

Agenda – Equality and Social Justice Committee

Meeting Venue:

Committee Room 3 (Senedd)

Meeting date: 11 September 2023

Meeting time: 09.30

For further information contact:

Rachael Davies

Committee Clerk

0300 200 6565

SeneddEquality@senedd.wales

Pre-meeting registration (09.30 – 10.00)

1 Introductions, apologies, substitutions and declarations of interest

(10.00)

2 The public health approach to preventing gender-based violence: evidence session 8

(10.00 – 10.45)

(Pages 1 – 19)

Eluned Morgan MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Social Services

Richard Desir, Nursing Officer – Patient Experience

Alex Slade, Director of Primary Care and Mental Health

Sue Tranka, Chief Nursing Officer

Alistair Davey, Deputy Director, Enabling People, Social Services and Integration Directorate

3 Motion under SO17.42 (vi) and (ix) to exclude the public for items 4 and 7 of today's meeting

(10.45)

Break (10.45 – 11.00)



**4 The public health approach to preventing gender-based violence:
advisory group**

(11.00 – 12.30)

(Pages 20 – 32)

Lunch (12.30 – 13.30)

**5 The public health approach to preventing gender-based violence:
evidence session 9**

(13.30 – 14.30)

(Pages 33 – 46)

Jeremy Miles MS, Minister for Education and Welsh Language

Sian Jones, Head of Supporting Achievement & Safeguarding

Lloyd Hopkin, Head of Curriculum Reform

6 Papers to note

(14.30–14.35)

**6.1 Correspondence with the Minister for Social Justice and Chief Whip regarding
the Committee report on speech, language and communication needs in the
youth justice system**

(Pages 47 – 52)

**6.2 Correspondence with Lord Bellamy, Parliamentary Under-Secretary of State
for Justice, regarding the Committee report on speech, language and
communication needs in the youth justice system**

(Pages 53 – 56)

**6.3 Correspondence with the Minister for Social Justice and Chief Whip regarding
speech and language therapists within youth justice**

(Pages 57 – 59)

**6.4 Correspondence from the Chair of the Finance Committee to the Minister for
Finance and Local Government regarding the Draft Budget Timetable 2024–
25**

(Pages 60 – 62)

- 6.5 Correspondence with Sport Wales regarding the public health approach to preventing gender-based violence**
(Pages 63 – 65)
- 6.6 Correspondence with the Higher Education Funding Council for Wales regarding the public health approach to preventing gender-based violence**
(Pages 66 – 70)
- 6.7 Correspondence with the Welsh Local Government Association regarding the public health approach to preventing gender-based violence**
(Pages 71 – 74)
- 6.8 Correspondence with Public Health Wales regarding the public health approach to preventing gender-based violence**
(Pages 75 – 84)
- 6.9 Correspondence with Policing in Wales regarding the public health approach to preventing gender-based violence**
(Pages 85 – 102)
- 6.10 Correspondence with the Royal College of General Practitioners Wales regarding the public health approach to preventing gender-based violence**
(Pages 103 – 106)
- 6.11 Correspondence with Local Health Boards and NHS Trusts regarding the public health approach to preventing gender-based violence**
(Pages 107 – 215)
- 6.12 Correspondence from the Minister for Health and Social Services and the Deputy Minister for Social Services regarding Public Health approaches to preventing gender based violence**
(Page 216)
- 6.13 Welsh Government response to the Committee report Unsustainable: debt fuelled by the rising cost of living**
(Pages 217 – 232)
- 6.14 Correspondence from the Chair of the Children, Young People and Education Committee to the Minister for Education and Welsh Language regarding statutory guidance on elective home education**
(Pages 233 – 265)

- 6.15 Correspondence from the Chair of the Local Government and Housing Committee regarding a scrutiny session with the Minister for Social Justice and Chief Whip
(Page 266)
- 6.16 Correspondence from the First Minister regarding the British–Irish Council Summit in Jersey
(Page 267)
- 6.17 Correspondence from the Chair of the Economy, Trade and Rural Affairs Committee to Welsh Government Ministers regarding the primary care electronic prescribing service
(Pages 268 – 269)
- 6.18 Correspondence from Dr Greg Davies regarding prisoner voting in Wales
(Pages 270 – 298)
- [Prisoner voting in Wales: devolved autonomy and human rights at the jagged edge](#) (research paper)
- 6.19 Correspondence with the Minister for Social Justice and Chief Whip regarding in-year financial scrutiny 2023–24
(Pages 299 – 310)
- 6.20 Correspondence with the Minister for Climate Change regarding the Warm Homes Programme
(Pages 311 – 314)
- 6.21 Correspondence with the Minister for Social Justice and Chief Whip regarding the Draft Child Poverty Strategy
(Pages 315 – 318)
- 6.22 Correspondence from the Minister for Social Justice and Chief Whip regarding the Committee report on the Legislative Consent Memorandum on the Victims and Prisoners Bill
(Pages 319 – 321)
- 6.23 Correspondence from the Equality and Human Rights Commission regarding the UKIM Submission to the UN Committee on the Rights of Persons with Disabilities
(Pages 322 – 324)

- 6.24 Correspondence with the Welsh Government regarding data justice**
(Pages 325 – 352)
- 6.25 Correspondence with the General Practitioners Committee, BMA Wales,
regarding data justice**
(Pages 353 – 357)
- 6.26 Correspondence with the General Medical Council regarding data justice**
(Pages 358 – 362)
- 7 The public health approach to preventing gender-based violence:
consideration of evidence**
(14.35 – 15.00)

Document is Restricted

WRITTEN EVIDENCE PAPER TO THE EQUALITY AND SOCIAL JUSTICE COMMITTEE

Minister for Social Justice, 17 June 2023

I welcome to opportunity to provide information in support of the Committee's inquiry into *The public health approach to preventing gender-based violence*.

I have addressed each of the Committee's areas of interest below and look forward to discussing further with the Committee on Monday 18 September.

National Strategy

It is a statutory requirement under s3(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 for Welsh Ministers, following a general election, to prepare and publish a National Strategy to prevent gender-based violence, domestic abuse and sexual violence and to protect and support victims.

The National Strategy is the vehicle for delivering on the Programme for Government commitments to:

- a) strengthen the Violence against Women, Domestic Abuse and Sexual Violence Strategy to include a focus on violence against women in the street and workplace as well as the home;
- b) expand the 'Ask and Act' and 'Don't be a Bystander' training and awareness campaigns;
- c) make Wales the safest place in Europe to be a woman.

The revised strategy has been prepared through extensive consultation with a Working Group of key partner organisations and survivors, as well as the National Advisers on VAWDASV.

National strategy objectives

Objective 1

Challenge the public attitude to violence against women, domestic abuse and sexual violence across the Welsh population through awareness raising and space for public discussion with the aim to decrease its occurrence.

Objective 2

Increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices.

Objective 3

Increase the focus on holding those who commit abuse to account and supporting those who may carry out abusive or violent behaviour to change their behaviour and avoid offending.

Objective 4

Make early intervention and prevention a priority.

Objective 5

Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors.

Objective 6

Provide all victims with equal access to appropriately resourced, high quality, needs-led, strength-based, inter-sectional and responsive services across Wales.

Central to the strategy is a Public Health Approach to tackling VAWDASV. Articulated amongst the principles behind our strategy is the following core commitment;

“The principles of public health provide a useful framework from which to understand our approach and the ‘theory of change’ through which we intend to end VAWDASV. A public health approach understands the causes and consequences of violence, abuse and control. The approach is based on whole populations and, as such, depends on co-ordinated effort acknowledging the causes of health and social problems through multi-agency responses.

A public health approach to preventing VAWDASV improves the safety of all by addressing the underlying risk factors that increase the likelihood that an individual will become a survivor or perpetrator. There are four steps to a successful public health approach which are integral to this strategy:

- Definition of the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence.
- Establishment of why violence occurs using research to determine the causes and correlates of violence, the factors that increase or decrease the risk for violence, and the factors that could be modified through interventions.
- Investigation of what works by designing, implementing and evaluating interventions.
- Implementation of effective and promising interventions in a wide range of settings, including monitoring the effects on risk factors and outcomes.

The World Health Organisation’s Violence Prevention Alliance describes an ‘ecological framework’ which represents the interplay between individual, relationship, community and societal factors which interact to determine the risk of violence. In delivering this strategy we expect all decisions to be shaped by an understanding of this model and to seek to optimise the impact individual interventions have on the framework.

Prevention will lie at the core of the strategy. Whilst support for survivors and system change to improve outcomes for survivors remain part of the armoury, we wish to shift focus from symptom to cause through a public health approach. This does not mean that survivors can, or should expect any less from our approach. This is about expanding the impact of what we do to ensure that survivors as individuals are

supported holistically and that there is a wider societal effect which reduces the chances that they would experience VAWDASV in the first place. In this context prevention is an umbrella term meaning that VAWDASV and the harm it causes is prevented across the spectrum including:

- primary prevention: preventing violence before it occurs
- secondary prevention: responding to violence to minimise harm, improve services and prevent further violence
- tertiary prevention: preventing recidivism and intergenerational cycles of abuse.

Our public health approaches will expose a broad segment of the population to prevention measures and reduce and prevent violence at a population-level. This means we will seek to identify individuals who may become survivors, or perpetrators, of VAWDASV earlier but also we will employ population wide interventions to 'de-normalise' violence, coercive control, and harassment. This strategy adopts a life course approach to VAWDASV, inclusive of children and adults of all ages, including older people recognising features of abuse throughout an individual's life stages."

Delivery of the strategy is being undertaken through a Blueprint approach which brings together devolved and non-devolved organisations. The VAWDASV team is leading the delivery for Welsh Government but, in order to be a success, the strategy requires joint working with other departments including education, health, housing and crime. Adopting this Blueprint approach has enabled the establishment of new shared governance structure reflecting the joint ownership of this shared priority, tackling VAWDASV. Adopting a Public Health approach to our work will ensure that we remain focused. The underlying principles that guide our collective efforts are:

- to challenge public attitudes
- to increase awareness in children
- increased accountability for those who perpetrate violence and abuse
- prioritise and focus on prevention
- confident and informed workforce
- provision of inclusive and accessible services that are trauma informed and needs led

The work contributes to achieving all the well-being goals. It contributes also to Welsh Government well-being objectives, particularly: promote good health and well-being for everyone; build healthier communities and better environments; support people to make the most of their potential; build ambition and encourage learning for life; build resilient communities, culture and language; promote and protect Wales's place in the world.

The Blueprint workstreams will take forward and oversee work on key actions set out in the VAWDASV National Strategy 2022 to 2026, as well as identifying other priorities when drawing upon wider evidence/learning relevant to the VAWDASV agenda which must be in agreement with the National Programme Board. These Workstreams may change over time as progress is made and priorities develop. However, initially these will address:

- gender-based harassment in all public spaces
- workplace harassment
- tackling perpetration
- sustainable commissioning: whole system approach
- older people's needs
- children and young people's needs

Progress made to implement the VAWDASV Blueprint Programme up to 31 March 2023

- National Partnership Board established.
- National Programme Board established.
- Six Workstreams established.
- Survivor Voice Scrutiny and Involvement panel recruitment commenced.
- The jointly funded Blueprint Programme delivery team recruited.
- [High Level Blueprint Action Plan](#) published.

Key actions to underpin the programme of work

- Create a 'central repository of knowledge' as a staffed body to co-ordinate and disseminate what is known about VAWDASV and what works and to shape future research. To include Multi agency data on VAWDASV trends in Wales.
- The Welsh Government will review the National Indicators to ensure that they reflect this strategy and can be used to measure our progress in delivering our aims and objectives, and establish a pattern of reporting on progress against National indicators.
- Develop a Theory of Change model which will illustrate the priorities, activities and outcomes of the Blueprint Programme.
- In line with the Well-Being of Future Generations Act we will continue with a collaborative approach to implementing this Strategy to involve all relevant stakeholders and service users.
- Build upon lessons learnt and best practice to focus on what actions we need to prioritise, to develop our approach further.

Prevention and early intervention in strategy

The VAWDASV strategy commits to making early intervention and prevention a priority. Whilst support for survivors remains an important part of the Welsh Government's work on VAWDASV, we wish to shift focus from symptom to cause through a public health approach. This approach will ensure a wider societal effect which reduces the chances that people experience VAWDASV in the first place. This includes:

- primary prevention: preventing violence before it occurs
- secondary prevention: responding to violence to minimise harm, improve services and prevent further violence
- tertiary prevention: preventing recidivism and intergenerational cycles of abuse.

Tackling male violence, and the misogyny and gender inequality that lie behind it, are how we will break the cycle and address the root causes of VAWDASV. We must challenge attitudes and change behaviours of those who behave abusively. It is not for women to modify their behaviour, it is for abusers to change theirs.

Public health approaches to preventing gender-based violence and the needs of different groups of women, including LGBT+, ethnic minorities, young and older people at risk of violence at home and in public spaces.

As set out above the Blueprint structure is designed to support a public health approach to these issues through a collaborative approach involving devolved and non-devolved statutory bodies, third sector partners and survivors. The workstreams relating to harassment in public spaces and the workplace move our focus beyond the domestic setting which had framed our approach before this iteration of our strategy. The workstream relating to Perpetration provides the backbone for our focus on prevention and the workstreams on children and young people and older people provide a locus for collaborative policy development between stakeholders enabling these issues to be directly tackled.

Naturally, all parts of the Blueprint work to deliver the strategy which sets out golden threads of a public health approach, preventative working and a recognition of intersectional impacts on the likelihood of experiencing gender-based violence as well as the unique support needs that reflect these characteristics.

There is still a lot we don't know about the effectiveness of public health approaches to tackling gender-based violence but our strategic approach has been built on the available evidence of efficacy and in partnership with bodies such as Public Health Wales who have brought academic expertise and understanding to the development of the strategy. The Blueprint partnership allows us to learn together as we develop our public health approach and the creation of the Central Repository of Knowledge will provide a focus for developing evidence and evaluation.

As noted above, the Blueprint has developed and published a [High Level Plan](#) which set out the action groups will pursue. This plan says;

“Adopting a Public Health approach to our work will ensure that we remain focused. The underlying principles that guide our collective efforts are:

1. To challenge public attitudes
2. To increase awareness in children
3. Increased accountability for those who perpetrate violence and abuse.
4. Prioritise and focus on prevention.
5. Confident and informed workforce
6. Provision of inclusive and accessible services that are trauma informed and needs led.”

The role of the public sector and specialist services

The Blueprint has captured the full range of public sector and specialist services in delivering our strategy to tackling violence against women and girls, domestic abuse and sexual violence.

The National Partnership Board is jointly chaired by the Minister for Social Justice and Chief Whip and the Police and Crime Commissioner for Dyfed-Powys. Membership includes Police representatives as well members from specialist agencies such as New Pathways, Welsh Women's Aid and Safer Wales; Statutory bodies such as the Crown Prosecution service and HM prison and Probation Service; Other interests such as the Wales Refugee Council, the TUC and Public Health Wales as well as Children's, Older People and Domestic Abuse Commissioners.

Clearly the Blueprint work builds on a range of work already in place to support survivors and tackle gender-based violence.

We will achieve this through funding, awareness raising and education.

As noted above, the Welsh Government funds specialist VAWDASV sector organisations. This includes BAWSO, the leading organisation in Wales that supports VAWDASV survivors of FGM, forced marriage and honour based abuse. BAWSO works with communities with targeted interventions, out-reach and community based services to raise awareness of the impact of this abuse and violence with a view to stopping it before it occurs.

Raising children and young people's awareness of equality, respect and consent is crucial if we are to stop VAWDASV. We want to ensure all children and young people have access to developmentally appropriate, high quality learning that responds to their needs and experiences.

Relationships and Sexuality Education (RSE) is a statutory requirement in the Curriculum for Wales Framework and is mandatory for all learners. Schools and settings have an important role to play in creating safe and empowering environments in supporting learners' rights to enjoy fulfilling, healthy and safe relationships throughout their lives.

RSE will be implemented in primary schools, maintained nursery schools, and non-maintained nursery settings from September 2022.

In September 2020, resources for teachers were developed and circulated via the Hwb network to raise awareness of FGM and the signs that a young girl could be at risk of FGM.

In October 2020, an awareness raising training contract was awarded to Karma Nirvana, a specialist service supporting victims and survivors of honour based abuse, to provide twenty free virtual 'roadshows' to professionals working within Wales to build confidence when challenging honour-based abuse and forced marriage.

We continue to fund Hafan Cymru's Spectrum project, which promotes the importance of healthy relationships and raises awareness of VAWDASV. Spectrum also delivers training for school staff and governors about understanding the impact of domestic abuse on a child and promotes a whole school approach to tackling domestic abuse.

Within the Welsh Government's 'Programme for Government 2021-2026' there is a commitment to expand the 'Don't be a Bystander' training and awareness campaigns. Officials are currently scoping and developing a pan-Wales Bystander intervention training initiative that will be delivered to citizens of Wales. This initiative will include offering training to promote a prosocial and informed bystander intervention programme to the general public that will run alongside our current, established VAWDASV Communication campaigns. This is with the intention of creating genuine and lasting changes in societal attitudes towards VAWDASV.

This training initiative will be a key tool in our commitment to early intervention and prevention of VAWDASV. It will aim to develop individuals' skills to enable safe bystander engagement to prevent or respond to VAWDASV and will support our aim of changing attitudes; creating a culture change and to further promote the unacceptability of all forms of VAWDASV.

Survivor voices are essential to our work and must be heard at the highest level if we are to effectively tackle VAWDASV. That is why we are proposing that a dedicated Survivor Engagement Framework and work stream will form part of the delivery of the refreshed Strategy.

Over the last three years, the Welsh Government has been researching the most effective and safest ways of engaging with survivors of VAWDASV, most recently a dedicated research project on the barriers to those from diverse Communities engaging with Government. Findings from all aspects of research will be considered in any future work within victims and survivors.

VAWDASV Funding

The Welsh Government funds VAWDASV regions and specialist services to provide invaluable and lifesaving support to all victims of VAWDASV, this includes early intervention, preventative and educational support, perpetrator intervention programmes, Independent Domestic Violence Advocates for high-risk victims as well as therapeutic recovery interventions for the ongoing support of those impacted by VAWDASV.

Education and Curriculum

There is extensive guidance available to support education settings on preventing and responding to child sexual harassment and abuse, including our statutory guidance [Keeping Learners Safe](#). In addition, we have several WG funded helplines established in Wales, specifically Childline Cymru, Live Fear Free and MEIC.

Relationships and Sexuality Education (RSE) is a statutory requirement in the Curriculum for Wales framework and has a positive and protective role in learners' education.

RSE is intended to help children to develop healthy relationships and behaviours with their friends and families, based on kindness, empathy and respect. This is important for them to develop as 'healthy, confident individuals' with positive social, emotional and mental well-being.

RSE is also intended to keep children safe and to protect their well-being. This is critical as technology and society continue to change rapidly. RSE helps children recognise relationships and situations that might put them at risk of harm. It can support all children with what they need to know and what to do to keep safe and how to seek help.

In addition to the curriculum requirements, we are also developing guidance for education settings about how to ensure their environment and culture is free from damaging and limiting ideas around gender roles. This guidance will set out an approach where children and young people are listened to and empowered to call out unacceptable behaviours. It will help ensure no child or young people faces discrimination on the basis of gender or sexuality. This whole setting approach will cover a wide range of settings, including primary and secondary settings, Special Educational Needs settings and Education Other Than at School (EOTAS) settings. We know peer on peer sexual harassment is not limited to secondary schools and understanding how this is experienced at different ages is important to ensure we respond with appropriate and tailored interventions.

The Estyn review in to peer on peer sexual harassment in secondary schools that peer-on-peer sexual harassment is more prevalent online and outside school than in school. Through the [Keeping safe online](#) area of Hwb, we have developed resources to equip practitioners to educate and support learners with this issue. Following the publication of guidance for education settings in responding to incidents of sharing nude and semi-nude images a short [training module](#) to support schools to embed this guidance was published we encourage senior leaders in all schools to undertake this training.

We are also establishing a children and young people's advisory panel for digital resilience. Panel members will be invited to share their online experiences and provide opinions and insight that will shape and inform the direction of our work and all messaging/visual content will be tested with children and young people. We are working with a range of stakeholders, including the Police to develop a multi-agency peer on peer sexual harassment action plan. The action plan will outline the actions that will be taken by Welsh Government and partners to tackle peer on peer sexual harassment in education settings. We aim to publish the action plan during the autumn term.

The Welsh Government recognises the need to empower children and young people to inform our work, and their voices and lived experiences must be integral to everything we do. This will be at the heart of all our work in this space.

National Action Plan preventing and responding to child sexual abuse -

The National Action Plan on preventing and responding to child sexual abuse sets out 33 actions for the Welsh Government and Safeguarding Board partners against 10 objectives to prevent child sexual abuse, protect children at risk of CSE and support the recovery of sexually abused children. The Plan includes actions on child sexual abuse, CSE and harmful sexual behaviour.

The Safeguarding Boards have statutory responsibilities to promote resources and training for practitioners on identifying and responding to CSE.

VAWASV in Health and Social Care

The Social Services and Well-being (Wales) Act changes the social services sector and includes changes such as:

- People have control over what support they need, making decisions about their care and support as an equal partner
- New proportionate assessment focuses on the individual
- Easy access to information and advice is available to all
- Powers to safeguard people are stronger
- A preventative approach to meeting care and support needs is practised
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change

In the Social Services and Well-being Act, well-being means a person is happy, healthy and is comfortable with their life and what they do. This means being protected from abuse, harm and neglect. The Act has also given more powers to ensure adults and children are kept safe from abuse or neglect are stronger and there will be a national independent safeguarding board. If there is cause to suspect an adult or child is at risk, this **MUST** be reported to the local authority.

RPBs have been established as part of the Social Services and Well Being Act to:

- improve the well-being of the population
- improve how health and care services are delivered.

All Regional Partnership Boards must:

- produce a regional population assessments
- produce a regional area plan
- provide a regional annual report
- demonstrate citizen engagement and co-production.

Agenda Item 4

By virtue of paragraph(s) vii of Standing Order 17.42

Document is Restricted

By virtue of paragraph(s) vii of Standing Order 17.42

Document is Restricted

Document is Restricted

MEWL evidence

How prevention work relating to GBV is aligned with the new Curriculum, Relationships and Sexuality Education (RSE) and the training, resources and support for teachers etc.

Developing a high-quality education profession supported through professional learning is central to the realisation of our vision for education in Wales and is one of the objectives in 'Our national mission High Standards and aspiration for all'.

The Welsh Government's Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) strategy runs alongside the new Relationships and Sexuality Education (RSE) Code and statutory guidance and underpins learners' rights to enjoy fulfilling, healthy and safe relationships throughout their lives.

RSE Code

The mandatory learning within the RSE Code includes from age 11: *'Recognising harmful, abusive or coercive behaviour in personal relationships including control, violence and sexual violence and how to respond and seek help for self and others'*. The RSE Code explicitly requires learning about violence on the basis of sex and gender, recognising that violence can be gendered and includes explicit reference to *"sexual violence and gender-based violence in a range of contexts"*.

Within the RSE Statutory guidance it is clear that the approach to RSE should be positive, protective and preventative, considering how learners might need to be supported to *'have the knowledge to recognise all forms of discrimination, violence, abuse and neglect, including violence against women, domestic abuse and sexual violence'*. A [toolkit of Welsh Government VAWDASV resources](#) to support schools and settings has been developed on this important issue and has been published within the RSE Statutory guidance.

Peer on Peer Sexual Harassment Action Plan

We are also working with a range of stakeholders, including the Police to develop a multi-agency action plan. The action plan will outline the actions to be taken by Welsh Government and partners to tackle peer-on-peer sexual harassment in education settings. Actions will reflect the different experiences of sexual harassment and the needs of different groups, for example the impact of characteristics such as sexuality, gender identity, race, disability and ethnicity, as well as the challenges of intersectionality.

A key pillar of the action plan will be professional learning. It is important that all staff and governors in education settings are informed about the impact of peer-on-peer sexual harassment, can recognise unacceptable behaviour, and are confident to challenge it and to model appropriate behaviours.

We have commissioned a range of external experts and partners, to develop bespoke professional learning to support practitioners to realise new curriculum requirements. Work continues in a range of other priority areas, including relationships and sexuality education, children's rights and religion, values and ethics. All new professional learning resources are accessible via [Hwb](#).

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 puts a requirement on Welsh Ministers to prepare and publish a National Strategy to prevent gender-based violence, domestic abuse and sexual violence (section 3(1)).

The revised strategy for 2022-26 was published in May 2022 following consultation with the sector and survivors of VAWDASV. There are six objectives within the strategy:

1. Challenge the public attitude to violence against women, domestic abuse and sexual violence across the Welsh population through awareness raising and space for public discussion with the aim to decrease its occurrence.
2. Increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to make positive personal choices.
3. Increase the focus on holding those who commit abuse to account and supporting those who may carry out abusive or violent behaviour to change their behaviour and avoid offending.
4. Make early intervention and prevention a priority.
5. Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors.
6. Provide all victims with equal access to appropriately resourced, high quality, needs-led, strength-based, inter-sectional and responsive services across Wales.

The National Strategy is key to delivering Programme for Government commitments including:

- Strengthen the Violence against Women, Domestic Abuse and Sexual Violence Strategy to include a focus on violence against women in the street and workplace as well as the home;
- Expand the 'Ask and Act' and 'Don't be a Bystander' training and awareness campaigns;
- Make Wales the safest place in Europe to be a woman.

Prevention is at the core of the strategy. Whilst support for survivors and system change to improve outcomes for survivors remain key ambitions in Wales, we are also shifting our focus from symptom to cause through a public health approach. This does not mean that survivors will expect any less from our existing methods,

rather we will evolve the impact of what we do to ensure that survivors as individuals are supported holistically. This will be done through a whole system approach, and through the whole of society to help reduce the chances that they would experience VAWDASV in the first place.

Delivery of the strategy is being undertaken through a Blueprint approach which brings together devolved and non-devolved organisations. The VAWDASV team is leading the delivery for Welsh Government in partnership with the police service in Wales, but, in order to be a success, the strategy requires joint working with other departments including education, health, housing and crime. Adopting this Blueprint approach has enabled the establishment of new shared governance structure reflecting the joint ownership of this shared priority, tackling VAWDASV. Adopting a Public Health approach to our work will ensure that we remain focused. The underlying principles that guide our collective efforts are:

- to challenge public attitudes
- to increase awareness in children
- increased accountability for those who perpetrate violence and abuse
- prioritise and focus on prevention
- confident and informed workforce
- provision of inclusive and accessible services that are trauma informed and needs led

The Blueprint workstreams will deliver the objectives set out in the VAWDASV National Strategy, as well as identifying other priorities when drawing upon wider evidence/learning relevant to the VAWDASV agenda which must be in agreement with the National Programme Board. These Workstreams may change over time as progress is made and priorities develop. However, initially these will address:

- gender-based harassment in all public spaces
- workplace harassment
- tackling perpetration
- whole system approach to sustainability
- older people's needs
- children and young people's needs

Progress made to implement the VAWDASV Blueprint Programme up to 31 March 2023

- National Partnership Board established.
- National Programme Board established.
- Six Workstreams established.
- Survivor Voice Scrutiny and Involvement panel recruitment commenced.
- The jointly funded Blueprint Programme delivery team recruited.
- [High Level Blueprint Action Plan](#) published.

Key actions to underpin the programme of work

- The Welsh Government will review the National Indicators to ensure that they reflect this strategy, can be used to measure our progress in delivering our aims and objectives and establish a pattern of reporting on progress against National indicators.
- Develop a Theory of Change model which will illustrate the priorities, activities and outcomes of the Blueprint Programme.
- In line with the Well-Being of Future Generations Act we will continue with a collaborative approach to implementing this Strategy to involve all relevant stakeholders and service users.
- Build upon lessons learnt and best practice to focus on what actions we need to prioritise to develop our approach further.

Tackling male violence, and the misogyny and gender inequality that lie behind it, are how we will break the cycle and address the root causes of VAWDASV. We must challenge attitudes and change behaviours of those who behave abusively. It is not for women to modify their behaviour, it is for abusers to change theirs.

Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Agenda Item 6.1

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/JH-/1229/23

Jenny Rathbone MS
Chair, Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

6 July 2023

Dear Jenny,

Thank you for your letter of 14 June regarding the Welsh Government response to the Equality and Social Justice committee's report entitled *60% - Giving them a voice - Speech, Language and Communication Needs in the Youth Justice System*.

Thank you for providing detailed feedback on our response ahead of the Plenary debate on 28 June.

Regarding recommendation 1, I can confirm that the Welsh Government accepts this recommendation. In addition to the work of development of the Youth Justice Prevention Framework noted in my previous response, Welsh Government Policy officials will work together to organise a summit of key stakeholders, including Neath Port Talbot Youth Justice Service to look specifically at the impact of SLCN on children and the link to the involvement of most children involved with the youth justice system. This summit will also consider the point made by Jane Dodds in the Senedd debate on 28 June, in terms of how Neath Port Talbot have been able to embed SLC provision into their service given the broader staffing challenges in the sector. The findings and outcomes of this summit will be shared with the Criminal Justice Board for Wales, which we understand to be the intention of the recommendation.

Regarding recommendation 2, language skills are an essential part of Curriculum for Wales. These skills are woven throughout the Statements of What Matters in the Area of Learning for Languages, Literacy and Communication. The Descriptions of Learning at progression

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Jane.Hutt@llyw.cymru
Correspondence.Jane.Hutt@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Step 3, which broadly covers learners aged 8-11, includes detailed guidance for progression so that all learners are supported to develop their spoken language and communication skills. More information can be found at [Languages, Literacy and Communication \(gov.wales\)](https://gov.wales/languages-literacy-and-communication).

Regarding recommendation 3, no discussions have taken place with the Ministry of Justice on the need for funding for more SLTs, or funding education places in Wales. At present, these education places and SLT employment is through the NHS and health (including funding responsibilities) is devolved. Health Education and Improvement Wales (HEIW) hold contracts with Higher Education Institutions (HEIs) in Wales for the education and provision of training, including SLTs, these numbers are based on Health Boards IMTPs and assessment of their requirements to meet their entire population needs.

One of the limiting factors for significantly increasing the number of healthcare professionals is the capacity of existing services and professionals to meet the requirement for students to undertake practice-based education in health and care services, overseen by a registered speech and language therapist, in order to complete their course requirements.

Regarding recommendation 4, an initial meeting with key stakeholders has been arranged for 29 June 2023 to discuss independent advocacy for young people with SLCN within the youth justice system, with a view to outline the full approach to this recommendation. The nature and scope of additional resource will be informed through our engagement and analysis with our partners across the Youth Justice system. We share the Committee's conclusion to ensure children are supported by an appropriate advocate.

Regarding recommendation 5, the Welsh Government has not been directly involved in looking at the outcomes of the Joint Inspection report, however we continue to work with our partners in the Ministry of Justice following the report's publication. We are delivering an improvement programme for Neurodivergence Services in Wales, supporting the development of multi-disciplinary teams providing needs led assessment and support services for children and young people, this includes ensuring where necessary speech, language and communication services are available. The programme also has a clinical advisory group which can provide expert advice on meeting the speech, language and communication needs of neurodivergent people.

Regarding recommendation 6, the number of education and training places commissioned for SLTs, as for all healthcare professional education are based on the workforce planning in NHS IMTPs, plus consideration of the wider health and care sector, for example, in the case of SLTs in the Flying Start requirement. The IMTPs are submitted to Health Education and Improvement Wales (HEIW), who are responsible for the annual education and training commissioning process in Wales, to address workforce requirements on behalf of the NHS Wales. The reference to 'match service demand' refers to the current process for identifying the workforce demand for SLTs in health and care services in Wales.

Regarding recommendation 7, one action in the National Workforce Implementation Plan that will be completed by July 2023, is that "HEIW will review allied health professions to understand the current position and future needs to deliver our services, resulting in an AHP retention plan". Progress on this action will be reported to the Welsh Government's Strategic Workforce Implementation Board, chaired by Judith Paget, Chief Executive of NHS Wales. At present, the retention plan is on track, but preparatory work, such as accessing data is needed as a first step before undertaking a full review.

I hope this information has clarified our original response.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal line above the first letter 'J'.

Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Jane Hutt MS

Minister for Social Justice and Chief Whip

14 June 2023

Dear Jane

Committee report: 60% - Giving them a voice - Speech, Language and Communication Needs in the Youth Justice System

Thank you for your response to our report on speech, language and communication needs (SLCN) in the youth justice system, which we considered at our meeting on 12 June 2023.

We were glad to see that you share our ambition to improve outcomes for young people with SLCN in the criminal justice system. However, we were disappointed at the lack of detailed action being taken by the Welsh Government and would therefore welcome additional clarity in relation to the following points:

- Recommendation 1 called for the Welsh Government to convene a summit of key stakeholders working in the sector with the aim of formulating a new workstream looking specifically at the impact of SLCN on children and young people and the link to the involvement of most young people involved with the youth justice system. However the response does not commit to convening a summit and instead sets out work already underway. Please could you clarify whether a summit will take place? If not, the response should be amended to "Reject" in order to assist transparency.
- Recommendation 2 referred specifically to "young people as they progress from primary to secondary school", however your response refers to the "Talk with Me" plan, which is targeted at children aged 0-5. Please could you set out how the SLCN of children and young people aged 10+ will be met.
- The response recognises the benefits arising from Recommendation 3 but states there are currently insufficient NHS employed Speech and Language Therapists (SLTs) to meet the

additional workload. Could you confirm whether other Ministerial Departments, such as Social Justice, could commission training places for SLTs? What discussions if any have been held with the Ministry of Justice on the need for funding for more SLTs, given that youth justice is currently not a devolved service?

- Could you clarify whether the Welsh Government intends to put *in additional resources to extend provision of advocacy services (emphasis added)* for all children and young people with SLCN in the youth justice system as set out in Recommendation 4? The response accepts this recommendation in principle while only referring to existing work.
- It is unclear from the response to Recommendation 5 whether any specific actions are being taken forward or whether there have been any lessons learned as a result of the Joint Inspection Report, to improve support for children and young people with SLCN. Could you please provide additional information in relation to this point?
- The Committee received strong evidence to support Recommendation 6, and while the benefits are acknowledged the response states that this “would require additional training places and workforce supply”. This appears to contradict the information provided elsewhere, for example in response to Recommendation 7, which says that the number of SLT training places in Wales “remains at 49 for 2023-24, to match service demand”.
- The response to Recommendation 7 refers to a national workforce implementation plan. However, the Royal College of Speech and Language Therapists has said that a workforce plan for allied health professions (AHPs) has been rejected. Please could you confirm whether this is the case.

Finally, we would like to place further emphasis on recommendations of 3 and 6, which we consider to be key conclusions of our inquiry. These recommendations are based on evidence that the approach works and keeps people out of the offending system, and they address the inequalities that are evidenced by the figures in our report. We would encourage you to consider seeing how this works in practice in order to better understand our findings.

A debate is scheduled for 28 June and while the timescales are tight, we would greatly appreciate a response in advance of the debate in order to inform Members’ contributions if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee



Jenny Rathbone MS
Chair, Equality and Social Justice Committee
Welsh Parliament
100 Parliament Street
London SW1A 2BQ

MoJ ref: ADR106996

17th July 2023

Dear Ms Rathbone,

Welsh youth justice system: speech, language and communication needs

Thank you for your email of 3 July, highlighting the overrepresentation of children and young people with speech, language and communication needs (SLCN) in the justice system.

The disproportionality of individuals with SLCN in the justice system is an issue that needs our collective attention. Research has consistently demonstrated that a significant number of young people involved in the criminal justice system experience these difficulties. The impact of these challenges can be profound, hindering their ability to effectively engage with the legal process, understand instructions, and communicate their thoughts and experiences. Such barriers exacerbate existing inequalities and undermine the principles of fairness in the justice system.

Recognising the importance of early intervention and support, the government is committed to addressing the needs of children and young people with SLCN. I note recommendation 3 in the Committee's report and will be interested to hear what comes out of the feasibility assessment looking at whether every police station could have an embedded NHS speech and language therapist (SLTs) in Wales. The National Health Service Liaison and Diversion (L and D) services also play a crucial role in identifying individuals with such needs and ensuring they receive appropriate support, and we are waiting to hear the findings of the evaluation looking at how these services are working for children across the country. An appropriate adult should also be in attendance whenever a child is in custody. Part of their role it is to protect the interests of the child and they should be aware of and able to support any learning and communication difficulties.

On recommendation 5, The Ministry of Justice published a six-month update to the Cross-Government Neurodiversity Action Plan on 25 January 2023. The update demonstrates the wide range of work that is in train to improve support for neurodivergent people in the criminal justice system. Most notably, we have introduced the Neurodiversity Support Manager (NSM) role in prisons. Over 100 NSM's have already been recruited and we are on track to have an NSM in all prisons in England and Wales by 2024. MoJ and HMPPS are also actively championing Autism Accreditation across the prison estate to make the prison environment more supportive for neurodivergent people. New neurodiversity specialist services

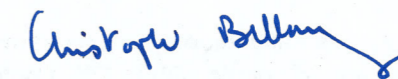
have been introduced in four probation regions, providing one-to-one interventions for people on probation and upskilling for probation practitioners to identify neurodivergent conditions. The MoJ is also working closely with health and justice partners, such as the police and the judicial college, to ensure that each stage of the offender journey considers neurodivergent need, including resettlement back into the community after serving their sentence. We are proactively working with Welsh Government colleagues to share best practice and identify further opportunities for engagement. We will publish a further update to the action plan this summer.

I also note recommendation 6 from the report regarding plans for embedding speech and language therapists within every Youth Offending Team in Wales by December 2023 and would be keen to hear more about progress on this. In England, the localised nature of service provision means that some Youth Offending Teams will have SLTs embedded in their service whilst others have outreach agreements with their community therapy teams. The Ministry of Justice-led Turnaround Programme has provided additional funding to Youth Offending Teams who can use the funding for local provision to support children, including commissioning or expanding the provision of SLT within the YOT setting, where appropriate.

To effectively tackle this issue, it is essential to foster partnership working between key stakeholders in both the UK and Welsh Governments. Collaborative efforts between these partners can facilitate the provision of SLTs to enable timely assessment, intervention and support to those who require it. We value the partnership between the Ministry of Justice, the Welsh government, and other relevant bodies, and we are committed to working together to ensure the provision of necessary resources for services.

By prioritising early intervention, strengthening liaison and diversion services, and fostering partnership working at local and national level, we can create a more inclusive and supportive justice system that empowers children and young people to reach their full potential.

Thank you again for raising this issue and I look forward to continued collaboration in this important area.



Lord Bellamy KC

Lord Bellamy KC
Parliamentary Under Secretary of State
Ministry of Justice

3 July 2023

Dear Lord Bellamy

Equality and Social Justice Committee report: 60% - giving them a voice: speech, language and communication needs in the youth justice system

Thank you for your response to our letter regarding our inquiry into women's experiences in the criminal justice system, which we noted at our meeting on 19 June 2023.

We recently published a further report which considers the experiences of those with speech, language and communication needs (SLCN) in the youth justice system. A copy is enclosed for your information. At least 60 per cent, and more accurately 80 per cent, of the young people involved with the youth justice system, are found to have SLCN difficulties, compared with around 10 per cent for children and young people as a whole. Sadly far too many young people with these challenges are ending up in the criminal justice system where the support they receive is patchy and inadequate.

Your letter of 12 June notes that while reserved authorities and devolved authorities work effectively together to deliver the services for which they are responsible, the Ministry of Justice (MoJ) funds all the services for which it is responsible. We would therefore be grateful for your views on the Invest to Save principle set out in the report and specifically with regards to Recommendations 3 and 5.

Recommendation 3 calls for dedicated speech and language therapists to be embedded in custody suites at police stations across Wales. What consideration might the Ministry of Justice give to embedding more speech and language therapists in police custody suites? Given that the benefits of keeping young people out of prisons would primarily accrue to the Ministry of Justice it would be useful if you could set out your position including the scope for greater coordination and collaboration between governments on this issue.

In response to the report, the Royal College of Speech and Language Therapists (RCSLT) confirmed that it is in regular contact with the MoJ and provides guidance and support to officials for the AssetPlus screening tool. We consider this collaboration to be crucial. The RCSLT also indicated that training for such a tool is essential for it to be used effectively. Could you therefore set out what training is offered for this purpose. What contribution might the Ministry of Justice be prepared to make to ensuring there is at least some dedicated speech and language therapist involvement in

Youth Offending Teams (YOTs) to extend the good practice we applauded from Neath Port Talbot and Swansea Bay YOT.

We are grateful to you for considering our request and look forward to receiving your response.

Yours sincerely,

A handwritten signature in black ink that reads "Jenny Rathbone". The signature is written in a cursive style with a large initial 'J' and a long, sweeping underline.

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Welsh Parliament



Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Jenny Rathbone MS
Chair, Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN
SeneddEquality@senedd.wales

11 August 2023

Dear Jenny,

Thank you for your letter of 18 July following the Senedd's Plenary debate on speech and language therapists within youth justice, held 28 June 2023. Speech Language and Communication provision, including in the justice system, is the responsibility of the Minister for Health and Social Services but I am responding on behalf of Welsh Ministers given this issue interfaces with my portfolio and that of the Minister for Education and Welsh Language.

As justice, including youth justice is not currently devolved, it would not be appropriate for me to write to youth justice management boards in local authorities in Wales about the use of the youth justice services (YJS) grant funding which they receive from the Ministry of Justice.

However, as I said in the debate, Welsh Government will convene a summit in the autumn with all key stakeholders including YJS, Youth Justice Board, the Royal College of Speech and Language Therapists and officials from the relevant Welsh Government. The intention is to invite Neath Port Talbot YJS and other stakeholders to present on their approach to SLT provision, to showcase/share best practice and explore regional approaches. The outcomes of this summit will help formulate future approaches for the provision of SLT in youth justice services.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Jane.Hutt@llyw.cymru
Correspondence.Jane.Hutt@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I note your request for the Welsh Government to look at alternative ways of increasing provision and training places for Speech and Language Therapists (SLTs). We are currently facing the challenges of an unprecedented financial position and all decisions must now be considered in this context. This letter is copied to the Minister for Health and Social Services to ensure she is also able to note the request.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal stroke above the first letter 'J'.

Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Jane Hutt MS
Minister for Social Justice

July 18 2023

Dear Jane

Funding for Speech and Language Therapists (SLTs) within Welsh Youth Justice Teams

During the Senedd's Plenary debate on 28 June 2023, Committee Member Jane Dodds MS asked why some local authority Youth Justice Teams are able to successfully secure funding to train and employ speech and language therapists, when other local authorities are unable to do so (see paragraph 337 and 338 of the Record). The Committee learnt that Neath Port Talbot is one local authority which is prioritising SLCN in its youth justice team. The Committee's report underlines the need to eradicate the current postcode lottery and we therefore ask the Welsh Government to consider how the funding arrangements in Neath Port Talbot could be rolled-out more broadly, to ensure speech and language therapists (SLTs) are embedded within the youth justice system in other local authority areas.

