

Cabinet

Supplementary Information



Date: Tuesday, 4 February 2020

Time: 4.00 pm

Venue: City Hall, College Green, Bristol, BS1 5TR

Distribution:

Councillors: Mayor Marvin Rees, Nicola Beech, Craig Cheney, Asher Craig, Kye Dudd, Helen Godwin, Helen Holland, Anna Keen, Paul Smith and Steve Pearce

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Date: Tuesday, 28 January 2020



Supplementary Agenda

11. Re-Procurement of Domestic Abuse and Sexual Violence Services Contracts

(Pages 3 - 7)



Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Re-commissioning of Domestic & Sexual Violence Support Services
Directorate and Service Area	People, Public Health
Name of Lead Officer	Sue Moss, Sophie Prosser



Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

Bristol City Council commissions a range of support services for survivors of domestic and sexual violence in the city. These important services have been in place for a number of years and form a vital part of Bristol's infrastructure. The contracts for these services end on 31st July 2021.

The proposal is to re-commission these services with new contracts due to be in place from August 1st 2021.

The contract term will be five years with the option to extend for a further two years until 31st 2028 within a maximum annual cost of £1.36m per annum.

The existing services in scope of this re-commissioning are:

Service	Description of service	Provider
Survivor Group Work	Programme of 12 week courses running throughout Bristol – the Freedom, Crush and the Recovery toolkit.	Next Link
Victim Support IDVA (Independent Domestic Violence Advisor)	Female IDVA based in the Lighthouse (Witness and victim care service) who provides practical and Criminal Justice System support, risk assessment, support safety planning and support through Multi Agency Risk Assessment Conferences, and access to services to meet the needs of victims of domestic abuse	Victim Support
BME IDVA (Independent Domestic Violence Advisor)	Community outreach provision is provided throughout Bristol for BME women affected by domestic abuse. Provides resettlement and outreach support for women and their families and includes housing access and support with tenancies etc.	Next Link
Complex Needs Safe House	Specialist safe house for women with support needs such as i.e. fleeing domestic	Next Link

	abuse or sexual violence and ongoing substance misuse or mental ill health.	
Sexual Violence Support Service	To provide a free and confidential telephone line advice service to victims and survivors of historic and current sexual abuse and to provide onward pathways for clients in to appropriate community based therapeutic interventions	Sexual Violence Consortium
Street Sex Work Support Service	To provide intensive support to street sex workers experiencing domestic and sexual violence including site based drop-ins and street outreach of practical, emotional support and pathways into treatment and recovery services	One25
Men's DVA Support Service	To provide a dedicated independent domestic and sexual abuse advisor role specifically for male survivors	Victim Support
Think Families Early Help DVA Support	To provide specialist domestic abuse support services embedded within the Families in Focus locality teams - aligned to the think family /early help services	Next Link
BME Crisis Response Service	To provide specialist support to BAME female survivors of domestic abuse requiring culturally sensitive practical and emotional support and assistance through the criminal justice system	Next Link
The IRIS (Identification and Referral to Improve Safety) Service in Primary Care	To provide training and recording coordination of GP practices in raising aware and of domestic abuse amongst practice patients	Next Link
Bristol DVA Support Service	A range of universal community based support services accessed through 3 locality hubs and providing a range of preventative and early intervention services, advocacy, advice and support and also the provision of 38 general needs refuge spaces across the city.	Next Link
Independent Domestic Violence Advisor (IDVA) in Emergency Department (ED)at Bristol Royal Infirmary	IDVAs provide support for male and female victims who present in the Emergency Department including crisis intervention, risk assessment and advocacy.	University Hospital Bristol (UHB)

Step 2: What information do we have? Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

Below is a summary of recent diversity monitoring data from the services within the scope of the recommissioning:

Service	Number per annum	Aged 65+	Disabled	Female	Gender reassignment	Black, Asian and minority ethnicity (BAME)	Any Religion/Belief declared	Lesbian, Gay or Bisexual (LGB)	Pregnancy
Survivor group work	207	2%	43%	99%		21%	35%	7%	
Victim Support IDVA	120	4%	5%	100%		19%	7%	4%	
BME IDVA	130	3%	17%	100%		100%	78%	0%	
Complex Needs Safe House	25	0%	39%	100%		11%	11%	9%	
Sexual Violence support service	633	0%	28%	97%		25%	12%	14%	
Street Sex work	55	0%	11%	100%		17%	22%	9%	
Men's DVA	80	2%	16%	0%	3%	25%	15%	8%	
Early Help	80	0%	15%	100%		20%	10%	2%	
BME crisis service	74	0%	30%	100%	2%	98%	71%	0%	
IRIS in Primary care	214	5%	32%	99%		39%	28%	10%	
Bristol DVA Support Service	888	NK	31%	99%	1%	24%	25%	3%	
IDVA in Emergency Department (ED) at BRI	240	8%				24%		3%	7%

