female and 44% were from BAMER backgrounds (considerably higher than the Coventry population rate) Age ranges varied from 16 years to 60 plus years with 47% of service users being aged between 21 – 30 years. Only 2% of service users defined themselves as disabled and under 1% defined themselves as LGBT.

Key areas for improvement for the new service are:

- Increasing the number of male service users
- Increasing the number of older service users and adults at risk experiencing DVA
- Increasing the number of disabled service users
- Increasing the number of LGBT service users.

Children and young people

Key information from national data:

- there is a legal requirement for Local Authorities to safeguard children and young people affected by DVA and this includes the impairment suffered from seeing to hearing the ill treatment of another – particularly in the home, even though they themselves have not been directly assaulted or abused.
- domestic violence and abuse has a significant and long term impact on children and young people affecting their relationships in child-and adult hood. A recent national report (*Beyond Violence: Breaking cycles of domestic abuse - Centre for Social Justice 2012*) highlights the scarring psychological impact for children and young people living with domestic violence and abuse. Children often develop anxiety, depression, aggression, antisocial behaviour, academic difficulties and even post-traumatic stress disorder as a consequence of living with DVA, and approximately two thirds of child witnesses show more emotional or behavioural problems than the average child.
- the potential demand for services for children and young people is high at a national level, with reports by government and a national DVA charity in 2009 and 2012 respectively stating figures that range from 75,000 children that witness DVA every year to an estimated 130,000 children and young people living with high risk of domestic abuse today.
- teenagers experience high levels of abuse within their own relationships; In 2012 the definition of domestic violence and abuse was extended by the Home Office to include 16 and 17 years olds. Evidence from an NSPCC and University of Bristol study in 2009 shows that some teenagers have worryingly high levels of acceptance of abuse within relationships and often justify the abuse. A 2011 NSPCC report suggests that "Policy and practice developments need to recognise that teenage partner violence appears to represent an even more profound child welfare issue for disadvantaged young people and especially young women than for young people in the general population.

Local Data presented below in Table 1, about demand for services for children and young people affected by DVA is limited in scope and depth. It does not provide an exact number of children and young people affected by DVA, but clearly shows that there the current level of service provision does not meet estimated current or future demand in the city. The current service supports an average of 50 children per year and the rising demand for the service is reflected by a recent increase in referrals and waiting list. If underreporting to the police is factored in then the range is likely to be 3,800 – 6,500 children young people affected by DVA.

Key areas of improvement for the new children's service (based on how representative service users accessing the current DVA service are in comparison to local census data):

- Increasing the overall number of children and young people supported by the service
- Increasing the numbers of Asian, Black children supported and where required, work with their parents and carers
- Increasing the numbers of disabled children supported by the service

