

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Domestic violence and abuse

**Output:** Equality analysis form – meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
<b>Marital status (including civil partnership)</b>

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

## Quality standards equality analysis

### Stage: Meeting 2

#### Topic: Domestic violence and abuse

##### **1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

The quality standards advisory committee (QSAC) noted that at consultation statements 1 and 2 were directed at people presenting to A&E departments and maternity services with indicators of possible domestic violence or abuse (DVA). The QSAC noted the high incidence of DVA in women but in light of stakeholder feedback and QSAC views it was agreed to broaden these statements to include other services likely to come into contact with people experiencing DVA. The QSAC noted that, for example, men may be more likely to present to their GP whilst substance and alcohol abuse services may be more likely to see younger populations. In order to capture all services most likely to see people experiencing DVA, and in recognition of comments from consultation, the QSAC agreed to highlight identification of DVA in the following services:

- general practice or urgent and emergency care services
- maternity, reproductive or sexual health services
- mental health, drug or alcohol services

Statement 1 now includes all of these groups.

Statements 3 and 4 recognise the importance of tailoring services to address the specific needs of people experiencing or perpetrating DVA, such as providing support in different languages, age-appropriate options and options for groups that may have sensory difficulties or difficulties accessing services, or are reluctant to do so. The QSAC also highlighted women offenders as a specific group with histories of DVA and who are likely to be in poor overall health.

The importance of providing interpreters who are professionals and not family members or friends has been recognised throughout the quality standard.

##### **2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to DVA have been recruited. The topic overview and request for areas of quality improvement have been published and wide stakeholder comments received, including from those with a specific interest in equalities. The draft quality standard was published for a 4 week consultation period and comments were received from a wide range of stakeholders.

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

The quality standard covers domestic violence and abuse in adults and young people who are experiencing (or have experienced) domestic violence, adults and young people who are perpetrating domestic violence, children who are exposed to domestic violence (that is, the violence is not perpetrated on them directly, but they witness or experience it), including those who are taken into care and the general population (for the purposes of prevention generally). This quality standard does not cover violence and abuse perpetrated on children by adults ('child abuse') as this will be covered in a future quality standard. Statement 1 acknowledges the potential increased prevalence of DVA presenting to certain services (general practice or urgent and emergency care services, maternity, reproductive or sexual health services and mental health, drug or alcohol services in recognition of comments from the QSAC, at topic engagement and during consultation.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

It is not anticipated that any of the statements will make it impossible or unreasonably difficult for any specific groups to access the service that are covered by the quality standard statements. However it has been acknowledged that certain at risk groups are less likely to access services, such as homeless people, travelers etc. where help is available. Statements 3 and 4 recognise that services should be tailored to meet the needs of groups who may have difficulties accessing services, or are reluctant to do so.

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to

certain groups, or by making reasonable adjustments for people with disabilities?

By setting out services that are more likely to have people who have or are experiencing domestic violence and abuse present (statement 1) and specifying that services should be tailored to people's needs (statements 3 and 4) we believe the quality standard should advance equality.

**6. Is an alternative format of the Information for the Public needed e.g. large font, easy read?**

Yes. Children who are exposed to domestic violence (that is, the violence is not perpetrated on them directly, but they witness or experience it), including those who are taken into care are included, may need an easy read version.