

Equality Impact Assessment [version 2.9]



Title: Recommissioning domestic abuse and sexual violence support services	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: People	Lead Officer name: Carol Slater
Service Area: Public Health	Lead Officer role: Head of Service, Public Health

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](https://sharepoint.com).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

"During the past 3-years, a yearly increase of domestic abuse crimes and incidents has been recorded in Bristol City, peaking at 7,128 domestic abuse crimes in 2020-21. This is an increase of almost 1,000 recorded domestic abuse crimes as compared to 2018-19" (Avon and Somerset Police data, page 30 of Bristol DA Needs Assessment (unpublished)).

Bristol City Council Public Health commissions a range of services that tackle domestic abuse and sexual violence in the city, including Independent Domestic Violence Advisor (IDVA) services, helplines, work in schools, safe houses, etc.

Bristol City Council provides support services for those affected by domestic and sexual violence. The council currently spends £1.475m on the following types of support services:

- Counselling for sexual assault survivors
- Accommodation-based support for women who cannot remain in their own homes due to domestic violence
- Telephone helpline services
- Outreach services, where survivors are supported in their own homes
- Resettlement services, where survivors have had to move out of their homes and resettle elsewhere
- Services for male survivors of domestic abuse
- Services for sex workers experiencing abuse
- Co-located services, for example where a domestic violence support worker is based in a GP practice to provide support to patients and advice to staff

The contracts for the current services are due to end on 30th September 2022.

Therefore, domestic abuse and sexual violence services will be re-commissioned with a start date of October 2022.

The Domestic Abuse Act 2021 has made more funding available to Bristol to provide domestic and sexual violence services. The council is therefore expecting to have a total of £2,180,000 to spend in per year.

As a result of this additional funding, the council is proposing to increase its provision of domestic and sexual violence services, as well as use the opportunity to improve how we provide these services.

Through re-commissioning, we aim to reduce domestic abuse and sexual violence in Bristol and provide quality appropriate support for all victims/survivors and their children.

The four strands of work we will commission are:

- Specialist accommodation based domestic abuse services
- Specialist domestic abuse services
- Sexual violence services
- Locality element (led by community organisations)
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Further detail is given in the commissioning strategy.

1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments: All will be affected as the model of who is delivering services and how they are delivered, including the amount of funding, will be different than it is currently (2021-22). Staff within partner organisations will be affected because of the change in commissioning, in terms of job security.		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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Step 2: What information do we have?

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

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics](#)

and intelligence (sharepoint.com). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment Form](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<p>Mayoral Commission on Domestic Abuse</p> <p>Bristol City Domestic Abuse Needs Assessment (Davis and Associates, 2021) (unpublished)</p> <p>Bristol JSNA Health and Wellbeing Profile 2020/21</p>	<p><u>Age and Domestic Abuse</u></p> <ul style="list-style-type: none"> - Older people are often overlooked in campaigns and are less likely to speak openly about past and present experiences of abuse. - The 25 to 34 year age banding forms the largest age group of domestic abuse victims, accounting for 29% of the total in the most recent year (page 16, Draft DA Needs Assessment). - Women in the 30-39 year old age bracket are most likely to experience a domestic abuse related crime (at a rate of 44.7 per 1000) (Source: Crime Survey for England and Wales (CSEW), year ending March 2020).
<p>Bristol City Domestic Abuse Needs Assessment (Davis and Associates, 2021) (unpublished)</p>	<p><u>Marriage and Civil Partnership and Domestic Abuse</u></p> <ul style="list-style-type: none"> - Adults who were separated or divorced were more likely to have experienced domestic abuse compared than those who were married or civil partnered, cohabiting, single or widowed. However, it is important to note that those who have separated from an abusive partner are more likely to disclose abuse or report a related crime than those still in a relationship. Domestic abuse is also known to escalate at the point of separation, increasing the likelihood that someone will report it (CSEW data on prevalence of domestic abuse in the year ending March 2020 for adults aged 16 to 74 years, by marital status and sex, page 27, Draft DA Needs Assessment)
<p>Domestic abuse prevalence and victim characteristics. Office for National Statistics (ons.gov.uk) 2019, appendix 6a and 6b</p> <p>Women's Aid 2021 https://www.womensaid.org.uk/the-survivors-handbook/women-from-bme-communities/</p>	<p><u>Religion or Belief and Domestic Abuse</u></p> <ul style="list-style-type: none"> - Domestic abuse affects people from all faith groups, and there is no evidence to suggest that some religious or cultural communities are significantly more at risk than others. - The form that abuse takes varies; in some communities, for example, domestic abuse may be perpetrated by extended family