Table 1

Data to inform demand for a service for children and young people	
1.	<p>The Draft Coventry Community Safety Partnership Strategic Assessment 13/14 - approximately 3,000 children under 16 were directly affected by domestic violence and abuse. In 2012 a total of 2,496 children (U16) were identified by police as being minors within a relationship where domestic abuse is ongoing; a further 287 children were involved with 3rd party cases. This represents 4% of all under 16's in Coventry. If underreporting is factored in then the range is likely closer to 3,800 – 6,500 children.</p>
2.	<p>Screening and joint assessment of children (West Midlands Police, CLYP Social Care, Coventry and Warwickshire Partnership Trust) in 2011/12 has shown that the total number of children screened was 6048 involved in 3244 incidents (some children are repeated in the data). This number is similar to historical data. Nearly half of the children were aged 0-5 and 25% were aged 6-10. Based on these figures, and factoring repeat incidents, the estimated number of children aged 4-18 that might have need for a service is 2,990.</p> <p>Data from the screening and joint assessment service of 2535 children (attending 112 Coventry schools) from September 2011 to July 2013 has shown that of the 2435 children screened:</p> <ul style="list-style-type: none"> • White British children are over represented at 66% compared to 61.3% of Coventry school census 2011 data. • Children from Mixed backgrounds are over represented at 11% compared to 5.5% of Coventry school census 2011 data. • Asian children are under-represented at 11% compared to 18.6%. • Black children are under-represented at 5% compared to 7.8%.
3.	<p>The current commissioned DVA service, Barnados Defuze, has supported an average of 50 children and young people with direct work annually (53 in 2012/13). This totals 154 from 2010/11 to 2012/13 (there may be some overlap with on ongoing cases continuing between each year). Of the total figure:</p> <ul style="list-style-type: none"> • The largest age group is between 5-11 years old (54%) and is underrepresented compared to 66% of Coventry school census 2011 data. This is followed by those aged 12-15 (26%), which equals the Coventry school census 2011 data. White children are over-represented at 76% compared to 61.3%, and Asian children are under-represented at 5% compared to 8.6%. • The number of disabled children and young people supported during 2010-2013 ranged from 2% to 7%. Overall a low number of disabled children and young people and parents with disabilities received support, they are under-represented. In May 2011 2,140 children and young people were claiming Disability Living Allowance. 1,262 pupils aged 5-16 had a statement of special need in 2011 (primary, secondary and special schools). • An average of 14 parents and carers has received support (11 for two years and 20 for 2011/12) totalling 42 parents. <ul style="list-style-type: none"> ○ White parents and carers are over-represented at 81% compared to 66.6% and Black parents and carers are under-represented at 2% compared to 6.3%. • 94 referrals were received for the service from April 2012 to March 2013, 7 for

parents and 87 for children and young people.

- Of the 9 referrals not accepted, 7 were children and young people with high needs and supported by social care and therefore, outside of the remit of the service.
- Number of referrals to the service and waiting lists are increasing. In 2012/13 94 referrals for work with children and young people were received, this figure was 64 for the first 6 months of 13/14.
- The service delivers workshops funded by Barnados about the effects of DVA on children to parents at the Panaghar Refuge for people of a variety of BAMER backgrounds. 20 parents accessed the workshop in 2012/13 with 33 non service user children and young people supported indirectly via this work.

4. A number of mental health services for children and young people work with children and young people affected by DVA, but there is limited data to evidence this. These services complement support provided by the children's DVA service as it is often addresses a lower level of need.

5. Children's social care:

- The available data from children's social care services indicates that potential need for a children's service far outweighs capacity.
- In 2011, 3423 Joint Screening Team notifications of DVA incidents were communicated to Social Care, of which 453 were passed to the allocated Social Worker, 95 initial assessments were undertaken, 330 strategy meetings were held and 2543 were filed as contacts.
- DVA is integral to nearly all Child Protection work and related care proceedings, along with other issues such as drug and alcohol abuse and mental health. Because of this, it is not separately identified; however, work is currently underway to introduce DVA markers into social care data. It is known that there is also a gap in data from a range of social care services in relation to numbers of children in need, at lower levels of risk.
- DVA is an exceptionally high feature in new child protection cases and new LAC cases. In 2011/12 394 children became subject to a child protection plan and 376 became Looked After totalling 662 children (factoring in the overlap in numbers of children who started to be looked after, who were already subject to child protection plans or repeat instances of being taken in to care).
- In 2011/12 of the 394 becoming subject to a child protection plan:
 - Almost half of the cases were under the category of emotional abuse.
 - There was even split for gender in line with the Coventry school 2011 census data.
 - The largest age groups were 1-4 and 5-9 (28.8% and 25.5%) followed by 10-15 (18.6%). The smallest figure was for 16-17 year olds at 0.5% and this group is underrepresented if compared to the 1% shown in the Coventry school census 2011 data.
 - White children are over-represented at 69.1% compared to 61.3%. Asian children are under-represented at 9.6% compared to 18.6% (school census data).
- The number of children becoming Looked After is rising, with 350 in 2010/11 and 376 in 2011/12.
- A recent review into the prevalence of domestic abuse in families key-worked through the Children's and Families First Team showed that at least 50% of families worked with at CAF Level 3 are experiencing domestic abuse, have experienced domestic abuse or are suspected to be experiencing domestic

abuse. When considering current case load of the service and throughput of cases, this equates to at least 640 families per annum (*NB service currently working at 68% workforce, 100% workforce would equate to at least 765 families with domestic abuse*).

