

Equality Impact and Needs Assessment Form

NB: Use the electronic MS Word template. Add additional rows and increase box size as required. Make sure your final document is suitable for publishing.

A) Description

Name of service, function, policy (or other) being assessed

Against Domestic Violence and Abuse (ADVA) Partnership: Strategy and Services

Directorate or organisation responsible (and service, if it is a policy)

Chief Executives

Date of assessment (DD/MM/YY)

25.2.09

Date next assessment due (3 years)

25.2.2012

Names and/or job titles of people carrying out the assessment

Rachel Martin; Adva Manager

Accountable person (e.g. Head of Service)

Roy Tomlinson; Communities and Strategy Officer

Date EINA Form approved by accountable person (e.g. Head of Service)

27.2.09

1. What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The adva partnership was established in 2002 under the Devon Strategic Partnership's Crime Reduction framework, and its work is a 2008-9 Local Area Agreement priority.

The main purposes of the Partnership are: i) to increase the safety of families living with domestic violence and abuse ii) promote the health and wellbeing of these families and iii) to safeguard children and young people living with domestic violence and abuse. The partnership aims to a) engage with relevant statutory agencies to ensure they deliver services to meet the needs of clients living with domestic abuse and b) to join up service provision, by creating specialist support services, to meet the service gaps in Devon. The adva partnership commissions many services from specialist voluntary sector agencies in Devon, such as Women's Aid. These services are: outreach, independent domestic violence advisor (idva) services to support Devon's three Multi-Agency Risk Assessment Conferences (MARACs); Independent Domestic Violence Advisers (idvas) to

support Devon's three Specialist Domestic Violence Courts (SDVC); Pattern Changing Programmes for women; a male victim idva service; Women's support work (WSW) to support partners where perpetrators are on a community perpetrator programme; Children's support workers to provide outreach and refuge support. Additional services in Devon, funded by adva, are: a community perpetrator programme (Resolved to end power and abuse in relationships- REPAIR) which is a 42 week programme of intervention for male perpetrators, their partners and their children; training (reaching 2,000 clients a year); Survivors Reference Group, Survivors Empowering and Educating Domestic Abuse Services (SEEDS) Devon; awareness raising and publicity; a lead on Employer Policy development and implementation; a BME Action Group.
http://www.devon.gov.uk/domestic_violence_policy.pdf

2. Location or any other relevant information

Adva project support is based at County Hall, Topsham Road, Exeter. Commissioned services operate across Devon.

3. List any key policies or procedures to be reviewed as part of this assessment.

- Adva Vision and Strategy 2009 – 2011 'Domestic Violence hurts everyone'
- Peninsula Plan for Domestic Abuse (to be completed June 2009, led by Police)
- Adva Business Plan (internal, to be completed by July 2009)

4. Who is intended to benefit from the service, function or policy?

- **Victims** of domestic violence (women and men). Reported incidents to police in 07-08 were 8,925; likely minimum number of victims in Devon 30,000.
- **Children** living with domestic abuse (identified through refuge, outreach, MARAC, SDVC, Community Perpetrator Programme, and those associated with CYPS and CYPS-related services).
- **Perpetrators** who have not yet reached the criminal justice system and who want to change their behaviour (linked to support for their partner/s and children).
- **Agency staff** will benefit from the comprehensive training run by the adva partnership reaching 2,000 frontline and managerial staff across statutory and voluntary services in Devon, per annum.
- **The public** will benefit from the awareness/media publicity to a) recognise the issue b) know about Devon's services c) take individual responsibility to recognise signs and know when to report safely (as friend, family, neighbour).
- **Strategic leads of statutory agencies**; by joining up strategic planning and funding cost savings are identified, consistent and joined up services made available.

5. Who are the stakeholders? What is their interest?

The Devon Electorate: Devon County Council has taken a public lead to tackle domestic violence and abuse.
Local residents including victims, perpetrators and children living with domestic abuse: Residents living in Devon benefit from the support services commissioned by adva.