2.2 Who is missing? Are there any gaps in the data?

We have not captured the numbers of women who are pregnant when using these services however we know that domestic abuse often starts in pregnancy. Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant and 40%-60% of women experiencing domestic violence are abused while pregnant. (Department of Health, 2005)

The other protected characteristic that hasn't been recorded is whether service users are married or in a civil partnership.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

A workshop hosted by Locality was held in September 2019 that brought together key stakeholders at the start of the re-procurement journey and elected members were

part of that event.

During October and November 2019 early engagement events have been held in Hartcliffe, Filwood, Southmead and Barton Hill, views were sought from those living and working in communities with the highest rates of reporting of domestic and sexual abuse. An evening event was also held in the centre of Bristol. Over 40 people attended these events and common themes are being identified.

An online survey has also been undertaken to give further opportunities for people to give their views on what Bristol City Council's future provision should be for those affected by domestic and sexual abuse.

The following questions have been used:

1. What would you do if you, a friend or relative needed support around domestic or sexual abuse?
2. How can we make sure that everyone gets help when they need it?
3. What sort of help do you think is needed? And what would be the one thing that we must provide?

The procurement of Domestic and Sexual Abuse services was discussed at People Scrutiny on 28th November 2019.

The formal consultation stage will begin in May 2020. We expect to have an online survey and to hold some consultation events - we will be holding these events at venues across the City in order to engage those who may find it difficult to come to a venue in Central Bristol. We also plan to go out to meetings of Equalities groups.

It is important to highlight that the Domestic and Sexual Violence services commissioned and funded by NHS England/Improvement, the Office for the Police and Crime Commissioner and BNSSG (Bristol North Somerset and South Gloucestershire Clinical Commissioning Group) are not being recommissioned at this stage. Therefore, services out of scope include: the Sexual Assault Referral Centre, Independent Sexual Violence Advisers and much of the Sexual Violence therapeutic provision. NHS England/Improvement, the OPCC and BNSSG are all part of the Bristol Domestic Abuse and Sexual Violence Services commissioning board. This procurement will be undertaken in alignment with these other services and commissioners of these wider services have been included in this procurement process.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

- We know that women are more likely than men to experience domestic and sexual abuse and the figures above demonstrate that women make up the majority of users of Domestic and Sexual violence support services; hence a change in service provision may adversely affect these women.
- Nationally women with a long-term illness or disability were more likely to be victims of any domestic abuse in the last year (16%), compared with those without a long-term illness or disability¹. Diversity monitoring shows that disabled people are over-represented in current services and so are likely to be impacted by changes in service provision.

¹ Public Health England ,2015

<ul style="list-style-type: none"> The services work with a significant number of individuals from BAME communities and in some cases these are specialist support services and changes in service provision may affect these service users.
3.2 Can these impacts be mitigated or justified? If so, how?
For all of the above, any adverse impact will be mitigated by ensuring that we have sufficient lead-in time before any changes in providers are made to allow for smooth transfer between providers, also ensuring that there is no interruption in service provision if changes are made.
3.3 Does the proposal create any benefits for people with protected characteristics?
Potentially yes as we have completed a thorough needs assessment and will be incorporating the findings of the needs assessment into our service design.
3.4 Can they be maximised? If so, how?
We are also working with Locality to ensure that the services we commission have maximum impact for our most deprived communities.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?
At this stage the EqIA process has highlighted the need to be aware of the high numbers of people with disabilities who are using these services.
4.2 What actions have been identified going forward?
To improve monitoring of protected characteristics - particularly pregnancy.
4.3 How will the impact of your proposal and actions be measured moving forward?
Equalities monitoring information will continue to be collected and reviewed quarterly with the service providers.

Service Director Sign-Off: Christina Gray, Director of Public Health	Equalities Officer Sign Off: <i>Reviewed by Equality and Inclusion Team</i>
Date: 28/1/2020	Date: 28/1/2020