

Appendix 2 EQUALITY IMPACT ASSESSMENT

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1 - Preparation		
1.	Title of Policy - what are you equality impact assessing?	Guidelines for Routine Enquiry into Domestic Abuse for the Emergency Unit
2.	Policy Aims and Brief Description - what are its aims? Give a brief description of the Policy (The What, Why and How?)	To assist staff in identifying patients who are experiencing domestic abuse in order to deliver safe and consistent practice in managing the risks to patients and their families and to facilitate safe discharge
3.	Who Owns/Defines the Policy? - who is responsible for the Policy/work?	Assistant Director of Nursing
4.	Who is Involved in undertaking this EqIA? - who are the key contributors to the EqIA and what are their roles in the process?	Lead Nurse –Domestic Abuse, Practice Nurse Educator, Sister, Emergency Nurse Practitioner
5.	Other Policies - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	Dignity at Work Policy Staff Domestic Abuse Policy
6.	Stakeholders - Who is involved with or affected by this Policy?	Emergency Unit frontline staff Service Users
7.	What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes? These could be internal or external factors.	WAG initiatives, competing pressures Staff training Environmental issues Restructuring of the Service Staff personal issues

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.								
Race	WAG (2005), Walby and Allen (2004) British Crime Survey- Little variation in levels of DA by ethnicity. Robinson A (2005) Understanding the cost and consequences of Domestic Violence	Eliminating Discrimination and Eliminating Harassment	✓	Promoting Equality of Opportunity	✓	Promoting Good Relations and Positive Attitudes	✓	Encouraging participation in Public Life	X	Take account of difference even if it involves treating some individuals more favourably*
Disability	Hague, Thiara, Magowa and Mullender (2008) Making the Links WA Robinson A (2005) Understanding the cost and consequences of Domestic Violence		✓		✓		✓		X	
Gender	Walby and Allen (2004) 1:4 women and 1:6 men		✓		✓		✓		X	
Sexual Orientation	Henderson L (2003) Prevalence of Domestic Violence among Lesbian and Gay Men. Data Report to Flame TV		✓		✓		✓		X	
Age	Walby and Allen (2004)- Incidence of DA highest in age band 20-24, the risk reduces with age but is not eliminated Barter et al (2009) 25% girls and 18% boys experienced physical partner violence and 1/3 girls have experienced sexual partner violence in the 13-17 years age group.		✓		✓		✓		X	
Religion or Belief	HM Government (2008) The Right to Choose Forced Marriage Unit		✓		✓		✓		X	
Welsh Language	No evidence found		✓		✓		✓		X	

People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.

Human Rights	These guidelines underpin all aspects of the Human Rights Act and supports patients right to choose to disclose abusive behaviour and to seek to support to gain safety.
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*** This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	3	-1	-3
Disability	2	-1	-2
Gender	3	-1	-3
Sexual Orientation	3	0	0
Age	3	-2	-6
Religion or Belief	3	-2	-6
Welsh Language	0	0	0
Human Rights	2	-1	-2

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Policy Title:	Guidelines for Routine Enquiry into Domestic Abuse for the Emergency Unit
Organisation:	Cardiff and Vale University Health Board
Name: Title: Department:	Sally Jones Lead Nurse- Domestic Abuse Emergency Unit
Summary of Assessment:	<p>2 strands scored no impact , 2 strands scored low impact, 2 strands scored medium and 2 strands scored high but are seeking clarification on as this score was achieved due to the figures assigned to the scoring chart and do not appear to accurately reflect the situation in Cardiff and Vale.</p> <p>The nature of the medium strands are close to meeting low impact criteria.</p> <p>Following discussion it was felt that although there is evidence to suggest that domestic abuse affects all of the strands, there is no evidence to date that supports that routinely asking about domestic abuse would have an adverse impact on any of the strands. This would therefore reduce the score in column 1 across all the strands and thereby reducing the impact decision.</p> <p>It has therefore been decided to look at the overall impact of these guidelines rather than on individual strands.</p> <p>Professional judgement would indicate that these guidelines would have a low impact on service users.</p> <p>The guidelines have been developed in order to give all service users who are experiencing domestic abuse the opportunity to seek help and all strands have been considered within these guidelines in order to provide an equitable service to all. There is however, a differential impact on gender in that evidence exists a high level of acceptability for routine enquiry among female patients however no evidence suggests that this is the case with male patients.</p>
Decision to Proceed to Part B Equality Impact Assessment:	<p>No</p> <p>Please record reason(s) for decision</p> <p>As above</p>

ACTION PLAN

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
1. What changes have been made as a result of the EqIA?	Routine enquiry will only be undertaken when safe to do so. This will be reiterated to staff during training	To minimise possible adverse impact	Staff and patients	Lead Nurse-Domestic Abuse	With immediate affect and will be reviewed on an annual basis
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts?	Planned awareness raising session for staff on the impact of domestic abuse on male victims Monitor the impact of guidelines on male patients	To improve compliance with guidelines	Staff and male patients	Lead Nurse-Domestic Abuse in conjunction with specialised support services	April 2011

<p>3. Justification: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.</p>	<p>Routine Enquiry driven by WAG. Intention of guidelines is to uphold people's Human Rights and in order to safeguard victims and their children</p>	<p>Patients who may be experiencing domestic abuse</p>	<p>Victims and their children will potentially benefit as they will have the opportunity to access help</p>	<p>Staff responsible for implementing the guidelines</p>	<p>With immediate affect and will be reviewed on an annual basis</p>
<p>4. Describe any mitigating actions taken?</p>					
<p>5. Provide details of any actions planned or taken to promote equality.</p>	<p>Consideration has been given to all the strands to promote equality and access to specific services and any future training will reflect this.</p>	<p>These guidelines underpin the Human Rights Act and have been developed for use with all service users in order to offer patients experiencing domestic abuse the opportunity to access help and safety.</p>	<p>Victims and their children will potentially benefit as they will have the opportunity to access help</p>	<p>Staff responsible for implementing the guidelines</p>	<p>With immediate effect and will be reviewed on an annual basis</p>

Date:	9/06/2010
Monitoring Arrangements:	The policy will be discussed at Senior Staff meetings as an agenda item. Staff will be made aware that any issues can be discussed at any time.
Review Date:	June 2013
Signature of all Parties:	Sally Jones, Lead Nurse-Domestic Abuse Sian Jones, Clinical Nurse Educator Rose Davies, Senior Sister Sara Morgan, Senior Sister Amanda Barrington, Senior Emergency Nurse Practitioner Zoe Evans, Nurse Practitioner