6. In 2011/12, there were a total of 485 children and young people living with victims that were accessing 6 DVA services in Coventry and it is estimated that 209 of these are aged over 5 years old.

Generating and evaluating options

9. What are the different options being proposed to stakeholders?

The model has been developed jointly with stakeholders via a number of pre-engagement sessions. This has been an ongoing and interactive process, which has led to the development of the final option rather than a number of pre-defined options being given for consideration.

Key decisions made during the pre-engagement sessions included:

- The use of an outcomes based commissioning process
- The combining of the commissioning process for supported accommodation services and the other elements of the model into one commissioning process, rather than commissioning each element separately as originally proposed.
- The key elements of the new model to include:
 - A telephone helpline and interactive website
 - A clear point of access to all victim services
 - A single assessment procedure for victims
 - A range of supported accommodation for victims
 - Active case management support for victims
 - Active case management support for children
 - Work to challenge and encourage change in perpetrators
 - Security for properties where the victim remains living in their home
 - Aftercare support for victims who have ended active case management support.

10. How will the options impact on protected groups or those experiencing deprivation?

The model will provide support and have a positive impact on vulnerable victims of DVA and their children including:

- Female and male victims.
- Service users from Black, Asian, Minority Ethnic and Refugee (BAMER) communities.
- Service user from different religions and faiths
- Service users with physical and sensory impairments.
- Service users who are lesbian, gay, bisexual and transgender.
- Children and young people.
- Older people.

11. Please detail how you could mitigate any negative impacts.

No negative impacts have been identified. However for all services it is acknowledged that although the new model will increase the level of provision it is unlikely to meet the known level of need for victims, perpetrators and children and the demand on the service is likely be in excess of the available resource.

12. Identify which contractors or service users would be negatively affected by the options

No service users will be negatively affected

A number of current services will be decommissioned. These include:

- Coventry Haven Supported Accommodation Service
- Valley House Supported Accommodation Service
- Panahghar Supported Accommodation Service
- The Key Project (BAMER floating support)
- Staying Put (Sanctuary Scheme)
- Independent Domestic Violence Advocate (court support)
- Coventry Haven Mentoring and Befriending Support Project
- Domestic Security Service
- Defuze (support for children)

The new service will replace the current services via an integrated multi agency model. All elements of the above services e.g. supported accommodation, emotional support via caseworkers, support at court, sanctuary scheme and children's support will be integrated into the new model and no service elements are being deleted. Service users will receive an enhanced and streamlined service.

Local providers who deliver current services may be negatively affected if they are not successful in being awarded the new contract. The majority of employees from these providers are women, including women from BAMER backgrounds. If TUPE applies to the new contract the negative impact on these protected groups may be minimised.

Formal consultation

13. Who took part in the consultation? *Please also specify representatives of any protected groups.*

A number of consultation sessions have been held throughout the development of the model with both stakeholders/providers and service users. This included service users with protected characteristics and organisations working with service users from the following protected groups:

- Female and male victims of DVA
- BAMER victims of DVA
- People from a diverse range of cultures and faiths
- People with physical, sensory and learning disabilities
- LGBT people
- Older people

