

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Kent & Medway Partnership Domestic Abuse Strategy 2024-2029

2. Directorate

Strategic and Corporate Services

3. Responsible Service/Division

Strategy, Policy, Relationships and Corporate Assurance (SPRCA)

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Iona Hunter-Whitehouse, Senior Project Development Officer for Domestic Abuse

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Akua Agyepong – Assistant Director, Adults Services

6. Director of Service

Note: This should be the name of your responsible director.

David Whittle, Director of Strategy Policy, Relationships & Corporate Assurance

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

No

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.*

Answer Yes/No

No

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No

Yes

Other – Please add details of any other activity type here.

No

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Kent and Medway’s Domestic and Sexual Abuse Strategy 2024-2029 has been developed using learnings from the previous 2020-2023 strategy, multiagency engagement and feedback from people who have experienced abuse. The objective of this activity was to develop a collaborative domestic abuse strategy that encompasses the vision of partners across Kent and Medway and holds the feedback that we have received from people who have experienced abuse central to its aims.

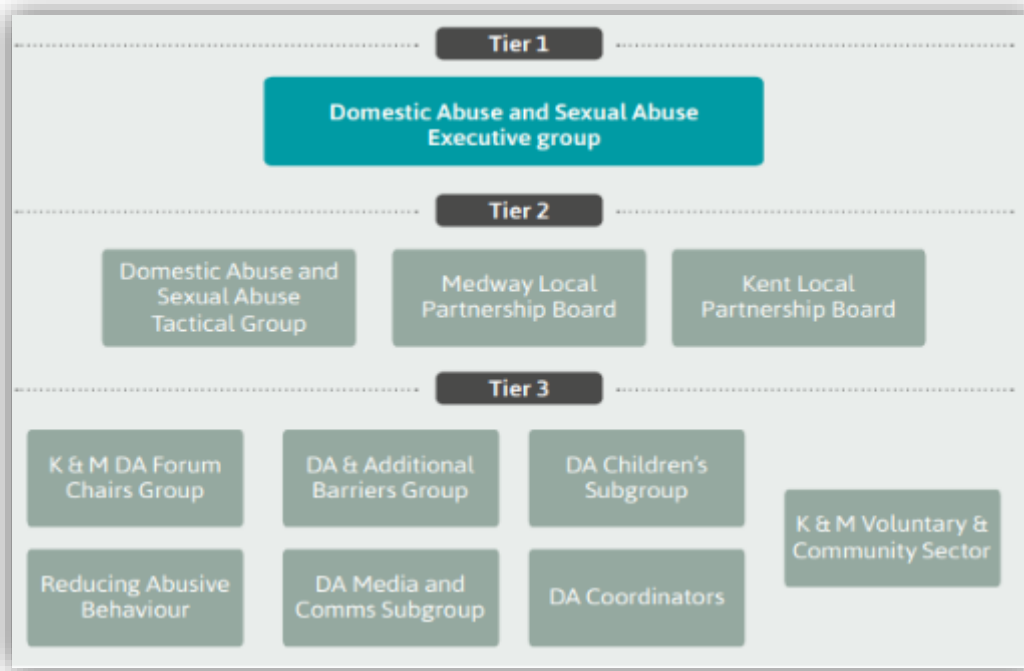
The strategy has been developed with a multi-agency approach, bringing together a range of statutory agencies including Kent County Council, Medway Council, Kent Police, the Office of the Police and Crime Commissioner, NHS ICB, Kent Fire and Rescue Service, the National Probation Service, DWP, and Kent’s district and borough councils.

The strategy provides a joint statement across the Kent and Medway Domestic Abuse and Sexual Abuse Executive.