<p>Living Without Abuse, Religious and spiritual abuse https://lwa.org.uk/understanding-abuse/abusive-relationships/spiritual-abuse/</p>	<p>members, or it may include forced marriage, or female genital mutilation (FGM).</p> <ul style="list-style-type: none"> - Religious and spiritual abuse, in the context of domestic abuse, occurs when a victim is prevented from carrying out their religious or spiritual practices or are forced to engage in activities that are in conflict with their beliefs. This may include: Preventing someone from attending their place of worship; Religious discrimination; Preventing someone from worshipping at all or in the way they wish to; Forcing someone to attend ceremonies for a religion which they do not practice; Forcing someone to eat foods that are forbidden by their religion; Destroying someone’s religious texts and articles; Mockery and verbal abuse of their religion; Forcing someone to act in a way which negates their religion; Forcing someone to relinquish their religion; Forcing someone to partake in a spiritual activity or belief which they do not wish to.
<p>Mayoral Commission on Domestic Abuse</p> <p>Bristol JSNA Health and Wellbeing Profile 2020/21</p> <p>Bristol City Council Domestic Abuse and Sexual Violence Needs Assessment 2019</p>	<p><u>Disability and Domestic Abuse</u></p> <ul style="list-style-type: none"> - Disabled people in England are both more likely to experience domestic and sexual abuse, and they are more likely to experience barriers in accessing services. - The CSEW showed that men and women aged 16 to 74 years with a disability were more likely to have experienced domestic abuse in the last year than those without. - Findings from the CSEW suggest those with a long-term illness or disability were more likely to be victims of domestic abuse in the last year than those without; this was true for both men (9.8% compared with 3.5%) and women (16.8% compared with 6.3%). This difference was true for each of the different types of domestic abuse excluding sexual assault. Disabled people make up a significant minority within England; 1 in 5 of the population are disabled. Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people. Disabled people are significantly more likely to: be threatened with violence; be physically abused; be sexually assaulted by intimate partners or strangers; experience physical, sexual, emotional and financial domestic abuse than people without disabilities. Smith et al found that having a long-term illness or disability almost doubles the risk of experiencing domestic abuse. Trevillion et al.

	<p>found that those that have a mental health problem are at an increased risk.</p>
<p>Bristol City Domestic Abuse Needs Assessment (Davis and Associates, 2021)</p> <p>Bristol City Council Domestic Abuse and Sexual Violence Needs Assessment 2019</p>	<p><u>Pregnancy/Maternity and Domestic Abuse</u></p> <ul style="list-style-type: none"> - Around 30% of domestic abuse begins during pregnancy, while 40–60% of women experiencing domestic abuse are abused during pregnancy. (page 28, Draft DA Needs Assessment) - Pregnancy can be a trigger for domestic abuse, and existing abuse may get worse during pregnancy or after giving birth. It is estimated that four to nine in every 100 pregnant women are abused during their pregnancy or soon after the birth. In a Refuge Performance Report (2017-18), 20% of women in Refuge’s services are pregnant or have recently given birth. Domestic abuse during pregnancy puts both the woman and unborn child in danger. It increases the risk of miscarriage, infection, premature birth, and injury or death to the baby. It can also cause women to experience emotional and mental health problems, such as stress and anxiety, which can affect the development of the baby. 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 DVA are abused while pregnant.
<p>Bristol City Domestic Abuse Needs Assessment (Davis and Associates, 2021)</p> <p>Bristol City Council Domestic Abuse and Sexual Violence Needs Assessment 2019 and JSNA Section 2021</p>	<p><u>Sex and Domestic Abuse</u></p> <ul style="list-style-type: none"> - In each of the past 3-years, female victims have consistently accounted for approximately 70% of all domestic abuse victims in the Avon and Somerset police force area (page 16, Draft DA Needs Assessment) - Based on the population split of men and women in Bristol, we estimate that there are 13,380 female, and 6,580 male victims of domestic abuse each year (page 25, Draft DA Need Assessment) - In Bristol, females over the age of 16 are 3.2 times more likely to be a victim of a domestic abuse related crime in Bristol than males.
<p>Bristol City Council Domestic Abuse and Sexual Violence Needs Assessment 2019</p>	<p><u>Gender Reassignment and Domestic Abuse</u></p> <ul style="list-style-type: none"> - There is limited research on how many trans people experience domestic abuse in the UK, and the best studies have small group samples. However, these figures suggest it is a significant issue. A report by The Scottish Transgender Alliance indicates that 80% of trans people had experienced emotional, sexual, or physical abuse from a partner or ex-partner.
	<p><u>Race and Domestic Abuse</u></p>

<p>Mayoral Commission on Domestic Abuse</p> <p>Women's Aid 2021 https://www.womensaid.org.uk/the-survivors-handbook/women-from-bme-communities/</p> <p>Domestic abuse victim characteristics, England and Wales: year ending March 2019</p> <p>Bristol JSNA Health and Wellbeing Profile 2020/21</p>	<ul style="list-style-type: none"> - Those who do not speak English (or for whom English is an additional language) can find it difficult to disclose that they are experiencing abuse. Domestic abuse may take different forms for Black, Asian and Minority Ethnic women, and survivors may be deterred from accessing support due to specific family pressures and from fears about the response from support services. - Domestic abuse affects women from all ethnic groups - However, the form the abuse takes may vary; in some communities, for example, domestic abuse may be perpetrated by extended family members, or it may include forced marriage, or female genital mutilation (FGM). - For the year ending March 2019, the Crime Survey of England and Wales (CSEW) showed that those in the Mixed ethnic group were more likely than those in the White or Asian ethnic groups to experience domestic abuse within the last year. - Whatever their experiences, women and men from Black, Asian or minority ethnic communities are likely to face additional barriers to receiving the help that they need.
<p>Mayoral Commission on Domestic Abuse</p> <p>Free to be safe: LGBT+ people experiencing domestic abuse (SafeLives, 2018)</p> <p>Bristol City Domestic Abuse Needs Assessment (Davis and Associates, 2021) (unpublished)</p> <p>Bristol JSNA Health and Wellbeing Profile 2020/21</p>	<p><u>Sexual Orientation and Domestic Abuse</u></p> <ul style="list-style-type: none"> - LGBTQ+ people have specific experiences of domestic abuse which differ from other survivors, such as the threat of having their sexuality or gender identity used against them by their abuser. - LGBT+ victims of domestic abuse are almost twice as likely to have attempted suicide. - LGBT+ victims are more than twice as likely to have self-harmed. - LGBT+ victims of domestic abuse are more likely to be abused by multiple perpetrators (15% compared to 9% of non-LGBT+ victims). - We estimate in Bristol that there will be around 2,410 victims of domestic abuse within the LGB+ community every year (limited information about transgender community, so true figure is likely to be higher) (page 26, Draft DA Needs Assessment) - More than one in four gay men and lesbian women and more than one in three bisexual people report at least one form of domestic abuse since the age of 16. Lesbian women report similar rates of domestic abuse to that

<p>J. Magić and P. Kelley. Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. Galop, London, 2019: http://www.galop.org.uk/recognise-respond-strengthening-advocacy-for-lgbt-survivors-of-domestic-abuse-2/</p> <p>https://www.stonewall.org.uk/help-advice/criminal-law/domestic-violence</p>	<p>of heterosexual women. Bisexual women are twice as likely to disclose intimate partner violence compared to heterosexual women. Gay and bisexual men might be twice as likely to experience domestic abuse compared to heterosexual men. Prevalence rates of domestic abuse may be higher for transgender people than any other section of the population. LGBT+ survivors face distinct systemic and personal barriers in accessing services, due to their sexual orientation and gender identity. LGBT+ domestic abuse appears vastly underreported.</p> <ul style="list-style-type: none"> - More than one in four gay men and lesbian women and more than one in three bisexual people report at least one form of domestic abuse since the age of 16. Lesbian women report similar rates of domestic abuse to that of heterosexual women. Bisexual women are twice as likely to disclose intimate partner violence compared to heterosexual women. Gay and bisexual men might be twice as likely to experience domestic abuse compared to heterosexual men. Prevalence rates of domestic abuse may be higher for transgender people than any other section of the population. LGBT+ survivors face distinct systemic and personal barriers in accessing services, due to their sexual orientation and gender identity. LGBT+ domestic abuse appears vastly underreported. - Stonewall's research shows that one in four lesbian and bi women have experienced domestic abuse in a relationship. Two thirds of those say the perpetrator was a woman, a third a man. Almost half (49%) of all gay and bi men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16.
<p>Bristol Quality of Life Survey Report 2020/21</p>	<ul style="list-style-type: none"> - A small percentage of overall survey respondents (7%) still consider domestic abuse to be a 'private matter'. This figure remains unchanged overall from the previous year's survey. However, in more deprived parts of the city, the number of respondents who thought domestic abuse was a private matter dropped from 15% in 2019/20 to 9% in 2020-21.
<p>Additional comments:</p>	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Gender Reassignment
<input checked="" type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

Previously, data on pregnancy and maternity has been omitted from DA services' monitoring and reporting. There are national statistics that prove a link between pregnancy and DA. We will ask providers to measure engagement and outcomes for pregnant women and women with children in the near future and build this into contracts as part of the re-commissioning. With more (Bristol-specific) data on this group, we can better respond to their needs.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Communities and groups that could be affected have been involved throughout the process.