- Children and Young People

Stakeholder/Provider Consultation

1. September 2010 - consultation survey to review the strengths, weaknesses and gaps in DVA supported accommodation services, including the needs of service users with protected characteristics. 19 responses were received.
2. July 2011 - research undertaken by Perpetuity Consultancy on a review of DVA service provision in Coventry (excluding accommodation) This included individual interviews with 24 stakeholders/providers to capture the services provided, the approach to DVA, objectives and targets in relation to DVA, referral pathways, partnership working, case management and gaps/weaknesses in service provision. Feedback was gained about both adult and children's services.
3. September 2011 – January 2012 – establishment of the DVA multi agency model working group to include representatives from all relevant stakeholders/providers. The group held 9 sessions which reviewed best practice in other areas, mapped current provision, developed a pathway through services, agreed the key elements of the new model and discussed the needs and profile of service users (victims, children and perpetrators) including service users with protected characteristics.
4. January 2012 – consultation survey on the specification for DVA supported accommodation. 45 stakeholders were sent the survey and 6 responded. The consultation survey asked questions on how well the proposed service model enabled access and support for people with protected characteristics.
5. April 2012 – consultation survey on the revised specification for DVA supported accommodation. 45 stakeholders were sent the survey and 2 responded. The consultation survey asked respondents to determine if there were any additional factors that the Council needed to consider that have not already been raised that may disadvantage people with protected characteristics.
6. November 2012 – February 2013 - four further pre engagement sessions were held with representatives from all relevant stakeholders/providers to finalise the requirements for the new model and bring the elements of supported accommodation and other DVA services together. Issues discussed included an opinion finder exercise on the requirements in DVA supported accommodation (e.g. number of units, type of provision, needs of BAMER victims, accommodation for people with sensory and physical impairments) outcomes for service users, access to services, case worker role, volunteer roles and work with perpetrators. The final session discussed an overview of the whole model including all of the service elements and outcomes and included a section to discuss the children's element of the service.
7. On July 15th 2013 a specific consultation session was held to discuss the children's element of the model. Approximately 30 Professionals from Council, Health, Police and voluntary children's services and adults DVA services were invited to the session. 16 people attended. The session built on the service elements presented and key points from the last meeting described above.

Attendees were asked to discuss statements and questions that highlighted possible features of the service model. There was discussion about outcomes for children and young people, the service and the city and an opportunity to share any other views about future service provision.

8. Stakeholders will be given a further opportunity to comment on the proposed children's element of the model in the autumn 2013.

Service User Consultation

1. September 2010 – four service user focus groups to discuss DVA accommodation services were held at provider's premises. A total of 25 service users were consulted including service users of current DVA accommodation services and service users not currently accessing accommodation services. The discussions reviewed strengths and weakness of current provision, identified gaps, identified service user's profiles and discussed the type of provision required. Comments were also made about the support required for children.
2. August 2011 – five service user focus groups to consult on DVA service provision (excluding accommodation) were held with service users at the following agencies:
 - Refuge – IDVA service users
 - Valley House – Staying Put service users
 - Barnados – Defuze service users (children)
 - Relate – The Bridge service users
 - Panahghar – The Key Project service users

A sixth focus group was held in a central city centre location to ensure any DVA service users from other agencies were able to attend.

A total of 61 service users were consulted. Issues discussed included service user's experience in accessing help/support, experiences of using DVA services (both the specific service and general services), identifying what helped, what hindered and gaps in service provision.

3. March 2012 – a service user focus group to review the draft accommodation service was held at a central city centre location. Invitations to the event were sent to approximately 20 different organisations including those directly providing services to DVA victims and those providing generic services. A total of 19 service users attended. Issues discussed included the types of accommodation required, levels of support, length of stay, units for male victims, how well service users felt the service would meet victim's needs, whether there were any aspects of the service that would disadvantage any groups of people and the provision of specialist units for BAMER victims. Comments were also made about the support required for children.
4. February 2013 - two service user focus groups were held at a central city centre location to review the overview of the proposed model service elements and outcomes. A total of 15 service users were consulted. The use of a 'river journey' was used to help visualise aspects of the proposed service and to demonstrate how service users may proceed through the future service. Comments were also made about the support required for children.

5. Service user consultation about the children's service:

In addition to the above feedback received from service users about support for children additional consultation work undertaken on the children's element of the model has included:

a. Survey for parents and carers of children and young people affected by DVA

June 2013 - A survey for parents and carers was widely circulated with follow up reminders, to DVA service providers and Council children's services, to promote with parents and carers that use their services, specifically including those where there were identified DVA issues. The survey was also put on a website for parents and carers. The survey asked about their views about current services and features about future services that were important to them. 14 responses were received via online and paper copies. The number of participants is limited and not representative of all service users / parents carers in the city.

b. Children and young people

Three Children and Family First Teams in the city, two services that work with children and young people and one DVA supported accommodation service were approached about using their contact with service users for a focus group or to carry out questionnaires for children and young people.