Domestic abuse works across the following structure:

1. The Kent and Medway Domestic and Sexual Abuse Executive Group. This group leads and sets the partnership’s Domestic Abuse Strategy, it’s priorities and oversees action to ensure their delivery.
2. The Kent and Medway Domestic and Sexual Abuse Tactical board delivers the joint action plans generated from the strategy and report back to the Executive Group.
3. The Kent Local Partnership Board is the only statutory body and works to ensure that Kent meets its requirements in relation to the Domestic Abuse Act.
4. Medway has a parallel Local Partnership Board which oversees the statutory requirements for Medway.

Supporting this are a number of groups including the Voluntary Sector Subgroup and local domestic abuse forums.



The aims set out in the newly developed strategy will be managed by the Executive Group and taken forward through the Tier 2 and 3 structure.

This multiagency structure has been set out because we know that domestic abuse is a prolific and cross cutting issue. Approximately 10% of the calls (34,000) received by Kent Police relate to domestic abuse. Domestic abuse related crimes make up 21% of the total recorded crime in Kent, and around half of all non-crimes.¹

Nationally nearly half a million people experiencing domestic abuse seek assistance from medical professionals every year and the number of households in Kent owed prevention or relief duty due to domestic abuse has steadily increased since the pandemic and the introduction of the Domestic Abuse Act. The people affected need to find the right response, whichever agency they approach for help.

The strategy sets out Kent and Medway's joint vision, priorities and commitments to reduce the levels of domestic abuse, and ensure that where domestic abuse does take place, all those affected get the right support, quickly. The strategy supports agencies and partnerships to design and deliver the most appropriate responses to anyone affected by domestic abuse in Kent and Medway.

Summary of Key Findings: This equality impact assessment suggests that the strategy will have a positive impact on those with protected characteristics by highlighting different experiences of abuse and seeking an active outcome from partners to improve delivery of service to everyone.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No

Yes

¹ https://www.kpho.org.uk/_data/assets/pdf_file/0020/147134/Domestic-Abuse-Needs-Assessment-refresh-2022.pdf

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Yes

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

The development of the strategy has included engagement with a range of professionals involved in providing services to people who may be experiencing abuse. This has taken place via workshops, one to one meetings with partners and through feedback sought throughout the Domestic and Sexual Abuse governance structure. This includes but is not limited to the Domestic and Sexual Abuse Tactical Group, the District DA Coordinators, the nine Domestic Abuse Forums, the Domestic Abuse Forum Chairs Group and Voluntary Sector Groups.

Through this the following partners and teams have consulted at a number of levels:

- KCC Adult Safeguarding
- KCC Children's Safeguarding
- KCC Early Help
- Medway Council
- Kent Police
- The Office of the Police and Crime Commissioner
- NHS ICB Safeguarding
- Kent Fire and Rescue Service
- the National Probation Service
- Kent's district and borough councils
- The voluntary and community sector

We also want to ensure that people who have experienced abuse are able to input into the strategy in a meaningful way. Eleven in depth interviews with people who have experienced abuse took place via the Kent Domestic Abuse Research programme, with a further 43 responding to a survey to identify what worked well, and what didn't, in their journeys and to identify their priority areas. These experiences have formed the basis of the strategy.

An 11-week public consultation allowed for broad input and feedback on the draft strategy. Throughout this process the strategy team attended meetings and engaged community groups and forums. This included attending community groups such as Age UK, the Soroptimists, Tovil Community Event, DAWN event Maidstone and Rise4Disability. The team also attended meetings to gather feedback, this included Kent Suicide Prevention Network, Kent Community Safety Information Session, Medway Safeguarding Board, Kent Housing Options Group, Tunbridge Wells Members Briefing, KCC All Party Members Briefing, Single Parent Staff Group, Rainbow Staff Group, Health Visting Services (across Kent), Joint Kent Chiefs, Kent and Medway Women's Forum & SPACE Matters. This was further supported by newsletters promoting engagement with the formal consultation, a section was included in the Adult Social Care – For You,

Newsletter, the Kent and Medway Better Health and Suicide Prevention newsletter, an email to the Learning Disability Partnership Board, the Armed Forces Leads and Unit Welfare Officers, the Disability Assist October Newsletter the Kelsi e-bulletin for September and October, the Kent Association of Head Teachers newsletter, the Dad's Unlimited newsletter, Carers East Kent newsletter and East Kent Partnership Bulletin. The formal consultation was also featured on a number Parish Council websites, in a North Kent Mind news release, on the Kent and Surrey bylines, Stronger Kent Communities and Health Watch Kent website.