Given the weight of evidence suggesting that the needs of young people with SLCN are not being adequately met and the lack of resources within NHS Wales to increase provision and training places for SLTs, we would welcome a commitment from the Welsh Government to look at alternative avenues for achieving this. We therefore ask whether you can commit to write to all local authorities and youth justice management boards in Wales encouraging them to invest in this area so that this example of best practice can be rolled out to all local authorities in Wales?

Many thanks for your assistance in helping us achieve better support for young people involved with Youth Justice.

Yours sincerely,



Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Agenda Item 6.4

Y Pwyllgor Cyllid

Finance Committee

Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN

SeneddCyllid@senedd.cymru

senedd.cymru/SeneddCyllid

0300 200 6565

Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN

SeneddFinance@senedd.wales

senedd.wales/SeneddFinance

0300 200 6565

Rebecca Evans MS,
Minister for Finance and Local Government

7 July 2023

Draft Budget Timetable 2024-25

Dear Rebecca,

The Committee noted your proposed timetable for the 2024-25 budget at its meeting on 6 July 2023.

We consider this approach to be highly disappointing: As a Committee we have regularly called for sufficient time to be provided for the scrutiny of the Welsh Government's budgetary proposals, and for that to be in line with the Budget Process Protocol ('the Protocol'), which was agreed on a cross-party basis in 2017.

We have written to you on a number of occasions about the practical difficulties that shortened timescales pose to Committees in fulfilling their scrutiny functions, as well as the pressures it puts on stakeholders who wish to submit evidence and engage with our work, particularly when three weeks of that period falls over Christmas recess.

Most recently, I wrote to you on 23 June 2023 noting the concerns expressed by the vast majority of Committee Chairs regarding the timeliness of the budget process and the lack of time available for proper scrutiny. We are therefore extremely disheartened that these views were not reflected when this timetable was proposed. Furthermore, although we very briefly touched upon the budget timetable towards the end of our meeting on 20 June, we did not discuss specific dates, as indicated in your letter, and there was no opportunity for me to raise concerns given the lack of information shared at that point regarding your proposals.

Insufficient reasons for delay

Paragraph 11 of the Protocol states that a "budget/financial year will not be "normal" when there is significant uncertainty in respect of the Welsh Government's future financial position". It adds that:

"Although this list is not exhaustive, examples would include when there are no future budget figures provided by the UK Government; there is a UK fiscal event such as a Comprehensive Spending Review or Emergency Budget; or a significant change in the overall fiscal outlook such as an economic shock or changes affecting UK tax policy."

We have, in each of the past four years, accepted the arguments that there were significant levels of funding uncertainty to delay the laying of the draft budget. Whilst we acknowledge that the Chancellor of the Exchequer has not yet published the date of the fiscal event in the autumn, we do not consider this to be a compelling reason in itself to delay the publication of the Welsh Government's budgetary proposals and do not agree that this is the only prudent choice available to you.

As you point out, indicative budget allocations are already available to the Welsh Government, and whilst we accept that inflationary pressures remain high, they are sadly unsurprising and do not, in our view, amount to "significant uncertainty" in your funding position which necessitates a diversion from the 'normal' process outlined in the budget protocol.

We neither accept that the delay is wholly as a result of matters that are outside your control. As Minister responsible for the budget, you have significant discretion to decide when the Welsh Government's spending plans are published which, in turn, dictates how much time Senedd Committees have to conduct the scrutiny required.

As you are aware, this is the fifth year in a row that the two stage process set out in the Protocol has not been followed and the request to delay the budget process again this year, suggests that there are few circumstances that could be considered a "normal" year.

The protocol was intended to allow the Finance Committee to take an oversight role by allowing more time for policy committees to undertake scrutiny and enable them to take more evidence from stakeholders.

Your willingness to avoid following this process again calls into question your commitment to these agreed practices, given that the timing of budget scrutiny in recent years has not made this possible.

Lack of consultation

We also note that you consulted the Committee on your decision to delay the publication of the Draft Budget 2023-24 last year. It is therefore regrettable that a similar approach was not adopted again.

In years when the Welsh Government considers delaying the publication of the Draft Budget and circumvents the two stage process outlined in the Protocol, the Committee expects mature discourse and meaningful consultation on such issues and not doing so casts doubt over commitments you have made previously to working constructively and in partnership to improve our budget processes.

Next steps

I welcome your willingness to revisit the publication dates of the Draft Budget if the Chancellor's announcement regarding the dates of an autumn fiscal event was sufficiently early to allow additional time for its preparation and scrutiny.

We will keep a close eye on these developments and hope that further clarity on the timing of these issues will lead to more time for scrutiny of your budget proposals as soon as possible in the autumn term.

I am copying this letter to the Trefnydd and the Chairs of Senedd Committees, given its impact on their work programmes and in light of the concerns and comments previously expressed on these issues.

Yours sincerely,



Peredur Owen Griffiths MS, Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu'n Saesneg.

We welcome correspondence in Welsh or English.



Sport Wales National Centre
Canolfan Genedlaethol Chwaraeon Cymru
Sophia Gardens | Gerddi Sophia
Cardiff | Caerdydd
CF11 9SW
0300 3003123
www.sport.wales | www.chwaraeon.cymru
CEO | Prif Weithredwr: Brian Davies

Jenny Rathbone MS
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

11.07.2023

Dear Chair,

Thank you for your letter of 29 June in relation to the committee's inquiry into the public health approach to preventing gender-based violence.

As you may know Sport Wales is not a regulatory body and therefore organisations such as National Governing Bodies of sport, local authorities and individual clubs and organisations are better placed in terms of making a direct difference.

Inclusive Sport Sector

Your letter correctly identifies sport as having an important role to play in preventing gender-based violence. Whilst bystander interventions, where safe and effective, are noted as possibly functioning to change negative gender attitudes and beliefs, we believe we must focus on tackling the cause of gender-based violence. It is therefore the development and sustainability of an inclusive sport system that is the primary focus of Sport Wales. This involves cultivating safe, inclusive, welcoming, and developmental sporting opportunities.

There are a range of approaches we are taking to facilitate this ambition. Firstly, our recent changes to the investment approach we operate has put tackling inequalities in sport at the heart of our partnerships. An important aspect of this is to invest in sports where women and girls are both participating in and want to do those sports. Our ambition it to ensure that sports are catering for those demographics and thus are establishing opportunities that ensure women and girls are welcome and supported.

Partnership Working

One avenue we are also developing that can impact on the agenda of preventing gender-based violence is our partnership work. Our ongoing partnership with, and investment in, the International Working Group (IWG) on Women in Sport has enabled this internationally renowned organisation to be hosted in the UK during the current 2022-2026 secretariate. The vision of the IWG is for a sustainable sporting culture based on gender equality that enables and values the full involvement of girls and women in every aspect of sport and physical activity.

Sport Wales also has several important partnerships focused on ensuring safeguarding in sport is a priority. These include our work with the NSPCC and its Child Protection in Sport Unit (CPSU) as well as the Ann Craft Trust.

The CPSU, which is part of the NSPCC and is funded by Sport England, Sport Northern Ireland, Sport Wales, UK Sport and The Football Association, has a range of resources and campaigns, such as their [Keeping your child safe in sport](#) & the [Listen Up, Speak Up](#) campaigns. These focus on empowering adults to create safe sporting environments.

The Ann Craft Trust also provides resources and support for safe and inclusive sport. As part of its #SaferCultureSaferSport Campaign on the 12th of June, the Trust ran a free online seminar about Bystander Interventions.

Sport Wales will continue to support the development of resources, training, and guidance through these partnerships.

Finally, we would also like to make the committee aware of the recent publication of the '[Tackling violence against women and girls in sport: highlights](#)' document by the UNESCO. This document offers advice and challenge to sport practitioners and policy makers. Sport Wales will be considering how we can both support directly and our partners to utilise resources to enhance the sporting environment for women and girls.

Yours Sincerely,



Brian Davies
Chief Executive
Sport Wales

Brian Davies
Acting CEO
Sport Wales

29 June 2023

Dear Brian

Inquiry into the public health approach to preventing gender-based violence

The Equality and Social Justice Committee is currently carrying out an inquiry into the public health approach to preventing gender-based violence. Full details for the inquiry, including our terms of reference, are available on our [website](#).

The evidence we have received to date has highlighted the importance of bystander interventions which are designed to increase the ability of bystanders to make safe and effective interventions, and also function to change negative gender attitudes and beliefs. Given that sport can be an important space for work to prevent violence against women and girls, we would be grateful if you could set out your views of the role of bystander intervention in sports. In addition, please could you provide details of any specific work being undertaken to help raise the profile and encourage engagement on this important issue more generally, at all levels in the sporting arena, including work being carried out on governance.

We would also welcome any additional comments you may wish to make in relation to our terms of reference, as set out on our website.

We would be grateful to receive any contribution before 22 July 2023 if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

20 July 2023

Jenny Rathbone MS
Chair
Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Jenny Rathbone MS

Inquiry into the public health approach to preventing gender-based violence in higher education

I am writing in response to your letter date 29 June 2023, regarding the Inquiry into the public health approach to preventing gender-based violence.

Our response provides information as requested on: universities funding a roll out of bystander interventions; their implementation of interventions such as the Intervention Initiative; how such activity is monitored and evaluated; and our comments on the Inquiry's terms of reference.

To frame our response, we are providing some policy context which informs universities' considerations. We have also outlined HEFCW's recent interventions in this area.

UK-wide policy context

Universities' actions to tackle gender-based violence in higher education are informed by a series of evidence-based [Universities UK](#) Changing the Culture publications between 2016 and the present which include:

- [Changing the culture](#) 2016;
- [Changing the culture: directory of case studies](#) 2017;
- [Changing the culture: one year on](#) 2018;
- [Changing the culture: two years on](#) 2019;
- [Changing the culture: tackling staff-to-student sexual misconduct](#) 2022;
- [Changing the culture: sharing personal data in harassment cases](#) 2022.

HEFCW activity

In 2020, we published guidance for universities on [Tackling violence against women, domestic abuse and sexual violence in HE](#). This publication drew attention to Welsh

Mr Rob Humphreys
Cadeirydd | Chair

Dr David Blaney
Prif Weithredwr | Chief Executive



Government and Public Health Wales campaigns. We published from universities in Wales provided ten case studies of actions to tackle violence, abuse and sexual violence and included a link to a UK-wide [directory](#) of a further thirty case studies.

In 2022, we held a knowledge exchange seminar on tackling violence, abuse and sexual violence in higher education. The Welsh Government presented its strategic position and BAWSO, Public Health Wales and Welsh Women's Aid provided an update on campaigns, including bystander training.

In 2023, we published [Safe and inclusive higher education: supporting equality and diversity education](#). This circular:

- promotes the European [UniSAFE](#) project, funded to produce gender-based violence and sexual harassment evidence and operational tools for higher education, research organisations and policymakers;
- encourages universities to include actions to strengthen preventative approaches to tackling violence, harassment and abuse in all forms in corporate documents, including strategic equality delivery plans and well-being, health and mental health strategies;
- expects universities' actions to include appropriate violence against women, domestic abuse and sexual violence training to be rolled out comprehensively and effectively for all staff and students, with future actions including promoting information on reporting serious incidents, how staff and students reporting these incidents will be supported, and a commitment not to use non-disclosure agreements (NDAs) in cases of sexual misconduct. See [Welsh universities publish statement on use of NDAs](#).

Our policy developments recognise issues of intersectionality impacting on violence, abuse and sexual violence in all forms. All universities in Wales have committed to achieve a race equality charter by 2025. To make progress at pace towards achievement of the charter, we committed to provide universities £1m a year, match funded by them. Our funding commitment is currently to 2024/25 and takes account of the establishment of the new Commission for Tertiary Education and Research which will oversee the whole post-16 education system.

Action by universities in Wales

Universities are using a range of information, guidance and training to support staff and students experiencing violence, abuse and harassment in all its forms as set out below. While we have not included the Open University in Wales in the figures below, as it operates UK-wide and is taking a four nation approach to this matter, we have included the Open University in Wales' related activities in this response.

Six of eight universities have set aside funding for specific bystander interventions in 2022/23 and will continue to do so in 2023/24. The two other universities are either in the process of developing online e-learning bystander training and/or providing other interventions. Two universities providing bystander training confirmed that it would be challenging to continue funding training in 2023/24 due to budget constraints.

None of the universities confirmed that they are currently implementing the Intervention Initiative. From the information available to us, we are unclear how many English universities are using the Intervention Initiative toolkit developed by University of Exeter and funded by Public Health England. The Intervention Initiative does not appear to be referenced on the Public Health Wales website.

All universities are delivering a range of training and activities to tackle gender-based violence. The most recent examples we have received include, but are not limited to:

- developing a specific sexual violence and harassment prevention and support strategy;
- delivering 'recognise, enquire and act' training for staff as well as bystander and consent training for students in partnership with the Students' Union;
- providing all student-facing staff in Student Services with accredited [DICES](#) risk assessment training which includes training and risk assessment toolkits and risk management plans for sexual assault and violence;
- delivering a range of training and awareness raising activities, in collaboration with third sector agencies including Brook, New Pathways and Limeculture;
- delivering a bilingual sexual consent module as part of student inductions;
- establishing a violence against women domestic abuse and sexual violence working group;
- employing specialist support staff with therapeutic training and experience of working with those facing gender-based violence;
- establishing a women's autism group for 2023/24 to address topics such as healthy relationships and personal safety; and
- committing to the White Ribbon pledge with a steering group to lead on actions.

Universities are using a range of processes to monitor and evaluate the above interventions, including:

- reporting through overarching strategies such as strategic equality plans and well-being and health strategies. Performance against these corporate documents is reported to university executive committees;
- collaborating with Students' Unions and third party organisations, for example New Pathways and Brook;
- taking account of the student and staff voice to inform planning, for example through feedback in a student welcome survey;
- using evaluation and other feedback to measure the impact of bystander and other training; and
- ensuring that all cases of violence, abuse and harassment are recorded and monitored.

Committee Terms of Reference

Finally, in relation to the committee's terms of reference we suggest the inclusions of the following actions:

- examine the effectiveness of collaboration and joined up approaches to maximise impact and ensure effective use of resources Wales-wide;

- ensure findings are informed by the lived experience of survivors and perpetrators, including an understanding of work place experiences informed by social partnership working with trade unions;
- examining the extent to which training and provision is available in Welsh.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Blaney', written in a cursive style.

David Blaney

Dr David Blaney
Chief Executive
Higher Education Funding Council for Wales

29 June 2023

Dear Dr Blaney

Inquiry into the public health approach to preventing gender-based violence

The Equality and Social Justice Committee is currently carrying out an inquiry into the public health approach to preventing gender-based violence. Full details for the inquiry, including our terms of reference, are available on our [website](#).

During our inquiry we have heard about the importance of bystander interventions and in particular the implementation of the Intervention Initiative, the roll out of which to all universities has been recommended by the UK Parliament's [Women and Equalities Committee](#). We would be grateful if you could confirm whether the Welsh Universities have set aside any funding to roll out bystander interventions and/or if they have implemented bystander interventions such as the Intervention Initiative. Further, could you please set out how any such schemes are monitored and evaluated.

We would also welcome any additional comments you may wish to make in relation to our terms of reference, as set out on our website.

We would be grateful to receive any contribution before 22 July if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Agenda Item 6.7

Dr Chris Llewelyn

Prif Weithredwr / Chief Executive

Cymdeithas Llywodraeth Leol Cymru
Welsh Local Government Association

Un Rhodfa'r Gamlas

Heol Dumballs

Caerdydd

CF10 5BF

Ffôn: 029 2046 8600

One Canal Parade

Dumballs Road

Cardiff

CF10 5BF

Tel: 029 2046 8600



Ein Cyf / Our Ref:

Dyddiad / Date: 25 August 2023

Gofynnwch am / Please ask for: Karen Higgins

Llinell uniongyrchol / Direct line:

Ebost / Email: workforce@wlga.gov.uk

Jenny Rathbone MS
Chair, Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay,
Cardiff,
CF99 1SN

Dear Jenny

Inquiry into the public health approach to preventing gender-based violence

Thank you for your letter of 7 August 2023 and the opportunity to contribute to the above inquiry being undertaken by the Equality and Social Justice Committee. I am pleased to offer a response on behalf of local government to your specific question on how organisations deal with allegations of gender-based violence internally and more specifically what procedures are in place for handling allegations of gender-based violence raised by or against employees.

Local Government employers in Wales are committed to equality, diversity and inclusion within the workplace and councils are active in raising awareness amongst managers and staff of domestic abuse, violence including gender-based violence and sexual violence, with specific policies and procedures in place to manage and respond to issues of this nature raised by or against employees. Domestic abuse, violence and sexual violence policies exist and are often underpinned by guidance, support and training where appropriate, all of which are in accordance with the requirements of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

To demonstrate the extent and nature of these policies, a specific example from Cardiff Council has been provided and is appended to this letter.

Depending on the circumstances of any individual case, local government employers have a number of other policies and procedures which may also be relevant and which can be applied when managing issues of domestic abuse, violence and sexual violence, including handling allegations raised by or against employees, these include:

- Alcohol and Substance Misuse
- Attendance Management
- Code of Conduct
- Dignity at Work
- Disciplinary
- Grievance
- Safeguarding
- Trans Equality
- Whistleblowing

More broadly issues and approaches to address the challenges associated with violence and domestic abuse are often the subject of discussion amongst professional networks and partnerships in local government, with our trade unions, Welsh Government and across public services. Partners share knowledge and practice and continue to explore and address how our workforce and workplaces can be further supported and safeguarded through policies and support. One such example is the Joint Council for Wales (JCW), a social partnership between local government employers and trade unions, which has regularly discussed and previously issued a joint statement to raise awareness of and demonstrate a shared commitment to addressing domestic abuse and violence (attached). More recently, in April 2023 the JCW invited the Wales TUC to share details of their [Sexual Harassment Toolkit](#). Regular discussion and knowledge sharing amongst professionals and partners such as this serves to maintain the profile of this important issue, to renew and refresh our understanding and approaches.

I trust that this addresses your request for information and that the example provided offers the necessary detail regarding specific policies and procedures, including the guidance and support available. However, please do not hesitate to contact me should you require further detail or wish to discuss any of the points raised.

Yours sincerely,



Chris Llewelyn
Chief Executive



Violence against Women, Domestic Abuse and Sexual Violence Policy

**Mae'r ddogfen hon ar gael yn Gymraeg.
This document is available in Welsh.**

DATE DOCUMENT PUBLISHED	October 2018
APPROVED BY	Pre Cabinet
APPROVAL DATE	September 2018
DOCUMENT OWNER	Employee Relations Team

CONTENTS

SECTION NUMBER	CONTENT	PAGE NUMBER
1	Introduction, Roles and Responsibilities	3-5
2	Policy <ul style="list-style-type: none"> • Purpose • Who is covered? • Key Principles 	6 7 7
3	<u>Procedure</u> <ul style="list-style-type: none"> • Reducing the risk of violence against women, domestic abuse and sexual violence in the workplace • Confidentiality • Taking account of different needs and experiences • Where a Council employee is the perpetrator of violence • Employee is concerned a colleague is experiencing violence/abuse • National Training Framework (NTF) • Record Keeping 	8 8 9 10 11 11 12
Appendix 1	Support Agencies	13-18
Appendix 2	Further facts on Domestic Abuse, Violence against Women and Sexual Violence	19-20
Appendix 3	Definitions	21-26
Appendix 4	National Frameworks Group	27
Appendix 5	What should managers do?-Flowchart	28

SECTION 1 - INTRODUCTION, ROLES and RESPONSIBILITIES

INTRODUCTION

- 1.1 The Cardiff and Vale of Glamorgan regional Violence against Women, Domestic Abuse and Sexual Violence Strategy 2018-2023 recognises that whilst anyone (women, men, children and young people) can experience and be affected, it also addresses violence and abuse directed towards men and boys and violence and abuse perpetrated by women. It acknowledges that it can happen in any relationship regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, geography or lifestyle. However it is acknowledged that women and girls are disproportionately affected by domestic abuse, rape and sexual violence, sexual exploitation (including through the sex industry), modern day slavery, forced marriage, female genital mutilation, child sexual exploitation and abuse, stalking and sexual harassment.
- 1.2 Research shows that 75% of violence against women, domestic abuse and sexual violence victims are targeted at work*. It is often possible for perpetrators to use workplace resources, such as telephones, email and other means, to threaten, harass or abuse their current or former partner. In the UK every year, 21% of employed women take time off work because of domestic violence and 2% lose their jobs as a direct result of the abuse**. 53% of abused workers (male and female) miss at least 3 days from work per month***. Whilst both men and women can be victims, women are disproportionately affected by all forms of intimate violence. (Further facts are detailed in Appendix 2)
- 1.3 Violence against women, domestic abuse and sexual violence can be a performance and productivity concern. The effects of violence against women, domestic abuse and sexual violence can include decreased productivity, lateness, stress, absenteeism, performance issues and increase employee turnover.
- 1.4 It is also important to recognise that while violence against women, domestic abuse and sexual violence impacts on the health, safety and wellbeing of employees, for some, the workplace can be the safest place to be, a source of confidence and often a sanctuary. The Council is committed to supporting all employees, regardless of gender and type of abuse, to maintain their employment whilst breaking free from abusive relationships.
- 1.5 This policy should be read in conjunction with the Manager and Employee Guide on Violence Against Women, Domestic Abuse and Sexual Violence.

ROLES AND RESPONSIBILITIES

- 1.6 **Employees who are experiencing violence against women, domestic abuse and/ or sexual violence are encouraged to:**

- Talk to their manager about their situation and how the Council might be able to help them – where an employee would prefer to talk to someone of the same sex they can request this or they can speak to someone in HR People Services or their trade union if they are a member.

Source

*Equality and Human Rights Commission Oct 2017

**Welsh Women's AID

*** TUC and Everyday Sexism Report 2016

- Access the support and guidance available from the Live Fear Free Helpline (tel: 0808 80 10 800), The Employee Assistance Programme – Carefirst, (username ccw001 password diff1234) the Council's Employee Counselling Service or Occupational Health team.
- Agree with their manager, where appropriate, what to tell colleagues and how they should respond if the abuser telephones or visits the workplace.
- Ensure their emergency contacts and next of kin details are up to date, in case we are unable to contact for any reason.
- You should be aware and give consideration to the difficulties which may arise if the organisation is not aware of the full circumstances, for instance, if action is being taken on performance or absence.

1.7 All employees are responsible for:

- Familiarising themselves with the contents of this policy and its guidance, providing appropriate support to colleagues within the provisions of this policy.
- Maintaining confidentiality where appropriate, any breach can be extremely dangerous and should only happen where there is a safeguarding concern and only through the appropriate mechanisms.
- Completing all relevant stages of the National Training Framework. All staff are required to complete the mandatory e-learning module or attend an interactive briefing session.
- Where employees feel able, taking basic steps to assist colleagues in gaining confidence report the problems they are experiencing.
- Displaying their work identification badge when entering Council buildings and being vigilant to individuals who do not have authorisation to enter and direct them to the relevant reception area.

1.8 In addition to their responsibilities as employees, managers are also responsible for:

- Being aware of physical, behavioural and/ or performance changes that may be the result of violence against women, domestic abuse and/ or sexual violence.
- Creating an environment where employees feel safe and able to discuss issues of violence and abuse that are affecting them.
- Taking time to listen to the employee, believing them and making sure the discussion takes place in private.
- Discussing issues confidentially with the employee and advising on any support that may be available to the employee both inside and outside of the workplace (organisations are identified in Appendix 1).
- Arranging any support measures that have been agreed with the employee.
- Working with Facilities Management to develop a personalised safety plan to minimise risk to the employee and colleagues, where appropriate.
- Agreeing a method of communication with the employee.
- Being aware of any additional issues which may be relevant to the employee, e.g. age, disability, ethnicity, sexuality, childcare arrangements and the relevant help available as detailed in Appendix 1.
- Working with HR People Services to clarify what is expected of the employee and what additional support can be provided, where the employee's performance or absence is a cause for concern.
- Liaising with HR People Services on appropriate action where an employee is suspected of perpetrating domestic abuse and/ or violence.
- Maintaining confidentiality where possible however, it is essential to inform the employee that if it is a safeguarding or criminal issue confidentiality cannot be ensured and appropriate steps may need to be taken.

1.9 HR People Services are responsible for:

- Being aware of the support and information available in this policy and its guidance.
- Working with managers and employees to arrange any support measures, e.g. leave, adjusting work schedules/ hours or working at another office location.

- Advising managers on the sensitive use of performance/attendance procedures where necessary.
- Supporting managers to implement the disciplinary policy if an employee is alleged to have perpetrated domestic abuse and/ or violence.

1.10 Occupational Health are responsible for:

- Providing confidential support to employees experiencing violence against women, domestic abuse and/or sexual violence.
- Providing support to managers on dealing with work issues and associated support.

1.11

Trade Union Representatives are responsible for:

- Familiarising themselves with the provisions of this Policy and its guidance.
- Encouraging members who are experiencing violence against women, domestic abuse and/or violence to seek support as outlined in this policy.

This policy will be reviewed in light of operational experience or changes to legislation.

SECTION 2 - POLICY

PURPOSE

- 2.1 This policy provides information and guidance to all employees on issues relating to violence against women, domestic abuse and sexual violence, with the reassurance that all reasonable and appropriate steps will be taken to provide a safe and supportive workplace.
- 2.2 Incidents of violence against women, domestic abuse and sexual violence are common and have a serious impact on those who experience it. Whilst women are disproportionately affected by all forms violence, there are also incidents of violence and abuse, domestic abuse and sexual violence against men, in both heterosexual and in same sex relationships.
- 2.3 Despite this, its effects and costs within the workplace remain largely hidden and unidentified by most employers. Research has shown that a significant proportion of employees who experience violence against women, domestic abuse and sexual violence had to take time off work. Many other employees also reported symptoms that had a long-term effect on their work performance such as depression, anxiety or stress.

- 2.4 Violence against women, domestic abuse and sexual violence is therefore, not just an issue for agencies that provide services directly to the public. It is an issue that affects all sections of society. Within the Council workforce, there are those who have experienced violence and abuse in their personal or professional lives and those who are perpetrators of violence and abuse. The Council promotes a zero tolerance approach to violence against women, domestic abuse and sexual violence.
- 2.5 This policy aims to raise awareness of violence against women, domestic abuse and sexual violence and outlines how the Council is committed to responding sensitively and effectively to those needing help and support, and to take action against those perpetrating domestic violence and abuse. It provides information on the specialist help that is available within and outside the Council to protect and support employees through difficult periods of their lives.
- 2.6 The Council gained the White Ribbon re-accreditation in 2018 and is committed to working in partnership with other agencies or bodies in the statutory or voluntary sector to raise awareness of how men can combat domestic abuse and sexual violence.
- 2.7 The implementation of this policy can assist the Council to meet its legal obligations under the Violence Against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015, the Human Rights Act 1998, the Gender Equality Duty, the Equality Act 2010, the Social Services and Wellbeing (Wales) Act 2015, the Well Being of Future Generations (Wales) Act 2015, Equality and Human Rights Commission's Report 2015, and Health and Safety legislation.

Men and Domestic Abuse and Sexual Violence

- 2.8 What about the Men? This is a question that is always asked at public engagement events and in training sessions. All partners in the region know that men can also be victims of domestic abuse, sexual assault, forced marriage, trafficking and honour based violence and have acknowledged this throughout the regional strategy and continue to highlight this at all public events and staff training.
- 2.9 Partners working across Cardiff and the Vale recognise that more work is needed to support male victims of domestic and sexual violence, both in terms of recognising abuse when it occurs and in accessing appropriate services for support. Work is required to ensure that our communities recognise that violence and abuse perpetrated by anyone is unacceptable and does not have a place in our society. With our specialist partners, we will continue to address any gaps whilst continuing to support services that are already in place, targeting additional resources where there is greatest need. The views of victims will be integral to this.

- 2.10 The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 addresses domestic abuse and sexual violence perpetrated against **all** people in Wales. Both men and women have the same rights to be protected from all forms of violence against women, domestic violence and sexual violence. Domestic abuse against a man is just as abhorrent as when a woman is the victim.
- 2.11 Domestic abuse and sexual violence can lead to male victims feeling shame, guilt, isolation and worthlessness. Due to social prejudices, men can find it hard to let other people know that they are being abused or have been abused/experienced violence and to seek help. They may feel that the very fact that they have suffered domestic and/or sexual violence weakens them in their own or other people's eyes.
- 2.12 Male victims can experience domestic abuse at the hands of their wives, partners or ex-partners, other family members whether female or male and male victims can also experience sexual violence

WHO IS COVERED?

- 2.13 This Policy applies to all employees of the Council, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and Welsh language, except those employed directly by Schools. The policy is commended to school governing bodies.

KEY PRINCIPLES

- 2.14 Every employee who is experiencing or has experienced violence against women, domestic abuse and sexual violence has the right to raise the issue with their manager in the knowledge that the matter will be treated effectively, sympathetically and confidentially.
- 2.15 The Council is committed to promoting zero tolerance of violence against women, domestic abuse and sexual violence against adults and children. It is essential therefore, that the working environment promotes the view that violence against women, domestic abuse and sexual violence against others is unacceptable, and it will not be condoned or made the subject of jokes, graffiti, social media or graphics.
- 2.16 The Council will aim to raise awareness of this policy through the following measures:
- (i) Preparation and distribution of information publicising the issue and the Council's policy and guidance;
 - (ii) Briefings to Directorates, appropriate managers and supervisors;
 - (iii) Inclusion of issues relating to violence against women, domestic abuse and sexual violence in relevant in-house training sessions and as part of corporate induction;

- (iv) Publicising the attainment of White Ribbon Status and encourage employee participation;
- (v) Complete the Welsh Government National Training Framework e-learning module on violence against women, domestic abuse and sexual violence and other levels as required (a requirement of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015).

SECTION 3 - PROCEDURE

3.1 Managers need to develop a sensitive and non-judgemental approach when dealing with employees who have experienced violence against women, domestic abuse or sexual violence: This should include:

- (i) Taking the employee seriously, taking time to listen to them and believing what they say.
- (ii) Ensuring that any discussion about the employee's situation takes place in privacy and that confidentiality is respected as far as possible.
- (iii) Understanding that the employee may not wish to approach their line manager and may prefer to involve a third party such as a colleague or trade union representative. It may be appropriate to offer the option of speaking to another colleague or someone from HR People Services who will be able to advise the employee and/ or their line manager on what measures can be taken.
- (iv) If an employee does not wish to speak to their line manager, they should be advised of the difficulties that may arise if the manager is not aware of the relevant facts and circumstances (for instance if there is a potential health and safety issue or if other action is being taken on performance or absence monitoring).
- (vi) Being aware that there may be additional issues faced by the employee because of their age, disability, gender identity/reassignment, language, race, religion or belief, sex, sexual orientation, marital or civil partnership status, pregnancy or maternity.
- (vi) Being non-judgemental – the employee may need some time to decide what to do and may try many different options during this process. Research has shown that it can take a long time to break free of an abusive relationship. It should not be assumed that because an employee returns or stays in an abusive relationship that the abuse was not severe or did not take place.
- (vii) Being aware of what support is available and explore these options with the employee (a list of support agencies is detailed in Appendix 1). However, if the employee does not want you to contact specialist support, you must respect their wishes, however if there are safeguarding concerns, then the appropriate procedures should be followed.

REDUCING THE RISK OF VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE, AND SEXUAL VIOLENCE IN THE WORKPLACE

- 3.2 Under, the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1992) the Council recognises its legal responsibilities in promoting the welfare and safety of all employees. This Council has developed guidance on reducing the risk of violence to staff at work ([Code of Guidance – Violence at Work](#)).
- 3.3 The Code of Guidance will apply to most situations of violence in the workplace. However, managers may have to consider additional factors if these incidents involve violence against women, domestic abuse and sexual violence. These incidents may involve violent partners or ex-partners visiting the workplace, abusive phone calls, intimidation, harassment or stalking of an employee by the alleged perpetrator.

CONFIDENTIALITY

- 3.4 Once an employee has confided to their manager that they are experiencing violence against women, domestic abuse and/or sexual violence, the manager should reassure them that they will keep this information confidential as far as possible. It is important to remember that perpetrators can be very persistent and will go to great lengths to contact a victim.
- 3.5 Whilst confidentiality is a key element to ensure that victims make disclosures and seek support, it should be borne in mind that the local authority will have specific responsibilities under All Wales Child Protection Procedures 2008. Therefore one of the exceptions to confidentiality is when there are concerns about children or vulnerable adults, for instance, if an employee gives information that suggests that their child or another child is at risk from abuse (whether physical, emotional, sexual or neglect). In these circumstances, the manager should inform the employee that they are seeking further advice, and that safeguarding concerns need to be shared.
- 3.6 Managers have a duty to maintain a secure and safe environment for all employees and this could be made easier if colleagues are aware of potential risks. However, it is essential that managers agree with the employee concerned what information to tell colleagues. As far as possible, information should only be shared on a 'need to know basis'. Employees should be told that this information is confidential and any unauthorised breaches of this could be subject to disciplinary action being taken.
- 3.7 The consequences of breaching confidentiality could have serious effects including death for the person experiencing violence against women, domestic abuse and sexual violence. Statistics have shown that the risk of more serious assaults, permanent injury and murder takes place when a victim decides to end a relationship or immediately after. It is important therefore, not to underestimate the danger or assume that the fear of violence is exaggerated.
- 3.8 If any manager or employee is concerned about violence against women domestic abuse and/or violence situation but is unsure of how to deal with it, they should talk to their senior manager so that it can be managed in the best

way for the employee experiencing violence and/or abuse and violence. This will not be regarded as breaking confidentiality.

TAKE ACCOUNT OF DIFFERENT NEEDS AND EXPERIENCES

3.9 Experiences of violence and abuse may be very different. Each case should be dealt with individually but it is useful to be aware of the following*:

- Disabled women are twice as likely to experience domestic abuse as nondisabled women.
- Older colleagues may be less likely to report their experiences.
- Men often reach crisis point before they show any signs that they are experiencing abuse or violence and will only seek help at this point. They may not know that there are services available to them.
- Black Minority Ethnic colleagues may be reluctant to discuss family abuse or violence for fear of bringing shame on their family and ostracism from the community.
- Employees who are lesbian, gay or bisexual women may be fearful of being “outed” to colleagues, employers and family members. They may have limited social networks away from their relationships, limiting the support they can access.
- Transgender colleagues may have their gender identity used as part of the abuse they experience and may feel that there are fewer services available to them.

*Source-Welsh Women’s Aid Policy Template 2017

WHERE A COUNCIL EMPLOYEE IS THE PERPETRATOR OF VIOLENCE

3.10 The Council recognises that abusive and violent behaviour is the responsibility of the perpetrator and will not tolerate any form of abuse or violence within the workplace. Perpetrators of such behaviour will be dealt with under the Disciplinary policy and Procedure. Employees should be aware that violence against women, domestic abuse and sexual violence is a serious matter that can lead to criminal convictions.

3.11 Conduct outside of work (whether or not it leads to a criminal conviction) can also lead to disciplinary action against an employee because of its employment implications and because it undermines the confidence, the Council (as employer) has in the employee. There should be an investigation of the facts, in accordance with the Council’s [Disciplinary Policy and Procedure](#), and consideration given as to whether the conduct is sufficiently serious to warrant instituting the Council’s disciplinary procedures. Factors to consider include the:

- (i) nature of the conduct and the nature of the work to be done;
- (ii) extent to which it involves contact with other employees or the general public and;
- (iii) employment status of the employee.

3.12 In addition, such conduct may make certain job duties inappropriate and justify consideration for transfer or dismissal. For example, it may not be appropriate for a perpetrator of violence against women, domestic abuse and/or sexual violence to be providing services to vulnerable adults, children, domestic violence victims, or having access to information regarding the rehousing their or payroll information.

3.13 Similarly, stalking, harassment and intimidation of Council employees by their partner or ex partner who also works for the Council will be viewed seriously and will lead to disciplinary action.

3.14 Prior to embarking on disciplinary action, advice must be sought from HR People Services.

3.15 It is however recognised that it may be appropriate to support an employee who is seeking help to address their behaviour and this decision will be taken on an individual case basis.

NATIONAL TRAINING FRAMEWORK (NTF)

3.16 The NTF on violence against women, domestic abuse and sexual violence has been mapped against the possible journeys a victim of such violence or abuse could take through public and specialist services. The purpose of the mapping is to work from the broadest needs assessment – ranging from awareness and prevention, to proactive identification, assertive and supportive engagement through to longer term recovery and support.

3.17 The NTF will ensure that high quality and consistent training is available to employees across the Council. The Framework has two main functions:

- To provide consistent, proportionately disseminated training to fundamentally improve the understanding of the general workforce and therefore the response to those who experience violence against women, domestic abuse and sexual violence;
- To align existing specialist training to further professionalise the specialist sector, to improve consistency of specialist subject training provision nationally and to set core requirements of specialist service provision.

3.18 A training plan will be completed which will identify the type of training that employees will be required to undertake, although all employees with access to a computer and with a Council email address must complete the e-learning module as per Group 1. For staff with limited IT access, interactive briefing sessions will be considered as an appropriate alternative.

The training is aimed at six distinct groups; this is explained in more detail in **Appendix 4**.

Record Keeping

3.19 Any record made under this guidance must be held securely and in accordance with the Data Protection Act. Please see the Council's Data Protection Policy and Procedure for specific information.

3.20 Employees have responsibilities under data protection laws to ensure that their activities comply with the Data Protection Principles. Employees must not access data for which they have no business need or disclose personal data outside the Council's policy and procedures.

SUPPORT AGENCIES

FOR ALL VICTIMS

Employee Assistance Programme – Carefirst – This free phone telephone service is available 24 hours a day, 365 days of the year. All calls are answered directly by a team of qualified and experienced counsellors. Professional information and advice services are also provided by a separate team of information specialists plus there is access to a web based information service. Telephone 0800 174319
<http://cmsweb/cardiff/content.asp?id=40976>

Employee Counselling Service – The Employee Counselling Service (ECS) offers free and confidential counselling to anyone who is employed by the City of Cardiff Council. Telephone 029 2078 8301
<http://cmsweb/cardiff/content.asp?id=11153&d1=0>

SPECIALIST SUPPORT SERVICES

Violence Against Women, Domestic Abuse and Sexual Violence

Live Fear Free Helpline

Live Fear Free Helpline and website –www.gov.wales/livefearfree.

Live Fear Free is a Welsh Government helpline, providing information and advice for those suffering with domestic abuse, sexual violence and other forms of violence against women. The helpline can also provide information and advice to professionals and to friends and family members who may be worried about someone. Individuals concerned about their own behaviour can also contact the helpline.

The helpline number is free and staff are available 24 hours, 7 days a week.

Live chat service is also available 24hrs, 7 days per week * You must have pop-ups enabled in your browser to use this service

Tel: 0808 8010 800

info@livefearfreehelpline.wales

Website: <http://livefearfree.gov.wales/>

RISE-Cardiff

A strategically designed and specialist service for women affected by violence and abuse in Cardiff is being delivered by a local consortium – the lead provider Cardiff Women’s Aid has teamed up with Bawso and Llamau to cover all aspects of violence against women.

It will provide services, including group work and therapeutic interventions, which will be delivered via a One Stop Shop.

One Stop Shop/VAWDASV response centre: 16 Moira Terrace, Adamsdown, Cardiff, CF24 0EJ – interim information at <https://cardiffwomenscentre.org.uk>

Call: 029 2046 0566 – open 24/7 for all services

Email: reception@cardiffwomenscentre.org.uk

SEXUAL VIOLENCE SUPPORT

Ynys Saff /Safe Island Sexual Assault Referral Centre

Ynys Saff Sexual Assault Referral Centre (SARC) is based in the centre of Cardiff and offers a service for those who live in or have experienced an incident within the Cardiff and Vale of Glamorgan. We see people of all ages and regardless of gender, sexuality or ethnicity

029 2033 5795

Monday to Friday, 9am-5pm (excluding Bank Holidays)

The SARC website also provides helpful information for friends and family members

<http://www.cardiffandvaleuhb.wales.nhs.uk/contact-ynys-saff>

New Pathways

Counselling support for those who have experienced trauma, particularly from rape or sexual abuse, non- judgemental and there to help

Tel: 01685 379 310

Email: enquiries@newpathways.org.uk

MALE VICTIMS

The Dyn Project

The Safer Wales Dyn project provides support to Heterosexual, Gay, Bisexual and Trans men who are experiencing Domestic abuse from a partner.

Tel: 02920 220033 Mon and Tue 10.00am to 4.00pm, Wed 10.00am to 1.00pm Email: support@dynwales.org www.dynwales.org

Mankind

UK's leading charity for supporting male victim's of abuse.
Confidential helpline for all male victims of domestic abuse and domestic violence perpetrated by their current or former wife or partner (including same-sex partner).

Tel: 01823 334244 Monday to Friday 10am - 4pm

Email: admin@mankind.org.uk www.mankind.org.uk

LGBTQ VICTIMS

National LGBT+ Domestic Abuse Helpline

T: 0800 999 5428

Opening Times:

10am – 5pm Monday

10am – 5pm Tuesday (1pm – 5pm Tuesday is trans specific service)

10am – 5pm Wednesday

10am – 8pm Thursday

1pm – 5pm Friday

12pm - 4pm Sunday

Online chat: E: help@galop.org.uk 5pm - 8pm Thursday

<https://www.galop.org.uk/galop-to-run-national-lgbt-domestic-violence-helpline/>

Rainbow Bridge - Victim Support 0300 3031 982

Rainbow Bridge is a Victim Support run service that specifically supports victims of domestic abuse who identify as Lesbian, Gay, Bisexual and Transgender in Cardiff and The Vale. This includes abuse from intimate partners, ex partners (also heterosexual ex partners) and family relatives.

<https://www.reportheate.victimsupport.org.uk/rainbow-bridge/>

ADDITIONAL SUPPORT SERVICES

Modern Slavery Helpline

To report a suspicion, get help or seek advice or information

Tel: 0800 0121 700

<https://www.modernslaveryhelpline.org/>

Victims of Stalking

www.suzylamplugh.org

www.stalkinghelpline.org

<http://www.protectionagainststalking.org/>

Forced Marriage Unit Helpline

Advice and support to victims of forced marriage

020 7008 0151

SUPPORT FOR CHILDREN

Childline

ChildLine is a private and confidential service for children and young people up to the age of nineteen. They can contact a ChildLine counsellor about anything - no problem is too big or too small. Children can call free the number below or have a 1-2-1 chat online or send an email.

Tel: 0800 1111 (24hrs hours)

<http://childline.org.uk>

NSPCC

The NSPCC's work is focused on helping those children who are in greatest danger and distress. Their services are all designed to make the biggest difference to children possible.

Tel: 0808 800 5000 – 24/7 help and advice for adults concerned about a child

<http://www.nspcc.org.uk/>

NSPCC FGM helpline

For those who are worried a child is at risk of, or has had, FGM

0800 028 3550

fgmhelp@nspcc.org.uk

Worried about your own behaviour?

Respect 0808 802 4040 - For those who are concerned about their own use of violence

Live Fear Free Helpline – 0808 80 10 800

If you are experiencing Domestic Violence and Abuse or an assault and require urgent Police Intervention and support Ring: 999

NB. The details of the above agencies were correct at time of writing

FACTS**Violence Against Women, Domestic Abuse and Sexual Violence Statistics**

Headline Statistic - It is estimated that around 3 million women across the UK experience rape, domestic violence, forced marriage, stalking, trafficking and sexual exploitation and other forms of violence every year. This is the equivalent to the entire population of Wales (Report to the Secretary General 2006).

Approximately 69,000 women and 9,000 men in the UK are victims of rape or attempted rape each year (Crime Survey of England and Wales 2013/14).

1 in 5 women in the UK have experienced some form of sexual violence since the age of 16 (Crime Survey of England and Wales, 2013/14).

Approximately 90% of those who are raped know the perpetrator prior to the offence (Crime Survey of England and Wales, 2013).

Around one third of all violent crime is 'domestic incident' related (Home Office).

Women are far more likely than men to be killed by partners/ex-partners - 44% of female victims compared with 6% of male victims (Office of National Statistics 2016).

Around 1 in 5 children have been exposed to Domestic Abuse and 1 in 3 children who have witnessed domestic abuse will have also been subject to other forms of abuse, including sexual abuse (NSPCC 2011).

75% of those experiencing domestic abuse are targeted at work. (CAADV (2012) Why is CAADV important).

In England and Wales domestic abuse costs £1.9 billion a year in lost economic output. (Walby, S (2009) The cost of domestic violence: update 2009. Lancaster: Lancaster University

The Welsh Context

Last year in Wales, over 10,000 adults and over 4000 children access refuge support and other specialist community based interventions (Welsh Women's Aid 2017).

During 2014-15, there were 205 cases of rape perpetrated against girls under the age of 13 in Wales (NSPCC).

South Wales Police had the third highest rate of recorded domestic abuse incidents across the 43 police forces of England and Wales during 2012/2013 and it accounts for six per cent of all calls to the police for assistance and eight per cent of recorded crime (South Wales Police 2014).

A local perspective – Cardiff

During 2015/16, the Police completed 3145 PPN's in respect of domestic violence, of these over 1000 victims were immediately identified as 'high risk'. (It is accepted that many victims initially identified as medium risk at the time of the incident will often be assessed as 'high risk' once specialist support has been accessed - It is less likely that the risk decreases).

During 2015-16, 71 people presented at Accident and Emergency Unit due to domestic violence - 68 of these were women and 11 cases were pregnant. Children were involved in 41 of the cases (Cardiff & Vale UHB 2016).

During 2015-16, 1014 referrals were made to the Cardiff MARAC. Of the 488 discussed, 68 victims were identified as repeat victims and there were 728 children identified. 469 of the victims were female, 19 were male. 8 victims were identified as being between 16-17 years old (South Wales Police 2016).

Appendix 3 – DEFINITIONS

Domestic abuse

Domestic abuse is the exercise of control by one person over another within an intimate or close family relationship; the abuse can be sexual, physical, financial, emotional or psychological. The abuse can happen in the home or elsewhere.

It is usually a pattern of behaviour, and happens regardless of sex, age, carer responsibility, class, disability, gender identity, immigration status, ethnicity, geography or religion. However the gender of the victim and of the perpetrator influences the severity, risk, and harm caused.

There are many different forms of domestic abuse, these include but are not limited to:

- coercively controlling behaviour (a pattern of control, isolation, degradation, intimidation and the use of threats)
- emotional / psychological abuse
- physical abuse
- sexual abuse
- financial abuse
- harassment and stalking
-

The cross UK government definition of domestic violence and abuse is 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.

Sexual violence

Sexual violence is any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse, sexual harassment, rape within marriage/relationships, trafficking, sexual exploitation, and ritual abuse.

Sexual violence can be committed by someone known and even trusted, such as a friend, colleague, family member, partner or ex-partner as well as by strangers and acquaintances. Sexual violence can happen regardless of sex, age, carer responsibility, class, disability, gender identity, immigration status, ethnicity, geography or religion.

Sexual violence can take many forms, it can include but is not limited to:

- forcing or coercing someone into sexual activities against their will
- using objects violently or in a non-consensual way during sex
- forcing or coercing someone to have sex with another person when they do not wish to
- sharing sexual stories or images about someone without their consent
- forcing or coercing someone to perform sexual acts in front of others when they do not want to
- forcing or coercing someone to mimic pornography
- forcing or coercing someone to be photographed or filmed during sex/whilst sexual abuse is taking place
- forcing or coercing someone to watch or look at pornography
- calling someone sexual or derogatory names.
-

Sexual violence is always the fault of the perpetrator regardless of what the survivor has previously done, the clothes they are wearing or if they are drunk or have taken drugs.

Sexual harassment or stalking

Sexual harassment is any unwanted behaviour of a sexual nature that may cause offense or distress or will intimidate or humiliate a person.

Sexual harassment can take many forms, it can include but is not limited to:

- making sexually degrading comments or gestures
- being stared or leered at
- unwanted or inappropriate sexual jokes or propositions
- e-mails, social media or text messages with sexual content
- unwelcome sexual advances and touching, forms of sexual assault
- displaying sexually explicit pictures in a shared space, such as at work.
-

Sexual harassment commonly takes place in public, including workplaces, public spaces and schools.

Under the Equality Act 2010 it is a criminal offence to cause sexual harassment, alarm or distress by a course of conduct on more than one occasion and conduct can include speech. Putting someone at fear of violence is when someone says or does two or more things that make you fear that violence will be used against you.

The Protection of Freedoms Act 2012 created two new offences of stalking. Stalking is not legally defined but section 2A (3) of the Public Harassment Act 1997 lists examples of behaviours. This includes:

- (a) following a person
- (b) contacting, or attempting to contact, a person by any means
- (c) publishing any statement or other material relating or purporting to relate to a person, or purporting to originate from a person
- (d) monitoring the use by a person of the internet, email or any other form of electronic communication
- (e) loitering in any place (whether public or private)
- (f) interfering with any property in the possession of a person
- (g) watching or spying on a person

Forced marriage

Forced marriage is when one or both people do not or cannot consent to the marriage. It can include forcing someone to marry through coercion, pressure or abuse from family members or others.

People can be physically, emotionally, psychologically and financially pressured to marry a person that they do not consent to marry. Physical pressure can include threats, actual physical violence and sexual violence. Emotional and psychological pressure can make someone feel like they will bring shame on the family. Financial pressure can be when someone's wages are removed or their access to money is restricted.

A forced marriage is not the same as an arranged marriage. In an arranged marriage, whilst family members can match the couple to be married, either party has a choice as to whether or not to agree consent for the marriage. Forced marriage is not an issue that is specific to any religion, ethnic group or culture.

Forced marriage is sometimes interpreted as a religious practice but it cannot be justified on religious grounds: every major faith condemns it and freely given consent is a prerequisite of Christian, Jewish, Hindu, Muslim and Sikh marriages.

The Anti-social Behaviour, Crime and Policing Act 2014 made it a criminal offence to force someone to marry. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)
- breaching a Forced Marriage Protection Order is also a criminal offence

The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted.

So-called 'honour' based violence

Crimes in the name of so-called honour are acts of violence against women perpetrated crimes that are committed to protect perceived cultural and religious beliefs and/or honour. 'Honour based violence' can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members.. It is a violation of human rights and may be a form of domestic and/or sexual violence. There is no, and cannot be, honour or justification for abusing the human rights of others.

So-called honour based violence can include:

- murder
- un-explained death (suicide)
- domestic imprisonment
- kidnapping and abduction of children
- forced marriages
- female genital mutilation
- acid attacks
- rape

Female genital mutilation (FGM)

Female genital mutilation (FGM) covers a range of procedures which involve the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason.

There are four main 'types' of FGM:

- **type 1 (clitoridectomy)** – removing part or all of the clitoris
- **type 2 (excision)** – removing part or all of the clitoris and the inner labia
- **type 3 (infibulation)** – narrowing of the vaginal opening by creating a seal, formed by cutting and repositioning the labia
- **other harmful procedures** to the female genitals, including pricking, piercing, cutting, scraping or burning the area
-

FGM most often happens when girls are between the ages of 4-10 before they enter puberty, however it can also happen to them when they are babies or toddlers. The Female Genital Mutilation Act³ (which replaced the Prohibition of Female Circumcision Act, 1985) was introduced in 2003 and came into effect in March 2004. The Act:

- makes it illegal to practice FGM in the UK

- makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country (known as extraterritoriality)
- makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad
- has a penalty of up to 14 years in prison and/or a fine

Prostitution

Prostitution is a sexual act undertaken in exchange for some form of payment (money, drugs, food, accommodation etc)

There are two types of prostitution:

- Off the street prostitution (women selling sex in brothels, saunas, massage parlours, escort agencies, private flats and other premises).
- Street prostitution (outdoor prostitution usually on the street).

Pornography.

Pornography is defined as any printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate sexual excitement.

Violence against women

Violence against women is defined by the **United Nations** as ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life’.

Accordingly, violence against women encompasses but is not limited to the following:

1. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
2. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
3. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”

Human trafficking and sexual exploitation

The most widely cited definition of human trafficking is in the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons (1):

‘The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.’

Sex trafficking is human trafficking for the purpose of Commercial Sexual Exploitation.

Welsh Government Definitions

The Welsh Government has adopted the following definitions in the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Domestic abuse is physical, sexual, psychological, emotional or financial abuse where the victim is or has been associated with the abuser.

Gender-based violence is violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation, female genital mutilation and forced marriage.

Sexual violence includes sexual exploitation, sexual harassment, or threats of violence of a sexual nature. It is important to note that emotional abuse and coercive control are common within all forms of abuse.

Violence against women, domestic abuse and sexual violence – Home Office

The cross-government definition of domestic violence and abuse is: 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. (For example, this can include abuse and violence perpetrated by sons, daughters, grand-parents or any other person who has a close or blood relationship with the victim). The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial

- emotional

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.

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.

• **Violence against women – United Nations**

Any act of gender –based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

• **Sexual Violence – United Nations**

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.

APPENDIX 4

NATIONAL TRAINING FRAMEWORK – GROUPS

Group 1 – aimed at all public service professionals to ensure all staff working with the Public Service will have a basic understanding and awareness of what violence against women, domestic abused and sexual violence is, how to recognise it and what help is available.

Group 2 – aimed at professionals who are likely to be in jobs where this is an issue for their client group. It will ensure individuals in appropriate roles can recognise the signs that someone is being abused, be able to talk to that person sensitively (if appropriate) and offer options and services to them quickly and efficiently (‘Ask and Act’).

Group 3 – aimed at individuals in roles which require them to do more than ‘Ask and Act’ and those who perform a ‘Champion’ role. It will ensure a proportion of those working in the Public Service will be able to support colleagues as they make difficult decisions in relation to these issues, offer services to all family members affected and act as a champion with their organisation.

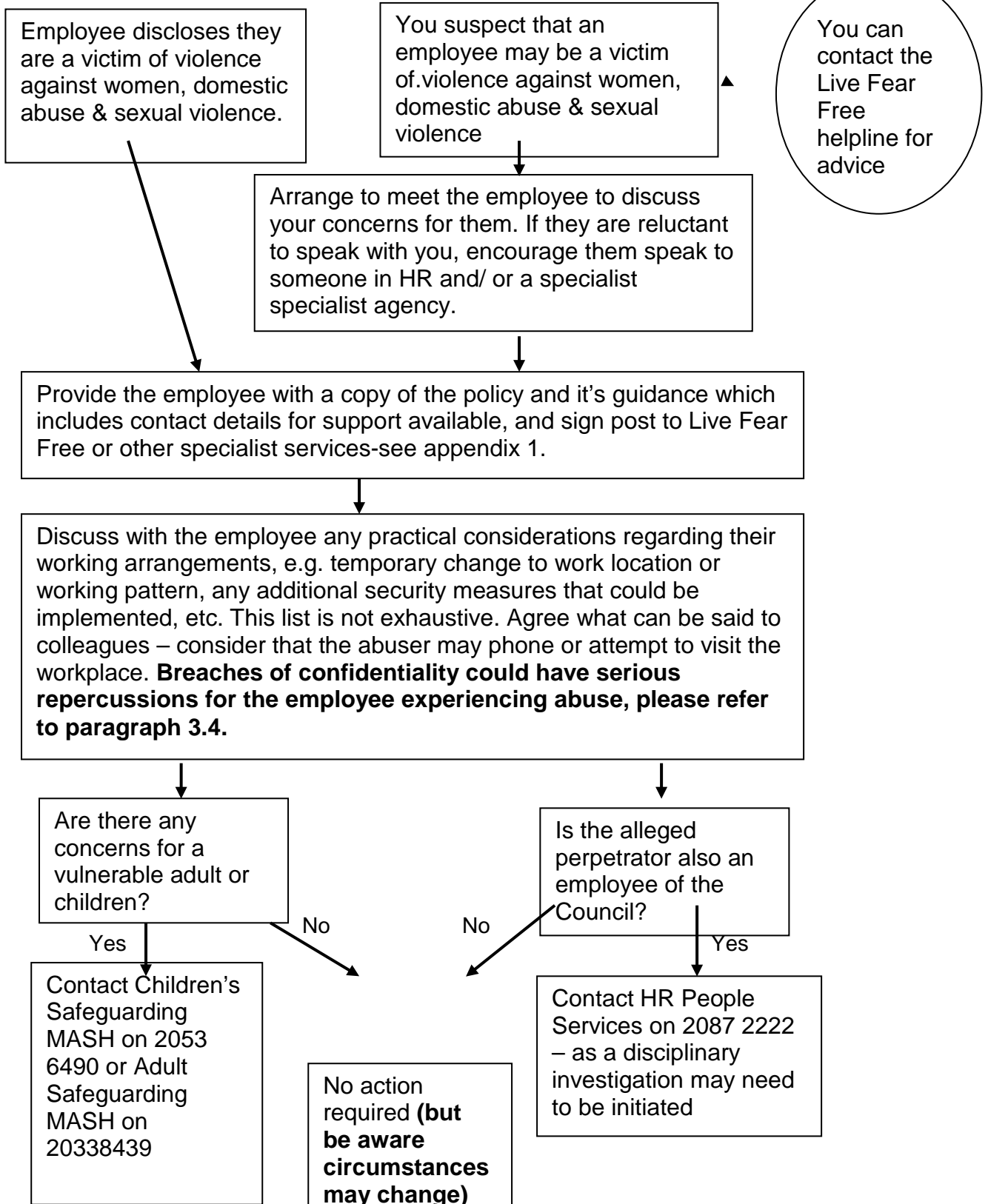
Group 4 – aimed at professionals whose client group is specifically those affected by violence against women, domestic abuse and sexual violence. It will ensure such professionals will be professional, expert and appropriately qualified.

Group 5 – aimed at service managers working in the violence against women, domestic abuse and sexual violence sector. It will enhance professional standards and support the delivery and leadership of service which are the highest quality.

Group 6 – aimed at strategic leaders who have a responsibility to foster a culture and infrastructure in which such issues are acknowledged as affecting the workforce, the client group and friends / family. The training is via a series of short films which can be used to shape strategic direction, share within teams and improve knowledge.

Appendix 5
WHAT SHOULD MANAGERS DO?

1. **Ensure that you are familiar with the Violence against Women, Domestic Abuse, and Sexual Violence Policy and its guidance.**
2. **Undertake the E-Learning module regarding Violence Against Women, Domestic Abuse and Sexual Violence**



You can contact the Live Fear Free helpline for advice



Managers and Employees Guide on Violence against Women, Domestic Abuse and Sexual Violence Guide

**Cardiff Council
HR People Services
Employee Relations Team**

**Mae'r ddogfen hon ar gael yn Gymraeg.
This document is available in Welsh.**

October- 2018

Pack Page 101

Section	Content	Page Number
1	Manager's role in supporting employees who experience domestic abuse and violence.	Page 2-3
2	Recognising the signs of domestic abuse and violence.	Page 4-5
3	Managing and supporting the employee.	Page 5
4	Handling disclosure.	Page 6-7
5	Continuing to support the victim.	Page 7
6	Supportive Measures.	Page 7-11
7	Asking Sensitive Questions.	Page 11-12
8	Confidentiality.	Page 12-13
9	What to do if a colleague tells you that they are experiencing domestic abuse and/or violence.	Page 13-14
10	What to do if you suspect that an employee is a perpetrator of domestic abuse and violence - guidance for colleagues and managers	Page 14-15
11	Dealing with external perpetrators.	Page 15-16
12	Support for anyone involved in a case.	Page 16
13	Equality and Diversity Considerations - Taking account of different needs and experiences.	Page 16-17
14	Records	Page 17
	Appendix 1-Support Agencies	Page 18

This guidance should be read in conjunction with the Policy on Violence against Women, Domestic Abuse and Sexual Violence.

1.0 Manager's role in supporting employees who violence against women, experience domestic abuse and violence.

1.1 The manager's role is to create a supportive environment so that employees who are victims of violence against women domestic abuse and/or violence know they have the right to raise this issue in the knowledge that it will be treated seriously, effectively and confidentially (within the provisions of paragraph 8).

1.2 Managers are not expected to be experts in the issue of violence against women, domestic abuse or sexual violence. The role of a manager is not to deal with the abuse itself but to make it clear through the workplace policy that employees will be supported and to outline what help is available.

1.3 The manager should look to signpost and support the individual to seek help from the specialist sources of support and guidance available including suggesting the employees contacts the Live Fear Free Helpline on **0808 80 10 800**. All references to the Helpline in this guidance refer to these details.

1.4 The manager should also seek help on how to best support the victim and on how to handle issues that arise. These situations are complex and managers should not try to handle them alone. Managers can access support by ringing the Helpline or talking to a more senior manager or HR People Services. Seeking this support is not a breach of confidentiality and is in the best interests of the employee.

1.5 Managers must never attempt to mediate between an employee and a perpetrator of domestic abuse and/or sexual violence or suggest that they access professional mediation services. If the perpetrator becomes aware that someone knows about the abuse and/or violence, this could compromise the employee's safety or make a difficult situation even worse.

1.6 In some situations both the victim and the alleged perpetrator may work for the Council or allegations may be made against both parties, in such cases advice should be sought from HR People Services.

1.7 If at any time the manager is concerned that a serious risk may be present for example to the employee, other work colleagues or to the public, they must not try to assess the risk but must contact their senior manager, who in turn will contact the Helpline, Facilities Management or HR People Services. If a serious risk occurs when these internal contacts are not available e.g. working late in the office, weekend or out of hours working, the Helpline is a 24 hour, 365 days a year service. It gives you access to professional specialist advice and guidance which will signpost you to any other agencies you need to contact to ensure risks are managed effectively.

1.8 Managers must keep a record of any incidents of abuse or violence at the workplace, including persistent telephone calls, emails or visits to the employee by their partner/ex-partner or close relative. These records will

form part of the evidence needed to support any action against the perpetrator and ensure that the appropriate help is given to the employee. Records must be factual and not contain any inflammatory or subjective comments. Records must be held securely and in accordance with the Data Protection Act.

2.0 Recognising the signs of violence against women, domestic abuse and sexual violence.

2.1 As part of normal day-to-day management, managers should be alert to changes in behaviour that may signal that an employee may be experiencing difficulties at home or at work. There is no simple way to know whether or not an employee is experiencing domestic abuse and/or violence but there are signs that you can look out for. They may be small at first but over time they may become more obvious. Such signs include:

Work productivity

- Persistently late with no real explanation &/ or needing to leave work early.
- High absenteeism rate without explanation.
- Needing regular time off for appointments.
- Changes in quality of work performance for unexplained reasons.
- Interruptions at work e.g. repeated upsetting calls/texts/e-mails.
- Increased hours being worked for no apparent reason.

Psychological indicators

- Changes in behaviour, may become quiet and withdrawn, avoid interaction or making acquaintances or friends at work, may always eat alone.
- Problems with concentration.
- May cry at work and or appear to be very anxious.
- Could display fearful behaviour such as startled reactions.
- Fear of partner/references to anger.
- Is seldom or never able to attend social events with colleagues.
- Expresses fears about leaving children at home alone with partner.
- Secretive regarding home life.
- Appears to be isolated from friends & family.

Physical indicators

- Repeated injuries such as bruises that are explained away, explanations for injuries that are inconsistent with the injuries displayed.
- Frequent and/or sudden or unexpected medical problems/sickness absences.
- Sleeping/eating disorders.
- Substance use/dependence.
- Depression/suicide attempts.
- Fatigue.

- Change in the way the employee dresses e.g. excessive clothing in summer, unkempt or dishevelled appearance, change in the amount of make-up worn.

The above is not an exhaustive list but it shows the key types of behavioural changes that could indicate there is a problem. However, it is important not to make assumptions and to talk to the employee about any concerns. Often victims are feeling too emotionally vulnerable to raise the issue themselves and research shows that the majority of victims say that: “I just wanted someone to ask me what was going on”.

3.0 Managing and Supporting the employee.

3.1 It is recognised that line managers may be hesitant about raising this issue with an employee, examples of questions managers can ask to enquire whether someone is experiencing violence against women, domestic abuse and/or violence are detailed at section 7.

3.2 A manager may also be alerted to the possibility of a potential violence and/or abuse through a colleague reporting it or through raising management concerns because the employee is demonstrating some of the behaviours listed above rather than feeling able to talk about the abuse and/or violence.

3.3 Where possible, issues under procedures such as Attendance and Wellbeing or Performance Management should be raised at the earliest opportunity, by the appropriate level of line management and at the informal stage, unless an issue has arisen which demands a more formal approach.

3.4 Remember that it is the employee's decision whether or not to disclose that they are experiencing and/or violence and/or abuse. If the employee discloses, this must be taken into account as a mitigating factor in line with the appropriate procedure and appropriate help and support given.

3.5 Where an employee does **not** disclose domestic violence and/or abuse but the manager remains concerned that this may be a factor, they should explain that if the employee ever has any issues they wish to raise confidentially that they are always available. Reinforce the help that can be provided through the Occupational Health team, the Employee Assistance Programme and the Helpline. The manager should also discuss the situation with HR People Services to ensure they have followed the correct process and all avenues of support are explored.

4.0 Handling disclosure.

4.1 Where an employee discloses that they are experiencing violence and/or abuse, managers should recognise that these matters can be very complex and that they will not be in a position to give specific advice. The role of the manager is to be understanding and provide the employee with information on protection whilst at work and the sources of help that may be accessed via the Helpline and other avenues of support. In carrying out discussions, the manager should:

- explain the confidentiality provisions outlined in paragraph 8;
 - not ask for proof of abuse or violence;
 - listen, reassure and take seriously what is being disclosed and respond in a sensitive, non-judgmental and supportive manner;
 - ask the employee how best to support them but manage expectations by explaining that the Council may not be able to assist with all their needs;
 - advise the employee of the specialist support that is available to them through the Helpline, Occupational Health team or the Employee Assistance Programme;
 - raise awareness of help that may be available through other policies e.g, the Special Leave policy or flexible working policies;
 - respect the need for privacy as the employee may not feel able particularly at the initial discussion, to disclose some personal details;
 - explain the options that may be available to the employee while respecting their right to determine what is best for them;

 - undertake an internal health and safety risk assessment to identify whether any measures are needed to protect the employee's safety and well-being, and that of their colleagues. Facilities Management and the Helpline will be able to advise on safety planning;
 - ensure the risk assessment plan is actioned.
- and,
- mention that all of the Welsh Police forces operate a positive action policy in relation to violence against women, domestic abuse and sexual violence his means they investigate any incident and will take action against the perpetrator if there is sufficient evidence and work closely with other agencies to secure the victim's, and their family's, safety and provide practical help.

5.0 Continuing to support the victim.

5.1 Cases of violence against women, domestic abuse and/or sexual violence can be complex and are not easily or speedily resolved. Often the employee may continue living with the perpetrator or come into contact with them through access to children or other situations. Even if there is no contact with the perpetrator, it may take a period of time before the employee's health and well-being returns to normal levels.

5.2 Managers may need to give ongoing support to employees and meet with them regularly to assess any further support needed to retain them in work. Advice can be obtained from Occupational Health, the Helpline and the HR People Services on a regular basis.

6.0 SUPPORTIVE MEASURES

Broaching the subject

6.1 If you recognise the indicators of violence against women, domestic abuse and sexual violence, it is important that you are able to start a conversation with the employee in question to offer help and let them know that the workplace can offer some support.

The information below will help you to do this:

- Select a completely confidential and private space in which to have the conversation.
- Adopt a considerate, sensitive and curious questioning approach. Do not be self-conscious or apologetic. You are asking the question for the right reasons.
- Explain that this is a confidential conversation but that you have observed some things which have worried you and which you would like to explore.
- Explain why you are concerned and that you would like to help if you can.
- Believe an employee if they disclose that they are experiencing violence and/or abuse.

- Reassure the employee that the organisation has an understanding of violence against women, domestic abuse and sexual violence and how this may affect people at work and the support that can be offered.
- Ask them if they have thought about what they would like to happen as a result of the disclosure and explore support options with them, if this is something they feel able to do.
- Raise the issue in other private 1:1s to ensure they know you are comfortable to talk about their situation at any point.

6.2 Managers should record absences or applications for special leave in accordance with normal council procedures. However, where these incidents relate to violence against women, domestic abuse and sexual violence, then the special leave requests should be endorsed as “domestic emergency” only so that the incident(s) remains confidential.

6.3 Managers may receive requests for time-off from employees who are experiencing violence against women, domestic abuse and sexual violence, for appointments during the normal working day. Requests for special leave should be treated sympathetically, under the domestic emergency provisions of the Leave Policy. These appointments could include:

- (i) Appointments with support agencies such as specialist violence against women, domestic abuse and/or sexual violence services, Services, Welfare Rights or counsellors;
- (ii) Arranging rehousing;
- (iii) Meetings with solicitors;
- (iv) Making alternative childcare arrangements, including meetings with schools.

6.4 Managers should also consider other supporting measures, such as temporary rearrangement of working hours or a temporary change in office location. Employees are entitled to special leave with pay to attend court hearings as witnesses.

6.5 Individuals may face considerable financial hardship or have concerns about finding suitable accommodation for themselves and their family. Appropriate measures can be taken to help employees in these circumstances, for example referring employees to Cardiff Credit Union for confidential and sympathetic financial advice and assistance. Such referrals can be made regardless of whether the employee is an existing member of the Credit Union.

6.6 If the employee has disclosed that their abuser partner has access to their finances or is exerting economic pressure upon them, the Payroll Section can be approached to change the method of salary payment on a temporary basis. This can be discussed with HR People Services.

6.7 The Employee Assistance Programme and The Employee Counselling Service should be brought to the attention of the employee. The manager with the employee's consent can refer to Occupational Health Service who may be able to offer additional support.

6.8 Managers should provide the employee with a copy of this guidance and the policy which has relevant contact details. Appendix 5 of the policy provides a flowchart on 'What should managers do?' for ease of reference.

6.9 Listed below are a number of practical measures that managers may wish to discuss with an employee and where possible agree together as a means of support:

- Identify a work contact for support and an emergency contact should you be unable to contact the employee.
- Where possible using existing policies to allow the employee to change work patterns or workload and allow flexible or more flexible working or special leave to facilitate any practical arrangements.
- Consider diverting phone calls and email messages.
- Speak to Facilities Management who (where relevant) will alert reception/s if the abuser comes to the workplace.
- Check that employees have arrangements for getting safely to and from home.
- Amend and update personal information, such as temporary or new addresses, bank or health care details, where appropriate.
- Suggest the employee reviews their next of kin information – the abuser may still be listed.
- Where practical, offer changes in specific duties, such as not expecting the employee to answer telephones or sit on reception or in exceptional circumstances temporary redeployment to another post if an alternative is not easily found.
- Where possible offer temporary or permanent changes in workplace, work times and patterns, helping to make the employee less at risk at work and on their journeys to and from work. This should take account of any reasonable adjustments in place for a disabled employee.
- Where practical, move the employee out of public view i.e. ensuring that they are not visible from reception points or ground floor windows.
- Where possible ensure that the employee does not work alone or in an isolated area.

- Agree what to tell colleagues and how they should respond if the abuser rings or calls at the workplace. Providing colleagues or Facilities Management team with details of the individual against whom allegations have been made and other relevant details such as car registration numbers may help them to maintain security in the workplace.
- Making sure that the systems for recording employee whereabouts during the day are adequate and if the work requires visits outside the office, considering how risks can be minimised (e.g. changing duties or allowing another colleague to accompany them on certain journeys).
- Keep a record of any incidents of abuse in the workplace, including persistent telephone calls, emails or visits to the employee by their partner/ex partner/abuser. Records must be held in accordance with the Data Protection Act. Details of any witnesses to these incidents should also be noted. These records could be used if the employee wants to press charges or apply for an injunction against the alleged perpetrator. The employer can also apply for an injunction if the action of an alleged perpetrator impinges on the health and safety of employees.
- Keep good records, documenting discussions and actions taken as well as storing information confidentially.
- Improve security measures, such as changing keypad numbers and ensuring that access to buildings is open to authorised employees only.
- Reminding all employees not to divulge information about other employees, especially personal details such as addresses, telephone numbers or shift patterns.
- Managers will be mindful that not all employees are office based and service areas will need to be adaptive to the relevant employment setting, in particular managers will need to consider the options where the employee is a home worker as this may put them at greater risk if the perpetrator is at home during the employee's working hours.
- Monitor and review the situation regularly.

NB: Managers may have to take into account whether the above measures are operationally appropriate. However, ensuring that employees are safe should be of primary consideration throughout this process and led the needs of the individual.

7.0 Asking Sensitive Questions

7.1 This guidance will help managers to begin a conversation with an employee where they suspect that they are experiencing violence against women, domestic abuse and/or violence.

- It is important to normalise the process of “asking the question”. The best way to encourage the employee to open up to you is to adopt a considerate questioning approach.
- If your approach is too forthright, you risk your questions being perceived as a threatening intrusion into an employee’s personal life.
- Talking about violence against women, domestic abuse and/or sexual violence is an emotionally charged event for both the person being abused and the confidante and needs to be handled sensitively.
- Begin by letting the employee know that you are concerned, that they are not alone, the abuse/violence is not their fault and that help is available.
- Let the employee know what you have observed.
- Be careful that there isn’t an over-focus on physical violence to the detriment of emotional, psychological, financial and other aspects of domestic abuse.
- Believe an employee– do not ask for proof.
- Reassure the employee that the Council has an understanding of how violence against women, domestic abuse and/or sexual violence may affect them at work and the support that can be offered.

Managers should ask the employee indirect and open questions, to help establish a relationship with the employee and develop empathy.

8.0 Confidentiality.

8.1 Confidentiality must be maintained by any employee who is involved with a case of an employee experiencing violence against women, domestic abuse and/or sexual violence (except in the circumstances outlined in paragraph 3.5 of the policy).

8.2 Maintaining confidentiality is not about keeping secrets, it is about limiting

discussion and information to those involved in managing and supporting a case. Disclosure to those who need to be involved in a case will be discussed and agreed with the employee prior to information being shared, (except in the circumstances outlined in paragraph 3.5 of the policy). Information will only be shared on a need to know basis in order to achieve the best outcome for the employee.

8.3 The employee can be assured that sharing of information will be restricted to the small group of managers and professionals who may be required to help and support. These individuals will normally be limited, as appropriate, to the line manager, HR People Services, trade union representative and Occupational Health. On occasions, others in the line management chain may also need to be informed, for example, to gain agreement to workplace changes to support and protect the employee.

8.4 Similarly, colleagues may be informed of a limited amount of information on a need to know basis where measures must be taken to safeguard the employee and others in the team. All those involved will be advised that confidentiality must be strictly observed.

8.5 If any manager or employee is concerned about a situation but is unsure of how to deal with it, they should talk to their senior manager so that it can be managed in the best way for the employee experiencing domestic abuse and/or violence. This will not be regarded as breaking confidentiality.

8.6 The employee or the manager/ senior manager could contact the Live Fear Free Helpline for confidential information and advice. The manager/ senior manager will also consult with Facilities Management where necessary and/or the HR People Services and appropriate action will be taken.

8.7 Where it is decided that there is a need to share information to safeguard the employee and/or others from a serious risk, information may be shared more widely internally and externally in consultation with HR People Services. Such situations include circumstances where:

- there is a serious risk to workplace and/or public safety; or
- the risk to the victim is assessed as so high that there is a significant possibility of very serious harm or that their life is in immediate risk; or.
- there is reason to suspect that children, young people or vulnerable adults may be at risk.

9.0 What to do if a colleague tells you that they are experiencing domestic abuse and/or violence.

9.1 If a colleague tells you that they are you should strongly encourage and support them to inform their manager or HR People Services and ring the Helpline. You may also wish to ring the Helpline to find out how you can best support your colleague. If you feel you need support as a result of your colleague confiding in you, you can access confidential support through the Employee Assistance Programme or Occupational Health.

9.2 If they feel they cannot speak to their line manager, encourage them to tell someone else in the line management chain, Occupational Health team or a trade union representative.

9.3 If they choose not to talk to anyone else, you must respect their decision. Your role is to support and encourage your colleague to seek expert help and guidance by ringing the Helpline and suggesting they read this guidance and Violence Against women, Domestic abuse and Sexual violence Policy.

9.4 Outlined below are some steps you can take to help your colleague;

- Acknowledge that it takes strength to trust someone enough to talk about the abuse and violence;
- Allow time for them to talk and don't push for more detail if they do not wish to give it;
- Try not to criticise the abuser to your colleague, it may put them off from saying any more;
- Let them make their own decisions – if they are not ready to take action– that is their decision;

- Encourage them to seek expert help from the Helpline and Employee Assistance Programme and to talk to their line manager or HR People Services so that they can be fully supported in the workplace ;
- Don't suggest that they change their behaviour towards the abuser as this could alert the abuser and increase the risk to your colleague.

9.5 You must maintain confidentiality in accordance with paragraph 8 but if at any time you feel that there might be a serious risk to the victim, yourself or colleagues you must immediately speak to your line manager, someone else in your line management chain or HR People Services about your concerns. Such a discussion is not a breach of confidentiality.

10. What to do if you suspect that an employee is a perpetrator of domestic abuse and violence - guidance for colleagues and managers.

10.1 The Council will not tolerate any form of abuse or violence within the workplace. It aims to create a safe working environment which promotes personal health and wellbeing and is free from harassment.

10.2 We encourage employees who are perpetrators of violence against women, domestic abuse and/or sexual violence to voluntarily avail themselves of the support offered by the Occupational Health Team and the Employee Assistance Programme. There are also sources of external support which can be accessed by contacting Respect – the support service for perpetrators of domestic abuse and violence on 0808 802 4040 or at respect.uk.net

10.3 If you suspect that an employee is a perpetrator of domestic abuse and/or violence, you should discuss this with your line manager who will contact the HR People Services for further advice.

10.4 If you are aware of a potential victim who is not your direct employee you must also make this known to your senior manager so that appropriate action can be taken in liaison with the HR People Services and Facilities Management. We look to safeguard the victim, as far as we legally and reasonably can, taking into account data protection considerations, whether or not they work for the Council.

10.5 If there are allegations that an employee is the perpetrator of violence against women, domestic abuse and/or sexual violence and they have used the workplace to commit such acts, we will take action under the disciplinary procedure. Such action will normally be considered as gross misconduct which could lead to dismissal, and in some circumstances, criminal proceedings.

10.6 Before implementing the disciplinary procedure, HR People Services in liaison with the Live Fear Free Helpline will consider the impact of proceedings upon the

victim and take any action that we can reasonably take, provided it is legal, safe and appropriate to do so, to safeguard and minimize the impact upon that individual whether or not they are employed by the Council.

10.7 Where an alleged perpetrator of domestic abuse and/or violence is subject to the disciplinary procedure, the line manager in discussion with the HR should decide whether immediate action should be taken to minimize the potential for the perpetrator to use their position or internal resources to find out information on or the whereabouts of their partner, ex partner or other person they are abusing. This may include a change of duties or role or the withdrawal of access to certain resources.

10.8 Alongside the disciplinary procedure, we will encourage and support perpetrators of such abuse to take action to address their behaviour including referral to the Occupational Health Team, the Employee Assistance Programme and Respect – the support service for perpetrators of domestic abuse and violence. It is therefore, recognised that it may be appropriate to support an employee who is seeking help to address their behaviour.

10.9 Employees are required to advise their manager if they are arrested, given a Police caution, charged to appear before a criminal court or convicted of a criminal offence. Failure to do so in itself may give rise to disciplinary proceedings being taken against the employee.

10.10 Where an employee receives a police caution or is convicted of a criminal offence in relation to violence against women, domestic abuse and/or sexual violence the impact of this upon, their suitability for performing their current duties and their continued employment will be considered in line with the Council's Disciplinary Policy.

11 Dealing with external perpetrators.

11.1 If you suspect that an external person is a perpetrator of violence against women, domestic abuse and/or sexual violence and is using a Council workplace to commit such acts against another employee or a person who works directly for the Council e.g. a secondee or contractor, you should speak to your senior manager. We will take action to protect the employee including reporting the perpetrator to the police where appropriate.

11.2 Your senior manager must contact HR People Services and the Live Fear Free Helpline who will consider what action is appropriate and the impact of taking this action upon the employee or person concerned. We will take action to protect employees, who work directly for the Council provided it is legal, safe and appropriate to do so, whilst minimising the impact upon the victim.

12 Support for anyone involved in supporting an employee.

Anyone involved in a case will need professional, expert advice and may also need personal support to help them deal with their response to what may be a complex and stressful time. The support below is available to you whether you are a victim, line manager or a colleague or team who is managing and/or supporting a member of staff experiencing domestic abuse and/or violence.

Live Fear Free Helpline.

12.2 The Helpline is the primary source of specialist support and guidance for anyone who needs help in dealing with domestic abuse and/or violence. Whether you are a manager, colleague or victim of domestic abuse and /or violence, you are strongly encouraged to contact the Helpline to obtain expert advice and guidance on dealing with your particular situation. It is a 24 hour, 365 days a year service.

The City of Cardiff Council - Employee Assistance Programme.

12.3 Being involved or dealing with a case of domestic abuse and/or violence may be a difficult and stressful time for individuals. If you require personal support, you may contact the Employee Assistance Programme (EAP) for professional, independent advice and support.

Support for perpetrators.

12.4 The Council will not tolerate any form of abuse or violence within the workplace and we will deal with perpetrators of such behaviour under the Disciplinary policy. We recognise our duty of care to all employees and we will encourage and support employees who are perpetrators of domestic abuse and/or violence to voluntarily avail themselves of the support offered by the Occupational Health Team and the Employee Assistance Programme. There are also sources of external support which can be accessed by contacting Respect – the support service for perpetrators of violence against women, domestic abuse and sexual violence on 0808 802 4040 or at respect.uk.net.

13 Equality and Diversity Considerations - Taking account of different needs and experiences.

13.1 It is important that everyone involved in a case recognises that employees' experiences of violence against women, domestic abuse and sexual violence may be very different. Whilst the experience bears many similarities between groups, there are also some specific issues that may affect different groups. For example:

- disabled women are twice as likely to experience domestic abuse as nondisabled women;
- older women are less likely to report their experiences;
- men often reach crisis point before they show any signs that they are experiencing abuse or violence and will only seek help at this point. Often the first help they seek will be professional support outside the workplace;
- women prefer to talk about their experiences to females who can offer professional advice and support;
- men feel equally comfortable talking about their experiences to a man or a women who can offer professional advice and support;
- ethnic minority women face additional barriers to accessing support;
- black minority ethnic women and men may be reluctant to discuss family abuse or violence for fear of bringing shame on the family and ostracism from the community;
- lesbian and bisexual women can be vulnerable to abusers who undermine their sexuality and threaten to “out” them to colleagues, employers and family members; and,
- transgender colleagues may have their gender identity used as part of the abuse they experience and may feel that there are fewer services available to them.

14 Record Keeping

14.1 Any record made under this guidance must be held securely and in accordance with the Data Protection Act. Please see the Council’s Data Protection Policy and Procedure for specific information.



Joint Council for Wales
Joint Statement on Domestic Abuse



JCW Joint Statement on Domestic Abuse

The Joint Council for Wales has adopted the Welsh National Domestic Abuse Strategy definition of domestic abuse, an extract of which states that:

'Domestic Abuse is best described as the use of physical and/or emotional abuse or violence, including undermining of self confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.'

Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation and the telephone, and stalking.

Domestic abuse is not a "one-off" occurrence; it is frequent and persistent.'

The Joint Council for Wales notes the publication of 'Call to End Violence against Women and Girls' (25th November 2010) followed by the 'Call to End Violence against Women and Girls Action Plan' (8th March 2011) and acknowledges that public sector organisations have an important role to play in addressing the problem of violence against women and girls.

The Joint Council for Wales acknowledges that public bodies also have duties to promote gender equality in the services they provide and in the employment of their staff.

The Joint Council for Wales is concerned that:

Domestic abuse is still largely a hidden crime: those who have experienced abuse from a partner or ex-partner will often try to keep it from families, friends, or authorities. For all these reasons, and others, victims of abuse are likely to experience repeated attacks before they report the abuse to anyone – and statistics can only be based on known data. On average, 35 assaults happen before the police are called. (Jaffe 1982)

While the majority of incidents of domestic violence recorded by the police involve male-to-female abuse, little is known about the nature of the incidents where men are recorded as victims and women as perpetrators, nor about the circumstances where both partners are recorded as perpetrators.

Domestic abuse is gendered – the majority of perpetrators are men and between 80-95% of those who experience it are women, although it does also occur against men in heterosexual relationships, in same sex relationships and against bisexual and transgender people.

At least one in four people in same sex relationships will experience abuse in a relationship in their lifetime. Most survivors of same sex domestic abuse do not report to public agencies. This is partly because they see their experience as their own problem, and partly because they do not believe they will receive a sympathetic response. (Comparing Domestic Abuse in Same Sex and Heterosexual Relationships by Catherine Donovan, Marianne Hester, Jonathan Holmes & Melanie McCarry, November 2006)

Nearly one million women experience at least one incident of domestic abuse each year; nearly 20,000 women a week. (British Crime Survey 2007/08).