- August 2011 - A focus group of 8 service users from the Barnados Defuze service.
- June 2013 - A focus group of 6 service users from the Barnados Defuze service, questionnaires returned from 6 service users from the Barnados Defuze and 1 from the Children and Family First Team (South).

The number of participants is limited and not representative of all service users; there are a number of reasons for this including the sensitive nature of the work, short time scales and the limitations of accessing respondents via gate keepers

14. What were the key findings of the consultation?

The key findings from the various consultations were:

14.1 Initial Findings from stakeholder/provider and service user consultation

- There is no clear point of access to DVA services and service users and professionals are unclear about where to go for advice, what services are available and how to access them. This is especially difficult for BAMER service users.
- Current services have a range of different recording systems and different methods of reviewing and assessing need.
- There is a lack of support for low and medium risk victims
- There is a lack of capacity in services including a lack of supported accommodation units.
- There are a number of services where potential duplication occurs and a lack of coordination between services.
- Service users only want to have to tell their story once.

- The provision of emotional support to help service users build their confidence is vital
- Service users felt that when their support ended they were sometimes left in limbo and suggested that a peer mentoring service could help with this.
- Service users with physical and sensory impairments are currently unable to access supported accommodation services due to a lack of accessible accommodation.
- Service users with 4 or more children and single service users are sometimes unable to access supported accommodation due to a lack of correctly sized units
- Service users with substance misuse issues, serious mental health issues and older male children are sometimes unable to access supported accommodation as they are not suitable for shared housing and there is a lack of self contained accommodation
- BAMER victims need specialised culturally specific accommodation and support services
- Services need to be able to respond to LGBT service users and staff need to be trained and educated to provide effective support
- Services need to meet the needs of male victims including the ability to provide supported accommodation for a couple of male victims a year.

14.2 Findings from pre engagement sessions on the proposed model with stakeholders/providers

- The use of an outcomes based commissioning process will enable the specification to be less rigid on issues such as the number of support hours and length of support and encourage an innovative and flexible model to be developed by providers.
- New services need to devise systems to prioritise service users based on the level of risk and providing a service to Coventry residents. However supported accommodation services also need to accept residents from outside Coventry who need to move to a new area for their safety.
- Adult services which will be supporting 16 and 17 year olds need to have Child Protection knowledge and experience/understanding of working with children and young people
- Services need a tiered approach to response times e.g. emergency response
- New assessment procedures need to be in line with other inter-agency procedures e.g. CAF
- Work developed to challenge perpetrators needs to be suitable for 16 and 17 year old offenders and have clear evaluation criteria
- Specialist caseworkers are required to work with BAMER victims.
- All participants agreed the elements of the service model and outcomes accurately reflected the engagement sessions held to develop the DVA multi agency model and that no required elements were missing.

14.3 Findings from service user consultation on the proposed model

- All service users responded positively to the proposed new model and felt that it accurately reflected the services they required.
- It is important to have staff who are skilled, sensitive and experienced at supporting victims of DVA.
- There needs to be improved awareness of services available.

- Services need to be delivered in languages additional to English to make them accessible.
- There is a need for support in the evenings.
- It is important to provide education on domestic violence and abuse in schools.
- Service users were divided between those who felt that provision for BAMER victims should be integrated into other services and those who felt it should be separate. It was stressed that workers in all services should be trained in understanding different cultures particularly for White British victims who have children of dual heritage

14.4 Findings from consultation on children's provision

14.4.1 Findings from stakeholder engagement

The key issues raised from all stakeholder/provider engagement detailed in Q13, point 7 above, about the proposed children's model to date were:

- There is insufficient service provision, funding and resource in the city, to help increasing numbers of children to cope emotionally with their experiences. As a consequence the work focuses on families at greater risk, rather than early intervention. There is a need for awareness raising about services, clarity of roles of agencies and work with parents /carers.
- The children's service as it is, cannot cater for all needs in the city alone due to level of demand. There need to be clear thresholds and service mapping about the role of different children's services in the city.
- Specialist workers to work directly with children and young people and provide specialist advice and guidance to other professionals that work with children.
- The needs of specific groups of children and young people need to be considered including those:
 - in transition from children's to adults services and those for whom adult services are not appropriate (aged 16/17)
 - no recourse to public funds and related costs to social care
 - with limited communication skills
 - teenagers in DVA relationships
- There is a lack of support for some groups of children and young people including those:
 - children and young people who have a social worker because they have complex and high level of needs that are supported by social care
 - where schools are supporting children and young people that require some extra support from a targeted service
 - teenagers that are perpetrators of DVA (this needs to be a separate specialist service).
- Direct work with parent and carers should be kept to a minimum and restricted to support for parents and carers of the children referred to the service.
- The need for training, consultancy and practice development to teach other children's professionals how to work directly with children and young people affected by DVA was discussed. This proposed method of addressing increasing numbers requiring a service was seen as positive, only if adequate financial resource was made available.

- Better data about the level of need and demand is required to inform future commissioning of services.

14.4.2 Findings from engagement and consultation with service users

a. Service User Consultation for adult victims of DVA.

- The need for awareness raising in schools for teachers and children and young people about DVA and acceptable behaviour in relationships was a common theme.
- Support is needed for children and young people that have come from families with DVA issues –this may be in refuges. Support could be in the form of counselling and should be with a consistent person. Support could be a group that runs the same time as a group for women's support groups
- Better links between support workers for children and the survivor's support worker are needed.

b. Survey for Parents and Carers of children and young people affected by DVA

- Most important areas of support in their view were coping with feelings and understanding what DVA is. Least important areas of support were help with improving school attendance and helping to give evidence in court.
- Respondents felt that services should be offered in a range of locations and on both an individual and group basis.
- Increased confidence and improved communication were the areas that most parents/carers felt their child/ren had benefited from.
- Slowness of referral was an issue raised by some respondents – better linkages between adult and children services.
- However “The services were pivotal in my child’s life and supported not just her but all of us as a family, they are the difference between being a victim or a survivor and I would not hesitate to champion or recommend these services”

c. Children and young people

- All respondents we were able to access were very positive of the support they had received and indicated they felt more was needed across the city
- Some respondents, especially older ones, suggested the need for more awareness of different types of support services in Coventry as one service does not have the resources to meet the needs of all children and young people.
- Most of the respondents mentioned the need for training aimed at teachers; in terms of spotting the signs of a child living in a DVA situation and how to support them
- Having someone to talk too and advocate on their behalf was a point repeatedly brought up by the respondents
- When asked what key message they wanted to give decision makers, responders told us to ensure staff liked children, were properly trained, and the venue was comfortable and inviting-one young person said "its not easy telling someone what's wrong and its even harder when you have to sit on a hard school seat and scared other kids will hear you"

15. Are there any gaps in the consultation?

For the children's service, there is a need to be mindful that service user consultation is not representative of numbers of service users of the current service or of numbers of children, young people, parents and carers in the city, possibly, due to the sensitive nature of the subject.

16. Following the consultation, what additional equality issues have emerged?

The following equality issues have emerged from the consultation.