A video to support engagement with the consultation was shared widely, social media posts were shared via the Kent & Medway Media and Communications group and social channels to ensure the broadest possible response base.

Significant effort was made to reach out in a number of ways to a broad range of Kent and Medway residents from across protected characteristic groups. The consultation was sent to religious groups, organisations that work with children, to carers and those with care needs, to parenting groups, to diversity forums, disability action groups, to those supporting older people and older people themselves and to experts by experience, domestic abuse services and people who have experienced abuse themselves.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

Yes

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Upload supplementary information document

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

Yes

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

Age

Domestic abuse can affect anybody, but we know that the impact is different for different groups. Age affects the way domestic abuse is experienced and responded to. Children have now been recognised in law as victims of the abuse between care givers. At the other end of the spectrum, we know that older people are

disproportionately represented in Domestic Homicides and underrepresented in our commissioned services.

Please see supplementary information for further information.

The strategy:

Whilst developing the strategy, consideration was given to how people affected by abuse of all ages can be better supported in Kent and Medway.

The strategy recognises children who see, hear, or experience the effects of domestic abuse as victims in their own right, as stated in the Domestic Abuse Act 2021. The strategy has placed an emphasis on children's voices and experiences, recognising the importance of schools in supporting children and young people has commitments around comprehensive whole family support, in continuing to improve the process for sharing Domestic Abuse Notifications.

This strategy will not explore abuse directed to people under 16 years as, under the governmental definition of abuse, this would be determined as child abuse under the Children and Young Persons Act 1933. The strategy does aim to address concerns about the impact of domestic abuse on children and young people and how this impacts their own intimate relationships and family bonds.

It also considers domestic abuse experienced by older people, and how the underreporting of abuse from this group should be addressed. Early Intervention and Prevention recognises that anyone can be impacted by abuse at any age, and identifying opportunities to reduce the long-term impacts needs to happen across life stages. The Strategy also recognises that personal characteristics such as age can affect the risk of experiencing domestic abuse, the abusive tactics used and sometimes, the support we need. Commitments include increasing service uptake for under-represented groups and supporting collaboration to develop needs led work and support the specialist 'by and for' market. It also recognises that rural communities, where the average age is higher, need to be considered in service design and promotion.

Disability

Data collected by SafeLives suggests that people with a disability are more likely to experience domestic abuse than those who do not have a disability, experience it for longer before seeking help and are more likely to still be experiencing abuse at the end of service.

Please see supplementary information for further information.

The strategy:

The strategy recognises the role of disability in people's experiences of abuse and its intersectionality with other protected characteristics.

The strategy seeks to address barriers to pursuing and accessing support as well as seeking to understand why outcomes for people with a disability fall below those of non disabled clients. The strategy seeks to promote collaboration between expert domestic abuse services and expert disability services, developing a particular focus on advancing a 'by and for' market in Kent & Medway.

During the strategy consultation consideration was given to how to make the strategy document as accessible as possible, producing BSL and Easy Read versions and eliciting feedback from disability forums, groups and organisations.

Sex

For the year ending March 2022, the Crime Survey for England and Wales (CSEW) estimated that 1.7 million

women and 699,000 men aged 16 years and over experienced domestic abuse in the last year. This is a prevalence rate of approximately 7 in 100 women and 3 in 100 men.² However, we know that the majority of those experiencing high risk abuse are women. In the year ending March 2022, the victim was female in 74.1% of domestic abuse-related crimes. Between the year ending March 2019 and the year ending March 2021, 72.1% of victims of domestic homicide were female compared with 12.3% of victims of non-domestic homicide.