Domestic abuse alone costs UK businesses in excess of £2.7 billion each year due to decreased productivity, poor performance, absenteeism, and employee turnover. (Walby S. The Cost of Domestic Violence, Women and Equality Unit, 2004).

In addition domestic abuse can contribute to unhealthy stress levels in staff, and where domestic abuse spills into the workplace it can threaten the safety of all employees.

Domestic violence also affects other staff who may:

- Have to fill in for absent or non-productive colleagues
- Feel resentful of victims needing time off or receiving extra attention
- Try to “protect” victims from unwanted phone calls and visits
- Be completely unaware of how to intervene, often feeling helpless and distracted from their work
- Fear for their own safety in the workplace

Research shows that in the UK, in any one year, more than 20% of employed women take time off work because of domestic abuse, and 2% lose their jobs as a direct result of it. (Walby and Allen, 2004)

The Joint Council for Wales believes that developing workplace initiatives makes good business sense because it enhances employee well being and productivity and reduces abuse-related costs.

When employers are proactive in responding to domestic abuse by raising awareness of the issue, creating a safe working environment, and publicising the authority's response to the issue, employees feel more able to name their own or their colleagues' problems as domestic abuse.

Authorities can also play a key role in promoting awareness of the issue in the wider community, provide support for charities, and at the same time raise the profile of the organisation.

The Joint Council for Wales recommends authorities ensure that workplace domestic abuse policies and procedures are in place, and recommends that the WLGA Policy protocol on Domestic Abuse in the Workplace be adopted as the basis for policy review and development.

The Joint Council for Wales supports its trade unions in raising awareness of domestic abuse and supporting their members.

Trade unions should be fully consulted when policies and procedures are drawn up and when reviewed.

Appendix 1 sets out the Joint Council for Wales guidance on areas that should be included in domestic abuse policies and procedures.

The WLGA Policy protocol on Domestic Abuse in the Workplace is at Appendix 2.

Further guidance

www.refuge.org.uk

Refuge offers a range of services which give women and children access to professional support whatever their situation.

www.respect.uk.net

Respect is the national association for professionals working with people to end their abusive behaviour.

Refuge and Respect have worked together to produce a comprehensive resource designed to help employers and HR professionals respond to employees who are victims or perpetrators of abuse, Details can be found at

<http://www.respect.uk.net/pages/the-domestic-violence-resource-manual-for-employers.html>

www.womensaid.org.uk

Women's Aid is the key national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK

www.broken-rainbow.org.uk

Support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence.

See also the WLGA Policy protocol on Domestic Abuse in the Workplace for Wales – based guidance.

APPENDIX 1

ELEMENTS WHICH SHOULD BE COVERED BY POLICIES AND PROCEDURES ON DOMESTIC ABUSE

The Joint Council for Wales recommends that policies and procedures should cover:

1. Principles and commitment
2. Definitions of domestic violence
3. Relevant legal obligations towards staff
4. HR's role and the provision of appropriate awareness raising / training to include:
 - Understanding domestic abuse and safety issues
 - How to respond to victims and perpetrators
 - How to signpost to support services (women's aid; health; housing; legal, children etc)
5. Confidentiality, right to privacy issues and record keeping
6. Management of ongoing safety issues and measures to ensure a safe working environment
7. Dealing with Perpetrators of domestic violence
8. Appropriate support to survivors which can include:
 - Special Leave
 - Temporary or permanent changes to working times and patterns
 - Changes in specific duties,
 - Redeployment or relocation
 - Measures to ensure a safe working environment,
 - Training courses for survivors/time off to attend
9. Links with other existing policies (flexible Working policy, harassment and bullying, sickness absence monitoring, supervision and performance) monitoring, confidentiality, redeployment, health and safety, risk assessments, disciplinary and grievance, code of conduct)
10. Sources of advice and support and how to contact them

11. Methods of awareness raising and publicising the policy and support available to all staff

12. Monitoring and review through working together with trade unions

APPENDIX 2



WLGA • CLILC

DOMESTIC ABUSE IN THE WORKPLACE POLICY PROTOCOL



February 2011

WELSH LOCAL GOVERNMENT ASSOCIATION

Domestic Abuse in the Workplace Policy Protocol

1.0 PURPOSE

The WLGA recognises the impact of domestic abuse and similar acts of violence within our communities. This protocol has been developed to encourage and assist local authorities in Wales to build on existing good practice and put in place policies and procedures for managing domestic abuse within the workplace.

More detailed actions are contained in section 3.0.

2.0 BACKGROUND

2.1 Introduction

Local government already has a role in the prevention of domestic abuse and support to victims of through its involvement in Community Safety Partnerships as part of its wider Community Leadership role. This WLGA protocol reinforces Welsh local government's commitment to tackling domestic abuse by aiming to ensure that all local authorities as employers also have in place a workplace policy.

2.2 Definition of Domestic Abuse

The WLGA has adopted the Welsh National Domestic Abuse Strategy definition of domestic abuse and extract of which states that:

'Domestic Abuse is best described as the use of physical and/or emotional abuse or violence, including undermining of self confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation and the telephone, and stalking.

Domestic abuse is not a "one-off" occurrence; it is frequent and persistent.

The full definition recognises that any person can be the victim of domestic abuse: Women and men can be victims of domestic abuse in heterosexual relationships; domestic abuse can also take place in lesbian, gay, bisexual and transgender relationships. Disabled people can be particularly vulnerable as can older people. The inclusion in the full definition of violence between family members ensures that issues such as 'honour crimes' are fully reflected. The definition also acknowledges that children/young people can be victims of domestic abuse, and that domestic abuse cuts across age, race, and religion. Also domestic abuse is not necessarily a physical act as it can take many forms.

Importantly, however, while the definition accepts that men can also be victims of domestic abuse, it recognises that the great majority of domestic abuse is perpetrated by men against women and their children.

2.3 Domestic Abuse in the Workplace

Domestic abuse is not a private matter and can impact greatly on an individual's working life. Research shows that 75% of domestic abuse victims are targeted at work. It is often possible for perpetrators to use workplace resources, such as telephones, email and other means, to threaten, harass or abuse their current or former partner.

Domestic abuse can be a performance and productivity concern. The effects of domestic abuse can include decreased productivity, lateness, stress, absenteeism, errors and increased employee turnover.

Research demonstrates for example that:

- 56% of abused women arrive late for work at least five times a month.
- 28% leave early at least five days a month.
- 53% miss at least three days of work a month.

Colleagues may also be affected; they may be followed to or from work, or subject to questioning about their victim's contact details or location. They may have to cover for other workers while they are off, try to fend off the abuse and fear for their own safety. Furthermore, colleagues can also be unaware of the abuse, or not know how to help.

It is also important to recognise that while domestic abuse impacts on the health, safety and wellbeing of employees, for some women the workplace can be the safest place to be. A supportive workplace is essential to ensure that routes to safety can be achievable.¹

Further background information is contained in the Guidance Document ¹'Domestic abuse is your business' Equality and Human Rights Commission.

http://www.equalityhumanrights.com/uploaded_files/Wales/guidelines_on_domestic_abuse_workplace_policy.pdf

3.0 ACTIONS and EXPECTATIONS OF LOCAL AUTHORITIES

3.1 Workplace Policy and Statement of Commitment

Local authorities in Wales recognise the importance of having in place a workplace policy that opposes and condemns any form of domestic abuse in the workplace, and will develop procedures to ensure that victims of domestic abuse feel safe and supported at work and that action is taken against perpetrators of domestic abuse who are either employees or enter the workplace.

3.2 Adherence to a set of Overarching Principles

To support this approach it is recommended that local authorities make provision for the following in their Workplace Policy on Domestic Abuse:-

- i. The provision of support to employees who are experiencing domestic abuse in their personal relationships ensuring that the matter is treated seriously, compassionately, and confidentially
- ii. Raising awareness of domestic abuse, its implications for the services provided and its effects within the workplace;
- iii. Ensuring all employees understand the important roles they can play in tackling domestic abuse
- iv. To provide a working environment that removes the perception or fear of stigma for employees who have experienced domestic abuse and prevents inappropriate judgments being made by colleagues
- v. To clearly set out what the local authority will do if employees are found to be perpetrators of domestic abuse
- vi. Ensuring that approaches taken to support victims consider all relevant issues and does not inadvertently make the situation worse.

3.3 Actions To Support The Policy Principles

Local authorities in Wales will aim to develop these principles into a series of actions that ensures the workplace policy is effective in supporting those who are victims of domestic abuse so that they feel safe at work and in taking action against perpetrators of domestic abuse who are employees or who enter the workplace.

To assist authorities as employers meet this aim the EHRC Guidance Document provides a range of actions that authorities can take to support the policy principles. (See below – Supporting Good Practice).

4.0 SPECIFIC LOCAL AUTHORITY CONSIDERATIONS and ISSUES

This protocol recognises that some of the actions required under the policy principles will need careful examination and the following issues are identified that local authorities may need to consider.

4.1 Limits of Confidentiality

Whilst confidentiality is a key element to ensure that victims make disclosures and seek support it should be borne in mind that the local authority will have specific responsibilities under POVA (Protection of Vulnerable Adults) and the All Wales Child Protection Procedures. The implementation of this protocol and any local policy must have regard to these procedures which aim to protect those who are vulnerable from possible harm.

4.2 Disclosure of Information

A victim of domestic abuse will need to feel comfortable about disclosing information about their circumstances and may not always choose to disclose to their manager. Policies and programmes of awareness should reflect that co-workers, friends, trade union representatives and those in other specialist roles like Occupational Health Staff or Counsellors may be the first point of disclosure and need to understand what they should do. This will impact on training and awareness programmes

4.3 Management Training, Awareness and Skills

As with any policy, training will be required to ensure its effectiveness. Any training programme should recognise those issues raised above – Confidentiality and Disclosure – but also enable managers and colleagues to be able to recognise the signs where employees are experiencing domestic abuse. Further guidance is contained in the EHRC materials in the Supporting Good Practice section and Appendix A -*Recognising and Supporting staff who are Victims of Domestic Abuse*.

4.4 Dealing with Perpetrators

Authorities will need to develop procedures to respond to perpetrators who turn up at the workplace or contact and harass victims at work. Authorities may need to look at access to buildings, hours of work, and the use of the telephone and IT systems to contact victims. Authorities will need to develop arrangements to inform the Police to take more formal action against perpetrators.

Authorities will also need to develop procedures to deal with perpetrators who are employees. They will need to develop procedures to again involve the Police if they recognise criminal acts are being performed against victims by members of staff. The policy should state that authorities will not tolerate this action and will take appropriate steps to deal with perpetrators who are members of staff.

The local authority may also encounter situations such as forced marriages or honour crimes. These are very specialist domestic abuse issues. Our communities and

workplaces are becoming much more diverse and it is important that staff and managers are aware that one of their colleagues may be facing these issues. Further information that can be made available to staff is contained in Appendix B - *Domestic Abuse: Forced Marriages and Honour Crimes - Information for Staff and Managers*

5.0 IMPACT ON OTHER POLICIES & PROCEDURES

In developing procedures to help and manage employees who are victims of domestic abuse, and in striving to provide a workplace where staff feel safe and supported, it may be necessary to review a range of existing policies that may have an impact. These may include:-

- Sickness absence procedures
- Flexible Working Arrangement
- Medical Appointments Procedures
- Special Leave Policies
- Maternity Leave

These issues can have an impact upon victims of domestic abuse and how they are managed, and it is important that authorities review these and other policies to ensure that they have a positive impact in supporting victims of domestic abuse.

6.0 DOMESTIC ABUSE CO-ORDINATORS

Domestic Abuse Co-ordinators who provide services to victims of domestic abuse in the community are already in place within the local authority area. Most of these are employed by the Councils themselves with the remainder based within partner organisations. Authorities should ensure that the important role they play is recognised along with the need to link up with wider service developments in the local authority area.

7.0 SUPPORTING GOOD PRACTICE

There are a range of support materials that have been developed to provide further options and actions that councils can take in supporting and implementing this important policy.

Guidance for Developing A Domestic Abuse Workplace Policy

http://www.equalityhumanrights.com/uploaded_files/Wales/guidelines_on_domestic_abuse_workplace_policy.pdf

Employers Campaign Pack

http://www.equalityhumanrights.com/uploaded_files/Wales/final_employers_workplace_campaign_pack.pdf

Leaflet - Why should employers take action

http://www.equalityhumanrights.com/uploaded_files/Wales/dom.abuse-6ppa5-lowres.pdf

Posters http://www.equalityhumanrights.com/uploaded_files/Wales/dom.abuse-6ppa5-lowres.pdf

Training – Powerpoint Presentation

http://www.equalityhumanrights.com/uploaded_files/Wales/domestic_abuse_is_your_business_presentation.ppt#257.1,

Bridget's story: The Business Case for Having a Policy

http://www.equalityhumanrights.com/uploaded_files/Wales/bridgethandout2.pdf

Recognising and Supporting staff who are Victims of Domestic Abuse

Some of the signs of Domestic Abuse

- Lateness or high absenteeism without sufficient explanation;
- Uncharacteristic depression, anxiety, distraction or problems with concentration;
- Changes in the quality of work performance for no apparent reason;
- Obsession with time, avoiding lunch breaks or socialising outside work;
- Inappropriate or excessive clothing;
- Repeated injuries, unexpected bruising or explanations that do not fit the injuries displayed;
- Increased hours being worked for no apparent reason.
- Excessive make-up to disguise bruising or 'crying' eyes

Disclosure

The manager may not be the person approached for advice or help in the first instance. It may be in some cases another manager, colleague, HR Advisor or trade union representative. Anyone contacted for support should take a non-judgmental approach and be prepared to:-

- Listen, reassure and take seriously what is being disclosed;
- Respond in a sensitive and supportive way and ensure the employee is provided with up-to-date information and aware of all the options open to them;
- Actively support the employee to choose an appropriate safe option but recognise and respect their right to decide;
- Ensure that the employee's safety and well-being is prioritised;
- Ensure all discussions take place in privacy and are kept confidential in all but the most exceptional circumstances. These will be where there is a legal requirements to disclose information about other parties such as children and vulnerable adults e.g. POCA and POVA
- Be aware that the employee may need time off work to make personal arrangements and seek specialist advice and support;
- Be aware that there may be additional issues faced by an employee because of their age, gender, sexuality, ethnic background or disability.

VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE POLICY

SUPPLEMENTARY GUIDANCE

Supporting Employees Experiencing Domestic Abuse, During Social Distancing and Self-Isolation.

1. In recent months employees will have needed to work from home, and in many cases will be working from home for an extended period of time. Home working, social distancing and self-isolation can cause anxiety for those who are experiencing or feel at risk of domestic abuse. Domestic abuse often involves the perpetrator isolating the victim from family and friends. Self-isolating and working from home can, therefore, escalate the abuse for victims and survivors, for many the workplace is often the only escape from their perpetrator.
2. Some employees will have avoided working from home in the past as their domestic circumstances are at odds with this way of working. This can have a huge impact on their personal and wider wellbeing. Home is not always the safe haven that it should be.
3. Those who live with an abuser may therefore feel increased anxiety around the prospect of self-isolation and social distancing, or even quarantine. Additionally, for the many victims/survivors who do not live with their abusers, they may feel an increased level of fear at the prospect of their abuser knowing that they are at home, with the possibility for further surveillance and the opportunities for intimidation and abusive acts that this creates.
4. Please be mindful also of employees who may have separated from their abusive partner previously. Isolation and social distancing can provide an opportunity for ex-partners to re commence controlling behaviours including, but not limited to, failing to comply with legal protective orders such as restraining orders, non-molestation order, and child contact orders by not returning children following contact. This will have immense impact on employees experiencing this post separation abuse.
5. In many cases, employees may have been able to keep these issues private but while there is no requirement for them to disclose their personal circumstances, under the current circumstances they may now need to seek support to disclose and manage the situation and arrange safety planning. Isolation and social distancing provide opportunities for a perpetrator of domestic abuse to invent new tactics to control given the change in environment. Therefore being available and supportive to your employees during this time is vital along with understanding that your employee's productivity and opportunity to work from home may differ to their usual working day will help to support through the period.

How to support

6. Providing a safe and supportive environment for employees to be able to speak about their experience with trust and confidence is imperative, and so managers should continue to ensure safe and sympathetic handling of situations arising from domestic abuse.
7. It takes a huge amount of courage to make a disclosure, even if the employee know you have an awareness of them experiencing domestic abuse already. It is fundamental therefore, to create a safe environment to make a disclosure by:
 - Offering thanks and reassuring them for trusting you.
 - Not making promises that you are unable to keep.
 - If in doubt, be honest and ask for clarification 'I'm not sure I understand...'
 - Giving choices and options. Refer to specialist services if appropriate. Do not tell them what to do.
 - Keep boundaries and understand the limitations of your role, you are not a counsellor and need to take care of yourself too.
 - Provide initial support – be clear about available workplace support e.g. employee support schemes.
 - Discuss how you can contribute to safety planning by altering working arrangements and having code words during contact. (see below)
 - Signpost to the **Live Fear Free Helpline on 0808 80 10 800**
8. For some a daily check in with their manager or an appropriate colleague may be the only way they can alert someone they need help. If this is something an employee would find beneficial they should discuss this with their manager as soon as possible, when it is safe to do so. In a situation of potential risk, you may wish to agree with your manager or colleague a word or phrase you will use at a time of escalation. It will be essential to agree with your manager in advance the action to take if this alert is used – for example the manager can call 999 for you, contact a key worker for you, or advise you to leave your house to seek help.
9. Consideration should be given to situations where usual managers may not be available at potentially short notice. Having another designated manager to be aware of the plan made above would be beneficial. This needs to be fully communicated with the employee from the outset so that they are aware and have some control over who knows about their experiences.
10. Managers or colleagues can also offer the following guidance to anyone experiencing domestic abuse:
 - Keep a charged mobile phone with them at all times, not to hesitate to dial 999 if they feel they are in danger, make them aware of the Silent Solutions system

- if they cannot speak press 55 to make the call handler aware you are in danger and can't speak

- Tell someone they trust. Let them know they might be at risk from their partner / family member. Arrange a secret code with someone who lives close by to them (such as ringing and hanging up, or a blank text), that lets them know they need help.
- Get specialist support: the Live Fear Free Helpline 0808 80 10 800 is available 24/7 for free confidential support and advice. The helpline has many ways to get in touch which can be found at the following website, (insert link)there is also a quick exit button on the website which will take them to an inconspicuous webpage should the need to leave the site
- There will be a local specialist domestic abuse support service in their area that can provide ongoing support, and refuge if necessary, without their partner finding out. The Live Fear Free Helpline 0808 80 10 800 can provide contact details for referrals to services in their area, or they can look them up online. If they are searching online, remember that their partner / family member might be tracking their search history – try to use a computer they do not have access to (e.g. work).
- Employees who are members of a Trade Union can also access additional advice and support.
- Keep a record: Think about ways they can gather evidence of their perpetrator's behaviour safely. Make notes of abusive incidents, including times, dates, names and details of how it made them feel. Save any abusive messages. However, make sure they aren't stored anywhere (physically, or digitally) where their partner / family member might find them.
- In an emergency: If the perpetrator is threatening, attacking or pursuing them, ring 999 as soon as possible.

Please note this guidance applies to all employees, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

Chris Llewelyn, Chief Executive
Welsh Local Government Association

August 7th 2023

Dear Chris

Inquiry into the public health approach to preventing gender-based violence

The Equality and Social Justice Committee is carrying out an inquiry into the public health approach to preventing gender-based violence. Further details on our work to-date, including the terms of reference, are available on our [website](#).

One question which has been raised is how organisations deal with allegations of gender-based violence internally. We would therefore be grateful if you could set out what procedures are in place across statutory services, including social services and education, for handling allegations of gender-based violence raised by or against employees.

We would also welcome any views you may have on our terms of reference more broadly.

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 25 August 2023 if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Chair of Equality and Social Justice Committee
Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddCydraddoldeb@senedd.cymru

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddEquality@senedd.wales

25 August 2023

Dear Ms Rathbone,

Thank you for your letter dated 25th July 2023, following the oral evidence session on the 19th June 2023, in which you asked to provide additional information in relation to the following:

- The evidence base that exists for restorative approaches, and how effective these approaches are in preventing gender-based violence?
- Whether enough is being done to equip young people with the skills to protect themselves from online abuse and harms?

We address the two questions in turn in the attached paper.

Yours Sincerely



Alexa Gainsbury, Consultant in Health Improvement
Emily van de Venter, Consultant in Health Improvement

1. Restorative Approaches

Restorative practice, or restorative approaches, are ways of working that focus on relationships and understanding the needs of individuals and communities. In situations of conflict or harm the approach focuses on accountability, solutions and opportunities to make amends rather than establishing guilt, blame, placing attention on the problem or seeking punishment.

Restorative approaches first emerged within the Criminal Justice sector, with the Restorative Justice movement arising in North America in the 1970s. The practice has been developed and applied within education settings since the 1990s.

Restorative practice is not a discrete programme with defined delivery parameters, but rather a way of working as a community. Within the UK, the Restorative Justice Council (RJC) is the independent membership body for the field of Restorative Practice and provides quality assurance over training standards. RJC provide evidence-based Practice Frameworks and Guidance to support the delivery of quality restorative practice.

The RJC list six principles of restorative practice as:

- Restoration – the primary aim of restorative practice is to address and repair harm
- Voluntarism – participation in restorative processes is voluntary and based on informed choice
- Neutrality – restorative processes are fair and unbiased towards participants
- Safety – processes and practices aim to ensure the safety of all participants and create a safe space for the expression of feelings and views about harm that has been caused
- Accessibility – restorative processes are non-discriminatory and available to all those affected by conflict and harm
- Respect – restorative processes are respectful to the dignity of all participants and those affected by the harm caused.¹

Operation Encompass applies the principles of restorative practice when dealing with incidents or concerns of domestic violence or abuse, or gender-based violence, involving a child and working with parents/carers and education settings. Training and resources are provided to enable those agencies working with children and young people to apply restorative approaches in response to specific incidents.

¹ [Principles of restorative practice - FINAL 12.11.15.pdf \(restorativejustice.org.uk\)](#)

1.1 Restorative Practice as a Whole-School Approach

Public Health Wales has recently reviewed the evidence base for the use of restorative practice as a whole school approach and impacts on mental wellbeing outcomes. While there are many ways of implementing Restorative Practice in schools, there's a body of evidence to suggest that a Whole School Approach is likely to be most effective.

Nine studies were reviewed, three of these were from a single large-scale realist randomised control trial in the UK of strong quality (Bonell et. al. 2018, Melendez-Torres et. al. 2021, Warren et. al. 2019), the other studies were of limited quality and hence firm conclusions cannot be made based on their findings (Acosta et. al. 2019, Gregory et. al. 2015, Hollands et. al. 2022, Norris et. al. 2019, Todic et. al. 2020, Wong et. al. 2011).

The large-scale realist randomised control trial from the UK found evidence of a positive effect for 11–15-year-olds from a whole school implementation approach. Positive results included reduced bullying, improved psychological functioning, increased wellbeing and quality of life, and reduction in health-harming behaviours. Intervention effects appeared to strengthen over time. The evidence suggests a significant amount of time is required for the intervention to effect organisational change within school settings. Positive effects were found despite variable fidelity suggesting that with whole school interventions overall fidelity to mechanism of action is more important than fidelity to intervention delivery/ component.

Findings from the evidence review were presented to and discussed by an Expert Panel involving academics, public health and education professionals. The expert panel consensus was that there is **some evidence from studies that this intervention is likely to have a positive effect on health and wellbeing but this is not conclusive (+)**.

The panel considered this evidence statement to reflect the evidence base for secondary aged learners as there was insufficient evidence for primary settings. Restorative approaches appear to have promise in improving multiple health and wellbeing outcomes among secondary school populations. Evidence suggests significant time is required to effect organisational change. When applied comprehensively and consistently there are positive impacts, however implementation may be variable. Mechanisms that support success appear to include, the use of local data to understand need, the involvement of school senior leadership, whole school commitment and the quality of sustained implementation across a school.

1.2 Mental health and perpetration of violence against women and girls

There are fewer studies exploring the relationship between violence against women and girls and the mental health status of perpetrators than there are on the mental health impacts of being a victim of violence and abuse. Those that do exist tend to be from cross-sectional or retrospective studies so findings should

be interpreted with some caution. However existing studies suggest associations between mental ill-health disorders and perpetration of domestic violence and abuse (Oram et. al. 2017, Dutton & Karakanta, 2012). These findings suggest that promoting positive mental health may contribute to reduced risks of violence against women and girls.

2. Online safety

2.1 What is being done in Wales to equip young people with skills to protect themselves from online abuse and harms.

The Digital Competence Framework is one of three mandatory cross-curricular frameworks within **Curriculum for Wales**. The framework includes concepts of conscientious digital citizenship alongside critical evaluation of the digital world and one's place within it. Further there is a specific 'online behaviour and bullying' element of the digital competency framework which includes skills progression to prevent (primary and secondary) perpetration of online bullying.

The Welsh Government Digital Resilience and Education Team support schools, including through the provision of resources, via the Hwb website. The Health and Well-being Area of Learning and Experience also provides learners with skills development regarding critical engagement with social influences whilst the mandatory Relationships and Sexuality Education Code considers online and offline information, interactions and behaviours analogously. Mandatory roll out of the curriculum began from September 2022 and thus it is too early to evaluate its effectiveness in equipping young people with skills to protect against online harms. However, the existing evidence base does help to identify potentially effective strategies, many of which align with ambitions within the new curriculum as well as broader whole school approaches to health and well-being discussed during the oral evidence session (see below).

The recently published Wales Without Violence Framework details nine strategies to prevent violence among children and young people, including VAWDASV. Opportunities for online interventions over and above the new curriculum within these strategies are listed below with varying potential to contribute to young person skills development. They include:

- offering resources and advice on online safety to parents and caregivers;
- connecting trained outreach staff with community members to mediate any conflicts and help children and young people access community support (online and offline);
- providing training for education staff on healthy relationships, social norms and values, violence prevention, and online safety, including current trends;

- legislation on online safety, including enforcing duties to protect children and young people from violent content online;
- social marketing campaigns that aim to challenge and change harmful attitudes, beliefs, social norms and stereotypes that uphold privilege, inequality and subordination, justify violence and stigmatise survivors.

There are already some interventions active in Wales which incorporate these recommendations including 360 Safe Cymru, Report Harmful Content and professionals' access to the UK Professional Online Safety Helpline. However, I am not aware of any evaluations into their effectiveness in supporting young person skills development.

2.2 Young People's perceptions of online safety and attitudes towards interventions

During the consultation for the Wales Without Violence Framework (Snowdon et al., 2023), the Wales Violence Prevention Unit and Peer Action Collective Cymru spoke to over 470 children and young people about their perceptions of violence. Overall, 47% of children and young people who took part in the consultation felt that bullying, online and in-person, was the most common issue in their community. Other responses relevant to this inquiry included sexual harassment, sexual violence, domestic abuse, stalking and hate crime including trans abuse and homophobia.

The children and young people who were consulted with did not differentiate between violence experienced in-person, and violence experienced online. A common suggestion for preventing violence put forward by young consultees was to 'regulate web-based material to protect children and young people from the harmful content online' (Walker, 2023). This aligns with wider evidence generated from a representative survey of the British adult population regarding experience of online harms and attitudes towards online safety interventions (Enoch et al., 2023) which identified that exposure amongst participants to online harms was high and the majority were supportive of regulatory action from media platforms to respond to users who generate harmful content, and government-to respond to platforms that fail to deal with harmful online content.

2.3 What works to prevent online harms; the evidence base

The recently published WHO 'what works to prevent online violence against children' (WHO, 2022) report provides a useful summary regarding the epidemiology of online violence against children and young people as well as potentially effective strategies for prevention. They identify multiple structural, skills and knowledge and skills components associated with success from the literature.

Structural components associated with success include varied learning strategies; well-trained facilitators or teachers; quality assurance; attention to special and

high-risk populations; repeat exposure to messaging; interactive delivery and programmes delivered as part of a whole school approach.

Skills development associated with effectiveness include problem-solving, assertiveness and self-efficacy; empathy development; self-regulation and emotion management; conflict resolution; help-seeking and bystander activation.

Knowledge components associated with effectiveness include social norms, relationships and sexuality education and substance misuse education.

WHO identify bullying as a developmental precursor to online violence and thus recommend bullying prevention and respect-building skills should be a developmental cornerstone for the prevention of later forms of offline and online violence. Finally, given the overlap of online and offline violence they identify the need to integrate content about online dangers with offline violence prevention.

Essentially these core components, skills and knowledge are consistent with those you would prioritise to promote mental wellbeing with one or two specific exceptions e.g. bystander interventions. Consequently they should be incorporated into broader programmes relating to health and well-being rather than the development of standalone interventions aimed at preventing violence as recommended within the Wales Without Violence Framework.

The 'What Works to Prevent Violence Against Women, Domestic Abuse and Sexual Violence Systematic Evidence Assessment' (Addis and Snowdon, 2021) states that interventions need to be socio-culturally relevant to be effective (Nation et al., 2003) and that the use of online and social media platforms in violence prevention might resonate particularly with younger audiences in countries with high internet usage.

The report also draws on evidence from Mennicke et al. (2018) evaluation of a five-year social norms sexual violence prevention marketing campaign designed specifically for men at a large university in the United States. Over five years of data collection, men's perception of their peer's attitudes and beliefs improved, the discrepancy between perceptions and self-report decreased, and their own beliefs (more so than attitudes) improved. In addition to gains on measures of both self-reported beliefs and perception of peer attitudes and beliefs, men's self-reported behaviour also improved throughout the course of the intervention. Men reported sexually aggressive behaviour less frequently during later years of the intervention and indicated that they engaged in bystander intervention behaviour more frequently. Results from this research suggests that social norms marketing campaigns can be used to positively engage men in violence prevention.

References

Bonell, C. et al. 2018. Effects of the Learning Together intervention on bullying and aggression in English secondary schools (INCLUSIVE): a cluster randomised controlled trial. *Lancet*. 392(10163): 2452-2464

Melendez-Torres, G.J. et al. 2021. Effects of a Whole School Health Intervention on Clustered Adolescent Health Risks: Latent Transition Analysis of Data from the INCLUSIVE Trial. *Prevention Science* 23:1-9

Warren et al (2019) Groups as a participative strategy for leading whole-school health promotion: Results on implementation from the INCLUSIVE trial in English secondary schools. *Br. Educ. Res. J.*, 45, 979–1000.

Acosta, J., Chinman, M., Ebener, P., Malone, P.S., Philips, A., Wilks, A. 2019. *Evaluation of a Whole-School Change Intervention: Findings from a Two-Year Cluster-Randomised Trial of the Restorative Practices Intervention*. *J Youth Adolesc*: 48(5): 876-890

Gregory, A., Clawson, K., Davis, A., Gerewitz, J. 2015 *The Promise of Restorative Practices to Transform Teacher-Student Relationships and Achieve Equity in School Discipline*. *Journal of Educational and Psychological Consultation*; 25:1-29

Hollands, F. et al. (2022) *Restorative Practices: Using local evidence on costs and student outcomes to inform school district decisions about behavioural interventions*. *Journal of School Psychology*: 92 188-208

NORRIS, H., 2019. The impact of restorative approaches on well-being: An evaluation of happiness and engagement in schools. *Conflict Resolution Quarterly*, 36(3), pp. 221-234.

Todić J, et al. 2020 Reframing school-based restorative justice as a structural population health intervention. *Health Place*.62:102289.

Wong D.S.W., Cheng C.H.K., Ngan R.M.H., Ma S.K., 2011 Program Effectiveness of a Restorative Whole-School Approach for Tackling School Bullying in Hong Kong. *International Journal of Offender Therapy and Comparative Criminology* 55 (6) 846-862

Oram, S., Khalifeh, H. and Howard, L. M. (2017). Violence against women and mental health. *Lancet Psychiatry*. 4:159-170

Dutton, D. G and Karakanta, C. 2012. Depression as a risk marker for aggression: A critical review. *Aggression and Violent Behaviour*. 18:310-318

Addis, S., Snowdon, L., (2021) What Works to Prevent Violence Against Women, Domestic Abuse and Sexual Violence Systematic Evidence Assessment, Wales Violence Prevention Unit, Public Health Wales, Cardiff. Available at <https://www.violencepreventionwales.co.uk/cms-assets/research/What-Works-to-Prevent-Violence-against-Women-Domestic-Abuse-and-Sexual-Violence-Systematic-Evidence-Assessment.pdf>

Enoch, Florence and Johansson, Pica and Bright, Jonathan and Margetts, Helen Zerlina, Tracking Experiences of Online Harms and Attitudes Towards Online Safety Interventions: Findings from a Large-Scale, Nationally Representative Survey of the British Public (March 21, 2023). Available at SSRN: <https://ssrn.com/abstract=4416355> or <http://dx.doi.org/10.2139/ssrn.4416355>

Snowdon, L., Parry, B., Walker, A., Barton, E., (2023) Wales Without Violence: A Shared Framework for Preventing Violence among Children and Young People, Wales Violence Prevention Unit, Public Health Wales, Cardiff. Available at <https://waleswithoutviolence.com/wp-content/uploads/2023/04/WWV-Framework-Digital-English.pdf>

Additional Information Requested by Equality and Social Justice Committee from Public Health Wales

Walker, A., (2023) Wales Without Violence: The Perspectives of Children and Young People, Wales Violence Prevention Unit, Public Health Wales, Cardiff. Available at https://www.violencepreventionwales.co.uk/cms-assets/research/Wales-Without-Violence_Perspectives-of-Children-and-Young-People_2023-07-21-100006_fhny.pdf

WHO. (2022) What works to prevent online violence against children? Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>

Alexa Gainsbury
Public Health Wales

25 July 2023

Dear Alexa

Inquiry into the public health approach to the prevention of gender-based violence

Thank you for giving evidence to our current inquiry on prevention of gender based violence. Following that session, we would be grateful if you could respond to the additional points below.

Restorative approaches

In their written evidence, Estyn and Policing Wales refer to the use of 'restorative approaches' to gender-based violence in schools (specifically to Operation Encompass). Are you able to provide any information on the evidence base that exists for restorative approaches, and how effective these approaches are in preventing gender-based violence? If so, please could you provide any examples of best practice from any research or evaluations that you have undertaken.

Online safety

During our session we briefly covered the issue of online safety, and how social media can influence the attitudes and behaviours of others. In your view, is enough is being done to equip young people with the skills to protect themselves from online abuse and harms? Should the focus be on efforts to encourage and promote positive messaging and if so, how do we engage with social media influencers? We would welcome any examples you have of work on this issue.

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 25 August 2023 if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

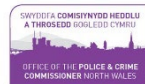
We welcome correspondence in Welsh or English.



Agenda Item 6.9



Plismona
yng Nghymru
Policing in Wales



Jenny Rathbone MS
Chair, Equality and Social Justice
Committee
Senedd Cymru/Welsh
Parliament

Emma Wools
Deputy Police and Crime
Commissioner for South Wales

25th August 2023

Dear Jenny,

Re: Equality and Social Justice Committee Inquiry

Public Health Approach to Preventing Gender Based Violence (Policing in Wales Submission)

Thank you for inviting my colleagues PCC Dafydd Lewellyn, Chief Constable Amanda Blakeman and I, to give evidence to your inquiry on 10th July.

Please find attached a supplementary report prepared on our behalf by Chief Superintendent Ian Roberts, covering the additional information you requested in your letters dated 25th July 2023.

For your ease of reference, we have consolidated the information into a single response on behalf of the Policing in Wales Executive Group.

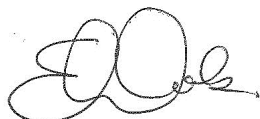
If you require any further information or assistance, please do not hesitate to get in touch.

Yours sincerely,

Ty Morgannwg, Pencadlys yr Heddlu
Pen-y-Bont ar Ogwr, CF31 3SU
f: 01656 869366
e: comisiynydd@heddlu-de-cymru.pnn.police.uk
g: southwalescommissioner.org.uk

Ty Morgannwg, Police Headquarters,
Bridgend, CF31 3SU
t: 01656 869366
e: commissioner@south-wales.pnn.police.uk
w: southwalescommissioner.org.uk

Mae'r Comisiynydd a'i dîm yn croesawu gohebiaeth yn Gymraeg neu Saesneg
The Commissioner and his team welcomes correspondence in Welsh or English



Emma Wools

Deputy Police and Crime Commissioner for South Wales

For, and on behalf of Policing in Wales Executive Group

Ty Morgannwg, Pencadlys yr Heddlu
Pen-y-Bont ar Ogwr, CF31 3SU
f: 01656 869366
e: comisiynydd@heddlu-de-cymru.pnn.police.uk
g: southwalescommissioner.org.uk

Ty Morgannwg, Police Headquarters,
Bridgend, CF31 3SU
t: 01656 869366
e: commissioner@south-wales.pnn.police.uk
w: southwalescommissioner.org.uk

Mae'r Comisiynydd a'i dîm yn croesawu gohebiaeth yn Gymraeg neu Saesneg
The Commissioner and his team welcomes correspondence in Welsh or English



Plismona
yng Nghymru
Policing in Wales



Senedd Cymru/Welsh Parliament

Equality and Social Justice Committee Inquiry

Preventing Gender Based Violence

Supplementary Evidence Submission

for

Policing in Wales

Author	Chief Superintendent Ian Roberts
Role	VAWDASV/VAWG and Anti-Racism Lead, Policing in Wales
Contact	ian.w.roberts@gwent.police.uk
Date	25 th August 2023

Background

On 10th July 2023, representatives from the Policing in Wales Executive Group gave evidence to the Senedd Inquiry on Preventing Gender-based Violence. Oral evidence was provided by Police and Crime Commissioner Dafydd Llywelyn (Dyfed-Powys), Deputy Police and Crime Commissioner Emma Wools (South Wales), and Chief Constable Amanda Blakeman (North Wales Police).

During the session, a commitment was made to provide supplementary information to the inquiry in writing. The additional information requested was set out in correspondence from the inquiry chair, dated 25th July.

For ease of reference, this report provides a consolidated response on behalf of the Policing in Wales Executive Group. Where examples are provided, these serve as an illustration of activity across police force areas in Wales, but the lists are not exhaustive. Further information can be provided if it is helpful to the inquiry.

Cautioning and Relationship Abuse (CARA Programme)

CARA is an early intervention programme that targets domestic abuse offenders, meeting specific criteria, where the appropriate criminal justice outcome is a conditional caution.

The programme was developed by the Hampton Trust, and first trialled under experimental conditions in 2012, in partnership with Hampshire Constabulary and Cambridge University. CARA was the first UK policing strategy to be evaluated under randomised control trial conditions.

CARA sessions are designed to take offenders on an awareness-raising journey, supporting opportunities for self-disclosure and promoting access to additional support. Through engagement in two workshops, CARA enables offenders to understand what domestic abuse is, its impact, and its consequences.

There is a strong evidence base supporting the benefits of the CARA programme. The University of Cambridge carried out a randomised control trial in Southampton between 2012-2015. This study reported that offenders who had been on the programme were 35% less likely to re-offend than those who hadn't taken part. 63% of victims reported positive changes in behaviour, and 85% of participants reported that CARA changed their attitude towards their partner and/or children.

In 2021, the University of Birmingham published an Impact Evaluation and Economic Benefits Study of the CARA programme. It found that the intervention has a significant impact on recidivism, reporting an 81% reduction in the first 6 months and 56% reduction in the first 12 months. For every £1 invested in CARA, the evidence was that forces would save £2.75 in other costs.

The University of Southampton is currently leading a multi-site study of CARA, involving nine police force areas. This report is due to be published in December 2023.

A national roll-out of the CARA programme has, until recently, been limited by strictly controlled conditions. However, changes to UK Government policy and the introduction of a new two-tier model for Out of Court Disposals provides the opportunity for all forces to adopt the programme.

At the time of writing, CARA is due to be rolled out in the South Wales and Gwent Police in the Autumn of 2023. Local delivery arrangements are in the process of being commissioned, with support from the Hampton Trust to ensure quality standards are embedded into the service.

The Policing in Wales VAWDASV Task Force will monitor issues arising from implementation and advise PCC's and Chief Constables, so that a consistent and cohesive approach can be adopted across Wales.

VAWDASV Blueprint Programme – An Update on the Tackling Perpetrators Workstream

PCC Involvement in the Workstream

The VAWDASV Blueprint arrangements will ensure a whole systems response to VAWDASV. The Policing in Wales commitment to this is reflected in the joint chairing arrangements for the National Partnership Board between the Minister for Social Justice and the Police and Crime Commissioner for Dyfed and Powys, Dafydd Llywelyn.

At programme management level, DPCC Emma Wools is one of two Senior Responsible Officers and joint chair of the VAWDASV Blueprint Programme Board, alongside Mr Paul Dear, Deputy Director of the Cohesive Communities Division, Welsh Government.

The six workstreams of the Blueprint reflect the delivery priorities of the strategy and in recent months, high level delivery actions have been agreed. The key actions for the Tackling Perpetration Workstream are:

1. Consolidate and enhance the evidence base and analysis on perpetration of VAWDASV in Wales
2. Develop a Wales-wide, whole system approach for tackling perpetration of VAWDASV, that encompasses early intervention and prevention, through a criminal justice response.
3. Clarify roles and responsibilities for all agencies involved in tackling perpetration linked to VAWDASV Act
4. Strengthen accountability mechanisms to ensure public services are meeting their responsibilities to tackle and prevent perpetration of VAWDASV.

Police and Crime Commissioners in Wales work together with the four Chief Constables through the Policing in Wales Group. Each PCC and Chief Constable is responsible for decisions affecting their area, but the purpose of the group is to work together towards a

consistent approach for the benefit of all communities in Wales. Chief Constable Amanda Blakeman is the Chief Officer portfolio lead in Wales.

The Policing in Wales Group have invested in a senior police officer to work full-time on VAWDASV and Anti-Racism portfolios. Chief Superintendent Ian Roberts is heavily involved in the Blueprint programme and works with VAWDASV leads in each force to ensure operational police representation across all six workstreams.

The Effectiveness of Perpetrator Programmes

There is strong evidence for perpetrator programmes as part of a public health approach to preventing VAWDASV¹. I believe that these programmes should exist at all three layers of prevention activity and the VAWDASV Blueprint should ensure effective and sustainable commissioning arrangements are in place. It is acknowledged that provision across Wales is inconsistent, but there are many reasons for this, and it is our aim to use the evidence of what works, along with new policy frameworks, to drive improvements.

The South Wales PCC has invested heavily into the perpetrator programmes in recent years and Chief Officers of South Wales Police have ensured that these are embedded into operational practice. The PCC's team hosts a multi-agency meeting to bring partners and stakeholders together to share learning, and to identify barriers to effective working, including gaps in provision. Work is also currently underway within the Blueprint to review quality standards for commissioners and to map existing provision across Wales.

The Drive perpetrator programme was launched in 2016 and is aimed at high risk of harm perpetrators. An evaluation took place between 2016-2019 and identified the following outcomes for participants:

- Physical abuse reduced by 82%
- Sexual abuse reduced by 88%
- Harassment and stalking behaviours reduced by 75%
- Jealous and controlling behaviours reduced by 73%

The Drive programme is available across the South Wales Police area and is currently being tested in a custodial setting in HMP Swansea.

The South Wales PCC has also provided funding for other programmes such as the Clear Programme, a short awareness course for men who are motivated to address their behaviours. This also provides support for partners and ex-partners. Funding is also provided to The Family Programme, which provides therapeutic interventions for families affected by domestic abuse. The intervention focuses on safety, impact of domestic abuse on children, ACE's, respectful communication, attachment, and emotional resilience. The aim of the programme is to enable families to live together safely or to facilitate amicable separation.

¹ As highlighted by the CARA and Drive model evaluations

Early Help Hubs

As part of a trauma informed approach to safeguarding, forces across Wales are developing partnership agreements for referring those affected by VAWDASV to early help services, where statutory safeguarding thresholds are not met. It is acknowledged that local arrangements are currently different in each area, but the Blueprint structure will influence shared learning and the development of good practice models across Wales.

The Vulnerability Change Programme in South Wales Police is an example of this of police involvement in referring into early help services. There are now dedicated PCSO's in each area of force with specific responsibilities and additional training relating to safeguarding. This has resulted in over 3,500 referrals being made to early help services since the launch of the programme in Sept 2020.

Tackling Alcohol-related Street Crime (TASC) Project and The Cardiff Violence Prevention Model

The TASC project was first developed in the late 1990's and early 2000's as a police-led, multi-agency approach to preventing alcohol-related crime and disorder in Cardiff and Cardiff Bay. It involved a range of interventions including dialogue between the police and the licensing trade, measures aimed at improving the quality and behaviour of door staff, targeted policing operations and support for victims of alcohol-related assaults.

Today, the Cardiff Violence Prevention Model, pioneered by Professor John Sheppard of Cardiff University, has been adopted by other cities in the UK and around the world. The approach is underpinned by a key finding that many incidents of violence, where hospital treatment is needed, are not known to police. Therefore, combining data from Emergency Departments with police data provides a much clearer understanding of when and where violence is happening, and who is involved. This knowledge is used to focus limited resources on interventions that work.

The public health approach involves a four-step approach:

- Step one involves systematically collecting data on the magnitude, characteristics, and consequences of violence.
- Step two involves conducting research to establish the factors that increase or decrease the risk for violence.
- Step three uses information from steps one and two to design, implement and evaluate interventions.
- Step four entails scaling up and implementing interventions shown in step three to be effective and widely disseminating prevention information.

A 2022 report on Cardiff Violence Prevention Model demonstrates significant socio-economic benefits and has the firm endorsement of the World Health Organisation.

The VAWDASV Blueprint approach seeks to bring partners together so that a public health approach can be applied to all forms of violence against women and girls, domestic abuse, and sexual violence. Whilst there are clear connections to violence in the night-time economy and the safety of women and girls, there are many other settings in which violence against women and girls occurs.

College of Policing Upstander Programme

The College of Policing has developed a plan to use behavioural interventions based on evidence, to improve culture. College research identified over 200 behaviours related to sexism and misogyny within police forces, and over 100 barriers to better behaviour. A range of interventions were then selected, following women officers' advice to focus on 'everyday' sexism to prevent escalation. Actions range from making it easier and safer for officers to report bad behaviour by colleagues, to training for leaders and career boosts for officers who demonstrate inclusivity. The College is working specifically with Welsh forces on immersive learning in the plan, which can help officers and staff with the practice they need to tackle sexism and create a more inclusive culture.

The Policing in Wales VAWDASV and VAWG Task Force ensures a joined-up approach to the work of the VAWDASV Blueprint in Wales with the work of the National Police Chief's Council and College of Policing.

Wales Police Schools Programme

The Wales Police Schools programme previously named 'All Wales School Liaison Core programme' has been in place since September 2004. It was developed with the understanding that educating young people is a vital component of primary prevention work. Several reviews have taken place since its inception, the most recent being completed in March 2023. The findings and recommendations from this review have been to the Policing in Wales Board and the Welsh Government. Research on the connection between education of children and crime reduction is limited, but anecdotal evidence is that the programme is highly valued by children, teaching staff and partners involved.

Night-Time Economy Initiatives

Below are examples of police-led prevention initiatives to reduce and prevent gender-based violence in Wales:

Safer Streets Programme Wrexham

Safer Streets and Safety of Women at night funding totalling just under £1 million was obtained to support initiatives such as installation and upgrades of new CCTV and street lighting sites in the Wrexham City Centre, ensuring that arterial routes through the city

centre have good coverage. Priority was given to those routes used by pedestrians to navigate from the city centre to poorly lit locations.

In addition to this, the partnership programme implemented several other prevention measures to reduce gender-based violence. These included bystander training with licensed premises through the 'Good Night Out' communications campaign, the Hafyn y Dref Welfare Centre, providing help and support to people stranded, intoxicated, or suffering minor injuries.

The programme also implemented a street marshal's scheme, and operation Vista was mobilised to ensure a visible police presence in the right locations at the right time.

Cardiff Safety Bus Project

The Safety Bus Project is an existing service using a hired van and a pool of sixty volunteers. The service supports members of the public, primarily students, who are at risk, due to alcohol-related incidents/ other vulnerabilities, to get home safely. This service reduces user's risk of becoming victims of crime, particularly VAWG. Since September 15th, 2021, more than 1,800 individuals have been safely taken home.

South Wales Police Operation Minerva

Taking forward lessons learnt from a recent pilot, a specialist plain clothes officer team is deployed to operate at key periods between 8pm and 4am over weekends. This tactic aims to identify predatory behaviours and send a clear message that female safety is taken seriously in Cardiff, with plain clothed officers present on patrol. This initiative will also promote use of help points and work with door staff and feed into the Club Corps training proposal.

Cardiff Club Corps

Club Corps is a scheme to promote safeguarding training for Licensed premises staff. This project will introduce 'Club Corps' staff who will act as safeguarding champions, trained in alcohol and substance misuse and vulnerability awareness in night clubs and late bars in Cardiff City Centre. 'Club Corps' staff will be recruited, trained and deployed by three key licensed Cardiff venues and become permanent members of staff after initial 3 month funding. In addition, four safeguarding courses are to be held, reaching approximately 48 members of staff. This initiative arises following a request from Cardiff Licensees Forum to extend Street Pastor style public guardianship to within late night licensed venues to connect with existing services such as the Street Pastors, Alcohol Treatment Centre, Student Safety Bus, and Safety Walk.

Operation City Safe - Newport

Newport City centre has the busiest night-time economy in the Gwent Police area. The 'City Safe' policing model is designed to manage and coordinate the policing in Newport City Centre on Friday and Saturday evenings. The aim for 'Operation City Safe' is:

- Reduce supply and consumption of illegal drugs and psychoactive substances

- Reduce the hazardous consumption of alcohol.
- Reduce incidents of violence, reduce incidents of ASB.
- Ensure licensed pubs and clubs provide a safe, lawful, and enjoyable environment for customers.
- To ensure customers of the late night-time economy can exit the city centre safely via good transport provision.
- To improve communication between all stakeholders within the city centre.

Gwent Women's Safety at Night Charter

The Women's Safety at Night Charter Toolkit has been developed Gwent Police Problem Solving Hub as a commitment to creating safe spaces for women, in partnership with the Pub Watch scheme and involvement of over one hundred high-risk licensed premises across the force area. Participants receive police monthly updates via the Pub Watch meetings. The next step in this programme is to raise awareness in universities and colleges. Communications will promote initiatives such as Safer Spaces, Spiking prevention, and safe reporting schemes such as 'Ask for Angela'.

Dyfed Powys Operation Aberford

Operation Aberford was a Dyfed Powys Police operation, deploying plain clothes patrols in Aberystwyth as spotters. They were used in the night-time economy and at The Big Tribute Festival. The aim was to target and identify sexual predatory behaviours, allowing early police interventions to prevent offences before they occur.

Safer Streets Funding

The Safer Streets Fund was launched by the Home Office in 2020. Police forces, local authorities, British Transport Police and eligible community groups across England and Wales are invited to submit bids for local projects to prevent violence against women and girls in public, neighbourhood crime and anti-social behaviour.

The total amount of Safer Streets funding secured by Policing in Wales from rounds 1-4 is £9,209,499.40, from a total available fund of £120m².

Public Confidence Surveys

Public confidence surveys provide valuable insight, as part of an overall assessment of police performance. The below extracts from a recent survey carried out for North Wales Police is an example of confidence levels in policing, with some useful data relating to violence against women offences.

² Source – UK Government Website.

Figure 1 – Overall Confidence Levels in North Wales Police

Confidence

Respondents were asked how confident in general they are in North Wales Police. 86% of respondents expressed confidence in the police force, with around three in ten (29%) very confident in North Wales Police. 14% express little confidence in North Wales Police, with just 3% said they have no confidence at all. Perceptions have risen slightly when compared to the 2022 findings, however not significantly (86% cf. 84%), and still remain markedly lower than the 2020 findings.

Figure 1: So firstly, how confident are you in North Wales Police generally? (All responses)

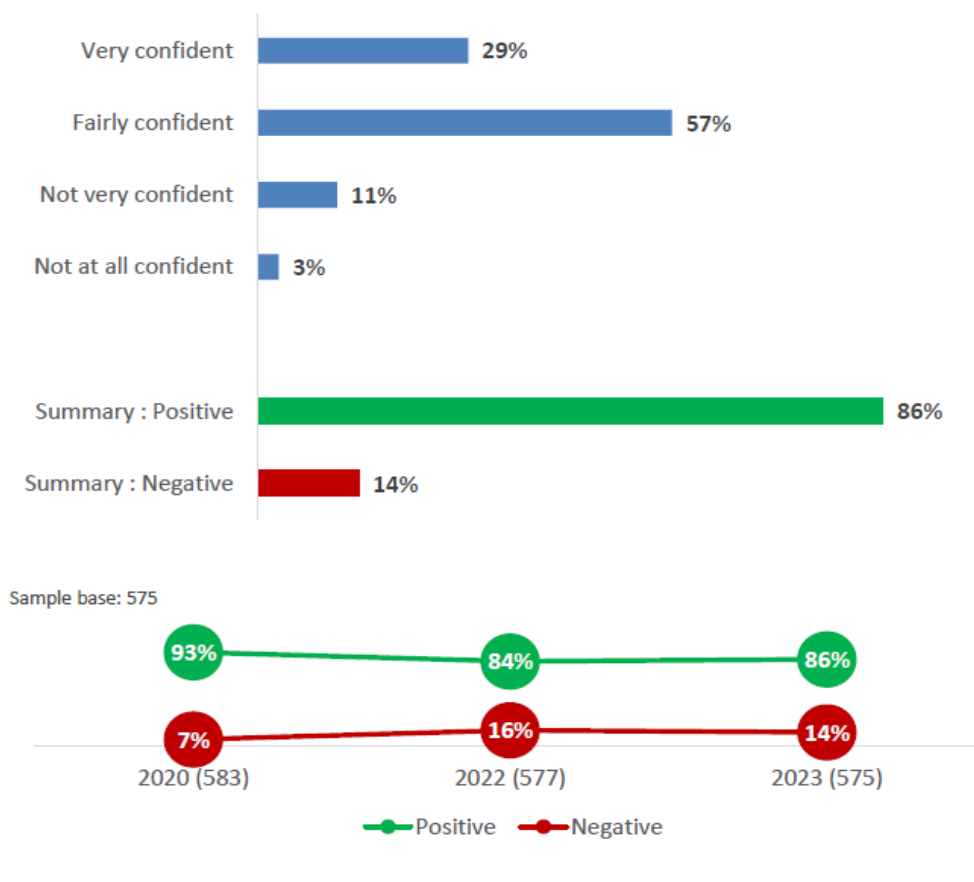


Figure 2 – Violence Against Women Survey Results in North Wales

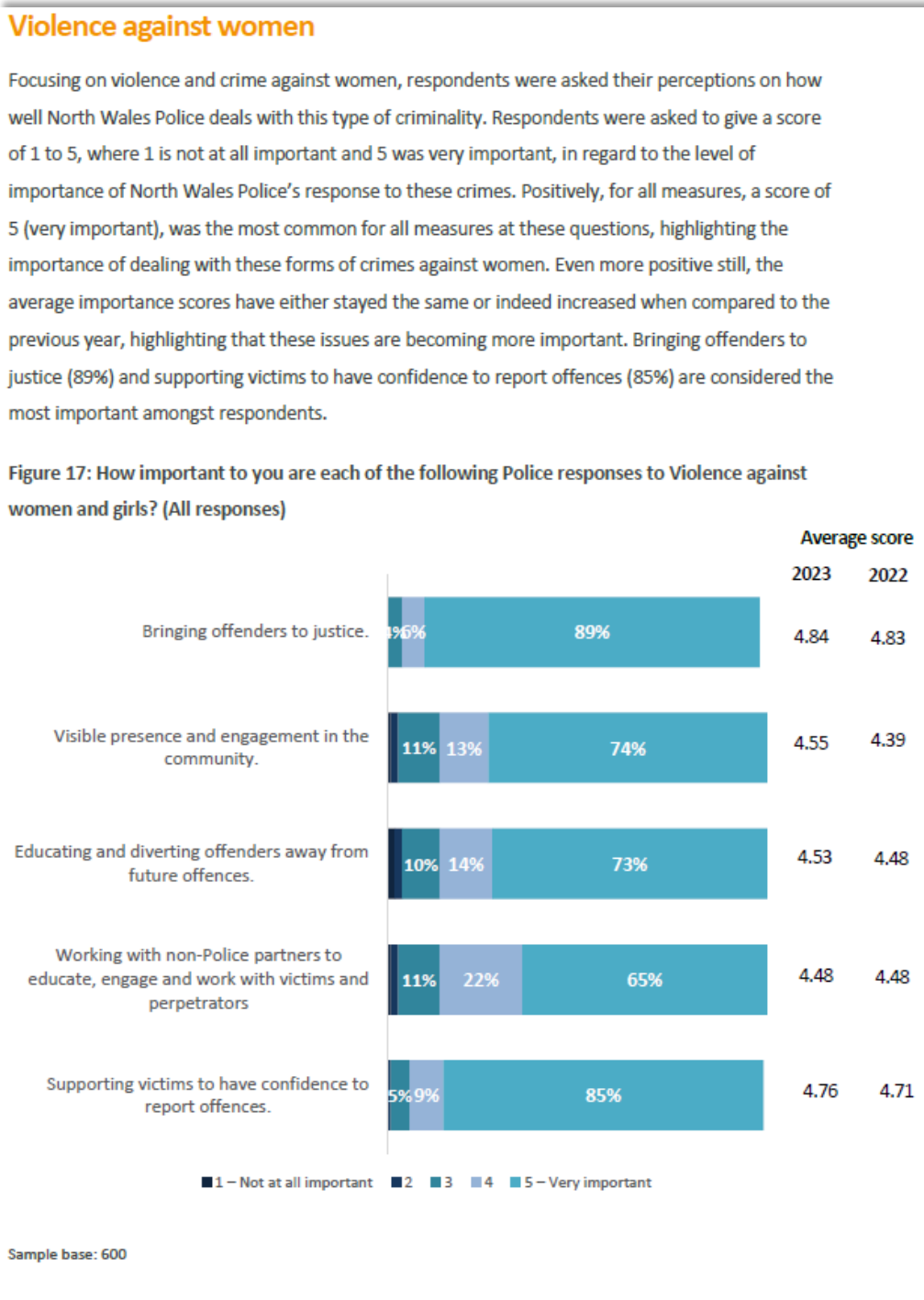


Figure 3 – Confidence levels for North Wales Police to deal with violence against women offences.

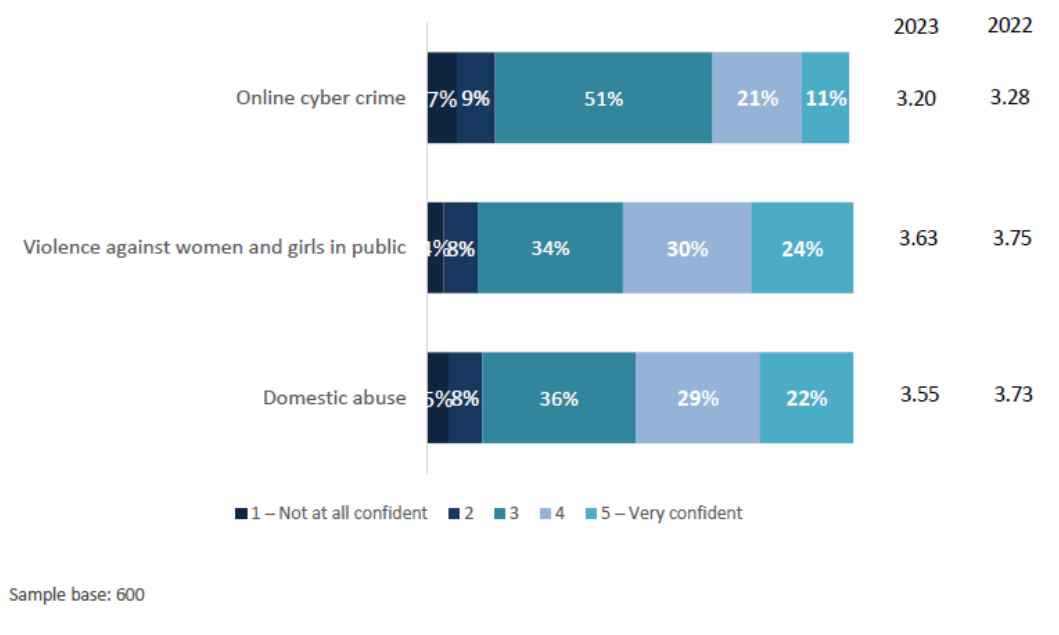
Confidence in North Wales Police

Respondents were also asked for their levels of confidence in North Wales Police to effectively deal with online cybercrime, violence against women in public and domestic abuse crimes. Respondents were asked to give a score between 1 to 5, where 1 is not at all confident and 5 is very confident.

Positively, only a small proportion of respondents felt they had no confidence at all in the police force in regard to effectively dealing with these crimes. The biggest proportion stating they had no confidence was in regard to online cybercrime (average score 3.20). This measure also had a substantially smaller proportion of those feeling very confident when compared to violence against women and domestic abuse cases (average scores 3.63 and 3.55 respectively).

When compared to the previous years findings, average confidence scores have dropped in all measures, most notably amongst dealing with domestic abuse.

Figure 19: How confident are you that North Wales Police is dealing effectively with the following crime types... (All responses)



Ask Me Training

The 'Ask Me' project is a Welsh Women's Aid initiative, which forms part of their 'Change That Lasts' programme. The project provides free training and ongoing support for community members to enable them to start conversations about domestic abuse, dispel

myths and stereotypes that normalise harmful behaviours, and to signpost people to places where they can get the right help and support.

The project is supported by funding from South Wales PCC, Swansea Council, and the Waterloo Foundation. A recent uplift in funding has allowed expansion into North Wales, and Welsh Women's Aid has an ambition to ensure this is available to all communities in Wales in the future.

Training currently takes place online and at face-to-face venues in Cardiff and the Vale, Neath and Port Talbot, Swansea, and North Wales.

Ask Me Training has been developed through the extensive involvement of survivors of abuse.

A handwritten signature in black ink, appearing to read 'Ian Roberts', with a horizontal line underneath.

Ian Roberts

Chief Superintendent

Chief Constable Amanda Blakeman
North Wales Police

July 25 2023

Dear Chief Constable

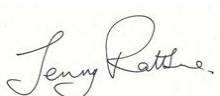
Thank you for giving evidence to our inquiry into the public health approach to preventing gender-based violence.

Further to the session we would be grateful if you could provide us with additional information relating to the following:

- the Cardiff TASC project, including any detail on the impact it is having;
- the Know the Line programme of work, in particular how the College of Policing is taking this forward and whether the Welsh Government has taken this into account in the development of the new national bystander programme;
- the police school liaison programme, and whether any evaluations have taken place considering its impact and effectiveness;
- night-time economy initiatives, in particular any examples of best practice, and their implementation across Wales;
- figures from the public surveys carried out across Wales which relate to public confidence in the police.

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 25 August 2023 if possible.

Yours sincerely



Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Dafydd Llywelyn
Police and Crime Commissioner for Dyfed-Powys

July 25 2023

Dear Dafydd

Thank you for giving evidence to our inquiry into the public health approach to preventing gender-based violence.

During our session you noted that you could provide us with further detail relating to Ask Me training; in particular whether this is being delivered in mid Wales and what level of involvement survivors have as part of this training.

We would also be grateful if you could confirm the amount received across Wales as part of the Safer Streets Fund.

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 25 August 2023 if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Emma Wools
Deputy Police and Crime Commissioner for South Wales

July 25 2023

Dear Emma

Thank you for giving evidence to our inquiry into the public health approach to preventing gender-based violence.

During the session you noted that you are currently exploring the Cautioning and Relationship Abuse (CARA) programme. Please could you provide further details on this programme and its implementation in Wales.

We would also be grateful if you could provide an update on the "Tackling perpetration" workstream in the Blueprint, and the involvement that the police and the police and crime commissioners have in that workstream. Please could you set out the view of police and crime commissioners on whether perpetrator programmes are effective in preventing gender-based violence and in what ways, if any, police forces across Wales engage with those programmes. What information sharing exists between the police service's Early Help Hubs and community-based perpetrator programmes and, further, have the police and crime commissioners provided any funding to organisations in Wales to deliver such programmes?

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 25 August 2023 if possible.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

**RCGP response to Equality Committee Question on Violence Against Women and Girls
August 2023**

Question 1: How confident and well supported do the health professionals you represent feel in being able to identify violence against women, domestic abuse and sexual violence?

Our members reported that the quality of training they receive equips them to recognise the signs and complete the necessary onward steps, that come as part of the consultation, when faced with a vulnerable patient. However, they also report that once a situation has been identified they face barriers to accessing the help and support that the vulnerable patient needs.

One member writes: "There were numerous times, I have referred to social services with concerns regarding patient safety on domestic abuse (come across many ethnic minorities & refugee women here in Wales) and adult male preying on schoolgirl via social media (one case): I felt social workers responding didn't take my concerns as seriously as I would have liked, no feedback from social services as to how they dealt with these cases (an updated feedback from social services would've been very helpful; many times we only have one chance in saving these patients or protecting them from harm). With regards to the school that I had called up to inform regarding safeguarding concerns, I was completely blocked from discussing the case. They didn't get back to me."

While another states: "I don't feel particularly supported and working virtually (phone consults) often worry about the more subtle signs over the phone. I will message often other GPs for a take on the home situation only to find often that there is little or no link up with Health visitors. I will flag a concern with the surgery and the safeguarding/clinical lead but think we are missing training for that specific need of safeguarding for non-face -to -face patient contact in all its guises. "

These issues come as part of a wider problem in which we see a lack of communication between different entities such as a local authorities, schools and social services with primary care. This is further exacerbated by the inability to share data between these same services and between primary and secondary care.

The GP members quoted above show that while reinforcing the skill of identifying a vulnerable patient is important, training on this subject is only helpful to the patient, sitting in the consulting room, if that GP has the support of onward services. At the moment, this seems inconsistent across Wales.

Question 2: Have health professionals received the "Ask and Act" training? If so, how useful is it at helping your members feel confident to ask about these issues and about providing an appropriate response and referral?

While members who have received Ask and Act training find it useful, many members were not aware what it was or where they could access it. RCGP was not able to find clear guidance on how GPs should avail themselves of this training and would welcome further information to circulate to members.

Question 3: Please could you also set out your views on the quality of other training your members receive. What more needs to be done to ensure the professional response to support all victims of gender-based violence is consistent throughout Wales.

As above the Ask and Act training would be helpful. We are also aware that HEIW runs safeguarding training and that violence against women and girls forms part of that syllabus. This includes mandatory training and CPD events. More information on that course can be found [here](#). The College also holds its own CPD events, which reinforce skills GPs need to provide the best care to vulnerable patients including women and girls who have been exposed to violence.

As GPs are expert generalists training tends to be focused on looking for signs of vulnerability and safeguarding concerns in all groups including but not limited to women, children, the elderly, the migrant population, those experiencing homelessness and those with disabilities. Training therefore tends to convey skills which can be transferred to all these situations which GPs unfortunately commonly face. An example of such a CPD event run by RCGP Cymru Wales can be found [here](#).

Royal College of General Practitioners Wales

July 28 2023

Dear Rebecca Miller,

Inquiry into the public health approach to preventing gender-based violence

Thank you for submitting written evidence to our inquiry into the public health approach to preventing gender-based violence. Further details on our work to-date are available on our [website](#).

The evidence we have taken thus far suggests that while there is a broad understanding of a public health approach, its implementation is in its infancy, including awareness and training. As you will be aware, "Ask and Act" is a Welsh Government policy delivered through guidance under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, which covers all different forms of violence including domestic abuse and female genital mutilation. We would be grateful if you could respond to the following points:

- How confident and well supported do the health professionals you represent feel in being able to identify violence against women, domestic abuse and sexual violence?
- Have health professionals received the "Ask and Act" training? If so, how useful is it at helping your members feel confident to ask about these issues and about providing an appropriate response and referral?
- Please could you also set out your views on the quality of other training your members receive. What more needs to be done to ensure the professional response to support all victims of gender-based violence is consistent throughout Wales.

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 25 August 2023 if possible.

Yours sincerely

A handwritten signature in black ink that reads "Jenny Rathbone". The signature is written in a cursive style with a large initial 'J' and a long, sweeping underline.

Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.



Ann Lloyd CBE, Cadeirydd | Chair

☎ 01633 435 957

✉ Ann.Lloyd@wales.nhs.uk

Nicola Prygodzicz, Prif Weithredwr | Chief Executive

☎ 01633 435 958 🐦 CEOabuhb

✉ Nicola.Prygodzicz@wales.nhs.uk



Agenda Item 6.11

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our ref: **ABUHB 23-204**

Tuesday 29 August 2023

Jenny Rathbone MS | Chair of the Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Sent by email to: SeneddEquality@senedd.wales

Dear Jenny Rathbone MS

Inquiry into the public health approach to preventing gender-based violence

Aneurin Bevan University Health Board (the Health Board) welcomes the opportunity to respond to the Senedd Equality and Social Justice Commission's requests to set out what procedures the Health Board has in place for handling allegations of gender-based violence (GBV) raised by or against employees, and to provide views on the Inquiry's terms of reference.

The Health Board recognises GBV is a major public health issue which cuts across the whole of society as well as being a fundamental violation of human rights. Although primarily experienced by women, the Health Board recognises that men too can experience abuse. This should not be neglected in response and prevention efforts.

The Health Board values all its employees and acknowledges that they have a right to work in an environment that is safe, promotes equality, dignity at work and encourages individuals to treat each other with respect. Furthermore, the Health Board expects a high standard of behaviour from its employees, treating patients, their families, and the public with dignity and respect at all times. Safeguarding is part of this expectation and is everybody's responsibility. It is an integral component of providing high quality services. This is reflected in professional codes of conduct, the Health Board's Values and Behaviour Framework and in job descriptions.

The Health Board has an ethical and legal responsibility to take reasonable steps to promote equality and reduce the risk of GBV and take action where incidents occur or allegations of abuse are raised. Supporting those who work for the Health Board, looking after each other and fostering a culture of inclusion and belonging is essential; and how we will do this is detailed in our Strategic Equality Plan 2020/24, Equality and Diversity Policy and People Plan for 2022/25. As part of this, we need to recognise that some staff may be the victims or perpetrators of GBV.

Bwrdd Iechyd Prifysgol Aneurin Bevan
Pencadlys, Ysbyty Sant Cadog
Ffordd Y Llodj, Caerllion, Casnewydd NP18 3XQ

☎ 01633 436 700 📘 BwrddIechydPrifysgol 🐦 BIPAneurinBevan

Rydym yn croesawu gohebiaeth yn Gymraeg a byddwn yn ymateb yn Gymraeg heb oedi.
Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan.

Dyfodol Clinigol
Clinical Futures

Pack Page 107

Aneurin Bevan University Health Board
Headquarters, St Cadoc's Hospital
Lodge Road, Caerleon, Newport NP18 3XQ

☎ 01633 436 700 📘 AneurinBevanHealthBoard 🐦 AneurinBevanUHB

We welcome correspondence in Welsh and we will respond in Welsh without delay.
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board.

Procedures the Health Board has in place for handling allegations of gender-based violence (GBV) raised by or against employees

The Health Board has a robust Framework of Policies and Procedures to enable appropriate action when these circumstances occur in order to discharge its statutory requirements and appropriate accountability for the safeguarding of children, young people and adults at risk of harm or abuse (this is relation to employees, patients and the public).

This Framework ensures that the Health Board:

- assists and supports employees requesting help in addressing problems arising from GBV; ensures confidential and sympathetic handling of situations arising from GBV;
- articulates a clearly that the actions of employees who perpetrate abuse, within or outside work, is unacceptable; and
- provides a framework for addressing the behaviour of employees who may be perpetrators of abuse and who may pose a risk to other employees or patients within the context of their work.

The most significant items are included below:

- All-Wales Respect and Resolution Policy
- All-Wales Domestic Abuse Protocol
- Domestic Abuse and Sexual Violence: A workplace Policy for Supporting Employees
- Incident Reporting Policy
- Disciplinary and Procedure
- Procedure for NHS Staff to Raise Concerns
- Wales Safeguarding Procedures
- Handling Violence and/or Aggression (Internal Sanctions) Policy and Procedure
- Procedures on the Management of Concerns raised by patients and their representatives (Complaints)
- Upholding Professional Standards in Wales

Copies of any policy, procedure or plan are available to view by request.

Our Corporate Safeguarding Team provide support, training and organisational advice on policies and procedures for safeguarding, set out in the legislation and codes of conduct and behaviours required of employees of the Health Board.

In addition, all staff are required to complete mandatory *Violence Against Women, Domestic Abuse and Sexual Violence* eLearning every three years.

Views on the Inquiry's Terms of Reference

The Health Board is reassured that the Senedd Equality and Social Justice Commission recognise GBV as an intersectional issue and has widened its terms of reference to ensure full consideration of the specific challenges faced by individuals with intersecting protected characteristics experiencing abuse and the inequalities in experience of violence. Any approach to GBV must be explicitly inclusive.

Although it is widely recognised that GBV is disproportionately perpetrated by men, and women and girls are disproportionately victimised. Men and boys can also be the target of GBV, and is vital that the language used in the terms of reference reflects this point.

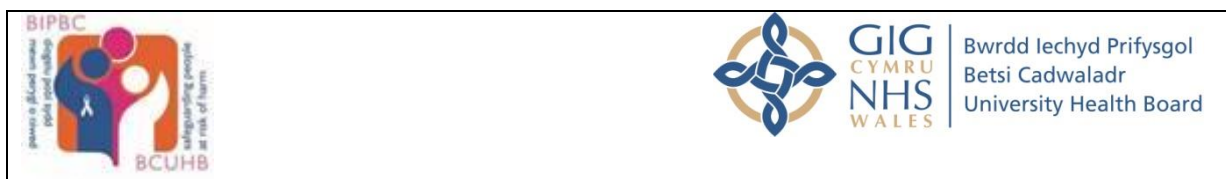
The Health Board look forward to reviewing the outcoming of the inquiry, as an opportunity to transform our organisational responses to GBV by considering how we can better systematise support for victims, early intervention, prevention and address related access and health inequality issues. Our aim is to work together

with partners to ensure the most efficient and effective response to preventing serious harm caused by such types of abuse for the wellbeing and safety of our staff, patients and the public, both now and in the future

Yours sincerely

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Nicola Prygodzicz
Prif Weithredwr | Chief Executive



Betsi Cadwaladr University Health Board (BCUHB) Response - Inquiry into the public health approach to preventing gender-based violence (CE23/815)

Prepared by:	Siwan Jones, Principal Public Health Officer Louise Woodfine, Consultant in Public Health
Authors	Regional Safeguarding Midwifery Lead Head of Adult Safeguarding Equality & Inclusion Manager Senior Organisational Development Manager
Responsible Director	Michelle Denwood, Director of Safeguarding & Public Protection
Executive Director (overseeing report)	Teresa Owen, Executive Director of Public Health
Purpose of Report	To provide BCUHB’s response to the Equality and Social Justice committee in relation to the inquiry into the public health approach to preventing gender-based violence.
Appendices	Appendix 1 - Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure (SCH05A Version 3). Appendix 2 - Violence against Women, Domestic Abuse and Sexual Violence Service User Procedure (SCH05B Version 4).
Date	24/08/2023

Question posed: How do statutory services deal with allegations of gender-based violence internally and what procedures do you have in place for handling allegations of gender-based violence raised by or against employees

BCUHB supports the Welsh Government Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015 in being committed to the resolution of domestic abuse and sexual violence.

BCUHB aims to create a work environment which encourages disclosure of domestic abuse and sexual violence within the health care setting and the

workplace, for employees and service users, and is committed to providing support and advice to all those affected.

1.0 Procedures for handling allegations of gender-based violence raised by or against employees

In BCUHB the Head of Safeguarding Children leads the VAWDASV agenda on behalf of the Director of Safeguarding & Public Protection.

BCUHB has a Workplace VAWDASV Procedure (appendix 1), and a VAWDASV Service User Procedure (appendix 2)

The Workplace VAWDASV Procedure contains information and advice for both staff and their managers on the processes that should be followed, following a disclosure of domestic abuse from a member of staff. This is underpinned by the BCUHB VAWDASV Service User procedure and may initiate referrals into the Sexual Assault Referral Centre (SARC), Multi-Agency Risk Assessment Conferences (MARAC¹) and/or At-Risk Reports into Local Authorities. Referrals into the Work Place Safety groups are monitored and are reported in the Corporate Safeguarding 6 monthly and annual reports. Of note there has been an increase in referrals which is reflective of the national picture. This is a potential outcome of these groups being implemented and a raised profile of the agenda.

A key feature in the BCUHB Work Place Safety procedure is the Work Place safety group. Workplace Safety Groups are successfully delivered in the East, Central and West areas of North Wales within the BCUHB structure. Staff members can be referred into these groups when the need is identified. The purpose of the collaborative Workplace Safety Groups is to ensure a robust risk management plan is in place for the victim, and perpetrator (if a member of BCUHB staff). The risk management plans are developed collaboratively, with input from corporate safeguarding, workforce, health and safety, line managers and violence and aggression managers.

BCUHB provides representation at all MARAC's¹ and ADAPT² panels, and attend with all the relevant information required regarding both the victim and the perpetrator. Staff members who are identified as victims or perpetrators during these processes, can be referred into the Workplace Safety Groups.

BCUHB Corporate Safeguarding deliver Group 1 and Group 2 VAWDASV training as part of staff mandatory training requirements. BCUHB also complies with the National Training Framework. This training includes information for staff around

¹ MARAC (Multi Agency Risk Assessment Conference) is a local, multi-agency victim-focused meeting where information is shared regarding high-risk cases of domestic violence & abuse between different statutory and voluntary sector agencies.

² ADAPT (Adult Domestic Abuse Perpetrator Tasking) is the process of identifying and tackling the most harmful and serial perpetrators of domestic abuse. The overarching objectives of ADAPT are to safeguard adults and children at risk of domestic abuse by changing or disrupting offender behaviour and to reduce the offending of domestic abuse perpetrators.

the Workplace VAWDASV procedure. Compliance with training is monitored via the area safeguarding forums and reported into the quarterly Safeguarding Governance and Performance Group, which is chaired by the Director of Safeguarding and Public Protection. Corporate Safeguarding recognises that awareness raising of VAWDASV processes, initiatives, and mandatory training could contribute to staff feeling more equipped to disclose domestic abuse.

The BCUHB Corporate Safeguarding Team develop a monthly safeguarding bulletin which incorporates all relevant safeguarding information including VAWDASV and is disseminated widely within BCUHB. A quarterly "Learning" bulletin is developed focussing on learning from reviews, which includes the learning/good practice identified from Domestic Homicide Reviews. These are disseminated to all staff via a variety of mechanisms including being added to the BCUHB intranet.

Routine Enquiry is carried out in high-risk service areas within the Health Board. Domestic abuse HITS³ questions are also included in the Symphony IT systems which are used in all Emergency Departments and Minor Injury Units.

BCUHB have three Health Independent Domestic Violence Advocates (IDVA) in post. These are based within the East, Central and West areas in North Wales. These posts are managed by the Domestic Abuse Safety Unit (DASU) and Gorwel, but are housed within BCUHB Corporate Safeguarding Team. The IDVA's are part of the Work Place Safety Groups and will support staff as needed.

Corporate Safeguarding participate in the regional VAWG group which is chaired by North Wales Police. Strong links have been made with VAWDASV third sector agencies and their contacts are shared within BCUHB.

In addition BCUHB employees are able to raise concerns via 'Speak Out Safely'. Employees can approach the Speak Out Safely Guardian for a conversation (anonymously) via telephone, email or discretely in person based on their preference/wishes.

Contact can also be made via the 'Work in Confidence' platform, allowing employees to engage in an anonymous two way conversation with a member of the Speak Out Safely team if they are fearful of escalation or repercussion.



Support for staff also includes the Gender Equality Network. An informal group in which issues affecting women, men and non-binary staff can be shared. During International Women's Day (8th March 2023) a virtual panel of speakers, including a representative from Victim Support specialising in sexual violence spoke to staff about the support available for victims of gender based violence.

³ HITS are a set of 4 questions asked as part of routine enquires with patients. HITS stands for; Hurt, Insult, Threaten and Shout / Safe. Answering 'yes' to any of these question indicate that possible abuse is occurring and would generate further enquire / action completion of Saferlives DASH risk assessment and/or a MARAC referral (Multi Agency risk assessment conference). MARAC meetings take place weekly for each LA and also Monthly for High-risk cases

2.0 Terms of reference

BCUHB have no further comment on the Terms of Reference. We are supportive of each area particularly bullet point 1 - adopting a preventative approach, and bullet point 3 - relating to any further role that the public sector and specialist services should undertake, particularly the NHS.

3.0 Appendices

Appendix 1	Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure (SCH05A Version 3)  SCH05a- Violence against Women Dor
Appendix 2	Violence against Women, Domestic Abuse and Sexual Violence Service User Procedure (SCH05B Version 4)  SCH05b - Violence Against Women, Do

4.0 Contact information

Please contact Louise Woodfine, Consultant in Public Health louise.woodfine@wales.nhs.uk for any additional information required.

Betsi Cadwaladr University Local Health Board (BCUHB)



Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure

Date to be reviewed:	June 2025		No of pages:	28		
			Author(s) title:	Head of Safeguarding Children		
Responsible Dept / Director:	Director of Safeguarding and Public Protection Executive Director of Workforce & Organisational Development					
Approved by:	Safeguarding Governance and Performance Group Clinical Policies and Procedures Group Patient Safety and Quality Group					
Date approved:	SGPG- 26th July 2022 CPPG- 16th August 2022 PSQG- 10 th October 2022					
Date activated (live):	27 th November 2020 (Current Version 26 th October 2022)					
Date EQIA completed:	01.07.2019 (reviewed 14.6.22)					
Documents to be read alongside this policy:	Wales Safeguarding Procedures (2019); Minimum Standards for Routine Enquiry into Domestic Abuse (WG, 2022); NHS Wales Managing Attendance at Work Policy (WP11); All Wales Capability Policy (WP3a); BCUHB Disciplinary Policy (WP9); BCUHB Procedure & Guidance Document for the Protection of Employees from Violence and Aggression; BCUHB Equality, Diversity and Human Rights Policy (WP8); Health & Safety Policy (HS01); All Wales Dignity at Work Process (WP5c) BCUHB Flexible Working Policy (WP13); All Wales Information Governance Policy; All Wales Special Leave Policy (WP146); Safeguarding People at Risk Training Strategy (SCH05); Statutory & Mandatory Training Policy (WP30); Drug & Alcohol (Substance) Misuse Procedure (WP19); Staff Mental Health Wellbeing & Stress Management					
Purpose of Issue/Description of current changes						
A requirement to update the procedure to meet the review timescales of June 2022						
First operational:	Date the procedure was first operational: September					
Previously reviewed:	03/09/20	13/11/20	date	date	date	
Changes made yes/no:	No	Yes	Yes/no	Yes/no	Yes/n	

PROPRIETARY INFORMATION

This document contains proprietary information belonging to the Betsi Cadwaladr University Health Board. Do not produce all or any part of this document without written permission

Contents Page

1. Introduction	Page 3
2. Policy Statement	Page 4
3. Purpose	Page 4
4. Scope	Page 4
5. Aim	Page 5
6. Objectives	Page 5
7. Procedure	Page 5
7.1 Definitions.....	Page 5
7.2 Types of Abuse.....	Page 6
7.3 Signs/Symptoms.....	Page 6
7.4 Difficulties in identifying VAWDASV.....	Page 7
7.5 Employees experiencing domestic violence/abuse	Page 7
7.6 Ensuring Health & Safety in the Workplace	Page 9
7.7 Employees who are alleged perpetrators/perpetrators.....	Page 10
7.8 Malicious allegations.....	Page 12
7.9 Child at Risk Issues.....	Page 12
7.10 Adult at Risk Issues.....	Page 13
8. Roles and Responsibilities	Page 13
9. Monitoring, Escalation and Implementation Arrangements.....	Page 13
10. Reference to Legislation	Page 14
11. References	Page 14
Appendices	
1. Manager's Flowchart following disclosure/report of Domestic Violence and Abuse involving BCUHB employee	Page 16
2. Domestic Abuse Workplace Risk Assessment Checklist and Confidential Risk Assessment	Page 17
3. Victim and alleged perpetrator employed by BCUHB Checklist and Confidential Risk Assessment	Page 20
4. Area Domestic Abuse Workplace Safety Group ToR	Page 22
5. Workplace Safety Group Meeting Minutes Template	Page 26
6. Support Services.....	Page 28

1. Introduction

- 1.1** There are 2.3 million victims of domestic abuse a year aged 16 to 74, of which two-thirds are women (Office of the National Statistics (ONS), 2020). The number of domestic abuse crimes recorded by the police in England and Wales in the year ending March 2021 increased by 6%, from 798,607 in the year ending March 2020 to 845,734 (ONS, 2021). As many cases will not enter the criminal justice process police data can only provide a partial picture. Domestic abuse can affect anyone, regardless of their sex, age or race. Women are more likely to experience repeat victimisation, be physically injured or killed as a result of domestic abuse and experience non-physical abuse than men (ONS, 2018)
- 1.2** For the purpose of the procedure, whenever the term ‘domestic violence and abuse’ is used it means violence against women, domestic abuse and sexual violence as described by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. It also includes any gender-based violence.
- 1.3** The effects and cost of domestic violence and abuse within the workplace remain relatively hidden and unidentified by most organisations. Research by the Equality and Human Rights Commission (2010) suggests that:
- Domestic abuse currently costs UK businesses over £2.7 billion a year.
 - In the UK, in any one year, more than 20% of employed women take time off work because of domestic abuse, and 2% lose their jobs as a direct result of the abuse.
 - 75% of women that experience domestic abuse are targeted at work – from harassing phone calls and abusive partners arriving at the office unannounced, to physical assaults.
 - 15% of men aged 16-59 say they have been physically assaulted by a current or former partner at some point in their lives.
- 1.4** In 2015, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (VAWDASV) came into force. The Act seeks an improved collective public sector response, strong leadership and a more consistent focus on the way these issues are tackled in Wales and helps victims. More importantly, it seeks to stop the abuse happening in the first place. The Act addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender, sexual orientation and gender identity. It also addresses violence perpetrated against woman or man arising directly or indirectly from values, beliefs, or customs relating to gender, sexual orientation and gender identity.
- 1.5** The Serious Crime Act (2015) Section 76, created a new offence criminalising controlling or coercive behaviour in an intimate or family relationship and where the behavior has a serious effect on the victim. It addresses repeated or continuous behaviour in relationships where incidents of domestic abuse might appear unexceptional but have a significant cumulative impact on the victim’s everyday life, causing them fear, alarm or distress.
- 1.6** The Social Services and Wellbeing (Wales) Act, 2014 with the focus being on the provision of preventative services and in promoting wellbeing. Part 7 of the Act describes the process of keeping “adults at risk” safe, including those that are at risk of domestic abuse. The Wales Safeguarding Procedures 2019 builds on statutory guidance in the Social Services and Well-being (Wales) Act 2014, Part 7 Safeguarding and specifically Working Together to Safeguard People: Volumes: 5 and 6. The procedures provide clear guidance for safeguarding adults and children.