- There are currently a high level of victims and perpetrators in the City and demand on all services is likely be in excess of the currently available resource.
- An increase in supported accommodation units is required, including units that meet the needs of single people and people with 4 or more children.
- A number of units of supported accommodation that are accessible to people with physical and sensory impairments are required.
- It is essential to provide specialist culturally appropriate supported accommodation and caseworker support for victims from BAMER communities.
- A low number of gender neutral units of supported accommodation are required that can be accessed by male victims. It is anticipated that 2 or 3 male victims per year would require this.
- There must be sufficient self contained supported accommodation to house service users who have substance misuse issues, mental health issues or older male children.
- There needs to be an increased focus on services responding to the needs of service users from a range of backgrounds and providing individual tailored support to meet the needs of service users from different ages, genders, sexuality and transgender. This includes meeting the needs of service users who are experiencing same sex DVA and family DVA.
- There needs to be an increased focus on adults at risk experiencing DVA including the ability to support older people experiencing DVA from a family carer and provide support to people with learning disabilities.
- Service users require a clear and simple point of access to services and a place where they can access advice, support and information on services at the times when they need it
- There needs to be an increased focus on prevention and early intervention through supporting victims who are at medium risk as well as victims who are high risk.
- There needs to be a low level support service for victims once they have left active case management services to prevent them returning to a DVA relationship.
- All services need to have an increased focus on how they effectively safeguard children and young people and adults at risk.
- There is insufficient provision to support children and young people affected by DVA.
- There needs to be flexibility for teenagers aged 16-17 who are victims of DVA themselves, to access the children's service if the support provided by the adult DVA service or other children's services do not meet their needs.
- The needs of children and young people with no recourse to public funds, limited communication skills, those supported by social care with complex needs, and

those supported by schools but requiring targeted support need to be considered as does the related issue of translation costs.

- There is some emerging evidence that professionals that work directly with children and young people may benefit from a training/ consultancy about direct work in relation to DVA from a specialist service e.g. special schools.
- It has been identified that there is a tension between focusing on work with children and young people most at risk and the need for increased focus on prevention and early intervention due to the limited budget for the current service. A service based on the current budget cannot meet the needs of all the children and young people in the city.

For all services it is acknowledged that although the new model will increase the level of provision it is unlikely to meet the level of need for victims, perpetrators and children and the demand on the service is likely be in excess of the available resource.

17. Which of the options have changed following consultation and equality analysis, and how?

Following the consultation and equality analysis the following elements have been determined for the new commissioned DVA services.

Telephone and interactive website

- To provide initial advice support and information to service users, professionals and members of the public including signposting to the single point of access to victim services. The service must ensure that it is accessible to people from all protected characteristic groups including people with physical and sensory impairments and people who do not have English as their first language.

Single point of access to all victim services

- A clear point of access to all victim services with links to perpetrator and children's services that is simple and easy. Service users will be able to self refer or be referred via an agency. The service must ensure that it is accessible to people from all protected characteristic groups including people with physical and sensory impairments and people who do not have English as their first language.

A single assessment procedure and clear information sharing protocols.

- The development of a single assessment procedure across all victim services to ensure that service users only have to tell their story once.

Supported Accommodation

- Supported accommodation which can be accessed 24 hours a day
- An increased number of units of accommodation including units that meet the needs of single people and people with 4 or more children.
- A mix of shared housing and self contained housing including an increase in self contained housing to meet the needs of service users who have substance misuse issues, mental health issues or older male children.

- Units that are suitable for people with physical and sensory impairments, including the ability to accommodate a carer where required.
- Specialist culturally appropriate supported accommodation for victims from BAMER communities, with staff who speak a range of community languages, including the ability to support service users from a range of faiths and religions.
- A low number of gender neutral units that can be accessed by a male victim if required.

Active case management for victims

- Provision of caseworkers to co-ordinate and deliver a range of support and interventions for high risk and medium risk victims in accommodation services and community based services including supporting services users who are still living in DVA relationships.
- Support to be tailored to individual needs and include safety planning; DVA change work; reduction in levels of risk for victims and children; awareness of effects of DVA on children and improved parenting; practical support; advocacy; support through court processes; support for MARAC victims; referral to target hardening; referral to other services such as legal services, housing and health provider; resettlement support once a service users moves to independent accommodation.
- Specialist caseworkers for BAMER victims to provide a culturally sensitive service

Target hardening of properties

- The provision of a range of security and target hardening measures for properties where a victim has ended a DVA relationship and wants to remain living safely in their accommodation.

Provision of safe and well aftercare support services

- The provision of a range of low level interventions to support victims once they have moved on from active case management and prevent them returning to a DVA relationship e.g. telephone support, coffee mornings, peer support groups, volunteer befriending, confidence building activities. These may be delivered via volunteers

Active case management and interventions for perpetrators

- Development of a bespoke solution focused perpetrator programme and training pack for Coventry which can be delivered directly to perpetrators, both on an individual and group basis, by key organisations e.g. Social Care, mental health services, substance misuse services.
- Provision of caseworkers to undertake one to one and group work with perpetrators and provide training and support to the key organisations delivering the perpetrator programme.

Active case management for children

- The children's model is being finalised and stakeholders shall be given another opportunity to comment in the autumn of 2013.

All service elements must be accessible to service users from a range of backgrounds and provide individual tailored support to meet the needs of service

users from different ages, gender, sexuality or transgender. This includes meeting the needs of service users who are experiencing same sex DVA and family DVA and supporting adults at risk experiencing DVA including the ability to support older people experiencing DVA from a family carer and provide support to people with learning disabilities.

All the service elements must ensure that they are effectively safeguarding children and young people and adults at risk.

The new service must collect data on all equalities groups to enable a continued review of the impact of the service on key protected groups.

Equality impact of final option

18. Please confirm below which option has been chosen for implementation.

The above model that has been developed jointly with stakeholders and service users via a number of pre-engagement sessions and consultation will be implemented.

19. Please indicate which of the following best describes the equality impact of this analysis.

There will be **no equality impact** if the proposed option is implemented.

There will be **positive equality impact** if the proposed option is implemented.

There will be **negative equality impact** if the preferred option is implemented, but this can be objectively justified.

Please state clearly what this justification is and what steps will be taken to ameliorate the negative impact.

20. What will be the impact on the workforce following implementation of the final option? *Please make reference to relevant equality groups (with protected characteristics under the Equality Act).*

The new model will be commissioned via a competitive tendering process. Currently 38 staff are employed by providers of whom 100% are female, 50% White British and 50% from a range of BAMER backgrounds.

The successful provider(s) will determine the level of staffing required for the new service. The direct impact on the workforce is therefore not known at this time.

The equalities breakdown of employees in the new service will be monitored and compared with the equalities breakdown of staff in the current services to identify if the new service is adversely affecting employees with protected characteristics and take any appropriate action.

Formal decision-making process

Please detail below the committees, boards or panels that have considered this analysis

Name	Date	Chair	Decision taken
Full cabinet	19 th November 2013	Cllr Ann Lucas	

Approval

This equality analysis has been completed by:

Officer

Penny Kay
Commissioning Officer
Adult Commissioning

Milan Jagatia
Children's Commissioning Officer
Strategic Services
Children, Learning and Young People's Directorate,

Service Manager

Inderjit Lahel
General; Manager
Adult Commissioning

Sally Giles
Head of Strategy and Commissioning
Children, Learning and Young People

Note: Failure to comply with duties on equalities and consultation will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review

Director

Brian Walsh

Elected Member

Cllr Phil Townshend
Cllr Ann Lucas
Cllr George Duggins
Cllr Alison Gingell

Date

8th October 2013

Monitoring and review

This section should be completed 6-12 months after implementation

- a) **Please summarise below the most up to date monitoring information for the newly implemented service, by reference to relevant protected groups.**

[Click **here** and type]

- b) **What have been the actual equality impacts on service users following implementation?**

Analyse current data relating to the service and think about the impact on key protected groups: race, sex, disability, age, sexual orientation, religion or belief, pregnancy or maternity, gender reassignment.

It may help to answer the following questions: Since implementation

- Have there been any areas of low or high take-up by different groups of people?
- Has the newly implemented service affect different groups disproportionately?
- Is the new service disadvantaging people from a particular group?
- Is any part of the new service discriminating unlawfully?

[Click **here** and type]

- c) **What have been the actual equality impacts on the workforce since implementation?**

[Click **here** and type]

Equality Analysis and Consultation Template
July 2012 · Version 2.0.1

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<http://beacon.coventry.gov.uk/equalityanddiversity/>

Please ensure you are using the latest version of the template.