Businesses in Devon: Devon County Council has taken a lead as an Employer with a DV Staff Policy and is actively promoting this policy to be replicated across the PCT and Police. District Councils including Teignbridge, East Devon and Torridge are in the process of establishing DV Employer Policies. Businesses with Employer DV Policies demonstrate that they take a proactive stance in tackling the issue, supporting victims and ensuring perpetrators are properly dealt with to safeguard families.

Elected Members: it is in Members' political interests to promote the County Council's policy on DVA, and of direct benefit to their constituents.

Devon County Council and its staff: (as above).

6. Are there any concerns at this stage which indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, outcomes of a scrutiny review. Please describe:

In Feb 2009 the Equality and Human Rights Commission published a document 'Map of Gaps' which incorrectly indicates some areas of Devon with no domestic violence services. This is inaccurate data which is currently being challenged by GOSW and the Home Office.

Local evidence (statistical data collected by Devon's three refuges) indicates a resource issue for refuges where women from BME communities have 'no recourse to public funds' (e.g. insecure immigration status). These expenses are not covered by Supporting People and stretch already thin resources, and potentially put these women and their children at greater risk when accommodation decisions are made. Women with children might be eligible for funding under the Children's Act 1989 and Section 21 of the National Assistance Act 1948 whereby local authorities have discretionary power to support women with No Recourse to Public Funds. More information locally is needed on the extent of the current and foreseeable issues and the Devon BME Action Group is undertaking research (2009) with minority communities to improve understanding of local need.

B) Relevance – Note: if not relevant, do not complete this form

Select **all** that apply:

		Scale of relevance	
7. Service or function that people use.	√	Low	Section C applies
8. Discretion is exercised, or potential for people to experience different outcomes or level of satisfaction.	√	Medium	
9. Employment policy – where discretion is not exercised.	√	Medium	
10. Employment policy – where discretion is exercised (e.g. recruitment or disciplinary process).	√	High	Sections C & E apply
11. Concerns at a local, regional or national level of discrimination/inequalities.	√	High	
12. Major change such as the closure, removal or transfer of a service/provision.	√	High	

13. Community and regeneration strategies, local area agreements and organisational or directorate/partnership strategies/plans.

High

Other:

State why it is relevant:

How relevant (high, medium or low?):

Mark 'X' to confirm which strands are relevant to the review:

Age	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>
Gender (men and women)	<input checked="" type="checkbox"/>	Race/ethnicity	<input checked="" type="checkbox"/>
Trans-gender	<input checked="" type="checkbox"/>	Religion/belief	<input checked="" type="checkbox"/>
Sexual orientation	<input checked="" type="checkbox"/>	Other (state below)	<input checked="" type="checkbox"/>

Any other (such as Human Rights, people on low incomes and specific sub-strands requiring particular focus such as Travellers and Gypsies, Deaf people):

Travellers and Gypsies
 People living in rural areas
 People with caring responsibility
 Vulnerable adults
 Children
 Drug and alcohol service users
 Mental health victims (adults and children) and perpetrators

C) Information

14. What information (monitoring or consultation data) have you got and what is it telling you? *Required where relevance is Medium or High.*

- **Women's Aid statistics on prevalence of domestic violence.** Headline figures show that:
 - 45% women and 26% men had experienced at least one incident of inter-personal violence in their lifetime (Walby and Allen, 2004). However when there were more than 4 incidents (i.e. ongoing domestic or sexual abuse) 89% of victims were women.
 - 54% of UK rapes are committed by a woman's current or former partner (Walby and Allen, 2004)
 - on average 2 women a week are killed by a male partner or former partner; this constitutes around one-third of all female homicide victims (Povey, (ed), 2004, 2005; Home Office, 1999; Dept of Health, 2005)
- **Devon and Cornwall Constabulary statistics** show:
 - Domestic violence accounts for 26% of recorded violent crime
 - 07-08 there were 8,925 reported incidents of domestic violence.
- **Children and Young People**
 - Children living with dv are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life (Kolbo, et al., 1996; Morley and Mullender, 1994; Hester et al., 2000). Nearly three quarters of children on the 'at risk' register live in

households where dv occurs and 52% of child protection cases involve dv (Dept of Health, 2002; Farmer & Owen, 1995). According to national statistics 1:10 woman is victim of dva in any one year: this equates to 30,000 women in Devon. From this figure an approximation can be made of the number of children living with dva in Devon.

- **SEEDS Devon (2005 and 2008)** consultations, commissioned by adva: identifies strengths and weaknesses across agencies in their handling of domestic abuse in Devon. Multiple lessons for agencies on how to improve policy & procedures. (www.adva.org.uk; '2008 Consultation Project with female survivors of domestic abuse in Devon'; 'Raising the Survivor Voice in Devon by Chapman, P & Benarek S, 2005'). Agency actions agreed by Senior Officers from 2005 Survivor Conference include:

- Build better links between civil and criminal courts with regard to dva, including CAFCASS (2005)
- Schools to undertake risk assessment of children experiencing dva (2005)
- Schools to establish a protocol re perpetrators/children and young people at risk (2005)
- Train all agency staff to understand prevalence & impact of dva, and their role in reducing risk (2005)
- Routine enquiry (asking the question) to be introduced across the board in health arenas (2005). The 2008 consultation identified significant gaps in the provision of this within Health Visiting.
- Children and Young People's Service: clarity needed about what CYPS can and cannot do (ie policy and procedures) (2005)

'Agency Reports: Responding to the Survivor's Voice – September 2006' (adva) identifies agency progress against actions. The above remain outstanding or on-going actions. Identified individuals and agency responsibility, per action, is cited in the 'Agency Reports' document.

- Survivors' experience of Accident and Emergency departments in Devon was 'less than satisfactory'. This compares unfavourably with similar consultation undertaken in Dorset (2008)
- Not all Midwives are undertaking routine enquiry and in some areas this is being undertaken unsafely with the partner present (2008)
- Inconsistent response by Police to DVA, however specialist domestic abuse officers provide high satisfaction levels (2008)
- Inconsistent survivor experience of risk-assessment and MARAC (lack of clarity and consistency in process, inter-agency working and communication) 2008
- Poor survivor experience with Crown Prosecution Service (2008)
- Despite improvements within District Housing and the introduction of a county-wide policy and procedures for DVA and Housing, over half the survivors consulted rated their experience as 'less than satisfactory', and East Devon demonstrating little improvement (in 2005 and 2008).
- Where CYPS scored 'low' and 'very low satisfaction' this was where staff did not recognise the risks respondents were concerned about, when other agencies had recognised these risks. These issues are being addressed by the LSCB Children/Young People's sub-group

Action Plan, which includes the creation of a CYPS DVA Policy.

- **MARAC data 2007 and 2008:** identifies 700 very high risk victims of domestic violence in Devon, each year, associated with whom are approximately 1,000 children per annum. This data tells us there is more that needs to be done to support victims, perpetrators and children in these very high risk families and to increasingly join up service provision across agencies to improve safeguarding of adults and children.
- **Refuge data:** Devon's three refuges support approximately 125 adult women and 225 children & young people each year. Hundreds more are not able to access the service, for a number of reasons, including 'no vacancies'. More move-on accommodation is needed, and residents supported to move away from refuges more quickly, to improve conditions for the family and increase occupancy of the refuges. Linked findings show:
 - During 2006-7, 5% of women resident in refuge accommodation were fleeing forced marriage - **870 women** annually (Residents Questionnaire, Annual Survey 2006).
- **BME data:** national consultation and local consultation (BME Action Group consultation event, 2008) identified the need for specific services to meet the needs of minority communities, including appropriate signposting to services; language-specific materials; improved access to funds for those with 'no recourse to public funds'; improved training of front-line workers of the needs of BME communities; improved facilities in refuges for diverse needs. Linked findings show:
 - Local authorities, in particular, social services were providing at best inconsistent and at worst a discriminatory service to women with immigration problems. Irrespective of whether women were entitled to support or not, agencies reported that social services behaviour ranged from unhelpful and obstructive to intimidating. In some cases social services required evidence of domestic violence before they even agreed to take any action. (Southall Black Sisters, 2001) The above actions are included in the BME Group's Action Plan, and implementation of services part-funded by adva.
- **LGBT data:** national consultation (Broken Rainbow 2008) and local consultation survey by Exeter Women's Aid LGBT group (2008) identified needs of LGBT community. Headline figures show that:
 - 30% LGBT people experience abuse from a family member or someone close to them
 - over half of that 30% were abused by a partner or ex-partner
 - Bi and Trans people are most likely to experience DA
 - Women (30%) are more likely than men (27%) to experience DA
 - 39% do not know where to go for help around relationships
 - a third of those who have experienced DA have been homeless.LGBT consultation was undertaken via Exeter Women's Aid LGBT Group in 2008. Adva circulated the consultation document via Devon County Council's Diversity mailing.
- **Health**
 - Violence against women and men has serious consequences for their physical health. Abused women are more likely to suffer from

depression, anxiety, psychosomatic symptoms, eating problems and sexual dysfunction. Violence may also affect their reproductive health (Who, 2000). 75% of cases of dv result in physical injury or mental health consequences for women (Home Office, 2001). 20% of women mental health service users are currently experiencing dva. In Devon there were 1,878 of the 9,392 women mental health clients in 2006-7 for whom dva was a factor.

- **Violence Against Women and Girls** (Government April-May 2009 consultation)
 - *The Together We Can End Violence Against Women And Girls Strategy* consultation sets out action the Government has taken to tackle all forms of violence against women and girls. It looks at what more can be done to challenge the attitudes that may uphold it, in order to help women and girls feel safer. It also includes a review into police powers for dealing with serial perpetrators of domestic violence and a review of the sexualisation of teenage girls.
 - This wider remit will have an impact on the provision of services in Devon and will require debate within Devon Strategic Partnership to determine leadership and accountability for the wider issues incorporated within the Government's future strategy.

D) Assessment

15 Describe any NEGATIVE impacts (actual or potential):

Strand/community	Impact (<i>how they may be affected</i>). Include assessment of risk (<i>likelihood and severity</i>).
BME / Diverse communities	<p>Gap in provision of local specialist services due to a) resources b) dispersed rural population c) relatively low numbers to justify establishment of cost effective service.</p> <p>Gap in appropriate knowledge and skills in local services to respond to specialist needs and issues such as: forced marriage; female genital mutilation; honour-based violence; insecure immigration status; 'disappearing' women/young girls.</p> <p>Gap in easy access to 'safe' translation routes for generic services for victims (all agencies). Funding implication, issue of immediacy of need and availability of service.</p> <p>The BME Action Group is undertaking a number of actions to improve the situation however lack of funding and focus means this work will remain largely not done in the foreseeable future. The establishment of Multilingual translation service provides a new and needed service, funds dependent.</p>

	<p>BME Action Group identified need for gypsy and traveller refuge and is working with South West region to address needs of Gypsy and Traveller women experiencing domestic violence and abuse.</p>
	<p>Likelihood of these happening is high (but population statistics indicate potentially 5% Devon's population affected, of whom 1:4 potential victims). BME communities experience dva however the issue is not publicised and widely spoken about. Unknown severity but likely to be severe for some cases.</p>
Those with caring responsibility	<p>Gap in statistical evidence of vulnerable adults where domestic violence and abuse is an issue.</p> <p>Gap between the perception and definition of 'vulnerable' and the availability of service provision i.e. there is a national move to identify a wider definition of 'vulnerable' to include adult victims who experience domestic violence and abuse.</p>
	<p>Likelihood of these happening is high; cases will be hard to know about. Adva needs to improve links with ACS & caring associations to ensure awareness; to deliver training; to log incidents and to ensure access to MARAC. Adva needs to establish a long-term action plan (beyond 2009-10) to identify these actions. However, current levels of adva staffing mitigate against successful development of this area of work unless it is championed from within ACS.</p>
Travellers and Gypsies	<p>The gap in service for this community is about how well generic and specialist services reach out to the Gypsy and Traveller community. Devon has about 5,000 Gypsies and Travellers. Access to generic and specialist services is more difficult for the victim and the children. Specialist services are not usually geared up to understand or provide appropriate support. (DREC, 2009). Adva is currently unable to do anything to address this.</p>
	<p>Likelihood of occurrence: high. Likely severity: some cases will be very high risk and remain largely hidden and unsupported.</p>
Drug and Alcohol service users	<p>There is a significant correlation between DV and drug/alcohol use. Services (both DV and drug/alcohol) do not join up in Devon. Risk-assessment in drug and alcohol services needs to identify domestic violence issues; staff need to be trained to understand the impact of dva and its links to drug/alcohol misuse. Adva will include this in its Action Plan and its Training arm will look to pro-actively market its courses to drug and</p>

	<p>alcohol services in Devon.</p> <p>Refuges in Devon cannot take on clients with severe alcohol/drug problems. There is a need for more information about whether these clients are supported through appropriate programmes to a) deal with their addiction and b) support them with their dva issues. This needs to be included in the adva Action Plan.</p>
	<p>Likelihood of occurrence: high. Likely severity: will be high numbers of very high risk clients.</p>
<p>Children living with domestic violence and abuse</p>	<p>CYPS are working on producing a DVA strategy and risk-assessment but there is currently a gap in a) how dva is assessed and b) actions taken dependent on risk and c) support for children/young people identified through Devon's four MARACs (which identifies approximately 800 children a year to be living in very high risk households).</p> <p>This issue is included in the Devon Safeguarding Children's Board Children/Young People Action Plan.</p> <p>There is a funding gap in the provision of specialist support for children in Devon's three refuges. Adva currently funds support for children in Devon's three refuges – reaching 225 children a year. There is a need to review the funding by the adva partnership, including in particular the Children and Young People's Service (CYPS) to identify sustainable statutory funding.</p>
	<p>Likelihood of occurrence: very high. Likely severity: entire range from low level abuse to very high levels for all children living with dva.</p>
<p>People living with mental health issues</p>	<p>There is a need to develop links with Devon Partnership Trust in its work with clients experiencing mental health issues (as victims, perpetrators and children) and domestic violence and abuse. A clear strategy is needed on a) risk assessment b) service provision within health and by partner agencies c) provision of evidence of scale (and cost) of dva clients. This needs to be included in the Adva Action Plan.</p>
	<p>Likelihood of occurrence: very high. Likely severity: ranging from low to very high.</p>
<p>People living in rural areas</p>	<p>Exeter University hopes to do a research project on victims experiencing domestic violence in rural areas. This will help adva to identify service gaps but not until 2012.</p> <p>National models of intervention work well with urban conurbations. Devon's specialist services require additional funding to meet the higher costs of a</p>

	dispersed outreach and idva service. Adva needs to increase its service provision across Devon and is working with the Police to introduce a Peninsula Model to improve statutory agency revenue funding commitment to provide and grow specialist support services.
	Likelihood of occurrence: high. Likely severity: some cases will be very high risk.
LGBT	Work is being undertaken by Exeter Women's Aid on the issues facing victims of domestic violence and abuse from LGBT communities. There is reluctance, within specialist LGBT support agencies, to expose the issue for fear of further discrimination. Exeter Women's Aid consultation survey showed that victims wanted: more information to ease isolation (tv; radio; papers; lgbt press); more appropriate responses from professional support agencies; open discussion in schools; drop-in service.
	Likelihood of occurrence: will mirror non-LGBT communities therefore high. Likely severity: some cases will be very high risk.
Religion/Beliefs	Adva has not undertaken any specific work regarding domestic abuse and how it is supported amongst different faith groups. There is a need for further work to be undertaken from within these communities. Adva does not have sufficient resources to undertake this work.
	Likelihood of occurrence: high. Likely severity: some cases will be very high risk.

16. Describe any POSITIVE impacts:

Strand/community	Impact (<i>how they may be affected</i>)
BME / Diverse communities	Adva funds a BME Action Group which has i) run a consultation day ii) meets regularly iii) has an action plan iv) has created the adva services leaflet in 5 different languages v) has a special fund of money for people with 'no recourse to public funds'. This will have improved links across diverse communities, and given practical help to some people.
Children living with domestic abuse	The DSCB has adva representation on the Board and a special DVA sub-group and action plan which includes a MARAC-related target to do with the number of care plans written within 7 days of a MARAC meeting. This will increase the focus on families where dva exists and hopefully increase the support provided to cyp. Adva funds 3 specialist children's outreach workers. Adva funds children's support in Devon's three refuges.

	This provides continuity of care for children fleeing for their lives and a secure, supported structure to begin to understand their situation and future options.
People living in rural areas	As a result of victim consultation the Police agreed to remove firearm licences from all those households where dva incidents / crimes were committed. This will have removed an element of risk from those households.
Outreach services for victims (women & men)	Adva funds eight full-time workers: this service reaches out to approximately 1,300 victims a year in Devon and is a form of early intervention, often reaching people who have not yet come into contact with the police.
Training and Awareness	Adva funds, manages and administers a comprehensive training programme which reaches managers and front-line staff in all agencies across Devon, reaching over 1,500 people each year. Benefit: it has raised people's awareness of the issue and their own role and responsibility, whatever agency, to take some ownership of dealing with it.
Community Perpetrator Work	Adva funds three programmes which support male perpetrators, their partners and their children. This reaches approximately 38 men, 32 women and 14 children each year in long-term (42 week) support. Benefits: increased safety for women and children; reduction and cessation of violence in men; improved self-esteem in children.
SEEDS Devon	Adva funds a survivor reference group to represent the views of survivors to agencies in Devon, to influence policy and practice change.
Awareness Raising	Adva commissions the support of an external marketing and communications company, KOR Communications, to provide on-going awareness-raising to the public about the issue and support services in Devon. Multiple events are run throughout the year. Benefits: keeps the subject uppermost in people's minds. Information about support services needs to be reiterated regularly.
Specialist Independent domestic violence advisors for MARAC and SDVC	Adva and Torbay District Council have led the establishment of Specialist Domestic Violence Courts in Devon – Central, North and South Devon Magistrates Courts. Attached to these, adva commissions idvas whose role it is to improve the support to clients; to reduce number of victim withdrawals from the system; improve prosecution outcomes. Adva commissions four idvas for Devon's four MARACS – multi-agency risk assessment conferences. These meet monthly to establish safety and action plans for identified very high risk clients. Benefits: improved joined up agency working in criminal justice system (SDVC) and in

	community (MARAC). Improved safety for victims (MARAC). LAA target NI32 (reduction in repeat victimisation).
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17. Provide any information about NEUTRAL impacts that have been identified (there is neither a positive or negative impact):

Strand/community	Why there is 'no differential impact'
None	

E) Consultation

18. Did you carry out any consultations? *Required where relevance is High.*

YES

19. Who was consulted? Include your findings in 15, 16 and 17 above.

- Victims of Domestic Violence (multiple occasions)
 - Raising the survivor voice in Devon, Chapman P and Bednarek S (2005)
 - Why victims of dv withdraw charges made against the perpetrator: a qualitative study, Mandeville-Norden, R and Mewse, A (2003)
 - Evaluation of pattern changing courses, McTiernan, A and Taragon, S (2004)
- Agencies (to create initial adva strategy on gaps in service; service priorities)
- Children (Not in front of the children: DV Consultation; Executive summary, July 2003)
- Staff of Devon County Council in 2004 and 2007
- The BME Action Group are undertaking DVA consultation in 2009
- LGBT consultation 2008 (via Exeter Women's Aid LGBT Group)

20. Describe other research, studies or information used to assist with the assessment and include your findings above:

- **BME:** <http://www.southallblacksisters.org.uk/research.html>
- **Children:** Domestic Abuse: Guidelines for School Staff in North Somerset, Thomas, G and Osmond, J (2005) (to be adapted and adopted in Devon 2009)
- **SDVC:** The Cardiff Women's Safety Unit: Understanding the Costs and Consequences of Domestic Violence. Robinson, A (2005)
- **MARAC:** Evaluation of Multi-Agency Risk Assessment Conferences for very high risk victims, Women's Safety Unit, Cardiff 2004
- **Male Victims:** The Dyn Project: Supporting Men Experiencing Domestic Abuse. Robinson, A and Rowlands, J (2006)

F) Conclusions

	Action/objective/target OR Justification	Resources required	Timescale	I/R/S/O
a)	Set bench-mark for MARAC / Children target	LSCB sub-group & Board discussion &	Establish for April 09	I

	agreement		
b)	Establish sustainable funding from the three key statutory agencies in Devon to provide specialist support services.	Peninsula Plan to be agreed. Funding formula to be agreed.	By Nov 09 By Dec 09 I & S I & S
c)	Discuss Sexual Violence and the implications of the Government's 'Violence against Women and Girls' consultation to determine agency accountability, leadership, funding and partnership working.	Paper to DSP and LAA. Action Plan agreed by DSP to include funding/resources.	By Dec 09 R
d)	Drugs and Alcohol Misuse: Staff of substance misuse agencies to be targeted by adva to attend level 1	Adva project support team	By Dec 09 I
e)	Children living with domestic violence and abuse in Devon's three refuges: There is a need to review the funding by the adva partnership, including in particular the Children and Young People's Service (CYPS) to identify sustainable statutory funding.	Adva Executive and Devon County Council's CYPS Directorate	By end March 2010 R
f)	People living with mental health issues: A clear strategy is needed on a) risk assessment b) service provision within health and by partner agencies c) provision of evidence of scale (and cost) of dva clients. This needs to be included in the Adva Action Plan.	Devon Safeguarding Children's Board Health sub-group Domestic Violence and Abuse Action Plan 2009-10	By end Dec 2009 R and S

(I) Taking immediate effect.

(R) Recommended to Council/Directors/Partners through a Committee or other Report*.

(S) Added to the Service Plan.

(O) Added to the Fair for All Programme (as an organisational improvement)**

- DELETE THESE NOTES FROM YOUR FINAL DOCUMENT -

Conclusion notes:

*Summarise your findings in the report. Make the full assessment available for further information.

**The Corporate Equality Officer will extract any cross-cutting organisational improvements.

Use the table to:

- Explain what and how negative impacts have been reduced or removed and positive impacts improved or included. Mark these as having taken immediate effect (I) if this is the case.
- State final decisions or recommendations which may include making immediate changes, justifying a decision, stopping or proceeding with a new policy or adding objectives/targets to the service plan (long term changes). Provide timescales or dates and 'resources required' where appropriate.
- State what ongoing monitoring systems will be set up.

Don't forget to add actions to your service plan, where relevant.

Send your form to the person responsible for equality in your directorate for publishing on the website at: www.devon.gov.uk/equality_impact_needs_assess .
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