- 1.7 Domestic Abuse Act (2021), further enhances the VAWDASV Act (2015), will include :
- Create for the first time, a cross-government statutory definition of domestic abuse which recognises children as victims in their own right.
 - Establish in law the office of the Domestic Abuse Commissioner.
 - Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
 - Extend the controlling or coercive behaviour offence to cover post-separation abuse.
 - Extend the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material.
 - Create a new offence of non-strangulation or suffocation of another person.
 - Place Clare's Law on a statutory footing.

2. Policy Statement

- 2.1 Betsi Cadwaladr University Health Board (BCUHB) recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse, as well as employees, who are perpetrators or alleged perpetrators. There may also be employees who have experienced sexual violence and abuse.
- 2.2 BCUHB supports the Welsh Government Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 in being wholly committed to the resolution of domestic violence and abuse (WG, 2015). BCUHB is therefore committed to raising awareness and providing guidance and support for its employees and managers to address the occurrence of violence against women, domestic abuse and sexual violence and its effect on the workplace.

3. Purpose

- 3.1 The purpose of this procedure is to provide guidance/support to managers supporting employees who are victims or alleged perpetrators/perpetrators of domestic violence and abuse.

4. Scope

- 4.1 This procedure will apply to all employees/workers of BCUHB. This also includes students, volunteers, locum staff, agency and bank staff, contractors and trainees. Where appropriate, this procedure should be used in conjunction with other Health Board policies and procedures such as, WP9 Disciplinary Policy, WP3a All Wales Capability Policy, WP14b All Wales Special Leave Policy, WP13 Flexible Working Policy and VAWDASV Service User Procedure.
- 4.2 Where a case involves 'Child at Risk' concerns, managers should refer to the Wales Safeguarding Procedures (2019).
- 4.3 Where a case involves 'Adult at Risk' concerns, managers should refer to the Working Together to Safeguard People: Volume 6 - Handling Individual Cases to Protect Adults at Risk (issued under Section 131 of the Social Services and Wellbeing (Wales) Act (2014) and Wales Safeguarding Procedures (2019).

5. Aim

- 5.1 The aim of this procedure is to ensure Health Board employees, who are experiencing or have experienced domestic violence and abuse, are offered the appropriate response and support. It also aims to ensure that employees who are perpetrators or alleged perpetrators of domestic violence and abuse are risk assessed and supported appropriately.

6. Objectives

- 6.1 The aim will be achieved by:
- Assisting managers to provide confidential, sympathetic and supportive response to staff who experience domestic violence and abuse.
 - Assisting managers to appropriately address situations where staff are alleged perpetrators or are found to be perpetrators of domestic violence and abuse.

7. Procedure

7.1 Definitions:

'Violence against Women' has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

'Domestic Abuse' definition is a cross- government statutory definition created by the Domestic Abuse Act (2021). Domestic abuse refers to abuse which takes place between two people aged over 16 who are personally connected to each other. This includes people who are or have previously been married, in civil partnerships or in relationships; who have a child together; or are relatives.) Abuse can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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.

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. This definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

7.2 Types of Abuse

7.2.1 Psychological - Obsessive behaviour, jealousy, blaming the individual for the abuse, minimising the abuse, threats to kill or harm self or others, humiliation, destroying possessions, stalking, and harassment.

7.2.2 Physical - Punching, head butting, biting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, using weapons, imprisonment, "Honour Based Violence" (HBV), Female Genital Mutilation (FGM), and murder.

7.2.3 Sexual - Rape, non-consensual sex, unwanted touch, penetration with objects, pornography, buggery, bestiality, not practising safe sex, trafficking, and prostitution.

7.2.4 Financial - Denied access to salary/benefits/inheritance, sole mortgage or tenancy arrangements (perpetrator), building up debt, theft and fraud.

7.2.5 Emotional - Exclusion, stigma, isolation, forbidden from socialising/working/education, undermining parental authority, leaving visible signs of injury to embarrass and deter from going out, racial abuse, homophobic/biphobic/transphobic abuse, and controlling behaviour such as 'outing' or the threat of 'outing'.

7.3 Possible signs and/or symptoms of violence against women, domestic abuse and sexual violence. This list is non-exhaustive:

7.3.1 Physical

- Stress related ailments – headaches, irritable bowel syndrome
- Bruising to the body, bruising/injury at different stages of healing
- Injuries to the face head or neck
- Burns/scalds – consistent with cigarette/chemical/liquid or friction burns
- Hair loss – consistent with hair pulling
- Sexually transmitted diseases, vaginal infections or other frequent gynaecological problems
- Miscarriages/history of miscarriages/repeated termination of pregnancy
- Still births, premature labour, low birth weight babies
- Unexplained injuries or those inconsistent with history
- Unexplained "accidents" to children

7.3.2 Behavioural

- Evasive/ashamed/confused
- Late to work, poor performance/sudden change in performance
- Long/ frequent short term/intermittent absences from workplace
- Repeat attendances in areas such as General Practice/Minor Injury Units/Emergency Departments
- Repeated "failure to attend" appointments
- Presents in health settings complaining with vague symptoms
- Accompanied to all appointments – difficult to see individual alone
- Substance misuse
- Frequent use of pain medication
- Eating disorders

7.3.3 Psychological/Emotional

- Depression/anxiety/panic attacks
- Self-harm
- Attempted suicide

7.4 Reasons why it is difficult to identify violence against women, domestic abuse and sexual violence.

7.4.1 Often an employee who is experiencing domestic violence and abuse may be reluctant to tell people at work (colleague or manager) of their situation. It has been shown that, on average, an individual will experience 35 episodes of domestic violence and abuse before they decide to seek help.

7.4.2 Reasons for employee reluctance can include:

- Shame and embarrassment of their situation
- Cultural stigma
- Lack of knowledge of what help is available to them
- Unclear of where they can access help
- Fear of making the situation worse
- Fear that their children may be taken away from them
- Fear of seeing their partner prosecuted
- Belief that the abuse will not happen again
- Denial that the abuse is happening

7.5 Employees experiencing domestic violence and abuse

Employees who make it known to BCUHB that they are experiencing domestic violence and abuse will be treated in a sympathetic and supportive manner. They will not be judged by other employees and will be encouraged to help themselves out of their abusive circumstances, having due regard for their personal safety, and that of their children and vulnerable adults in the household if applicable.

Employees can seek advice and support from their line manager, Workforce and Organisational Department (WOD) and/or the Corporate Safeguarding Team. Trade Union representatives should also be able to provide advice and support. It must be remembered that the effects of abuse can impact on an employee's standard of work or attendance and should be considered with regards to formal management under the Health Board's WP11 NHS Wales Managing Attendance at Work Policy and WP3a All Wales Capability Policy. Employee rights to privacy must be respected at all times. Employees have a right to decline the offer of support but this must be communicated to the line manager and recorded in a risk assessment.

Employees who recognise or suspect that a colleague is living in an abusive situation at home should speak in confidence to their line manager or WOD. Employees should recognise that they are not trained counsellors and should be wary of promising more than they can deliver in terms of support. They should also consider their own well-being as they may be putting themselves in danger if the abuser becomes aware of their support.

The managers response should take into consideration BCUHB VAWDASV Service User Procedure as all relevant documents are included in this procedure, such as, Safe Lives Risk Indicator Checklist/MARAC Referral.

- Where a manager suspects that an employee is experiencing domestic violence and abuse, they have a duty of care towards the employee and should contact the safeguarding team and/or their WOD representative in their area for advice and support, before any discussion takes place with the employee.
- Where an employee discloses domestic violence and abuse to a manager, then the manager can contact the safeguarding team and/or their WOD representative in their area for advice and support, if required using this link: https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_Safeguarding
- Any discussion about the employee's situation should take place in private and any questions should be asked with care and sensitivity. Employees should never feel pressured into disclosing any personal information that they do not feel comfortable sharing. A non-judgemental attitude is required.
- If an employee discloses that they are experiencing domestic violence and abuse, it is advised that an appropriate Domestic Abuse Workplace Risk Assessment Checklist (Appendix 2) should be carried out within 24 hours of disclosure, or at the first available opportunity and discussed fully with WOD.
- The manager must ensure that they keep full notes of any discussions and if required refer the member of staff to the Occupational Health and Wellbeing Service to ensure that adequate support is provided.
- The manager must refer to the 'Managers Flowchart following disclosure/report of Domestic Violence and Abuse involving BCUHB employee' (Appendix 1). This includes the manager, with the support of WOD, contacting the Area Safeguarding Manager who chairs the Workplace Safety Group (TORs Appendix 3). The case would then be discussed at the next meeting with the manager in attendance.
- Signpost to the Live Fear Free Helpline – 0808 80 10 800
- If the employee discloses sexual violence and abuse the manager can refer to the Amethyst Sexual Assault Referral Centre for support.
- If the employee does not wish to discuss the matter in detail with their manager, consideration must be given as to how the individual can be supported. This must be their preference alone, but could include a workplace colleague, their line manager/supervisor, a member of the Corporate Safeguarding Team, Workforce & Organisational Development, Trade Union Representative, a member of the Chaplaincy Department or the Occupational Health and Wellbeing Service. Consideration also needs to be given to the opportunity of a mentor to ensure that support is provided to the employee at all times.
- The manager may consider implementing short-term reasonable measures, which would protect the safety of the employee who is experiencing domestic violence and abuse. For example, an employee who is concerned for their safety while travelling to work and home, or whilst at work, may benefit from a temporary change in hours or place of work.
- The manager should offer ongoing support to the employee who is experiencing domestic violence and abuse including reasonable time off, for example, for counselling, visits to a solicitor or support agencies, for re-housing or re-organising childcare.
- Employees will be entitled to special leave to attend (up to 10 days), for example, civil or criminal court hearings as a witness or to attend court to seek an injunction against the alleged perpetrator or perpetrator.

- Applications must be made via the Application Form within WP146 All Wales Special Leave Policy. If the leave request relates to domestic violence and abuse then the record must be placed in a sealed envelope marked “**For Managers Access Only**” and filed within the personal file and recorded on ESR.
- Further advice may be sought from WOD relating to special leave requests.
- Support/advice can be provided by the Health Independent Domestic Violence Advisor.
- The manager should always consider safeguarding, either children and/or children.

7.6 Ensuring Health and Safety in the Workplace

7.6.1 The Workplace Safety Group (Domestic Violence and Abuse) acts as a specialist group to advise and support managers in ensuring the safety and well-being of staff, whilst also ensuring that procedures in relation to domestic violence and abuse are followed. The principles of these BCUHB guidance and procedure documents and current legislation underpin the function and remit of the Workplace Safety Group.

7.6.2 Immediate safety plans should be developed and implemented by Managers prior to the Workplace Safety Group.

7.6.3 Staff should be informed that the Workplace Safety Group is a supportive forum in ensuring their safety and well-being is paramount.

7.6.4 The following measures could be implemented as appropriate:

- If relevant, alert staff that the alleged perpetrator is to be refused access to the building/department, and if an attempt is made, what action is required by staff.
- Where appropriate improve security measures, such as changing keypad numbers or ensuring access to the building/department is not open to access from unauthorised staff or persons.
- Remind staff that they must not divulge information about employees, especially personal details such as addresses, telephone numbers or shift patterns etc.
- Where appropriate, consider offering temporary or permanent change of workplace, working times/patterns to reduce the risk to the employee on their way to and from work.
- Consider the environment layout to ensure the employee is not visible from the reception points or from windows, doors etc.
- Agreeing with the member of staff what to tell colleagues and how they should respond if the alleged perpetrator/perpetrator telephones or visits the workplace.
- Seek to ensure that the systems for recording the whereabouts of the employee during the working day are adequate and if their work requires them to work outside of the work area, consider how risks can be minimised by changing their duties or allowing another colleague to accompany them on certain journeys.
- Keeping a record of any incidents of domestic violence and abuse in the workplace, including where possible persistent telephone calls, emails or visits to the employee by the alleged perpetrator or perpetrator. These records may be used if the member of staff decides to make a formal complaint to the police, or apply for an injunction against the alleged perpetrator. These records may also be used by BCUHB should the organisation decide to apply for an injunction if the action of the alleged perpetrator impinges on the health and safety of the employee or service provision.

- A formal and documented risk management plan must be implemented. This is an ongoing assessment process and must be reviewed by the manager with the employee at least monthly or more frequently if any new information or changes in circumstances come to light.
- Notes of the meeting will be stored in a restricted access folder on the corporate drive for a maximum of 10 years. A copy will be stored securely within the employees personal file.

Disclosures to BCUHB Corporate Safeguarding via the Multi Agency Risk Assessment Conferences (MARAC'S)

- Safeguarding Specialists are a standing member at Weekly & Monthly MARACs on behalf of the Corporate Safeguarding Team. The Corporate Safeguarding Team continually engages in multi-agency meetings where concerns have been identified regarding children or adult at risks. Where victims and/or perpetrators of VAWDASV who are employees of BCUHB have been identified, the Area Safeguarding Manager will be notified.
- The Area Safeguarding Manager will liaise with WOD and confirm whether the victim and/or perpetrator are employed by BCUHB. If confirmed, the Area Safeguarding Manager will notify the responsible line-manager that a member of staff has been discussed at MARAC.
- The Manager will be responsible for discussing this information with the staff member and offering workplace support and undertaking a workplace risk assessment.

7.7 Employees who are alleged perpetrators or perpetrators of violence against women, domestic abuse and sexual violence.

The Health Board recognises that it has a duty of care in encouraging and supporting employees to address their violent and abusive behaviours. Violence against Women, Domestic Abuse and Sexual Violence perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. BCUHB have a duty to report any criminality.

If an employee approaches their manager or another manager in the Health Board about their abusive behaviour, the Health Board will provide them with information about the services and support available to them and will encourage the employee to seek support and help from an appropriate source. (See Appendix 3)

The Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing the risk to others including the victim and any identified children/adult at risk. Allegations of Harm/Abuse involving children or adults may be subject to the Wales Safeguarding Procedures (2019), Section 5, Safeguarding Allegations/Concerns about Practitioners and Those in Positions of Trust, which build on statutory guidance in the Social Services and Well-being (Wales) Act 2014, Part 7 Safeguarding and specifically Working Together to Safeguard People: Volumes: 5 and 6.

Any employee who is subject to a formal investigation by police or where guilt has been established in relation to a criminal offence may be subject to WP9 Disciplinary Policy.

However, there may also be occasions where police and/or courts impose specific conditions on alleged perpetrators/alleged perpetrators of VAWDASV which may be subject to WP9 Disciplinary Policy. The Health Board also reserves the right to consider the use of WP9 Disciplinary Policy should an employee's activities outside of work have had a detrimental impact on their ability to perform the role for which they are employed and/or considered to have brought the organisation into disrepute. Any BCUHB employee who is subject to a formal police investigation in relation to VAWDASV and wider related criminal activities, such as common assault, has a duty to inform the organisation of that. Failure to inform would lead to potential disciplinary action.

If an employee is also a member of a regulatory body, a notification will be required by the appropriate professional lead and supported by WOD, to the regulatory body as part of the investigative process. The Health Board also has a duty in law to report the incident to the Disclosure and Barring Service (DBS).

7.7.1 Manager's role/response

- Allegations will be dealt with fairly and in a way that provides support for the employee who is the subject of the allegation or disclosure.
- Seek advice and support from Corporate Safeguarding and WOD.
- A Workplace Risk Assessment (Appendix 3) must be completed to establish the risks to patients, staff and the individual. This will determine how the risks are to be managed.
- The cases where both the victim and alleged perpetrator/perpetrator are employed by, or contracted to BCUHB must be discussed in the Workplace Safety Group (Domestic Violence and Abuse). Workplace Risk Assessment (Appendix 2 & 3) requires completion.
- Confidentiality will be maintained and information restricted only to those who have a need to know.
- Disciplinary Investigations if indicated will be thorough, independent and timely in line with policy timeframes. All efforts will be made to resolve the matter within 12 weeks, although some cases will take longer due to their nature or complexity.
- The alleged perpetrator or perpetrator will be:
 - Treated fairly and honestly
 - Helped to understand the concerns expressed and processes involved
 - Kept informed of the process and outcomes of any investigation and the implications for any disciplinary process
 - Advised to contact their Trade Union or Professional organisation
 - Advised that they can seek advice from an appropriate source, such as, WOD, Corporate Safeguarding Team and Occupational Health & Wellbeing Services
 - In cases where both the victim and alleged perpetrator or perpetrator of abuse work in the same county/area/department, the Health Board will take action to minimise the potential for the alleged perpetrator or perpetrator to use their position or work resources to find out details about the whereabouts of the victim. This may include, for example, a change in duties for one or both employees or withdrawing the alleged perpetrator's/perpetrator's access to certain computer programmes or offices
 - However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship, may choose to seek solutions jointly and in such situations, support should be given.

It is important to note that this procedure is intended to be safety focussed and supportive rather than punitive.

There are four important potential stages in the consideration of an allegation:

- Identifying risk
- A police investigation of a possible criminal offence
- Disciplinary action by the employer
- Providing specialist, safety focussed counselling

If a BCUHB employee is found to be knowingly assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as a telephone, email or a fax machine then they may face disciplinary action.

7.8 Malicious allegations

If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse, then this may be treated as a disciplinary offence and action may be taken in line with WP9 Disciplinary Policy.

7.9 Child at Risk Issues

There is considerable overlap between violence against women, domestic abuse and sexual violence and the abuse of children. According to child protection experts, there is significant evidence that demonstrates that men who are abusive to their female partners are more likely to physically abuse their children. In some instances the children may also be injured in the course of an assault (Safe Lives 2015).

The Domestic Abuse Act 2021 defines domestic abuse as occurring where the victim and perpetrator are aged over 16. Abusive behaviour directed at a person under 16 would be dealt with as child abuse rather than domestic abuse.

However, for the first time, a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse in their own right. This will help to ensure that locally-commissioned services consider and address the needs of children affected by domestic abuse.

When dealing with suspected cases of violence against women, domestic abuse and sexual violence the manager should establish if the employee has children living at home and, if so, consider whether they are in immediate danger and if so take action to ensure their safety. In the instance of the involvement of children, the Wales Safeguarding Procedures (2019) must be adhered to. This includes making a Child at Risk Report. BCUHB Corporate Safeguarding Team can provide advice and support.

The issue of safeguarding children is everyone's business and is a shared responsibility.

7.10 Adult at Risk Issues

When dealing with suspected cases of violence against women, domestic abuse and sexual violence, the manager should establish if the employee has any adults who meet the definition of an Adult at Risk (Social Services and Well-Being (Wales) Act 2014: Working Together to Safeguard People; Volume 6 – Handling Individual Cases to Protect Adults at Risk) living at home and, if so, consider whether they are in imminent danger, and take appropriate action to ensure their safety. If adults are deemed to be at risk, the Health Boards Procedure should be adhered to. BCUHB's Corporate Safeguarding Team can provide advice and support.

8. Roles and Responsibilities

8.1 Chief Executive Officer

The Chief Executive of BCUHB has overall responsibility for the effective management of organisational policies/procedures relating to BCUHB employees.

8.2 Executive Director of Workforce and Organisational Development

Is jointly responsible for ensuring this procedure and any associated documentation relating to violence against women, domestic abuse and sexual violence are reviewed and updated in line with future guidance.

8.3 Executive Director of Nursing and Midwifery

Holds responsibility for this procedure and this is delegated to the Director of Safeguarding and Public Protection.

8.4 Head of Safeguarding Children

Is responsible for ensuring this procedure and associated documentation are reviewed and updated in line with future guidance.

8.5 Head of Occupational Health and Wellbeing

Has a responsibility to offer support to employees who are affected by violence against women, domestic abuse and sexual violence.

8.6 Managers and Heads of Services

Managers are responsible for raising awareness of the procedure to all employees. They are also responsible for ensuring that any staff who experience domestic violence and abuse, and employees who are perpetrators of domestic violence and abuse are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to children and adults within the family. Any managers who require training as a result of this procedure should contact Learning and Development Department.

9. Monitoring, Escalation and Implementation Arrangements

Monitoring of this procedure will be the responsibility of the BCUHB Safeguarding Policy/Procedure Task Group with escalation to the Safeguarding Governance and Performance Group.

This procedure will be disseminated throughout the organisation via a 7 minute briefing, through the relevant forums and the safeguarding bulletin. Mandatory training will be provided for all staff employed by, and contracted to BCUHB as directed through the SCH08-Safeguarding People at Risk Training Strategy and WP30-Statutory and Mandatory Training Policy and Procedure.

10. Reference to Legislation

The legislation and guidance supporting this procedure includes: Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015); Female Genital Mutilation Act (2003); Sexual Offences Act (2003); Forced Marriage (Civil Protection) Act (2007); Human Rights Act (1998); Social Services and Wellbeing (Wales) Act (2014); Domestic Abuse Act (2021); Wales Safeguarding Procedures (2019); Serious Crime Act (2015).

11. References

Wales Safeguarding Project Board (2019), *Wales Safeguarding Procedures*. Available from: www.safeguarding.wales

Home Office, (2015). Serious Crime Act.
Available at <http://www.gov.uk/government/collections/serious-crime-bill>

Office for National Statistics, (2016). Statistical bulletin: Domestic abuse in England and Wales: year ending March 2016. Available at: <https://www.ons.gov.uk>

Office for National Statistics (2021). Domestic abuse prevalence and trends, England and Wales: year ending March 2021. Available at <https://www.ons.gov.uk>

Research by the Equality and Human Rights Commission (2010)
Welsh Government, (2015). Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015). Available at: <https://www.legislation.gov.uk>.

Welsh Government, (2014). Social Services and Wellbeing (Wales) Act 2014.
Available at: <https://socialcare.wales/hub/sswbact>

Welsh Government, (2014). Social Services and Wellbeing (Wales) Act 2014. Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk.

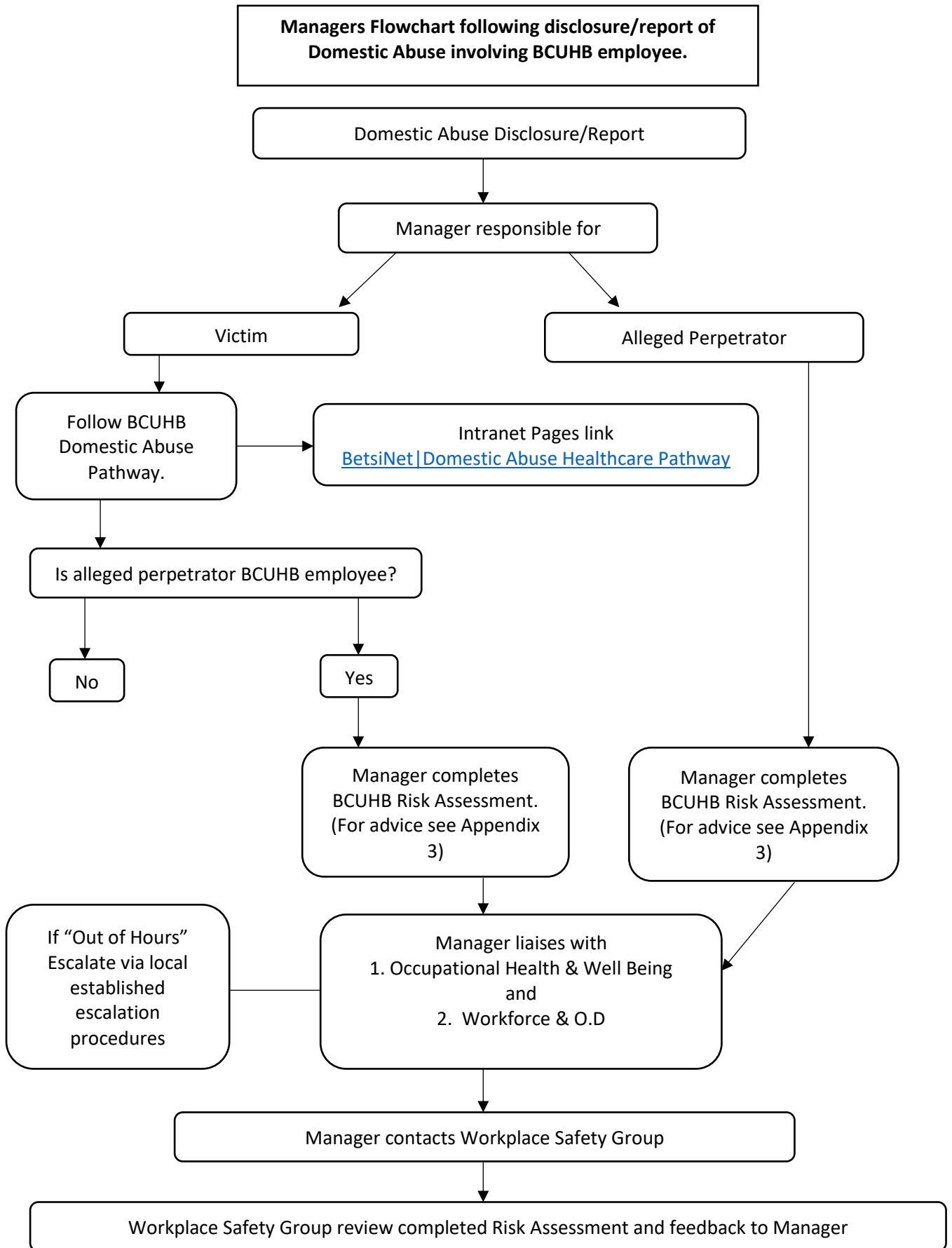
Members of the Working Group:

Title
Head of Safeguarding Children
HR Manager – West Locality and Women’s

Engagement has taken place with:

Title	Date Consulted
Area Safeguarding Manager	27 th May 2022
Area Safeguarding Manager	27 th May 2022
Safeguarding Midwifery Lead	27 th May 2022
HR Manager – West Locality and Women’s Services	28 th June 2022
Safeguarding Practice Development Lead	28 th June 2022
Safeguarding Practice Development Lead	28 th June 2022
Safeguarding Specialist - West	28 th June 2022
Safeguarding Specialist - Central	28 th June 2022
Director of Nursing Secondary Care	28 th June 2022
Senior Safeguarding Leads Meeting	Chaired by the Director of Safeguarding and Public Protection 19 th July 2022
HR Team	20 th July 2022
Workforce Policy Group	20 th July 2022
Safeguarding Governance and Performance	Chaired by the Director of Safeguarding and Public Protection 26 th July 2022

Appendix 1 – Management Flowchart



Appendix 2

Domestic Violence and Abuse of victim employed by BCUHB. Checklist to aid Risk Assessment completion				
Checklist				
		Yes	No	Notes
1.	Does the Victim require time away from duties, hospital treatment, solicitor appointment etc?			
2.	Arrange Occupational Health & Wellbeing referral.			
3.	Follow DA Pathway.			
4.	Are colleagues involved- e.g. as witnesses?			
5.	Are colleagues at risk?			
6.	Are patients at risk?			
7.	Are staff are aware of ALL security procedures for building?			
8.	Are doors/windows locked as necessary?			
9.	Does alleged perpetrator have knowledge of victims workplace i.e. routines, regular shift patterns, start & finish times, location,? Add 13			
10.	Is alleged perpetrator known to have access department i.e. via key codes, alternative entrances?			
11.	Are all local procedures robust, i.e. "buddy" system, diary tracking, staffing levels/skill mix, use of Lone Working Policy etc?			
12.	Is all safety equipment functional and in use, i.e. lone worker badge, alarm systems, mobile phones, closed/locked doors in use?			
13.	Does alleged perpetrator have knowledge of victim's base / lease vehicle and its usual parking location in workplace? (If applicable.)			
14.	Does alleged perpetrator work/employment put them in contact with victim?			
15.	Does alleged perpetrator has any health needs requiring access to victims place of work put them in contact with the victim?			

Pack Page 130

Only with victims consent		Yes	No	Notes
16.	Are colleagues made aware of the situation?			
17.	Does the alleged perpetrator have access to victim's work (BCUHB) mobile telephone number – consider barring Alleged perpetrator number if known. Consider barring withheld numbers.			
18.	Do "switchboard/reception" staff handle calls? Do they ensure the validity/identity of caller if victim is requested? (Consider "call back" numbers)			
19.	Do staff give out personal details of victim (telephone number, extension number or when on duty or off duty.)			
20.	Are staff aware of right to terminate call during offensive telephone conversation and to report to manager immediately.			

Confidential Risk Assessment Worksheet

Must be stored in accordance with the Data Protection & Confidentiality Policy

https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_IG/SitePages/Information-Governance.aspx

CPG/Corporate Function & Department:		Date:
Section/Area where task takes place:		
Task/Work Activity:		
Element:		
Assessor(s):	Job Title	

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Will Be Harmed? (how many)	Existing Control Measures	Current Risk Rating CXL	Action Required	Residential Risk Rating CXL	* Date Action to be Completed

Assessors Signature **Date:** **Managers Signature:**
Date:

Reassessment Date: / / / / / / / /

Note: Depending on the complexity of the Risk Assessment an Action Plan may be required

Appendix 3 – Alleged Perpetrator

Checklist to aid Risk Assessment completion				
Area for Concern		Yes	No	Notes
1.	Does employee require time away from duties, police interview, solicitor appointment, court appearance etc?			
2.	Arrange Occupational Health & Wellbeing referral.			
3.	Arrange WOD involvement and Corporate Safeguarding Team.			
4.	Are colleagues involved- e.g. as witnesses?			
5.	Are colleagues at risk?			
6.	Are patients at risk?			
7.	Is victim likely to come into contact with employee due to job			
	Is victim known to be a BCUHB employee?			
8.	Have you communicated with victim manager to discuss risk assessment?			
9.	Does alleged perpetrator have police/court bail conditions imposed that will have impact upon job role?			

Confidential Risk Assessment Worksheet

Must be stored in accordance with the Data Protection & Confidentiality Policy

https://nhswales365.sharepoint.com/sites/BCU_Intranet_IG/SitePages/Information-Governance.aspx

CPG/Corporate Function & Department:		Date:
Section/Area where task takes place:		
Task/Work Activity:		
Element:		
Assessor(s):	Job Title	

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Will Be Harmed? (how many)	Existing Control Measures	Current Risk Rating CXL	Action Required	Residential Risk Rating CXL	* Date Action to be Completed

Assessors Signature **Date:** **Managers Signature:**
Date:

Reassessment Date: / / / / / / / /

Note: Depending on the complexity of the Risk Assessment an Action Plan may be required

Appendix 4 - Area Domestic Abuse Workplace Safety Group ToR



Corporate Safeguarding Team

Area Domestic Abuse Workplace Safety Group

Terms of Reference

1.0 INTRODUCTION

1.1 Purpose

To provide support and to appropriately manage risk to all victims of domestic abuse and sexual violence, and perpetrators employed by BCUHB promoting a safe environment for patients and all staff members (Preventing and Combating Violence Against Women and Domestic Violence (Ratification of Convention) Act 2017, Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015).

2.0 RESPONSIBILITIES

- 2.1 To provide advice/support to line managers and safeguarding advisor/ specialists who are supporting employees, perpetrators or victims, of domestic abuse.
- 2.2 To act as a reviewer for actions/recommendations advised by the criminal justice system, its partners, and Multi Agency Risk Assessment Conference (MARAC) if applicable
- 2.3 To review work place risk assessments/action plans, developed at area management level, in order to promote a safer working environment for victims of abuse, perpetrators and other staff members, promoting a safer environment.
- 2.4 To support the Area Safeguarding Forum and the Safeguarding Governance and Performance Group in discharging its responsibilities for Health, Safety and Wellbeing.

3.0 MEMBERSHIP

Standing Members:

Area Safeguarding Manager (Chair in each area)

Workforce Manager (Deputy Chair)

Health and Safety advisor.

Workforce Officer.

Violence and Aggression Case Manager.

Line Manager – for initial meeting, then updates requested by the chair to be submitted for the monthly reviews.

Consideration can be given to attendance from:

- Occupational Health and Wellbeing representative.
- Medical Workforce Manager.
- Information Governance representative.
- Safeguarding Advisor/Specialist.
- Head of Safeguarding Children/Safeguarding Specialist Midwife as required.

4.0 DELEGATED POWERS AND AUTHORITY

- 4.1 The Group is authorised by the Area Safeguarding Forum to investigate any activity within the Terms of Reference.
- 4.2 The Group is authorised to seek additional information from any employees of the Health Board. All employees are directed to co-operate with any such requests.
- 4.3 The Group is authorised to provide advice/recommendations to the managers of all grades/disciplines.

5.0 GROUP MEETING

- 5.1 **Quorum:** at least three individuals must be present to ensure that the Group is quorate (The Group should reflect professionals from different service areas).
- 5.2 **Frequency of meetings:** the Area Domestic Abuse Workforce Safety Group will meet on a monthly basis or if required an urgent/emergency meeting can be called in exceptional circumstances. A standard Agenda will structure the meeting. Minutes will be taken and disseminated to attendees and copies stored on the secure electronic Corporate Safeguarding drive. Access to this drive is restricted to the Area Senior Safeguarding Manager, and is password protected.
- 5.3 The Area Safeguarding Manager will ensure that a secure database of ongoing cases will be updated following each meeting with any actions assigned to an identified group member.
- 5.4 The Group will ensure that any cases discussed will be treated with respect and ensure the highest levels of confidentiality. However, information may need to be escalated where there is a perception of serious risk following discussion.
- 5.5 Any transfer of information between the group and outside agencies will be in accordance with Data Protection Act (2018) and BCUHB procedures.
- 5.6 Victims or perpetrators of domestic abuse discussed will not be in attendance at any meeting.
- 5.7 Line managers will be invited to the initial meeting; thereafter monthly updates will be required to be submitted to the Area Domestic Abuse Workplace Safety Group. Managers can request to attend a meeting to present/discuss any ongoing issues with cases they are dealing with.

- 5.8 Cases that have been brought to the Group will remain open/active until the manager of the staff member has been informed that the case is closed. Cases can only be closed following formal agreement at the meeting, where a note of closing has been made.
- 5.9 Cases in which the perpetrator, who is a BCUHB employee, will remain open until a court has disposed of the case or until the police have informed BCUHB that the investigation has been completed or any Professional Body investigation completed and outcome known. Cases can only be closed following formal agreement at the meeting, where a note of closing has been made.
- 5.10 Notes of the meetings will be stored in restricted access folders on the corporate drive for a maximum of 10 years. A copy will be stored in the employees personal file.
- 5.11 Should the Group's advice/recommendations not be acted upon by the local management then, this will be reported to the Area Safeguarding Forum. If required this can be escalated to the Strategic Safeguarding Governance and Performance Group as soon as possible.

6.0 REPORTING AND ASSURANCE ARRANGEMENTS

6.1 The Group, through the Chair (or nominated deputy), shall report quarterly activity, to the Area Quality and Safety Committee and the Area Safeguarding Forum and ultimately to the Safeguarding Governance and Performance Group.

7.0 REVIEW

7.1 These terms of reference will be reviewed on an annual basis.

Date Terms of Reference Approved:

Signed: (Chair)

Date:

Area Domestic Abuse Workforce Safety Group

Agenda:

1. Introductions/Apologies.
2. Confidentiality Statement: Information discussed by attendees, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties without the agreement of the Area Domestic Abuse Workplace Safety Group. It should focus on domestic abuse issues pertaining to the workplace, the management of risk and any vulnerable adult and child protection concerns and a clear distinction should be made between fact and professional opinion.
3. Actions from previous meeting.
4. Chronology and timeline of events and updates.
5. Any ongoing criminal proceedings actions/recommendations from Criminal Justice System.
6. Has professional body been notified in the case of employee perpetrator?
7. Review current workplace Risk Assessment.
8. Ensure staff support systems in place –
Ensure addresses/telephone no. safe for appointments
ESR updated NOK contacts correct
9. Set date of next meeting.

Appendix 5 – Workplace Safety Group Meeting Minutes Template



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Workplace Safety Group Meeting Minutes

Date of Meeting	Time of Meeting	Venue
Attendees:		
Name	Designation	
	Area Safeguarding Manager Chair	
Apologies:		
Name	Designation	
Name of staff member:		
DOB:		
Address:		
Designation & Area of Work:		
Telephone Number:		
Details of Next of Kin:		
Staff member details correct on ESR:	Yes/No	
Victim/perpetrator:		
Details of any children/vulnerable adults:		
Name:		
DOB:		
Actions Taken:	Child at Risk Report YES/NO Adult at Risk Report YES/NO	
Additional information:		
Name of Line Manager:		
WOD Officer:	Pack Page 139	

Case discussed in MARAC		Yes/No	Date of MARAC:		
Date of referral into Workplace Safety Group:					
Dates of previous discussion/s within Workplace Safety Group:					
Review actions from previous meetings:					
Summary/Background information:					
Summary of the case discussion					
Case subject to criminal proceedings:		Yes/No Update			
Professional Body Notification:		Yes/No NMC/GMC/SCW/HPCPC Other:			
Risk Assessment completed/reviewed		Yes/No			
Action Tracker					
No	Action	Responsible Lead	Timescales	Outcome/feedback	RAG Status
Date of Next Meeting:					
Date closed to Workplace Safety Group:					

Appendix 6 – Main Support Agencies

Support Agency	Contact Number
All Wales Domestic Abuse & Sexual Violence Helpline	☎ 0808 8010800
BAWSO (Black Association of Women Step Out)	☎ 0292 0644633
Broken Rainbow Domestic Abuse Helpline (Referral service for Lesbians, Gay, Bisexuals and Transgender LGTB)	☎ 0845 2604460
Childline	☎ 0800 11 11
Dyn Wales/Dyn Cymru Helpline (support for gay, bisexual & heterosexual men experiencing or who have experienced domestic violence)	☎ 0808 8010 800
Forced Marriage Unit	☎ 020 70080151
Foreign Commonwealth Office (forced marriages)	☎ 020 70081500
Freecall Message Home (for those who have left home but want to pass on message to family/friends without communicating directly)	☎ 0208 3924590
Legal Aid advisors (www.justask.org.uk/index.jsp)	☎ 0345 3454345
Male Advice Line and Enquiry Live Fear Free Helpline	☎ 0808 80 10 800
Live Fear Free Helpline by text	☎ 07860077333
National Child Protection Helpline (NSPCC)	☎ 0808 8005000
Immediate Safety – 999 101 NHS Direct Wales North Wales Police	☎ 0845 4647 Immediate Safety 999 - 101
Refuge Women's Aid (www.refuge.org.uk)	☎ 0808 2000247
Reunite (for those who have had or fear child abduction) Shelterline	☎ 0808 800444
The Samaritans	☎ 116123
Unison Welfare Support for members and dependants	☎ 0800 0857857
Victim Support (www.victimsupport.org.uk)	☎ 0808 1689111
Welsh Women's Aid (www.welshwomensaid.org)	☎ 0292 0541551
Local Helplines	Contact Number
Occupational Health and Well-being	☎ 01248 384384 / 01978 291100 / 01745 583910
Rape Crisis	☎ 0808 8010800
Sexual Assault Referral Centre (SARC)	☎ 0808 1563658
Safeguarding (Domestic Abuse)	☎ 0808 8010800
Unison (Members & Non-members)	☎ 01492 516102

Betsi Cadwaladr University Local Health Board (BCUHB)



SCH05b Violence Against Women, Domestic Abuse and Sexual Violence Service User Procedure

Date to be reviewed:	September 2025	No of pages:	61		
		Author(s) title:	Head of Safeguarding Children		
Responsible Dept / Director:	Director of Safeguarding & Public Protection				
Approved by and Date:	Corporate Senior Leads: 01/11/22 Safeguarding Governance and Performance Group [SGPG]: 24/01/23				
Date activated (live):	01/03/23				
Documents to be read alongside this document:	Sexual Offences Act 2003 Wales Safeguarding Procedures 2019 All Wales Minimum Standards Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (Welsh Government 2022) Social Services and Well-being (Wales) Act 2014 Crime and Disorder Act 2014 Serious Crime Act 2015 Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 Domestic Abuse Act 2021				
Review A	Purpose of Issue/Description of current changes: A requirement to update the procedure to meet the review timescales of September 2022				
Date EQIA completed:	September 2022				
First operational:	September 2013				
Previously reviewed:	Nov. 2014	January 2019	March 2021	date	date
Changes made yes/no:	Yes	Yes	Yes	Yes/no	Yes/no

PROPRIETARY INFORMATION

This document contains proprietary information belonging to the Betsi Cadwaladr University Health Board. Do not produce all or any part of this document without written permission from the BCUHB

Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure the version to hand is the most recent.