The DA strategy and commissioning strategy were informed by early engagement work. In Autumn 2019, a number of engagement events were hosted throughout the city. Stakeholders included service users, service providers, other professionals and members of the public that may or may not have experienced domestic abuse. Stakeholders were asked a number of questions about current services and services that must be provided.

The Mayor of Bristol commissioned a report on Domestic Abuse which contained a number of recommendations that inform domestic abuse work in the city. The report considered the diversity of the city.

Recommendations include:

- *Bristol City Council, partners and support services to develop and promote diverse support pathways that show the range of services available, and that ensure that whoever and wherever survivors are, they will be listened to, believed, and supported in Bristol.*
- *Bristol City Council, partners and support services to work with individuals and communities across Bristol to overcome barriers and ensure victims and survivors of all backgrounds and identities can access support that is right for them.*
- *Develop and strengthen interventions and support services that are community based and help provide effective training and support pathways across the city's diverse communities.*
- *Ensure health and care services work confidently and with cultural sensitivity, recognising the barriers that different people may have in disclosing abuse, and different ways abuse may manifest across different communities in the city.*

- *Design campaigns to raise awareness about domestic abuse that are inclusive and relevant for diverse communities across Bristol (particularly BAME residents, older residents, LGBT+ residents and disabled residents).*

In 2021, a consultant was commissioned to produce a Domestic Abuse Needs Assessment for Bristol, which analysed domestic abuse statistics and looked at the existing service provision to identify gaps and make recommendations for how domestic abuse services could better serve the population. This has informed the commissioning and domestic abuse strategies.

The re-commissioning process will involve a consultation, which members of the public, survivors, providers and other organisations are invited to participate in.

BCC Public Health commissions a 'Survivor Forum' – a group of women DA survivors who meet regularly and provide feedback on DA work/services in Bristol. The Survivor Forum will be engaged as part of the consultation process, which will in turn inform the commissioning.

There is a number of multi-agency reoccurring meetings that are informed about the Public Health DA team's work and provide feedback regularly. These include:

- Multi-agency Domestic Abuse and Sexual Violence Delivery Group
- Domestic Abuse and Sexual Violence Operational Group
- Domestic Abuse and Sexual Violence Commissioning Board

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

Communities and groups that could be affected will continue to be engaged.

The group of stakeholders that informed the Mayoral Commission on Domestic Abuse have recently re-convened to feedback on progress and will meet again in the future. This is valuable opportunity to hear diverse experiences of DA work in Bristol.

The 'Survivor Forum' will continue to run and can be engaged again regarding domestic abuse recommissioning.

The following meetings will continue and will be an opportunity for the DA team to both gather feedback and be held accountable:

- Multi-agency Domestic Abuse and Sexual Violence Delivery Group
- Domestic Abuse and Sexual Violence Operational Group
- Domestic Abuse and Sexual Violence Commissioning Board

Once recommissioning is 'complete' (i.e. services are in place from October 2022), providers will be required to complete regular reporting. This will include statistics on outcomes, demographics, as well as qualitative feedback, which could include the experiences of service users.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)	
<p>Whilst we have not identified any significant equality impact from the proposal to recommission services at this stage, we are aware of existing disparities and inequality for victims of DA on the basis of their characteristics which we will aim to address and mitigate where possible through ensuing commissioned services are accessible, inclusive, and appropriately targeted.</p> <p>Staff within partner organisations will be affected as there will be a change in which services are commissioned. Job security will be impacted. These staff can be protected by ensuring that there are sufficient TUPE clauses in contracts.</p>	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	Impact of DV on children and young people (CYP) is often forgotten, meaning they do not receive the support they need.
Mitigations:	CYP now recognised as victims in their own right by the 2021 Domestic Abuse Act and therefore will be considered in all services as they are recommissioned. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	Older people likely to be overlooked in domestic abuse services. Older people less likely to be comfortable using digital services.
Mitigations:	Ensure that services are committed to providing communications and information in a range of accessible formats. Collaborative bids will be encouraged so that services are more likely to cater for a wider range of service users. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Disability	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	People with disabilities are more likely to experience barriers to accessing domestic abuse services.
Mitigations:	Ensure that commissioned services cater for people with disabilities and additional needs. Engage with the Learning Disabilities and DASV network. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	Domestic abuse disproportionately affects women, but men and non-binary people are also affected.
Mitigations:	Liaise ideas with DASV Commissioning Board for feedback on how best to ensure safety of all service users. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	LGBTQ+ have specific experiences of domestic abuse and are vulnerable to verbal and physical abuse.
Mitigations:	Commissioned services will be inclusive and also will include specialist support for equalities groups e.g. specialist LGBT IDVA. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	Currently commissioned services are inconsistent in collecting data around pregnancy.

Mitigations:	Monitoring systems will be set up so that data on pregnancy is captured and therefore trends can be evaluated, and impacts can be mitigated, e.g. providing more specialist services for pregnant women. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	If there is no provision for trans women, they will likely continue to live in unsafe situations.
Mitigations:	Domestic abuse services are typically focused on ensuring the safety of their service users. Support will be proportionate and based on a risk assessment. This will continue to be a key priority in re-commissioning, alongside diversity and inclusion criteria. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Race	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	Some service users will have specific needs as a result of culture and ethnicity. For example, language translation, specialist FGM/HBV/FM support, etc.
Mitigations:	Providers will need to demonstrate how they will support people from equalities groups in the bidding process. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	People from all religious and belief groups are affected by domestic abuse.
Mitigations:	We will ensure that commissioned services will be required to demonstrate cultural competence and a commitment to workforce diversity as a mitigation to potential lack of understanding about the differing needs of service users from faith groups. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	People from low socio-economic backgrounds are more likely to experience domestic abuse, e.g. domestic abuse is more highly reported in Hartcliffe and Withywood than Clifton.
Mitigations:	Domestic abuse services will be free access and there will be a strand of funding allocated to services led by community organisations to ensure that people in the most affected areas can access support. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	People with caring responsibilities may face additional barriers to accessing services, e.g. they may not be able to leave home/the person they are caring for, for an extended period of time.
Mitigations:	Flexibility in times/locations/format of support as a mitigation for people with caring responsibilities This could include virtual support such as video calls. Services will be recommissioned in a way that ensures there is not a disproportionate impact upon any protected characteristics groups.
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The recommissioning of domestic abuse and sexual violence services in Bristol will undoubtedly support our Public Sector Equality Duty.

There will be a focus on ensuring that services are designed in a way that makes them available to all groups including minorities, those with complex needs and those facing multiple disadvantage.

The council have not previously commissioned services that deliver advice, information or support in local communities to help prevent domestic violence. The council is proposing to make new funding available to community-based organisations to set up, facilitate and / or deliver prevention and recovery services that are locally focused and appropriate to the community they serve. The aims of this proposal are to improve domestic violence prevention work by engaging communities on the issues around domestic violence, and to get people in their community talking about domestic violence to reduce stigma and encourage victims to seek support.

Services will be available through a single point of contact which means that people who share protected characteristics and those who don't can all be referred into services the same way.

Good relationships will be developed through the collaborative nature of future commissioned services.

At present a variety of provider organisations work separately to deliver each service. Bristol City Council is proposing to commission these services as a package, which would be delivered by providers working in partnership with each other. The providers would submit a joint bid to deliver all of these services, rather than individually applying to deliver one service. We (BCC Public Health) are not dictating what the model looks like and instead it will be shaped by providers, who have vast experience working with and for diverse groups of people affected by DA in Bristol. The benefit of jointly commissioning these services would be good co-ordination and providers having a better understanding of each other's services. Furthermore, this means that smaller organisations, including ones that represent equalities groups, are more likely participate as the risk is shared between organisations in the consortium.

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:

There have been no negative impacts identified so far. It is hoped that a range of services will be commissioned that provide effective support for people affected by domestic abuse.

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

The recommissioning of domestic abuse services will be accessible for everyone in Bristol particularly via the community-based services strand of funding.

Continue the proposal: the assessment demonstrates that the proposal shows no potential for discrimination and you have taken all appropriate opportunities to advance equality of opportunity and foster good relations between people with different protected characteristics.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Incorporate pregnancy and maternity data into the monitoring requirements for domestic abuse services	DA/SV team, Public Health, BCC	Ongoing

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

During the consultation process, feedback will be gathered from partners, members of the public and survivors. Once in place, the commissioned services will provide quarterly monitoring data to Public Health team, including KPI outcomes and demographics data. This information will capture who is accessing domestic abuse services and will enable the team to track which equalities groups are using (or not) the services.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director¹.

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off: 
Date: 2/12/2021	Date: 3/3/2022

¹ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.