Please see supplementary information for further information.

The strategy:

The strategy is gender informed, acknowledging that the majority of high harm abuse is perpetrated by men and experienced by women. However, the strategy also recognises that the numbers of men reporting domestic abuse are increasing, and that there are additional barriers to men reporting domestic abuse based on social expectations. Men's services were consulted with during the consultation to ensure their voices and experiences can help shape the strategy. The needs of both men and women should be catered to by a Domestic Abuse Strategy for Kent & Medway.

We also know that the harm caused by a perpetrator of abuse is felt widely in family networks, not just by the primary victim and children. The strategy supports the development of services which work to understand the needs of the whole family. The strategy will prioritise building services that are accessible and responsive to the broad range of need experienced for people of any gender.

Gender identity/Transgender

Although data is reasonably limited on the level of domestic abuse experienced by transgender people, it is known that transgender people experience additional barriers to reporting abuse and accessing services. It is essential that service provision recognises the needs of transgender people.

Please see supplementary information for further information.

The strategy:

The Strategy recognises that personal characteristics such as gender and gender identity can affect the risk of experiencing domestic abuse, the abusive tactics used and sometimes, the support we need. Transgender people experience additional barriers to reporting abuse, and therefore have particular support needs. Commitments include promoting access for groups underrepresented in services and working to promote collaboration and development of specialist services.

Race

The Office of National Statistics has found that there is no significant difference in the prevalence of domestic abuse across different ethnic groups.³ However, statistical analysis (shown in attached evidence) suggests there may be significant under reporting of DA from those in minoritized communities.

² Domestic abuse victim characteristics, England and Wales - Office for National Statistics (ons.gov.uk)

³

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2022#ethnicity>

The largest ethnic group in Kent is White. 93.7% of all residents are of white ethnic origin, and 6.6% are from another ethnic group. The largest single minoritized community in Kent is Indian representing 1.2% of the total population.⁴

Very little information is available about gypsy and traveller communities and domestic abuse, however there is a need to work with this community to increase awareness of the services and support available to those experiencing domestic abuse.

Please see supplementary information for further information.

The strategy:

When creating the strategy, consideration was given to ensuring services are culturally sensitive and actively promote themselves to all groups. This includes working with services for people affected by abuse from a wide range of communities and organisations to ensure the strategy will have a positive impact on victims and survivors from minority groups.

The strategy recognises that our characteristics can influence the barriers we face in reporting abuse. The strategy promotes work to address the under reporting of domestic abuse within minoritized communities and will seek to develop opportunities to promote service provision by 'By & For' services that have culturally specific knowledge and can build trust within minoritized communities.

The strategy also includes developing domestic abuse knowledge within community networks, building confidence in talking about and addressing abuse. This work should ensure community networks from across the protected characteristics are proactively engaged in projects.

Religion, Belief & Culture

62.5% of Kent residents describe themselves as Christian, whilst the largest non-Christian religious group is Muslim (1%).⁵ We know that people's religion, culture and beliefs can be used by the abusive person to exert power and control. This can include honour based abuse and forced marriage as well as impacting on the tactics used within abusive relationships.

There are no Kent and Medway specific statistics available on forced marriage or honour based abuse (HBA). However, DHR lessons identified have highlighted the importance of understanding how abuse is impacted by culture to better equip staff to question and sensitively explore aspects of people's culture to ensure people experience consistently robust safeguarding.

Please see supplementary information for further information.

The strategy:

The strategy aims to strengthen links with community groups, faith groups and leaders to expand on opportunities for partnership work, recognises that our characteristics impact the barriers we face in reaching out for help and aims to promote specialist collaboration and 'by and for' services.