Contents:

- 1. Introduction/Overview 3
- 2. Procedure Statement 4
- 3. Aims/Purpose 4
- 4. Objectives 5
- 5. Scope 5
- 6. Roles and Responsibilities 5
- 7. Procedure 6
- 8. Resources 14
- 9. Training 15
- 10. Monitoring, Escalation and Implementation 15
- 11. Equality Including Welsh Language 15
- 12. Environmental Impact 16
- 13. Review 16
- 14. References 16

Appendices:

- 1. Minimum Standards for Routine Enquiry 19
- 2. Domestic Abuse Health Care Pathway 30
- 3. HITS 31
- 4. Making a MARAC Referral 32
- 5. SafeLives (Dash) Risk Assessment (RIC) 34
- 6. Consent and Information Sharing Without Consent Forms 38
- 7. MARAC Referral form 41
- 8. MARAC Research Form 45
- 9. Safeguarding Team Responsibilities Throughout the MARAC Process 48
- 10. Amethyst SARC Leaflet 49
- 11. Amethyst Independent Sexual Violence Advisor (ISVA) Leaflet 55
- 12. Algorithm for Adults with Capacity 57
- 13. BCUHB Sexual Assault Pathway – Central and East 58
- 14. Confidential Risk Assessment Worksheet 59
- 15. Main Support Agencies 61

1.0 Introduction/Overview

- 1.1 There are 2.3 million victims of domestic abuse a year aged 16 to 74, of which two-thirds are women (Office of the National Statistics (ONS), 2020). The number of domestic abuse crimes recorded by the police in England and Wales in the year ending March 2021 increased by 6%, from 798,607 in the year ending March 2020 to 845,734 (ONS, 2021). As many cases will not enter the criminal justice process police data can only provide a partial picture. Domestic abuse can affect anyone, regardless of their sex, age or race. Women are more likely to experience repeat victimisation, be physically injured or killed as a result of domestic abuse and experience non-physical abuse than men (ONS, 2018).
- 1.2 The Domestic Abuse Report 2022: The Annual Audit states that nearly 60% of survivors accessing domestic abuse support services have children and 1 in 15 are pregnant. 59.7% of women in refuge services had children. The length of abuse experienced ranged from less than a month to 66 years; the average was six years. 88% of a sub-sample of service users had experienced emotional abuse and 66.6% had experienced jealous or controlling behaviour.
- 1.3 The Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015 legislates to improve public sector response, through strong leadership and a more consistent focus on the way these issues are tackled in Wales and helps victims. Of equal importance the VAWDASV (Wales) Act 201) also legislates to prevent abuse happening in the first place. The VAWDASV (Wales) Act 2015 addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender or sexual orientation. It also addresses violence perpetrated against a woman or man arising directly or indirectly from values, beliefs, or customs relating to gender or sexual orientation.
- 1.4 The Social Services and Well-being (Wales) Act (SSWBA) 2014 with the focus being on the provision of preventative services and in promoting wellbeing. Part 7 of the Act describes the process of keeping Adults at Risk (SSWBA 2014) safe, including those that are at risk of domestic abuse and sexual violence, provision is also given for the same response for a Child at Risk (SSWBA 2014) who is experiencing or witnessing domestic violence, abuse or sexual violence.
- 1.5 Domestic Abuse Act 2021, further enhances the VAWDASV Act 2015, will include:
- Create for the first time, a cross-government statutory definition of domestic abuse which recognises children as victims in their own right.
 - Establish in law the office of the Domestic Abuse Commissioner.
 - Provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order.
 - Extend the controlling or coercive behaviour offence to cover post-separation abuse.
 - Extend the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material.

- Create a new offence of non-strangulation or suffocation of another person.
- Place Clare's Law on a statutory footing.

1.6 For the purpose of the procedure, whenever the term 'domestic violence and abuse' is used it means Violence Against Women, Domestic Abuse and Sexual Violence as described by the VAWDASV (Wales) Act 2015. It also includes any gender based violence.

2.0 Procedure Statement

2.1 Betsi Cadwaladr University Health Board (BCUHB) is affected as both the provider of care for individuals subjected to or perpetrating domestic abuse and sexual violence, and as the employer of staff who may experience or perpetrate abuse. BCUHB is committed to creating an environment which encourages disclosures of domestic abuse and sexual violence within the health care setting and workplace, and is committed to providing support and advice to all those affected. This procedure provides guidance to staff to enable them to support service users, a further procedure has been developed to provide guidance on how to support staff (Sch05a).

2.2 BCUHB supports the Welsh Government Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 in being committed to the resolution of domestic violence, abuse and sexual violence (VAWDASV (Wales) Act 2015).

3.0 Aims/Purpose

3.1 Gender-based violence is a major public health issue. Having health practitioners trained in the identification and management of abuse is essential if we are to address not only today's health problems but those of future generations that originate from Adverse Childhood Experiences (Public Health Wales 2015).

3.2 This procedure identifies processes to support staff in the identification and management of domestic abuse and sexual violence, and seeks to:

- Ensure that staff are aware and alert to the signs of domestic violence, abuse and sexual violence.
- Ensure that staff are confident to make appropriate and timely Reports and referrals to support services within BCUHB, and externally to other partner agencies to ensure that those at risk of harm are protected.
- Enable staff to apply consistent, co-ordinated, evidence based approach to domestic violence, abuse and sexual violence whilst ensuring that perpetrators are prevented from instigating further harm.

- Ensure the needs of people from disadvantaged or under-represented groups are properly considered and that the services of BCUHB are fully accessible and culturally sensitive with regards to policy access, advice, and language needs when working with individuals who face additional difficulties.

4.0 Objectives

- 4.1 The aims and purpose of this procedure will be achieved by:
- Provision of this procedure to ensure a consistent approach in responding to cases involving VAWDASV.
 - Delivery of training relating to VAWDASV in order to educate staff in the delivery of this procedure.

5.0 Scope

- 5.1 This procedure will apply equally to all genders of service user above the age of 16 years who seeks support, advice or assistance in relation to domestic abuse and sexual violence. There is an acknowledgement that 16-18 year olds experience domestic violence, abuse and sexual violence has been in place since 2013 (United Kingdom Government 2013), those under the age of 16 years who are considered at risk of harm, would be referred and assessed as a Child at Risk (SSWBA 2014).
- 5.2 The term 'staff' is used throughout this document and includes all employees/workers as well as students.

6.0 Roles and Responsibilities

6.1 Chief Executive Officer

The Chief Executive Officer of BCUHB has overall responsibility for the effective management of organisational policies/procedures relating to BCUHB service users.

6.2 Executive Director of Nursing and Midwifery

Is jointly responsible for ensuring this procedure and any associated documentation relating to Violence Against Women, Domestic Abuse and Sexual Violence are reviewed and updated in line with future guidance, this is delegated to the Director of Safeguarding & Public Protection.

6.3 Head of Safeguarding Children

Has delegated responsibility from the Director of Safeguarding & Public Protection for ensuring this procedure and associated documentation are reviewed and updated in line with future guidance.

6.4 Safeguarding Midwifery Lead

Has delegated responsibility for ensuring this procedure and associated documentation is reviewed and updated in line with up to date guidance.

6.5 **Managers and Heads of Services**

Managers are responsible for raising awareness of the procedure to all employees. They are also responsible for ensuring that service users who experience domestic violence, abuse and sexual violence, or who are perpetrators, or family members are treated fairly and offered appropriate support. This support needs to consider safety of the victim and management of risk to children and adults within the family.

7.0 **Procedure**

7.1 **Definitions**

7.1.1 **'Violence against Women'** has been defined by the United Nations as any act of gender-based violence that results in, or is likely to result in, physical sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. The term violence against women is used to describe violence perpetrated against a woman because she is a woman, being recognised internationally as a violation of human rights.

7.1.2 **'Domestic Abuse'** definition is a cross-government statutory definition created by the Domestic Abuse Act 2021. Domestic abuse refers to abuse which takes place between two people aged over 16 who are personally connected to each other. This includes people who are or have previously been married, in civil partnerships or in relationships; who have a child together; or are relatives. Abuse can be:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

7.1.3 **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.

7.1.4 **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. This definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

7.2 **Types of Domestic Abuse**

7.2.1 **Psychological**

Obsessive behaviour, jealousy, blaming the individual for the abuse, minimising the abuse, threats to kill or harm self or others, humiliation, destroying possessions, stalking, and harassment.

7.2.2 **Physical**

Punching, head butting, biting, suffocation, hair pulling, kicking, slapping, strangulation, drowning, burning, sleep deprivation, using weapons, imprisonment, 'Honour Based Violence' (HBV), Female Genital Mutilation (FGM), and murder.

7.2.3 **Sexual**

Rape, non-consensual sex, unwanted touch, penetration with objects, pornography, buggery, bestiality, not practising safe sex, trafficking, and prostitution.

7.2.4 **Financial**

Denied access to salary/benefits/inheritance, sole mortgage or tenancy arrangements (perpetrator), building up debt, theft and fraud.

7.2.5 **Emotional**

Exclusion, stigma, isolation, forbidden from socialising/working/education, undermining parental authority, leaving visible signs of injury to embarrass and deter from going out, racial abuse, homophobic/biphobic/transphobic abuse, and controlling behaviour such as 'outing' or the threat of 'outing'.

7.3 **Possible signs and/or symptoms of Violence Against Women, Domestic Abuse and/or sexual violence.** This list is non-exhaustive (some apply to both males and females):

7.3.1 **Physical**

- Stress related ailments – headaches, irritable bowel syndrome.
- Bruising to the body, bruising/injury at different stages of healing.
- Injuries to the face head or neck.
- Burns/scalds – consistent with cigarette/chemical/liquid or friction burns.
- Hair loss – consistent with hair pulling.
- Sexually Transmitted Infections (STI's), vaginal infections or gynaecological problems.
- Miscarriages/history of miscarriages/repeated termination of pregnancy.
- Stillbirths, premature labour, low birth weight babies.
- Unexplained injuries or those inconsistent with history.
- Unexplained 'accidents' to children.

7.3.2 **Behavioural**

- Evasive/ashamed/confused.
- Late to work, poor performance/sudden change in performance.
- Long/ frequent short term/intermittent absences from workplace.
- Repeat attendances in areas such as General Practice/Minor Injury Units/Emergency Departments.
- Repeated non-attendance at appointments.
- Presents in health settings complaining with vague symptoms.
- Accompanied to all appointments – difficult to see individual alone.
- Substance misuse.
- Frequent use of pain medication.

- Eating disorders.

7.3.3 **Psychological/Emotional**

- Depression/anxiety/panic attacks.
- Self-harm.
- Attempted suicide.

7.4 **Systems of enquiry:**

7.4.1 **Routine Enquiry:** refers to the process of asking all service users over the age of 16 years direct questions about their experiences, if any, of domestic abuse regardless of whether there are signs or symptoms of abuse (see HITS questions in Appendix 3).

7.4.2 **Selective Enquiry:** refers to the process of asking individuals directly about their experience, if any, of domestic abuse where there are concerns or suspicions, including the presence of signs or symptoms.

7.4.3 **Ask and Act (VAWDASV (Wales) Act 2015):** The new Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 legislated in reference to Ask and Act as a statutory obligation. Ask and Act will be a national targeted enquiry across Public Authorities in Wales for Violence Against Women, Domestic Abuse and Sexual Violence and legislates that there is an:

- Organisational duty to encourage relevant professionals to “Ask” potential victims in certain circumstances (targeted enquiry); and
- to “Act” so that harm as a result of the violence and abuse is reduced.

‘Ask and Act’ is a principles based approach to targeted enquiry; it represents Groups 2 and 3 of the National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence (Welsh Government 2016). The aim of Ask and Act is to increase identification and support for those who experience Violence Against Women, Domestic Abuse and Sexual Violence.

All staff members and managers of BCUHB should be conversant with routine, selective enquiry and the requirements of Ask and Act (VAWDASV (Wales) Act 2015) where there are concerns or suspicions regarding domestic abuse.

Enquiry into domestic abuse should not be undertaken if the person is not seen alone.

However, attempts should be made to see the person alone if there are concerns about domestic abuse, or if, in pregnancy, routine enquiry has not taken place.

To be read in conjunction with BCUHB Domestic Abuse Healthcare Pathway (Appendix 2) and All Wales Minimum Standards, Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (Welsh Government 2022) (Appendix 1).

7.5 Managing a disclosure of domestic abuse

7.5.1 Believe the individual, do not ask for evidence and ensure you provide time for them ensuring you consider their immediate safety needs. Consider the location of the perpetrator and the potential for escalation. Staff must consider the safety of service users, themselves and others within the department/location/environment.

7.5.2 Carry out a risk assessment using the SafeLives Risk Assessment to establish the severity of risk posed to the individual (Appendix 5).

Validate what is being disclosed and reinforce that the abuse is not their fault.

7.5.3 Enquire regarding pregnancy, children and/or Adults at Risk (SSWBA 2014) in the household where domestic abuse occurs. Procedures and policies in relation to Adults and Children at Risk (SSWBA 2014) must also be followed. This includes the completion of a Child at Risk Report and consideration of an Adult at Risk Report. An Adult at Risk Report should not be completed instead of the completion of a MARAC Referral.

7.5.4 Record events using the victims own words and provide a written description/body map of any injuries sustained. Staff member or manager should contact the Safeguarding Team for support and advice in the event of a disclosure or if there is evidence of domestic abuse (injuries/home conditions) but a disclosure is not forthcoming.

7.5.6 Provide an interpreter as necessary. This must **not** be a family member, friend, or BCUHB staff member (unless otherwise recognised as an approved translator).

The use of Welsh Interpretation and Translation Service or other approved interpretation and translation services is advocated to ensure anonymity (see Interpretation Services on intranet or [BetsiNet | Interpretation Services](#)).

7.5.7 Consider arranging an advocate for individuals who face additional difficulties such as learning disability or mental health problems.

7.5.8 A confidential risk assessment worksheet (Appendix 14) should be completed for all health services that are working with the individual/family to ensure that risks are mitigated against for the victim, family, service users and staff.

- 7.5.9 The identified MARAC referral thresholds for visible *high risk* cases of domestic abuse is 14 or more **yes** ticks on the SafeLives Risk Assessment. In cases where 14 **yes** ticks are not achieved, but you determine the case to be high risk, based on professional judgement it is appropriate to undertake a MARAC referral to safeguard the individuals involved (Appendix 4). **High risk** is defined as individuals at risk of homicide or serious harm (SafeLives 2015).
- 7.5.10 In cases that are considered *medium or low risk* – where the outcome of a SafeLives Risk Assessment is less than 14 and the health professional does not consider there are grounds to refer to MARAC on professional judgement, clear communication with other health professionals involved in the care of the woman and family should take place. The GP should be provided with a copy of the SafeLives Risk Assessment. The health professional should revisit the SafeLives Risk Assessment after 1 month. Please refer to (Appendix 4 - Making a Referral to MARAC).
- 7.5.11 If there is a serious and immediate concern for an individual's safety call 999. Information in relation to domestic abuse enquiry should never be recorded in hand-held notes/hand held patient records. There should be clear rationale for any information documented (Data Protection Act 2018) and this should be stored securely in the relevant format used for each service.
- 7.5.12 Where a crime has been disclosed, consideration must be given as to BCUHB's duty of care and whether reporting to Police is required. The Corporate Safeguarding Team can support staff to consider their roles and responsibilities following a disclosure.
- 7.5.13 Where a disclosure has taken place in any of the three general Hospitals (Ysbyty Glan Clwyd, Ysbyty Gwynedd, Ysbyty Wrexham Maelor) staff can access specialist advice and support from the Health-IDVA.
- 7.5.14 A request for refuge accommodation should be taken seriously and immediate.
- 7.5.15 Actions to ensure a place of safety should be taken through discussion with the **Live Fear Free Helpline 0808 8010800**.

7.6 Managing a Disclosure of Sexual Violence

- 7.6.1 The response for dealing with a disclosure of sexual violence will depend upon the venue and health practitioner that is in receipt of the disclosure. As with a disclosure of domestic violence or abuse, believe the individual, do not ask for evidence and ensure you provide time for them ensuring you consider their immediate safety needs. Consider the location of the perpetrator and the potential for escalation. Staff must consider the safety of service users, themselves and others within the department, or if there are children within a family environment. Consideration to whether the individual or other adults are Adults at Risk (SSWBA 2014), or there are identified Children at Risk (SSWBA 2014) should be undertaken and appropriate referrals made to the relevant Local Authority.
- 7.6.2 There should also be consideration to if an individual has capacity to consent, (Appendix 10) details management of cases in the event of a disclosure from an Adult with Capacity, an Adult without Capacity would be managed and supported as an Adult at Risk (SSWBA 2014) and subject to an assessment in relation to the Mental Capacity Act 2005 and if indicated Deprivation of Liberty Safeguards Assessment implemented.
- 7.6.3 Consideration to if there is a need for a risk assessment is required, or signposting to relevant services is relevant, based on capacity and the wishes of the individual.
- 7.6.4 Each Emergency Department of BCUHB will follow the procedure for the management of sexual assault and this is available from: <http://howis.wales.nhs.uk/sitesplus/documents/861/YG%20SARC%20Pathway.pdf>. (Appendix 13). This should be used in conjunction with the SARC leaflet (Appendix 10).
- 7.6.5 **Barriers to disclosure:** This list is non-exhaustive:
- Language barriers.
 - Fear of death or serious harm.
 - Fear of repercussion should the abusive partner find out.
 - Fear of “outing”.
 - Fear that their children may be taken into care.
 - Fear that they may be deported.
 - Fear that they will not be believed.
 - Feelings of shame/guilt/embarrassment.
 - Fear that they will not be supported by professionals/managers or agencies following disclosure.

7.7 Information Sharing Without Consent (Department of Health 2012).

7.7.1 The Department of Health (2012) provides clear guidance in relation to the sharing of information:

'In terms of proportionality, the more serious the harm the greater the imperative to prevent it and the greater the justification for sharing information without consent.'

If the organisation holds information about an individual that could be shared appropriately to protect either the individual or others from harm it becomes an ethical dilemma. The decision to withhold information may in itself then become a contributory factor to harm being caused.

All organisations and individuals should seek to prevent harm proactively; decisions should therefore be proactively taken.

In practice this may mean that under certain circumstances it is recognised that both organisations and individuals have a professional responsibility to share information, and that this duty outweighs the duty of confidentiality owed to the individual'.

7.8 Informed Consent (Mental Capacity Act 2005)

7.8.1 Points to consider:

- Whether the individual understands the nature of the allegation and any potential risk to themselves and others.
- Whether the individual subjected to domestic abuse has the capacity to consent to the reporting process.

7.9 Referring a case to the Multi Agency Risk Assessment Conference (MARAC)

7.9.1 High risk cases of domestic abuse should be referred to MARAC immediately following disclosure using the MARAC referral form (Appendix 7). Consent form for disclosure of information (Appendix 6). The MARAC is a process that focuses on the safety and protection of those individuals most at risk of serious harm or homicide as a result of domestic abuse.

7.9.2 Effective protection of Adults and Children at Risk (SSWBA 2014) is a multi-agency responsibility. MARAC involves the participation of all key statutory and voluntary agencies who may be involved in supporting an individual who is experiencing domestic abuse. BCUHB is a statutory partner in the MARAC process and has identified designated Corporate Safeguarding health representatives attending the MARAC meetings.

7.9.3 The MARAC process involves the creation of a multi-agency action plan, which is put in place to support the individual who is experiencing domestic abuse. Links are also made with other public protection procedures, particularly those that manage perpetrators and safeguard Adults and Children at Risk.

7.9.4 MARAC Referral process:

- MARAC referral form, is sent, password protected with the standard safeguarding password to the North Wales Police Central Protecting Vulnerable Persons Unit:
publicprotectionreferralunit@nthwales.pnn.police.uk.
- A copy of the referral should be sent to
BCU.adultsafeguarding@wales.nhs.uk.
- The Live Fear Free Helpline (0808 8010800) will continue to be available to support low, medium and high risk victims and as a resource for BCUHB staff.
- The offer of private room and the use of a telephone to make contact with the Live Fear Free Helpline (0808 8010800) should be offered to all victims of domestic abuse at the point of disclosure.

If there is a serious and immediate concern for an individual's safety call 999.

7.10 MARAC representative

7.10.1 Representatives will be nominated by the appropriate management structures within the relevant Divisions or Corporate Function within BCUHB from a variety of health services, including:

- Safeguarding.
- Mental Health.
- Substance Misuse Services.
- Other health practitioners involved with the victim/perpetrator/family on an individual basis.

Representatives will be of an appropriate level of seniority so that they can commit to actions on behalf of BCUHB.

In the event that an identified representative cannot attend a MARAC meeting it is their responsibility to nominate a delegate to attend on their behalf. This delegate must be:

- At an appropriate level of seniority.
- Working within the Corporate Function that they are representing.
- Knowledgeable of the MARAC process and their role and responsibility within this process.
- GP practices are sent a letter from the MARAC coordinator informing them a case has been discussed.

7.11 Cases that have not met the MARAC Threshold

- 7.11.1 Remember that risk is dynamic. Following disclosure and completion of the SafeLives Risk Assessment form the health professionals involved with the case should ensure that the SafeLives Risk Assessment form is revisited after 4 weeks. This will monitor for any patterns of escalation, and also the effectiveness of any safety planning measures that may have been put in place.
- 7.11.2 The completed SafeLives Risk Assessment form may be shared with other agencies working with the victim (as required) to minimise the need to repeat the process each time they contact a service.
- 7.11.3 Victims should always be encouraged to make initial contact with the Live Fear Free Helpline (0808 8010800) to ensure the support of specialist support services following disclosure.

The identification and protection of Adults and Children at Risk is paramount and this must be considered at all times.

7.12 Additional Management of Cases

- 7.12.1 When VAWDASV has been perpetrated, the identification and MARAC process supports this process, however there are other processes that need to be considered in relation to these cases, which include:
- There may be an on-going police enquiry, or you may receive a disclosure and enquire if the victim wishes the incident to be reported to the police.
 - The victim may need to be supported in attendance at the Sexual Abuse Referral Centre (SARC), with the practitioner providing relevant information if required.
- 7.12.2 Where a victim or perpetrator has been identified and is an employee of BCUHB, the VAWDASV Workplace procedure should be utilised.

Where a perpetrator has been identified and is an employee of BCUHB, immediate escalation is required to the Corporate Safeguarding Team.

8.0 Resources

Staff will be required to attend safeguarding training that is specific to VAWDASV. This procedure outlines the individual staff responsibilities in relation to VAWDASV, there will be time commitments in undertaking roles in accordance with this procedure, and this is necessary in ensuring that safeguarding obligations are addressed for both adults and children.

9.0 Training

- 9.1 The Corporate Safeguarding Team is responsible for delivering training specific to VAWDASV.
- 9.2 Numbers of staff who attend VAWDASV training will be monitored through ESR and reported by the Corporate Safeguarding Team through the Annual Safeguarding Report and Safeguarding Forums.
- 9.3 All clinical staff should attend VAWDASV, Level 2 training every 2 years.

10.0 Monitoring, Escalation and Implementation

- 10.1 Monitoring of this procedure will be the responsibility of the BCUHB Safeguarding Policy/Procedure Task Group with escalation to the Safeguarding Governance and Performance Group.
- 10.2 This procedure will be disseminated throughout the organisation via a 7 minute briefing, through the relevant forums and the safeguarding bulletin. Mandatory training will be provided for all staff employed by, and contracted to BCUHB as directed through the SCH08-Safeguarding People at Risk Training Strategy and WP30-Statutory and Mandatory Training Policy and Procedure.

11.0 Equality Including Welsh Language

- 11.1 This procedure document strives to eliminate unlawful discrimination, harassment and victimisation of individuals who have experienced or are at risk of VAWDASV.
- 11.2 This procedure aims to promote equality of opportunity and/or good relations between different groups. The need for patient literature in a variety of languages is recognised and the need for translator services, to be assessed on an individual basis.
- 11.3 Information would be made available in Welsh on request.
- 11.4 The Corporate Safeguarding Team is committed to ensuring that, as far as is reasonably practicable, the way it supports BCUHB in providing services to the public and management of staff reflects their individual needs and does not discriminate against individuals or groups.
- 11.5 The Corporate Safeguarding Team has undertaken an Equality Impact Assessment on this procedure and the way it operates. The assessment has identified areas where there may be inequalities and identified initiatives to mitigate against these.

12.0 Environmental Impact

Has been considered and not deemed to be of impact to the environment.

13.0 Review

Will be reviewed three years following the date of approval.

14.0 References

Domestic Abuse Act 2021, Available at: <https://www.gov.uk>

Home Office (2018), Victims of domestic violence and abuse. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/680977/victims-of-domestic-violence-v14.pdf.

Office for National Statistics (2021). Domestic abuse prevalence and trends, England and Wales: year ending March 2021. Available at <https://www.ons.gov.uk>

Office for National Statistics (2016), Prevalence of domestic abuse from the Crime Survey for England and Wales. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016#prevalence-of-domestic-abuse-from-the-crime-survey-for-england-and-wales>.

Public Health Wales (2015), Welsh Adverse Childhood Experiences (ACE) Study. Available from: [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20%28E%29.pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20%28E%29.pdf).

SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

United Kingdom Government (2013), Extended definition of domestic violence takes effect: From today a wider definition of domestic violence, including 16 and 17 year olds and controlling behaviour takes effect. Available from: <https://www.gov.uk/government/news/extended-definition-of-domestic-violence-takes-effect>.

Welsh Government (2009), Strategic action plan to address violence against women and update the Welsh Government's domestic abuse strategy. Cardiff: Welsh Government.

Welsh Government (2016), The National Training Framework on violence against women, domestic abuse and sexual violence: Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006. Available from: <http://www.assembly.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf>.

Welsh Government 2019, Wales Safeguarding Procedures. Available from:
<https://www.safeguarding.wales/>.

Welsh Government, 2014. Social Services and Wellbeing (Wales) Act 2014.
Available at: <https://socialcare.wales/hub/sswbact>

Welsh Government, 2014. Social Services and Wellbeing (Wales) Act 2014. Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk.

Women's Aid (2022). The Domestic Abuse Report 2022: The Annual Audit, Bristol: Women's Aid. Available at: <https://womensaid.org.uk>

Appendix 1: Minimum Standards for Routine Enquiry



**All Wales Minimum Standards
Routine Enquiry into Domestic Abuse,
Pregnancy and Early Years**

STANDARD ONE: CONFIDENTIALITY

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All health professionals must recognise the duty to respect the woman's confidentiality but must be aware of its limitations in the wider public interest.</p>	<p>If the woman withholds consent, or if consent cannot be obtained, disclosures may be made where:</p> <p>They can be justified in the public interest.</p> <p>They are required by law or by order of a court.</p> <p>Where there are potential child protection issues.</p> <p>The professional is justified and has a duty to share information with social services, police or other agencies, where there is an increased risk of abuse/child protection concerns.</p> <p>It is good practice for professionals making a referral to have a discussion with the woman first.</p> <p><i>Extreme care should be taken to protect the safety of victims of abuse. Information should not be disclosed to any third party who may breach their safety.</i></p>	<p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>The Data Protection Act (2018) – UK's implementation of the General Data Protection Regulation (GDPR)</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Data Protection Act 1998</p> <p>Human Rights Act 1998 https://www.legislation.gov.uk</p> <p>Serious Crime Act (2015) https://www.legislation.gov.uk</p> <p>SCIE (2019) Safeguarding Adults: sharing information http://www.scie.org.uk/safeguarding/adults/practice/sharing-information</p> <p>H.M Government (2018) Working Together to Safeguard Children www.gov.uk/government/publications</p>	<p>A safe and quiet environment.</p> <p>Support and Supervision for staff.</p> <p>Education & Training, either face to face or virtually.</p> <p>Access to a Translator Service.</p> <p>Access to Local Concerns Management Procedures/Information Governance Procedures.</p>

STANDARD TWO: ROUTINE ENQUIRY

Pack Page 162

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All women will be routinely asked about domestic abuse at every opportunity during Pregnancy and Early Years, within Maternity, Neonatal Care and Health Visiting Services.</p> <p>If women are unable to be asked this then there should be a clear documented rationale.</p>	<p>Women should be alone when asked about domestic abuse in a safe and supportive environment.</p> <p>Be mindful of discussions with children and other family members present.</p> <p>Ensure lone contact with the woman at least once in pregnancy.</p> <p>If unable to see the woman alone then clearly document this and share this information with other professionals involved.</p> <p>When a disclosure is made the information should be shared between the Midwife, Health Visitor and GP. Any further disclosures or a change in the risk or circumstances should also be shared.</p> <p>Routine enquiry should not be a one off event. It should be at opportunistic intervals at every contact throughout the pregnancy within maternity, neonatal and health visiting services.</p> <p>All Wales and local information to be made accessible and available.</p> <p>Ensure effective updated communication takes place between Midwife/Health Visitor /GP e.g. “handover” exchange of information.</p> <p>Ensure access to an appropriate interpreter, if required.</p>	<p>MBRRACE –UK and Ireland Confidential Enquiries into Maternal Death and Morbidity 2019</p> <p>NICE (2008) Antenatal care – Clinical Guideline 62 www.nice.org.uk/guidance/cg62</p> <p>DOH (2004) National Service Framework for Children Standard 11 – Maternity Services</p> <p>WG (2001) Domestic Violence: A Resource Manual for Health Care Professionals in Wales http://www.wales.gov.uk/domesticviolence</p> <p>DHSE (2017) Domestic Abuse: a resource for health professionals. www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals</p> <p>Pastor-Moreno et al (2020) Intimate Partner Violence during pregnancy and risk of fetal and neonatal death: A Meta-analysis with socioeconomic context indicators. American Journal of Obstetrics and Gynaecology, Vol 222, Issue 2, pp123-133</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>RCN clinical resource page for domestic abuse can be found at rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Serious Crime Act 2015 https://legislation.gov.uk</p>	<p>All Wales and local information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Education & Training, either face to face or virtually.</p> <p>Safe and private environment.</p> <p>Access to appropriate interpreters.</p> <p>Information/ Communication protocols.</p> <p>Workplace Domestic Abuse Procedures for staff.</p> <p>Annual Audits to demonstrate compliance with this standard.</p>

STANDARD THREE: DISCLOSURE

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Women who disclose will be given appropriate support and information.</p> <p>Women will be offered referral to appropriate specialist services.</p>	<p>Provide time for the woman in a quiet and supportive environment.</p> <p>All staff to complete Risk Assessments in order to highlight the severity of risk and make appropriate referrals to specialist services or immediate contact with the Police.</p> <p>Respect the need for confidentiality, but staff must adhere to the Wales Safeguarding Procedures 2019.</p> <p>Give accurate up to date information of relevant agencies and the Live Fear Free Helpline.</p> <p>Discuss consent with the woman for referral to other agencies.</p> <p>If you are concerned about the welfare of a child/children then make a 'Child At Risk Report' in accordance with the Wales Safeguarding Procedures 2019.</p> <p><i>Consent is not essential where there are potential child protection concerns or imminent threats to her safety.</i></p> <p>Ensure access to an appropriate interpreter if required. Preferably the same gender.</p>	<p>Health Boards/Trusts Guidelines/Policies on Consent and Confidentiality.</p> <p>The Data Protection Act (2018) – UK’s Implementation of the General Data Protection Regulation (GDPR)</p> <p>Department of Health and Social Care (2017) Responding to Domestic Abuse A Resource for Health Professionals.</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates Human Rights Act 1998 https://www.legislation.gov.uk</p> <p>Criminal Justice Act 2003 www.legislation.gov.uk</p>	<p>Access to appropriate Interpreters.</p> <p>Provision of a quiet environment.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Education & Training, either face to face or virtually.</p> <p>Good record keeping updates.</p>

STANDARD FOUR: DOCUMENTATION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>All discussions around the Routine Enquiry question and/or disclosure of domestic abuse will be recorded clearly and contemporaneously.</p>	<p>Health Boards must ensure all staff working with pregnant women and during early years will be aware of the documentation process following Routine Enquiry into Domestic Abuse.</p> <p>Staff must not record any disclosure of domestic abuse in the Woman's handheld notes.</p> <p>Staff must ensure that digital information regarding Domestic Abuse/ Routine Enquiry cannot be viewed or accessed by third parties.</p> <p>Health Visitors should record the response in the family section of the Childs notes (electronic or paper notes) using 'SOAP'.</p> <p>Record sufficient, accurate details regarding any abuse using the woman's words in quotation marks.</p> <p>Record the relationship to the perpetrator.</p> <p>Record the presence of any children or other adults in the household.</p> <p>Include information provided on resources/services available and/or referrals made to statutory and/or support services.</p> <p>Record any contact with the police and document the police incident number.</p>	<p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p> <p>Responding to Domestic Abuse A resource for Health Professionals (2017) Department for Health and Social Care.</p> <p>The Data Protection Act (2018) – UK's Implementation of the General Data Protection Regulation (GDPR)</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p>	<p>New staff should be made familiar with this standard and record keeping policy as part of their induction.</p> <p>Ensure all staff aware of policy and guidelines through regular mandatory training.</p> <p>Regular Supervision and access to Safeguarding Teams for guidance and advice in the event of disclosure.</p>

STANDARD FIVE: RISK ASSESSMENT

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Undertake a risk assessment for the woman, unborn baby, and/or any other children in the household.</p> <p>Staff must consider the safety of the woman, themselves and others within the location/ environment including health settings and use appropriate risk assessment tools.</p>	<p>The practitioner should be familiar with relevant risk assessment procedures for domestic abuse.</p> <p>Assess level of risk using Risk Assessment Tools or Agreed Local Pathway Framework.</p> <p>Refer to Multi Agency Risk Assessment Conference (MARAC) for visible high risk cases of domestic abuse – 14 or more yes ticks on the SafeLives DASH Risk Checklist.</p> <p>Professional judgement can be used for a MARAC referral if deemed high risk.</p> <p>Consider not only the high-risk situation but also any <i>strange or unusual</i> behaviour reported by the woman.</p> <p>For cases of medium & standard risk clear communication with those Health Professionals involved in the care of the woman and family should take place, in agreement with the woman.</p>	<p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>WG (2015) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Domestic Abuse Act 2021 England & Wales</p>	<p>Education & Training, either face to face or virtually.</p> <p>Privacy and Safe environment.</p> <p>Regular supervision and access to Safeguarding Team for guidance and advice.</p> <p>Health Boards/Trusts Lone Working Policy.</p> <p>Access to Health Boards/Trusts Violence and Aggression Officer.</p> <p>Workplace Domestic Abuse Procedures for staff.</p>

STANDARD SIX: CHILD PROTECTION

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Where actual or the likelihood of harm is identified, a child at risk report (under the Wales Safeguarding Procedures 2019) must be made.</p> <p>The welfare of any child is paramount <i>including the unborn child.</i></p> <p>Consider also the implications for the pregnant teenager <18 years.</p>	<p>Establish whether children are present within the home when abuse is taking place.</p> <p>Assess level of risk.</p> <p>Consider other situations which may impact on the health and wellbeing of the child and take appropriate action.</p> <p>Seek support from the Named Nurse/Midwife for Safeguarding and/or Corporate Safeguarding Team.</p> <p>Involve Multi Agency Partnerships.</p> <p>Ask the woman for her (verbal) consent for referral to other specialist services.</p> <p><i>Consent is not essential where there are potential child protection concerns/imminent threats to her safety.</i></p>	<p>Wales Safeguarding Procedures 2019 https://www.safeguarding.wales</p> <p>All Wales Practice Guides – Safeguarding Children Affected by Domestic Abuse https://www.safeguarding.wales</p> <p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>Adverse Childhood Experiences (ACEs) http://www.wales.nhs.uk/sitesplus/888/page/88524</p> <p>UN Convention on the Rights of the Child https://www.unicef.org.uk</p>	<p>Access to Named Nurse/Midwife for Safeguarding.</p> <p>Regular Supervision and access to Corporate Safeguarding Team for guidance and advice.</p> <p>Education & Training, either face to face or virtually.</p> <p>Links with Advocacy Services for Children.</p>

STANDARD SEVEN: SAFETY PLANNING FOR STAFF AND VICTIM

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>To ensure women, staff and practitioners are equipped with accurate and appropriate advice to stay safe.</p>	<p>Process of safety planning.</p> <p>Support the woman:-</p> <p>Build a trusting, non-judgemental relationship.</p> <p>Encourage the woman to assess her safety needs.</p> <p>Review current risk - risk of harm to herself and/or her children/unborn child.</p> <p>Ensure health professionals are not placed in situations of threat and danger.</p> <p>Offer appropriate, accurate information regarding support agencies.</p> <p>Be an advocate for the woman with other agencies (with consent).</p> <p>Undertake a risk assessment of your environment e.g. when visiting a woman in her home – Consider geographical location, can you get out safely.</p> <p><i>N.B. Ensure that you do not place yourself or your colleague at risk in a potentially violent situation when supporting someone else.</i></p>	<p>Resources for SafeLives https://safelives.org.uk</p> <p>Include Specialist Support Services and Welsh Women’s Aid</p>	<p>Suitable room.</p> <p>Counselling Service.</p> <p>Education & Training, either face to face or virtually.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Black Association of Women Step Out (BAWSO) https://bawso.org.uk</p> <p>Health Board/Trust Policy for Staff Experiencing Domestic Abuse.</p> <p>Health Board/Trust Policy for Service Users Who are experiencing Domestic Abuse.</p> <p>Safety Policies as per Health Boards.</p> <p>Mobile Phones Rape Alarms Room Alarms Lone Worker Policies Violence and Aggression Training.</p>

STANDARD EIGHT: PROVISION OF INFORMATION & REFERRAL

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCE REQUIRED
<p>Provide woman with accurate information i.e. resources, help and agencies available.</p> <p>Ensure multi-agency working.</p>	<p>Adopt a calm, open and non-judgemental approach.</p> <p>Give accurate and up to date information of relevant specialist services and the Live Fear Free Helpline.</p> <p>Provide electronic resources available should the woman want.</p> <p>Display relevant information within the Health Board/Trust.</p> <p>Ensure information (especially telephone numbers and electronic links) are current, if not this could endanger the woman.</p> <p>Access to the UK Maternity Portal https://www.pregnotes.net</p>	<p>Social Services & Wellbeing (Wales) Act 2014 https://www.legislation.gov.uk/anaw/2014/4/contents</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Serious Crime Act 2015 https://www.legislation.gov.uk/ukpga/2015/9/contents</p> <p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>Welsh Assembly Government (2001) Domestic Violence resource manual for Health Care Professionals GBH</p> <p>RCN Clinical Resource Page for Domestic Abuse can be found at: rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Criminal Justice Act 2003 www.legislation.gov.uk</p>	<p>Training.</p> <p>Display Boards.</p> <p>Literature - Information and description of other agencies roles.</p> <p>Information in a range of different languages.</p> <p>Information as to where to seek help for the perpetrator as well as the victim.</p> <p>Access to Women's Aid/DAUs, Family Support Units, etc.</p> <p>Posters - Contact information may include telephone numbers of local agencies e.g. Legal Services – consider those who specialise in Domestic Abuse.</p> <p>All Wales and Local Information.</p> <p>Live Fear Free Helpline 0808 80 10 800</p> <p>Access to Safeguarding Ambassadors/Champions.</p>

STANDARD NINE: SUPPORT & SUPERVISION OF STAFF

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>To provide support to staff who are dealing with domestic abuse issues.</p>	<p>Safety and disclosure of information should be discussed with Line Manager and/or Named Nurse/ Midwife for Safeguarding.</p> <p>Access to Clinical Supervision to be provided in order to allow staff to debrief, seek further advice from Line Manager or other relevant personnel.</p> <p>Explore own issues which may influence practice and seek advice accordingly.</p> <p>Provide support to staff who are experiencing, managing domestic abuse issues and signpost to resources.</p> <p>Adherence to Minimum Standards and Principles.</p> <p>Develop skills and identify training needs.</p> <p>Consider advice and support from Local Specialist Services.</p>	<p>Resources for SafeLives https://safelives.org.uk/practice</p> <p>WG (2015) Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>Serious Crime Act 2015 https://www.legislation.gov.uk/ukpga/2015/9/contents</p> <p>NMC (2015) The Code – Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.</p>	<p>Education and Training Support/Supervision Training.</p> <p>Local Clinical Supervision Procedures.</p> <p>Access to Peer Supervision.</p> <p>Staff Counselling Service via Local Occupational Health Departments.</p> <p>Workforce and Organisation Development Policies. For example, Flexible Working Policy/Special Leave Policy.</p> <p>Workplace Domestic Abuse Procedures.</p>

STANDARD TEN: EDUCATION AND TRAINING

STANDARD	PRACTICE GUIDELINES	EVIDENCE BASE	RESOURCES REQUIRED
<p>Staff will be confident and competent to deal with issues involving domestic abuse.</p> <p>Staff should be aware of basic legislation to help and reassure the woman.</p>	<p>Awareness of physical and general indicators.</p> <p>Midwives and Health Visitors to use Routine Enquiry as part of antenatal care.</p> <p>All Health Boards & Trusts to adopt the All Wales Pathway for Domestic Abuse as good practice.</p> <p>Domestic Abuse to be placed on all Health Boards & Trusts Agenda.</p>	<p>NICE (2008) Antenatal Care – Clinical Guideline 62 www.nice.org.uk/guidance/cg62</p> <p>WG (2015) Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 www.legislation.gov.uk/anaw/2015/3/contents/enacted</p> <p>The National Training Framework on VAWDASV: statutory guidance under section 15 of VAWDASV (Wales) Act 2015 and Section 60 of the Government of Wales Act 2006 www.assembly.wales</p> <p>Ask and Act www.welshwomensaid.org.uk</p> <p>RCN Clinical Resource Page for Domestic Abuse can be found at rcn.org.uk/clinical-topics/domestic-violence-and-abuse</p> <p>Resources for SafeLives https://safelives.org.uk</p>	<p>Induction days for new staff to include awareness on issues relating to domestic abuse. For example VAWDASV Ask & Act Group 1 Training ELearning</p> <p>Specific mandatory in-service training days for all Midwives and Health Visitors, in relation to Routine Enquiry into Domestic Abuse – either virtual or face to face.</p> <p>Inclusion of Domestic Abuse on Pre and Post Registration Education Curriculum.</p> <p>Access to Champions, Ambassadors, Leads in VAWDASV.</p> <p>NHS Wales Group 2 Ask & Act Training and access details.</p> <p>Safeguarding Supervision Training.</p> <p>Multiagency Training both Regionally and Nationally.</p> <p>Include Audit Compliance and disseminate learning from findings.</p>

Appendix 2: Domestic Abuse Health Care Pathway

This document is for guidance only and should not deter from taking immediate safety action. If a professional has serious concerns about a victim's situation, they should refer the case to MARAC even if they do not meet the MARAC referral threshold, based on professional judgement.

Routine / Selective Enquiry/
Ask and Act

Voluntary Disclosure

Undertake **Safe Lives** Risk Indicator Checklist

Less than 14 YES

- ❖ Consider the questions in bold relating to high physical harm or danger
- ❖ Rely on your professional judgement.
- ❖ Consider the patients perception of risk.

14 or more YES
Complete MARAC Referral form

Email the SafeLives Risk Assessment and MARAC Referral Form to:

North Wales Central PVPU via:
[publicprotectionreferralunit@nthwales.pnn.
police.uk](mailto:publicprotectionreferralunit@nthwales.pnn.police.uk)

- ❖ Include your name, delegation and the department/service that you are emailing from, provide a contact telephone number for the service.
- ❖ Provide a detailed account of the information disclosed by the victim.
- ❖ Send a copy of the referral to:
BCU.adultsafeguarding@wales.nhs.uk.

Case not going to MARAC?
Remember that risk is dynamic
Continue to monitor for evidence of escalation – repeat SafeLives Risk Assessment in 1 month.

Share information regarding the **Live Fear Free Helpline**.

Consider the need for referral to additional support services such as Counselling Service, Sexual Assault Referral Centre (SARC).

Are there unborn/Children or Adults at Risk involved?

Follow the Wales Safeguarding Procedures (2019), Local Safeguarding Guidelines/Procedures and BCUHB Adult at Risk Policy and Procedures.

Appendix 3: Routine Enquiry/RE1 (HITS) - The HITS Screening Questionnaire

		0	1
Hurt	Does your partner or anyone else at home physically hurt you?	No	Yes
Insult	Does your partner or anyone else at home insult, talk down to you, or control you?	No	Yes
Threaten	Do you feel threatened in your current relationship?	No	Yes
Shout /Safe	Does your partner, ex-partner or anyone else at home shout or swear at you so that you feel unsafe	No	Yes

Total Score		Score of 1 or more is highly suggestive of abuse occurring
--------------------	--	--

		0	1
Niwed	A yw eich partner neu unrhyw un arall yn eich cartref yn eich niweidio yn gorfforol?	Na	Ydi
Enllib	A yw eich partner neu unrhyw un arall yn eich cartref yn eich enllibio, siarad i lawr arnoch, ceisio eich rheoli?	Na	Ydi
Bygwth	A ydych yn teimlo o dan fygythiad yn eich perthynas?	Na	Ydw
Gweiddi/ Saff	A yw eich partner, cyn bartner neu unrhyw un arall yn eich cartref yn gweiddi neu regi arnoch, yn gwneud i chi beidio teimlo yn saff?	Na	Ydi

Cyfanswm Sgôr		Mae sgôr o 1 neu fwy yn rhoi awgrym uchel fod trais yn digwydd
----------------------	--	--

Appendix 4: Making a MARAC Referral

If a professional has serious concerns about a victim's situation based on completion of a SafeLives Risk Assessment or professional judgement, they should refer the case to MARAC. Email the referral form and SafeLives risk assessment directly to the North Wales Police Central Protecting Vulnerable Persons Unit:

publicprotectionreferralunit@nthwales.pnn.police.uk and the adult Safeguarding inbox: BCU.adultsafeguarding@wales.nhs.uk.

All information shared within the MARAC referral remains confidential and NO information should be withheld. The quality of the MARAC referral has a direct impact on the management and outcome of the MARAC process for all relevant parties affected, including the victim, perpetrator and any relevant family members, including children.

DISCLOSURE RECEIVED. Complete the SafeLives Risk Assessment with the victim; ensure all sections of the assessment are completed. Ensure that relevant details relating to the victim and perpetrator and any children (including unborn) or Adults at Risk are obtained, including names, addresses, dates of birth and contact details. Ensure relevant consent form is completed.



NEED FOR MARAC REFERRAL IDENTIFIED – based on SafeLives Risk Assessment reaching 14 or more yes responses, or professional judgement. Use your professional judgement in all cases and consider:

Potential Escalation: such as in the circumstances of repeat attendances/ previous disclosures.

Visible High Risk – 14 or more yes ticks on the SafeLives Risk Assessment indicates the case has met threshold for a MARAC referral.

The findings of the SafeLives Risk Assessment are not definitive reaching an assessment of risk; they should provide a structure to inform a practitioner's judgement. If the case has not met 'visible high risk' threshold, based on professional judgement of assessment of risk, the case can be referred to MARAC – supporting information must be provided and included in the practitioners notes.



When all relevant forms are completed, email the MARAC referral form and SafeLives risk assessment to the North Wales Police, Protecting Vulnerable Persons Unit at: publicprotectionreferralunit@nthwales.pnn.police.uk. As well as the adult safeguarding inbox: BCU.adultsafeguarding@wales.nhs.uk.

Ensure that you have all the relevant forms attached, so that all information is available to support your referral, NO information should be withheld. Please provide North Wales Police with a contact number to contact you on in the event further information is required.

Before sending the MARAC referral to North Wales Police please ensure you have:		√
1.	SafeLives Risk Assessment (24 questions).	
2.	Perpetrator's details (name, address, date of birth).	
3.	Details of children/unborn and or Adults at Risk (name, address and date of birth/ estimated date of delivery).	
4.	Details of victims GP.	
5.	Whether the victim is aware of the referral and if consent has been given.	
6.	Details of a safe contact number and time to call the victim.	
7.	Additional relevant information – practitioners notes.	



Appendix 5: SafeLives (Dash) Risk Assessment (RIC)



Ending domestic abuse

SafeLives Dash risk checklist

Risk Checklist should be sent by secure email or other secure method to:

✉ publicprotectionreferralunit@nthwales.pnn.police.uk

And a copy to ✉ BCU.Adultsafeguarding@wales.nhs.uk

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

¹ For further information about Marac please refer to the 10 principles of an effective Marac:

<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children’s situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends? ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Domestic abuse	<input type="checkbox"/>				
Sexual violence	<input type="checkbox"/>				
Other violence	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Total 'yes' responses					

For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

<p>Do you believe that there are reasonable grounds for referring this case to MARAC?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, have you made a referral?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Signed</p>		<p>Date</p>
<p>Do you believe that there are risks facing the children in the family?</p>		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Date referral made</p>
<p>Signed</p>		<p>Date</p>
<p>Name</p>		

Appendix 6: Consent forms for Disclosure of Information and Information Sharing Without Consent (ISWC).

Affix Patient Label

I _____ hereby **authorise** the appropriate sharing of my personal information with partner agencies involved in the Multi-Agency Risk Assessment Conference [MARAC] (Voluntary Sector (e.g. Welsh Women’s Aid), Statutory Sector (e.g. Social Services and / or the Police) in order to ensure that my safety and well-being remains paramount.

I _____ hereby **do not authorise** the appropriate sharing of my personal information with partner agencies involved in the Multi Agency Risk Assessment Conference [MARAC] (Voluntary Sector (e.g. Welsh Women’s Aid), Statutory Sector (e.g. Social Services and / or the Police).

I understand that the information will be processed in accordance with the Data Protection Act 1998.

I am aware that I can withdraw my consent at any time, however if I withdraw or withhold my consent there may be circumstances where part or all of my information may be shared to ensure my safety and well-being or the safety and well-being of another person.

Signed: _____ Date: _____

Print Name:

Name and designation of healthcare professional completing this form:

Signed: _____ Date: _____

Designation:

Part 2 - Information Sharing Without Consent (ISWC)

(Only to be completed when consent is not given by the victim)

Part 2 ISWC should be sent by secure email or other secure method to:

publicprotectionreferralunit@nthwales.pnn.police.uk

And a copy to BCU.Adultsafeguarding@wales.nhs.uk

Legal Authority to Share

Protocol relevant	Y / N	If yes, please detail	

Or

Legal grounds (If yes, please tick one or more grounds below)	Y / N
Prevention and detection of crime	
Prevention / detection of crime and/or apprehension or prosecution of offenders (DPA, sch 29)	
To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)	
For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)	
For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)	
In accordance with a court order	
Overriding public interest (common law)	
Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3)	
Please confirm you have considered GDPR guidance and restrictions	

Rationale for your decision to share	
--------------------------------------	--

Client Notification

Client notified	Y/ N	Date notified	
If not, why not			

Record the following information-sharing in Case File:

Date information shared	
Agency & named person informed	
Method of contact	
Legal authority for each agency	
Signature of caseworker Date:	
Signature of manager/or person in charge Date:	

Appendix 7: MARAC Referral form



Restricted when completed

MARAC REFERRAL TO POLICE

Referrals should be sent by secure email or other secure method to:

✉ publicprotectionreferralunit@nthwales.pnn.police.uk

and a copy to ✉ BCU.Adultsafeguarding@wales.nhs.uk

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
What is the status of the tenancy?	Private owned <input type="checkbox"/>	Private rented <input type="checkbox"/>	Shared tenancy <input type="checkbox"/>
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
GP Details			
Diversity data (if known)	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Literacy or Numeracy Difficulties <input type="checkbox"/> Gender M / F		
Perpetrator(s) name		Perpetrator(s) DOB	

Perpetrator(s) address		Relationship to victim (carer?)	
-----------------------------------	--	--	--

Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)

Reason for referral / additional information

Visible high risk (14 ticks or more on Safe Lives - DASH RIC)	Y / N	Volume and escalation (3 or more domestic incidents in 6 months, with evidence of escalation – are the gravity of the incidents becoming more serious)	Y / N
MARAC repeat <i>(further incident identified within twelve months from the date of the last referral)</i>	Y / N	If yes, please provide the date listed / case number (if known)	
Professional judgement <i>(include rationale)</i> <i>(this is where you deem the risk to be High)</i> <i>N.B you are not using your Professional Judgement to ask for the case to be heard at MARAC, it is only your Professional Judgement to declare the case High Risk</i>			

List sources of information used including any risk assessment tools	
What is your role/involvement with the individual	
Please indicate the duration of your contact with the individual	
Please detail safeguarding actions carried out based on the information you have received. Detail any referral pathways completed (Where there is an immediate need for Police response please follow reporting protocol by calling 999 or 101)	

Name and position	
Please ensure the MARAC referral has been completed to a satisfactory standard it is the responsibility of the referring agency to be satisfied that the threshold for MARAC is reached	
Signed – (e-sign or initial if electronic)	
Date	

Appendix 8: MARAC Research Form

Consistent and accurate research will help attendees at MARAC to build up as comprehensive a picture as possible of a case at the meeting. In practice, most agencies will frequently be unaware of information held by others. If research is done before the meeting, it can be shared where appropriate and an action plan can be established in the timeliest way possible.

- When undertaking research in advance of the meeting, it is important that agencies do not automatically contact the victim unless they need to take immediate actions to address risk. In most cases, the IDVA service will contact the victim in advance of the meeting and agencies should contact either the IDVA service or the referring agency in the first instance;
- Some agencies will be working with either children or the perpetrator; in this case the research form may need to be adapted to reflect their particular source of information;
- The research form should be completed by the designated agency representative themselves or they may contact the relevant officer or support / key worker;
- The information within the research form should be current, accurate and, where necessary make a distinction between fact and professional opinion;
- Expectations about the use of a common research form by agencies should be addressed in the MARAC Operating Protocol (MOP). SafeLives would recommend that research forms are internal documents for use by the relevant agency and the information contained within them should be shared verbally at the MARAC meeting, where relevant and proportionate.
- It is possible that you will record info on the research form that you decide is not relevant to share at the MARAC. You may wish to write this and the reasons for not sharing the information on the research form.

MARAC research form

Name		Agency: Betsi Cadwaladr University (BCUHB) Health Board
Designation		
Telephone / Email		
Date		

Victim name	
Victim DOB	
Victim address	
MARAC case number (from list)	
Details of Children	

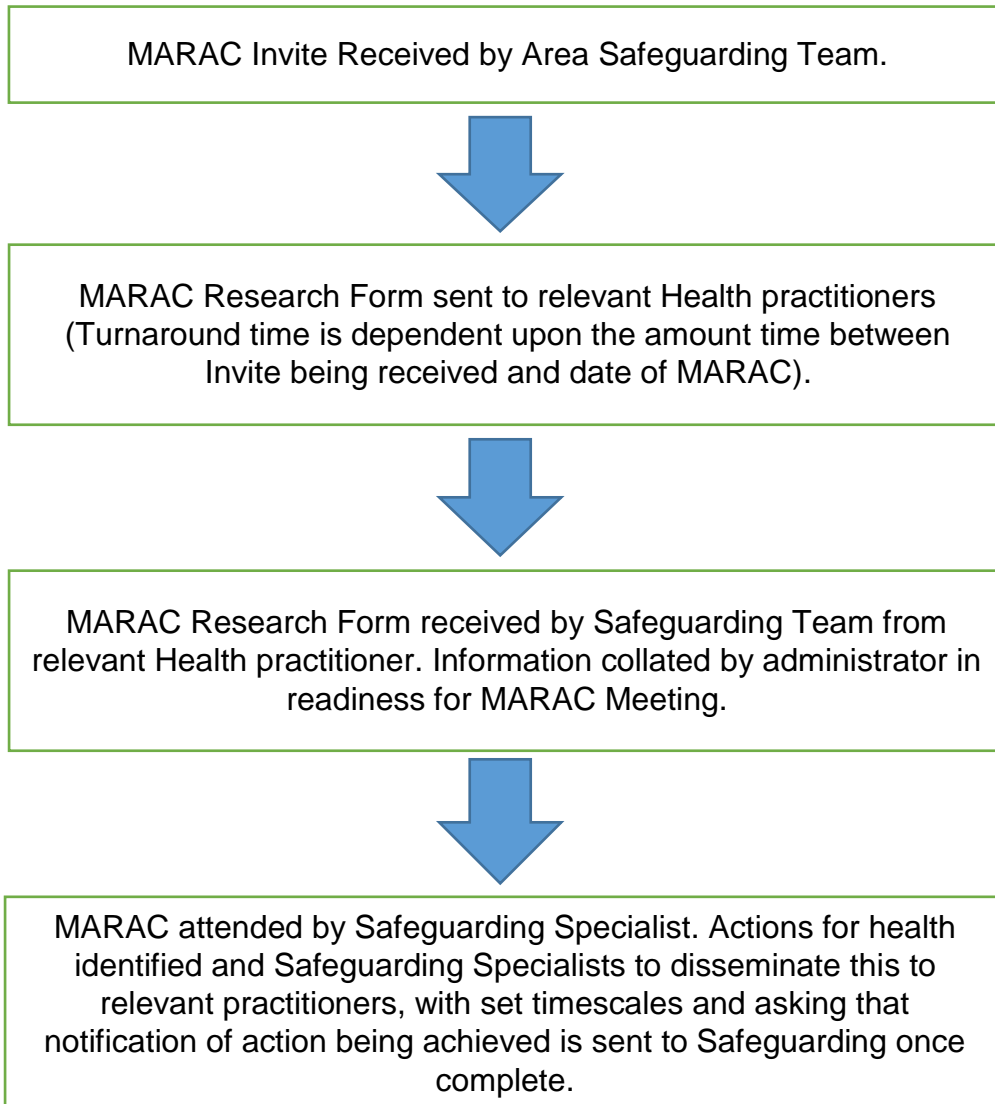
Please insert any changes / errors / other information (e.g. aliases or nicknames) below

Are the victim details on the MARAC list accurate?	Y / N	
Are the children(s) details on the MARAC list accurate?	Y / N	
Are the perpetrator details on the MARAC list accurate?	Y / N	

Note records of last sightings, meetings or phone calls.	
Note recent attitude, behaviour and demeanour, including changes.	
Highlight any relevant information that relates to any of the risk indicators on the checklist (e.g. <i>the pattern of abuse, isolation, escalation, victim's greatest fear etc.</i>).	

Other information (e.g. actions already taken by agency to address victim's safety).	
What are the victim's greatest priorities to address their safety?	
Who is the victim afraid of? To include all potential threats, and not just primary perpetrator.	
Who does the victim believe it safe to talk to?	
Who does the victim believe it not safe to talk to?	
Please include below any relevant and significant information regarding the children	
Name/School	
GP Name and Surgery	

Appendix 9: Safeguarding Team Responsibilities throughout the MARAC Process Flowchart





Amethyst.

**North Wales Sexual
Assault Referral Centre**

*Sexual assault can be a terrifying,
humiliating and traumatic experience.*

*We aim to provide choice and confidential
support following sexual assault or rape.*

What is Amethyst?

Amethyst is a Sexual Assault Referral Centre (SARC) for North Wales, where a range of specially trained professionals give help, support and information to individuals who have been raped or sexually assaulted, whether recently or in the past.

We have been developed in partnership with the police, health and voluntary services to ensure that victims of these crimes get the best possible care.

How can we help?

We can explain the various options that may be available to help you make the right decision for your situation. You can talk to a crisis worker about the options available to you.

If you need information about our services call **0808 156 3658**. Office hours are Monday to Friday 9am to 5 pm (excluding bank holidays). At all other times you will be connected to our out of hours service and a trained crisis worker will call you back as soon as possible.

You can also access further information about the choices you have by visiting www.amethystnorthwales.org.uk

What are my choices?

If you want to discuss what is available to you or what to do, call to speak to a crisis worker confidentially.*

Police Referrals

You can make a formal report to the police, we can explain how this works. If appropriate the police may then arrange for you to have a forensic examination. The police can access the centre 24 hours a day and a crisis worker will also attend to support you. An interview will be arranged at a convenient time for you.

Self Referrals

You can choose not to report to the police.

- We can advise you about other services available to help you, and either offer an appointment to attend the centre to discuss this or arrange referral as required. Your concerns may be about sexual health issues, emotional support or wider health and social care issues. We have links with other services that may be able to support you.
- If relevant you may decide to have a forensic medical so that potential evidence can be taken and stored, in case you decide to report to the police at a later date. You can choose to share forensic evidence anonymously with the police.

- You may not wish to have a forensic examination, but you might want to share information about the assault anonymously with the police, we can help with this.

What happens during the forensic examination

This is a medical examination carried out by a specially trained doctor or nurse to collect evidence. Specimens such as swabs or a blood/urine test may also be taken. It is important that these are taken as soon as possible after the assault to ensure that vital evidence is not lost. You will be fully supported by a trained crisis worker throughout the forensic examination. The crisis workers role is to ensure you make informed choices, and are supported throughout the medical examination and are cared for with dignity and respect.

What about emotional support?

There are usually a lot of different emotions after sexual assault. Confusing thoughts, emotions, and sensations are normal reactions to stress and assault. We can offer information and arrange referral for support to cope with these normal responses.

We can inform you about other services that can help with support or counselling.

What about sexual health concerns?

We can give you advice on how to access screening for sexually transmitted infections and when would be the most appropriate time to be tested. An appointment can be made for you to attend the Amethyst Sexual Health clinic or we can help arrange for you to attend a clinic convenient to your local area.

Contact details:

Telephone: 0808 156 3658

It is important that you contact the Amethyst Centre to make an appointment as we are not able to see you without one.

Email us at: BCU.Amethyst@wales.nhs.uk Please note this will only be monitored during office hours.

Visit our website: www.amethystnorthwales.org.uk

**Amethyst is a confidential service. It is up to you if you decide to tell anybody about what has happened. However we may need to break confidentiality if we believe you or someone else is at risk of serious harm. We would keep you informed of this wherever possible. We need to share information with other agencies if we believe a child or vulnerable person is at risk of serious harm.*



Amethyst.

**Canolfan Atgyfeirio Dioddefwyr
Troseddau Rhywiol**

*Gall trais rhywiol fod yn brofiad
brawychus, erchyll a thrawmatig*

*Ein nod yw darparu dewis a chymorth cyfrinachol
yn dilyn ymosodiad neu achos o drais rhywiol.*

Beth yw Amethyst?

Canolfan Atgyfeirio Dioddefwyr Troseddau Rhywiol (SARC) ar gyfer Gogledd Cymru yw Amethyst, lle mae amrywiaeth o weithwyr proffesiynol yn rhoi cymorth, cefnogaeth a gwybodaeth i unigolion sydd wedi cael eu treisio neu eu hymosod arnynt yn rhywiol boed hynny'n ddiweddar neu yn y gorffennol.

Datblygwyd y Ganolfan mewn partneriaeth â'r heddlu a gwasanaethau iechyd a gwirfoddol eraill er mwyn sicrhau bod dioddefwyr y troseddau hyn yn cael y gofal gorau posibl.

Sut allwn ni helpu?

Gallwn egluro'r gwahanol opsiynau a allai fod ar gael i chi er mwyn eich helpu chi i wneud y penderfyniad cywir ar gyfer eich sefyllfa. Gallwch siarad â gweithiwr argyfwng am yr opsiynau sydd ar gael i chi.

Os oes angen gwybodaeth am ein gwasanaethau arnoch ffoniwch **0808 156 3658**. Mae'r swyddfa ar agor o ddydd Llun i ddydd Gwener 9am i 5pm (gan eithrio gŵyl y banc). Os ydych yn ffonio ar unrhyw amser arall byddwch yn cael eich cysylltu i'n gwasanaeth tu allan i oriau swyddfa a bydd gweithiwr argyfwng yn eich ffonio'n ôl cyn gynted â phosibl.

Gallwch ddod o hyd i fwy o wybodaeth am y dewisiadau sydd gennych drwy fynd i: www.amethystnorthwales.org.uk

Pa ddewisiadau sydd gennych?

Os ydych eisiau trafod beth sydd ar gael i chi neu beth ddylech wneud, ffoniwch i siarad yn gyfrinachol â gweithiwr argyfwng.*

Atgyfeiriadau'r Heddlu

Gallwch wneud adroddiad ffurfiol i'r Heddlu, gallwn egluro i chi sut mae hyn yn gweithio. Os yn briodol, efallai y bydd yr Heddlu yn trefnu i chi gael archwiliad fforensig. Gall yr heddlu gael mynediad i'r ganolfan 24 awr y dydd a bydd gweithiwr argyfwng hefyd yn mynychu er mwyn eich cefnogi. Bydd cyfweiliad yn cael ei drefnu ar amser sy'n gyfleus i chi.

Hunan atgyfeiriadau

Gallwch ddewis peidio â riportio'r mater i'r heddlu.

- Gallwn eich cynghori am wasanaethau eraill sydd ar gael i'ch helpu chi ac un ai cynnig apwyntiad i chi fynychu'r ganolfan i drafod hyn neu drefnu atgyfeiriad yn ôl yr angen. Efallai eich bod yn brwyderus am faterion iechyd rhyw, bod angen cymorth emosiynol arnoch neu eich bod yn poeni am faterion iechyd neu gymdeithasol ehangach. Mae gennym gysylltiadau â gwasanaethau eraill a allai eich helpu.
- Os yn berthnasol, efallai y byddwch yn penderfynu cael archwiliad meddygol fforensig er mwyn i unrhyw dystiolaeth allu cael ei chymryd a'i storio, rhag ofn y byddwch yn penderfynu riportio'r

digwyddiad i'r heddlu yn ddiweddarach. Gallech ddewis rhannu tystiolaeth ffrensieg â'r heddlu yn gyfrinachol.

- Efallai na fyddwch yn dymuno cael archwiliad ffrensieg ond efallai yr hoffech rannu gwybodaeth am yr ymosodiad yn ddiennw â'r heddlu, gallwn helpu â hyn.

Beth sy'n digwydd yn ystod yr archwiliad ffrensieg?

Archwiliad meddygol yw hwn a gynhelir gan feddyg neu nyrs sy'n gymwys i gasglu tystiolaeth. Efallai y bydd swabiau neu brofion gwaed/troeth hefyd yn cael eu cymryd. Mae'n bwysig bod y rhain yn cael eu cymryd cyn gynted â phosib yn dilyn yr ymosodiad er mwyn sicrhau nad yw tystiolaeth hanfodol yn cael ei gollu. Byddwch yn cael eich cefnogi'n llawn gan weithiwr argyfwng cymwys drwy gydol yr archwiliad ffrensieg. Rôl y gweithiwr argyfwng yw sicrhau eich bod chi'n gwneud penderfyniadau gwybodus, yn cael eich cefnogi drwy gydol yr archwiliad meddygol a'ch gofalu amdanoch a'ch trin ag urddas a pharch.

Beth am gefnogaeth emosiynol?

Fel arfer, mae yna nifer o wahanol emosiynau yn dilyn ymosodiad rhywiol. Mae teimlo'n ddryslyd ac yn emosiynol yn ymatebion cyffredin i straen a chael eich ymosod arnoch. Gallwn gynnig gwybodaeth a threfnu atgyfeiriad am gymorth i ymdopi â'r ymatebion cyffredin hyn.

Gallwn eich hysbysu am wasanaethau eraill sy'n gallu eich helpu chi â chymorth neu gwrsela.

Beth am bryderon iechyd rhywiol?

Gallwn roi cyngor i chi ar sut i gael eich sgrinio am heintiau a drosglwyddir yn rhywiol a phryd fyddai'r amser mwyaf priodol i gael eich profi. Gellir gwneud apwyntiad i chi fynychu clinig iechyd rhyw Amethyst neu gallwn drefnu i chi fynychu clinig sy'n gyfleus i chi'n lleol.

Manylion cyswllt:

Rhif Ffôn: 0808 156 3658

Mae'n bwysig eich bod chi'n cysylltu â Chanolfan Amethyst er mwyn gwneud apwyntiad gan na allwn eich gweld heb i chi wneud hynny.

E-bost: BCU.Amethyst@wales.nhs.uk Noder mai dim ond yn ystod oriau swyddfa y byddwn yn monitro'r gwasanaeth e-bost.

Ewch i'n gwefan: www.amethystnorthwales.org.uk

** Mae Amethyst yn wasanaeth cyfrinachol. Eich penderfyniad chi yw dweud wrth r ymwn beth sydd wedi digwydd ai peidio. Fodd bynnag, efallai y bydd rhaid i ni dorri cyfrinachedd os yr ydym yn credu eich bod chi neu r ymwn arall mewn perygl o niwed difrifol. Byddem yn eich hysbysu am hyn ble bynnag bo hysbysu'n hysbysu. Fodd bynnag, dim gwybodaeth ag asiantaethau eraill os yr ydym o'r farn bod ni'n g o niwed i chi neu r ymwn agored i niwed.*

Appendix 11

Amethyst Sexual Assault Referral Centre (SARC) NW
Self referral line: 0808 156 3658

Live Fear Free 24/7 Helpline: 0808 80 10 800

C.A.L.L. Mental Health Helpline: Freephone 0800 132 737 or text 'help' to 81066

Childline: 0800 1111

LGBT Cymru helpline:
Mondays 7pm—9pm: 0800 980 4021

NAPAC (National Association for People Abused In Childhood): Call free from all landlines and mobiles on 0808 801 0331 or email to support@napac.org.uk

NSPCC, 24/7 helpline: 0808 800 5000

Rape & Sexual Abuse Support Centre (NW):
24/7 Helpline: 0808 80 10 800
Counselling Service: 01248 670628

Samaritans, 24/7 helpline: 116 123

Stepping Stones North Wales Counselling Services:
01978 352 717

Survivors UK, Male Rape and Sexual Abuse:
Office hours Mon-Fri 020 3598 3898

The Survivors Trust Cymru Helpline
08088 01 0818

Emergency Contraception Services:
NHS Wales Direct 24/7 helpline: 08 45 46 47

NHS Sexual Health Services Appointments:
Wrexham Mon 09:30-14:00, Tues—Friday Fri 9.30am—17.00pm - 01978 727 197
Conwy, Denbighshire & Flintshire Mon to Fri 09:00—15.00pm - 03000 856 000
Gwynedd & Anglesey
Mon to Fri 9.30am—15:00pm -01248 384054

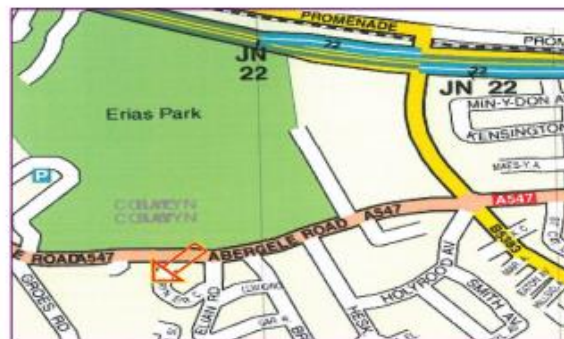
DIRECTIONS TO AMETHYST

A55 EAST BOUND

Leave the A55 at junction 22.
Turn right, go up the hill.
At the mini roundabout take the 4th exit onto Abergele Road—A547.
Turn left into Elian Road
Turn right into Bryn Eirias Close. Amethyst is on the right hand side.

A55 WEST BOUND

Leave the A55 at junction 22.
Turn left, go up the hill.
At mini roundabout take the 4th exit onto Abergele Road A547.
Turn left into Elian Road.
Turn right into Bryn Eirias Close.
Amethyst is on the right hand side.



Amethyst,
1-3 Bryn Eirias Close,
Off Elian Road,
Colwyn Bay, Conwy
LL29 8AB



Updated 02/16



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Independent Sexual Violence Advisor Service (ISVA)



North Wales

Anglesey, Conwy, Gwynedd, Flintshire,
Denbighshire and Wrexham
01492 805384

www.BCUHB.nhs.wales/health-advice/sexual-health-advice/Amethyst-sexual-assault-referral-centre/

A free and independent service for
adults, young people and children in
North Wales

What is an ISVA/CYPSVA?

An ISVA is a specially trained Independent Sexual Violence Advisor. A CYPSVA is a specially trained ISVA who works with children and young people. The ISVA service for North Wales offers both ISVA and CYPSVA support to adults, young people and children, regardless of gender, who have experienced sexual violence, now or in the past. You do not have to report to the police to seek support.

The ISVA is independent of the police and criminal justice services. They are a source of impartial advice and up-to-date information, and can help you consider your options and make decisions that are right for you.

The ISVA/CYPSVA can offer flexible working outside of normal office open hours, but on a needs basis and where appropriate.

How can an ISVA/CYPSVA help?

The ISVA works flexibly to support you in your particular circumstances. This can include help with:

- * Health
- * Housing
- * Work
- * Education
- * Benefits
- * Criminal Justice matters

The ISVA can refer you to other agencies to ensure you receive the practical support and services you are entitled to.

ISVA office and outreach services in North Wales

The ISVA service in North Wales is based at the Amethyst Sexual Assault Referral Centre (SARC) in Colwyn Bay. It covers Gwynedd, Anglesey, Conwy, Denbighshire, Flintshire, and Wrexham.

It includes regular outreach work at community venues in central and safe locations across North Wales and at the **Amethyst SARC** in Colwyn Bay.

Your health and wellbeing

If you are not ready to make a complaint to the police, the ISVA can help you to access confidential medical, forensic and sexual health services at the **Amethyst SARC**, without police involvement.

To help you emotionally, the ISVA can make referrals to access appropriate counselling, including pre-trial counselling with either the **Rape and Sexual Abuse Support Centre (North Wales)** or **Stepping Stones North Wales**

RASASC (NW) provides specialist counselling and support to persons who have experienced any form of sexual violence, whilst **Stepping Stones North Wales** offers specialist individual counselling and group work to adult survivors of childhood sexual abuse.

Going through the criminal justice system

If you have made a formal complaint to the police, the ISVA can help you to understand different aspects of the criminal justice system.

Following a police investigation, if your case goes to court the ISVA can:

- Liaise with criminal justice agencies on your behalf, including the Crown Prosecution Service.
- Navigate you through the criminal justice process to help to keep you informed
- Ensure you have appropriate support if you need to attend court, and afterwards as necessary
- Assist with injury claims to the Ministry of Justice's Criminal Injuries Compensation Authority (CICA)
- Help ensure that your rights are met.

For more information about the specialised support we offer please contact our Self-Referral Telephone Line 0808 156 3658

ISVA Service North Wales contact details:

Office hours: Mon to Fri 9am-5pm

Amethyst, SARC

1-3 Bryn Eirias Close,

Colwyn Bay, Conwy, LL29 8AB

Office no: 01492 805384

www.BCUHB.nhs.wales/health-advice/sexual-health-advice/Amethyst-sexual-assault-referral-centre/

Amethyst is a confidential service. It is up to you if you decide to tell us about what has happened. However we may need to

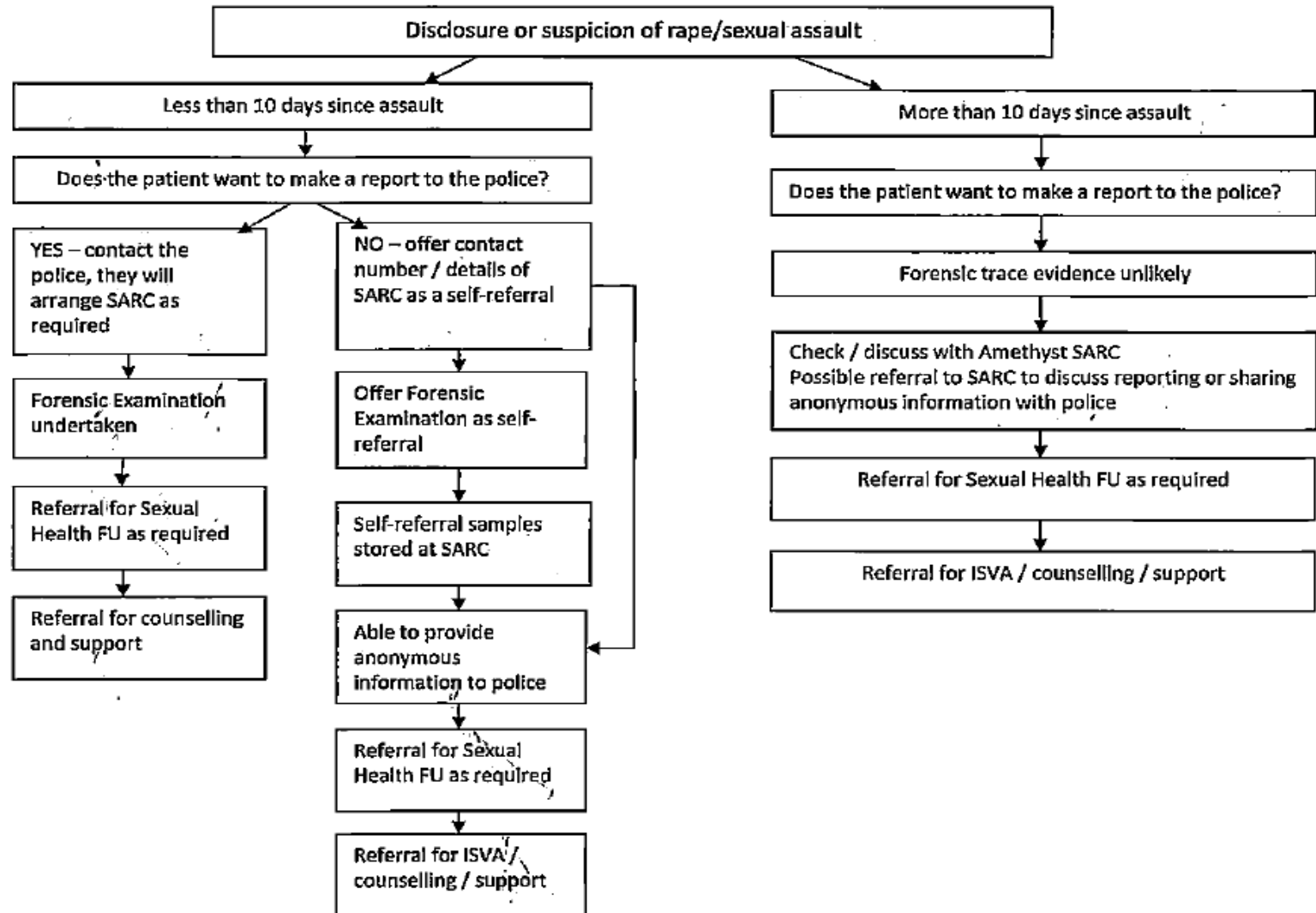
Appendix 12

Amethyst Sexual Assault Referral Centre ALGORITHM FOR ADULTS WITH CAPACITY

Pack Page 190

In all cases consideration must be given to:

1. General welfare of the complainant
2. Medical Needs including:
 - Injuries
 - Emergency Contraception
 - Post Exposure Prophylaxis
 - Advice on STI screening
3. Safeguarding Issues including possible child protection issues. Retaining forensic evidence e.g. sanitary wear/underwear



Appendix 13

BCUHB East, Central and West Emergency departments



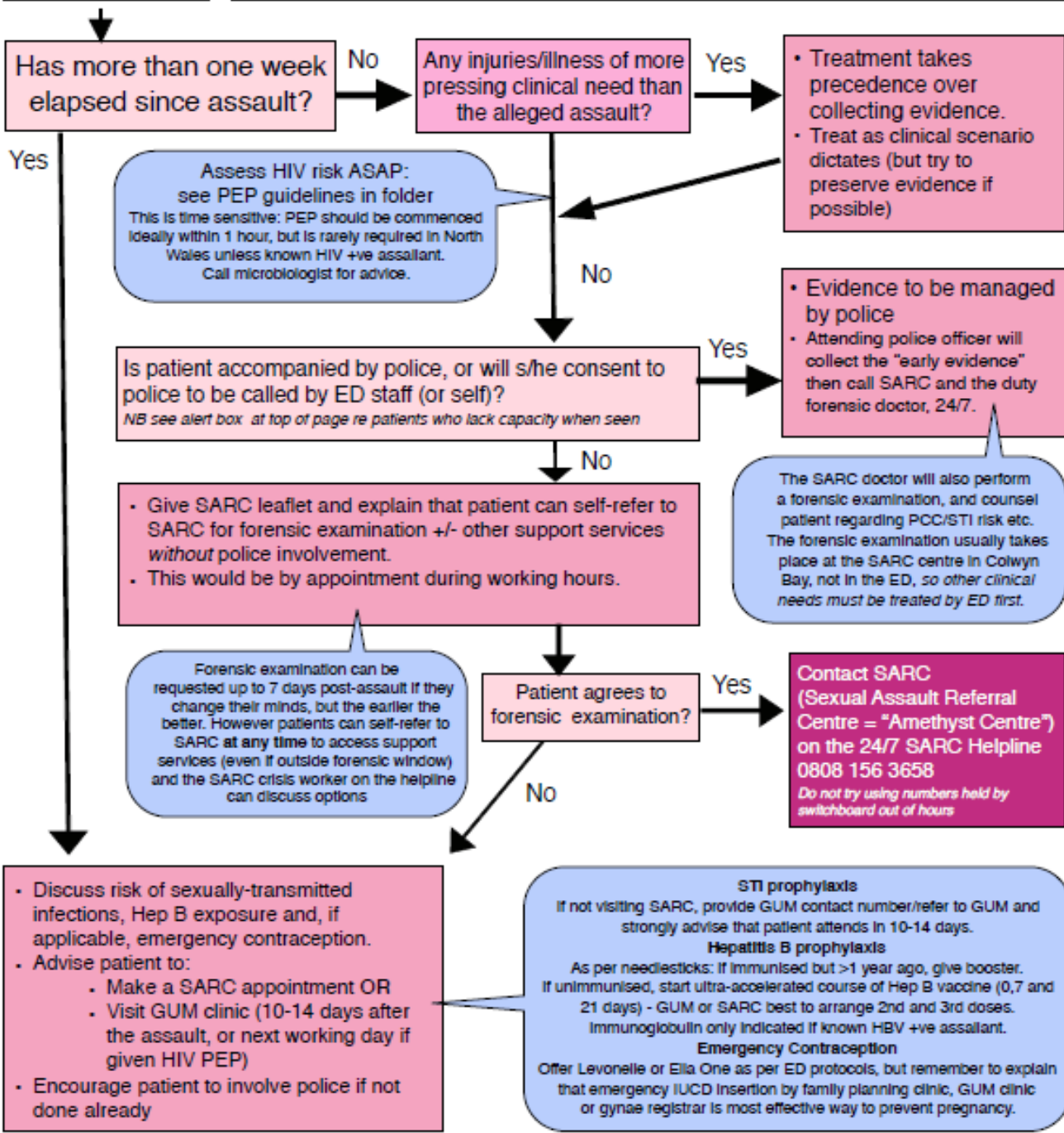
Sexual Assault

Use this pathway in conjunction with the SARC leaflet (download from www.amethystnorthwales.org.uk)

- Involve ED middle grade or consultant. Be tactful - use private room.
- Patients with capacity should be supported in their decisions whether or not to involve the police.
- However, ED staff *must* inform police of an alleged sexual assault if the patient lacks capacity or is under 16 (call paediatric reg/consultant too) and should *consider* informing police if vulnerable adult.
- SARC will take patients from their 17th birthday onwards (16s and under via Paediatric consultant on-call)

START HERE

Triage nurses: if police are being called, ask patients not to eat/drink or use toilet prior to "early evidence" samples being taken (mouth/gum swab and urine sample).



v2.0 - April 2017 - Dr Rhiannon Talbot (ED Forensic Liaison Lead & SARC FME) & Dr Linda Dykes, YG ED
 Review by January 2020. Contact Rhiannon.Talbot@wales.nhs.uk

Appendix 14

Simplified General Risk Assessment Form RA4

Simplified General Risk Assessment Form

Directorate / Area or Corporate Function:		Date:	Assessment Ser No:
Section/Area where task takes place:			
Task/Work Activity			
Assessor(s):		Job Title	

Pack Page 200

Consequence Score	Likelihood Score				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

To obtain the risk rating multiply the appropriate consequence score by the appropriate likelihood score, e.g. Minor 2 x Likely 4 = 8

RISK RATING ACTION GUIDE TABLE

1 - 3	Low Risk- Action only if low cost remedy, easy to implement, re-assess if process/procedure, guidance or legislation changes, keep under review.
4 - 6	Moderate Risk- Action that is cost effective in reducing the risk and planned and implemented within a reasonable time scale.
8 - 12	High Risk- Urgent action to remove or reduce the risk. To be escalated to senior management.
15 - 25	Extreme Risk- Immediate action to remove or reduce risk to tolerable level. Consideration given to stopping process. Inform Senior Management & Risk management/Health & safety Departments at once.

Hazard	Risk Associated	Who Might Be Harmed	Existing Control Measures	Current Risk Rating C X L	Additional Controls Required	Residual Risk Rating C X L	* Date Action to be Completed

Pack Page 201

Assessors Signatures:

Date:





















Managers Signature:

Date:

Reassessment Date: / / / / / / / / / /

* Note: Depending on the complexity of the Risk Assessment an Action Plan may be required (Use RA 3)

Appendix 15: Main Support Agencies

Support Agency	Contact Number
All Wales Domestic Abuse & Sexual Violence Helpline	 0808 8010800
Amethyst Sexual Assault Referral Centre (SARC)	 0808 156 3658
BAWSO (Black Association of Women Step Out)	 0292 0644633
Broken Rainbow Domestic Abuse Helpline (Referral service for Lesbians, