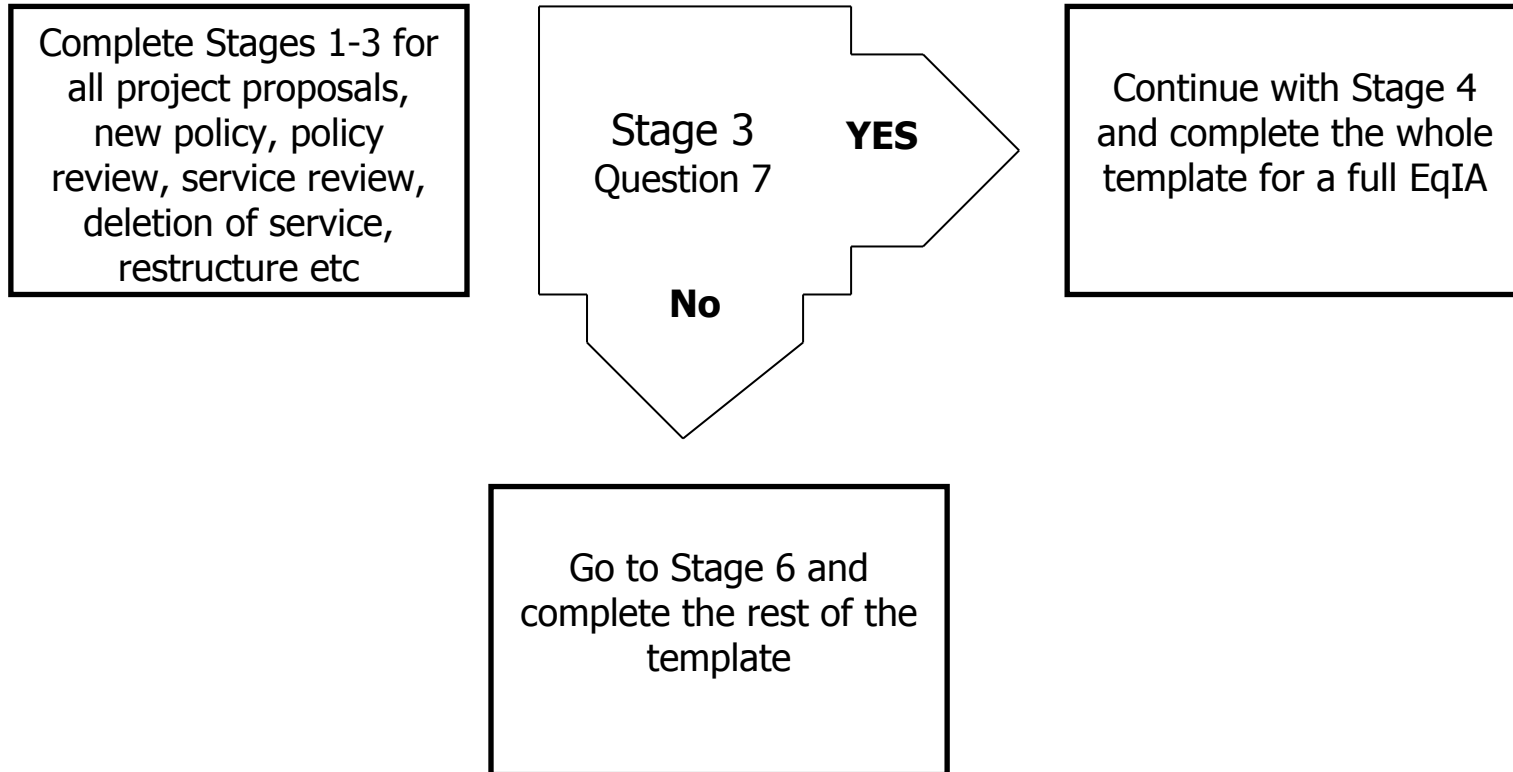


Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project/Proposal:		Tick ✓	Type of Decision:		Tick ✓
Transformation			Cabinet		✓
Capital			Portfolio Holder		
Service Plan		✓	Corporate Strategic Board		
Other			Other		
Title of Project:		New Domestic and Sexual Violence Strategy			
Directorate/Service responsible:		Strategic Commissioning on behalf of all Directorates and Partners			
Name and job title of lead officer:		Mike Howes, Senior Policy Officer			
Name & contact details of the other persons involved in the assessment:		'Richard.Metcalf@met.pnn.police.uk'; 'Mark.A.Wolski@met.pnn.police.uk'; 'Adela.Kacsprzak@london.probation.gsi.gov.uk'; 'irwin.jan3@gmail.com'; 'rowena jaber (thewishcentre@hotmail.com)'; 'carole.flowers@nhs.net'; Richard Lebrun <Richard.Lebrun@harrow.gov.uk>; Visva Sathasivam <Visva.Sathasivam@harrow.gov.uk>; Melissa Caslake <Melissa.Caslake@harrow.gov.uk>; Hannah Sharp <Hannah.Sharp@harrow.gov.uk>; Wendy Beeton <Wendy.Beeton@harrow.gov.uk>; Laura Fabunmi <Laura.Fabunmi@harrow.gov.uk>; Elisabeth Major <Elisabeth.Major@harrow.gov.uk>; 's.leathers@nhs.net'; Seamus Doherty <Seamus.Doherty@harrow.gov.uk>; Margaret Davine <Margaret.Davine@harrow.gov.uk>			
Date of assessment:		29 th July 2014			
Stage 1: Overview					

	<p>Devise a new strategy to address domestic violence and other forms of violence utilising the front line professionals from across council services, the staff of our partners including the voluntary and community sector and commissioned services that specialise in this area. These forms of violence are:</p> <p>Domestic Violence</p>
<p>1. What are you trying to do?</p> <p>(Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction/removal of service, restructure, deletion of posts etc)</p>	<p>The Home Office in 2012 defined domestic violence as: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional.</p> <p>Controlling behaviour: is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.</p> <p>Coercive behaviour: is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.</p>
	<p>Stalking & Harassment</p>
	<p>The British Crime Survey 210/11 defines stalking as: Stalking - is two or more incidents (causing distress, fear or alarm) of obscene or threatening unwanted letters or phone calls, waiting or loitering around home or workplace, following or watching, or interfering with or damaging personal property by any person, including a partner or family member.</p> <p>Harassment - includes repeated attempts to impose unwanted communications and contacts upon a victim in a manner that could be expected to cause distress or fear in any reasonable person. Harassment of an individual can also occur when a person is harassing others connected with the individual, knowing that this behaviour will affect their victim as well as the other people that the person</p>

appears to be targeting their actions towards. This is known as 'stalking by proxy'. Family members, friends and employees of the victim may be subjected to this. ¹

Honour Based Violence & Forced Marriage

Roy, Ng & Imkaan (2011), define Honour based violence and forced marriage as:
Honour Based Violence - violence committed to protect or defend the honour of the family and/or community. Women, especially young women, are the most common targets often where they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour. In extreme cases the woman may be killed.

Forced Marriage - a marriage conducted without the valid consent of one or both parties where duress is a factor. Duress may take the form of emotional, financial, physical and sexual threats and abuse. Forced marriage is also viewed by some as falling into the definition of 'honour'-based violence. Early or child marriage refers to any marriage of a child younger than 18 years old. The UN recognises it as a forced marriage because minors are deemed incapable of giving informed consent. Girls are the majority of the victims and hence are disproportionately affected.

Female Genital Mutilation

The World Health Organisation (WHO) defines Female Genital Mutilation: Involves the complete or partial removal or alteration of external genitalia for non-medical reasons. It is mostly carried out on young girls at some time between infancy and the age of 15. Unlike male circumcision, which is legal in many countries, it is now illegal across much of the globe, and its extensive harmful health consequences are widely recognised. World Health Organisation (WHO) classification of female genital mutilation:

Type I: Clitoridectomy: partial or total removal of the clitoris (clitoridectomy).

Type II: Excision: partial or total removal of the clitoris and the labia minora, with

¹ http://www.cps.gov.uk/legal/s_to_u/stalking_and_harassment/

or without excision of the labia majora.

Type III: Infibulation: narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

Sexual Violence

The Mayors Office for Policing and Crime (2013) defines sexual violence:

Sexual violence including rape – sexual contact without the consent of the woman/girl. Perpetrators range from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family/household, workplace, public spaces, social settings, during war/conflict situations.

Sexual exploitation – involves exploitative situations, contexts and relationships where someone receives 'something' (e.g. food, drugs, alcohol, cigarettes, affection, protection money) as a result of them performing, and/or another or others performing on them, sexual activities. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the person's limited availability of choice resulting from their social/economic and/or emotional vulnerability. Girls involved in or connected to gangs are at risk of sexual exploitation by gang members.

Prostitution - describes the offering and provision of sexual services for financial gain. Female prostitutes are often at risk of violent crime in the course of their work which can include both physical and sexual attacks, including rape. Perpetrators of such offences include violent clients or pimps. There tend to be higher levels of violence committed against street sex workers compared with off-street workers, which often go unreported to the police.²

Trafficking – women and girls are forced, coerced or deceived to enter into prostitution and/or to keep them there. Trafficking involves the recruitment,

² http://www.cps.gov.uk/legal/p_to_r/prostitution_and_exploitation_of_prostitution/

	transportation and exploitation of women and children for the purposes of prostitution and domestic servitude across international borders and within countries ('internal trafficking').					
2. Who are the main people/Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents/Service Users	✓	Partners	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	✓
	Race		Religion or Belief		Sex	✓
	Sexual Orientation		Other			
3. Is the responsibility shared with another directorate, authority or organisation? If so: <ul style="list-style-type: none"> Who are the partners? Who has the overall responsibility? How have they been involved in the assessment? 	See 1 above.					
Stage 2: Evidence/Data Collation						
4. What evidence/data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the						

involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)

Age (including carers of young/older people)	<p>Harrow Police report that children are present in about 45% of domestic violence recorded crimes and incidents in Harrow. In 2009/10 domestic violence was the second highest presenting need (after Possible Neglect or Abuse) to Children’s Services with 297 referrals. It is noted that other needs may also have been identified. In 2010/11, while referrals reduced (230), domestic violence remained the second highest presenting need. In 2011/12 there were 227 referrals (14% of referrals had DV as a presenting issue), and in 2012/13, 282 referrals were received (18% of referrals had DV as a presenting issue.)</p> <p>The age group of female victims most affected in the 12 months to June 2014 was 20-39 (57%) and 52% of males in the victims in the same period were from the same age group. The differences in prevalence between the genders reduces as age increases. However, 5.3% of victims were over 60 and at least some of this abuse is likely to be in a caring setting. Of the cases in which the relationship between the suspect and the victim is known, 11% of suspects are children of the victim.</p>
Disability (including carers of disabled people)	National research suggests that women who are disabled are twice as likely as other women to be the victims of abuse and that their disability sometimes gives rise to unique and complex forms of abuse such as withdrawal of support and help. The research also shows that disabled men are more likely to be victims than other men.
Gender Reassignment	There is no data nationally or locally regarding the prevalence of violence against gender reassigned people. A small study in Scotland suggests that Transgender People experience the highest level of domestic abuse of any group.
Marriage/Civil Partnership	N/A
Pregnancy and Maternity	It is known from national studies that pregnancy and to a lesser extent maternity are times of increased risk of domestic abuse. There is, however, no data regarding prevalence at these times locally.
Race	In the last 12 months to June 2014, victims of reported Domestic Violence identified their ethnicity as follows (compared to the population in Harrow of each group of over 16 year olds)

	<p>White British – 43% (41%)</p> <p>Other Asian – 19% (13%)</p> <p>Indian - 12% (28%)</p> <p>Black African – 5% (3%)</p> <p>Black Caribbean – 5% (3%)</p> <p>Black, any other Black background – 5% (3%)</p> <p>Asian – Pakistani – 4% (3%)</p> <p>Any other ethnic group – 2% (4%)</p>
Religion and Belief	N/A
Sex / Gender	<p>National estimates provided by the British Crime Survey self completion module on domestic abuse, suggest that 1.2 million females and 800,000 male victims have experienced domestic abuse in the last year³. The Ready Reckoner Tool (Home Office) and the census estimated population 2011 (239,100) provides the estimated prevalence of domestic violence, sexual violence and stalking in Harrow. The estimates indicate that in Harrow:</p> <ul style="list-style-type: none"> • 5,617 women and girls aged 16-59 have been a victim of domestic abuse in the past year; • 5,019 women and girls aged 16-59 have been a victim of a sexual assault in the past year; • 9,940 women and girls aged 16-59 have been a victim of stalking in the past year. • <p>In the 12 months to June 2014, 61% of victims of reported Domestic Violence were female and 38% were male. The total of male victims is surprisingly high and may, in part, be explained by counter allegations made as a defense against accusations of abuse.</p>
Sexual Orientation	Nationally, violence in same sex relationships appears to be at similar levels as in heterosexual relationships but there is no data locally to demonstrate whether this is the case locally.

³ Britton A, *Intimate violence: 2010/11 BCS Supplementary Volume to Crime England & Wales, 2012*

Socio Economic	There is no data on the prevalence of abuse by socio-economic circumstances.
Other considerations	National studies and the Crime Survey for England and Wales (formerly the British Crime Survey) show that Domestic Abuse and the other forms of abuse, are hugely under-reported. This means that the victim data that is used in the Assessment is partial and it is unclear which groups if any are least likely to report abuse. Accordingly, the Strategy seeks to increase recognition of abuse by all front line professionals and referral of the victims which, apart from allowing for earlier intervention, will begin to provide a more comprehensive picture of the patterns of abuse locally.

5. What consultation have you undertaken on your proposals?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Front line professionals within Council services, the Police, the Health services and the Voluntary and community sector	Focus Groups to develop policy proposals and suggest actions for inclusion in the Strategy	The Focus Group discussions led to the formulation of the three main recommendations as well as a wide variety of actions.	Included specific actions within the strategy action plan.
Council Directorate Senior Management Teams	Attendance at management Team Meetings	Additional opportunities to utilise existing services to address the needs of victims and perpetrators.	Included the suggestions in the Strategy
Safer Harrow, CCG, Health and Wellbeing Board, CSB	Attendance at meetings	Additional opportunities to utilise existing services to address the needs of victims and perpetrators.	Included the suggestions in the Strategy
Domestic Violence Strategy Group	Meetings	The Strategy Group made up of senior representatives of the	Included the suggestions in the Strategy

		main services concerned with Violence oversaw the production of the Strategy and gave guidance throughout its production	
Domestic Violence Forum	Meetings	The Forum which is a practitioners group have contributed ideas through a critique of the former strategy and proposals for inclusion in the new strategy.	Included the suggestions in the Strategy
<p>6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment?</p> <p>List the Title of reports / documents and websites here.</p>		<p>Whilst nationality is not a protected characteristic, it is useful to know the self defined nationality of those reporting as victims of domestic violence to help inform the design of a public awareness campaign. In the 12 months to June 2014, 75% of victims who gave a nationality defined themselves as British; 4% as Polish; 3% as Romanian; 3% Sri Lankan; 2% as Indian; and all of the following nationalities recorded 1% of victims: Irish; Somalian; Afghan; Portuguese; Pakistani; Jamaican; Netherlander. Other countries were represented amongst victims with less than 1% of the total: Iraqi; Nigerian; Pilipino; French; Iranian; Latvian and Lithuanian.</p> <p>In addition, the following national data has been used particularly in relation to Forced Marriage, Honour-based Violence and FGM:</p> <p>Call to End VAWG, HM Government Nov 2010</p> <p>Britton A, Intimate violence: 2010/11 BCS Supplementary Volume to Crime England & Wales, 2012</p> <p>Home Office. <i>Violence Against Women & Girls Ready Reckoner Tool Home Office 2012</i></p> <p>Stanely et al (2010) <i>Children and families experiencing domestic violence: police and social services responses</i>, London</p> <p>British Crime Survey 2010/11</p> <p>http://www.cps.gov.uk/legal/s_to_u/stalking_and_harassment/</p>	

Roy, Ng & Imkaan (2011), The Missing Link: a joined up approach to addressing harmful practices in London
 Roy, Ng & Imkaan (2011), The Missing Link: a joined up approach to addressing harmful practices in London
 Khanum (2008), Forced Marriage, Family and Community Engagement: National Learning through a Case Study of Luton, UK
 Begikhani, Gill & Hague (2010), Final report Honour-based Violence and Honour Killings in the Kurdish Dispota in the UK,
<http://www.bbc.co.uk/news/uk-26681364>
 Comic Relief (2010), What are the key factors to support government legislation to bring about abandonment of harmful traditional practices, with a focus on Female Genital Mutilation, London
 Harrow Council, 2011 Census Briefing Note 11: May 2013, Gender, Age, Religion And Health, By Ethnic Group 2011 Census Third Release (3.1)
 The Royal College of Midwives (2013), Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting
 Mayors Office for Policing & Crime (2013), *Mayoral Strategy on VAWG 2013-17*
http://www.cps.gov.uk/legal/p_to_r/prostitution_and_exploitation_of_prostitution/
 A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales Efua Dorkenoo BSc MSc RGN RSCN OBE Linda Morison BSc MA CStat Alison Macfarlane BA Dip Stat CStat FFPH
 Research Report DCSF-RR128, National Centre for Social Research re: Forced Marriage
 Out of sight, out of mind? Transgender People’s experience of Domestic Abuse, Scottish Transgender Alliance

Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	X	X	X	X	X	X	X	X	X

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data/evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?

(include this evidence, including any data, statistics, titles of documents and website links here)

9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).

<p>10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?</p>				
Protected Characteristic	Adverse ✓	Positive ✓	<p>Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.</p> <p>Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9</p>	<p>What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)</p>
Age (including carers of young/older people)				
Disability (including carers of disabled people)				
Gender Reassignment				
Marriage and Civil Partnership				

Pregnancy and Maternity							
Race							
Religion or Belief							
Sex							
Sexual orientation							
<p>11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>				Yes		No	
<p>11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?</p> <p>If yes, what is the potential impact and how likely is to happen?</p>				Yes		No	

12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged? (Please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act) available on Harrow HUB/Equalities and Diversity/Policies and Legislation

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No									

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

- If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. **(select outcome 4)**
- If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. **(select outcome 4)**

Stage 6: Decision

13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.	✓
Outcome 2 – Minor adjustments to remove/mitigate adverse impact or advance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i>	
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in 13a below)	
Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)	

13a. If your EqIA is assessed as **outcome 3** or you have **ticked 'yes' in Q12**, explain your justification with full reasoning to continue with your proposals.

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Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.

Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Target Date	Lead Officer	Date Action included in Service / Team Plan

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

<p>15. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>Continue to collect and improve collection of victim, perpetrator and outcome data to assess the impact of the measures proposed in the Strategy. The results and other issues will be reported quarterly to the Strategy Group and periodically to Cabinet.</p>
<p>16. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 7)</i></p>	<p>The outcomes will be publicised through the DV Forum to practitioners and, where appropriate, via press releases to encourage greater reporting and/or take up of services.</p>

17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.	No
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Stage 9: Public Sector Equality Duty

18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups
The new strategy recognises and addresses the potential for certain groups to be at greater risk of violence.	The proposed community awareness raising campaigns will ensure that all groups have equal access to knowledge about Violence and the avenues through which to obtain help.	-

Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.

19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	Resources ETG		
Signed: (Lead officer completing EqIA)	Mike Howes	Signed: (Chair of DETG)	Alex Dewsnap
Date:		Date:	
Date EqIA presented at the EqIA Quality Assurance Group		Signature of ETG Chair	