It also recognises Honour Based Abuse as an intersecting issue between culture and religion and that

⁴ <https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/summary-of-kent-facts-and-figures#tab-2>

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020#ethnicity>

⁵ <https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/summary-of-kent-facts-and-figures#tab-2>

increasing understanding of its root in each case can lead to better outcomes for individuals. The strategy draws attention to honour-based abuse (HBA) including forced marriage as part of domestic abuse as well as promoting culturally aware responses from across the partnership.

There is also commitment to ensure training is available for staff on areas such as options for support for those with no recourse to public funds & honour based abuse.

The strategy identifies the need to reach out to groups not currently accessing services, work with communities to better understand how best to increase awareness of support and work with local communities and with our partners to continue to challenge these behaviours.

Sexual Orientation

Statistics suggest that people in same sex relationships are more likely than those in heterosexual relationships to experience domestic abuse (please see attached additional information). Prevalence of Domestic Abuse by Orientation shows lowest prevalence for people identifying as heterosexual (5.2%) and higher prevalence for gay and lesbian people (8.4%) and higher still for those identifying as bisexual (15.2%).⁶

Gay, lesbian and bisexual people may experience additional barriers to reporting abuse, for example through fear of 'outing', fear of stigma from service providers or uncertainty around what provision is available. They may also have to challenge the view of domestic abuse as occurring only within heterosexual contexts. These contribute to the significant underreporting of abuse within LGBTQ relationships.

Please see supplementary information for further information.

The strategy:

The strategy acknowledges the need to ensure that support is available for everyone experiencing abuse, and that support services can be tailored to the needs of people in the context of their protected characteristics, including sexual orientation. It recognises that characteristics such as our sexuality can affect the risk of experiencing domestic abuse, the abusive tactics used and sometimes, the support we need. There are commitments around having the right safe accommodation options available, whatever the person's sexual orientation and that we will support collaboration to ensure that the right expertise is available for anyone experiencing abuse.

Pregnancy & Maternity

Although there appears to be a lack of recent figures on domestic abuse, pregnancy and maternity, it has been established that pregnancy can be a trigger for domestic abuse to commence or escalate and also a time when survivors may be at elevated risk.

Please see supplementary information for further information.

The strategy:

The NHS, and public health (health visiting service) are part of the Kent and Medway Domestic and Sexual

Abuse Executive Group and therefore part of the upcoming strategy's governance processes. The strategy considers how services that come into contact with pregnant people can improve their training and responses to domestic abuse. It also commits to continuing to improve the process for sharing Domestic Abuse Notifications (an alert sent from the police to another agency to alert them that a child or pregnant person was present at an incident) to ensure that it is equitable across the education and healthcare systems.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Age

c) Mitigating Actions for Age

d) Responsible Officer for Mitigating Actions - Age

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Disability

c) Mitigating Actions for Disability

d) Responsible Officer for Mitigating Actions - Disability

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Sex

c) Mitigating Actions for Sex

d) Responsible Officer for Mitigating Actions - Sex

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

c) Mitigating actions for Gender identity/transgender

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Race

c) Mitigating Actions for Race

d) Responsible Officer for Mitigating Actions – Race
24. Negative Impacts and Mitigating actions for Religion and belief
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Religion and belief
c) Mitigating Actions for Religion and belief
d) Responsible Officer for Mitigating Actions - Religion and belief
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. <i>Answer:</i> <i>Yes/No (If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Sexual Orientation
c) Mitigating Actions for Sexual Orientation
d) Responsible Officer for Mitigating Actions - Sexual Orientation
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No</i> <i>(If yes, please also complete sections b, c, and d).</i>
No
b) Details of Negative Impacts for Pregnancy and Maternity

c) Mitigating Actions for Pregnancy and Maternity

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Marriage and Civil Partnerships

c) Mitigating Actions for Marriage and Civil Partnerships

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

28. Negative Impacts and Mitigating actions for Carer's responsibilities

a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Carer's Responsibilities

c) Mitigating Actions for Carer's responsibilities

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities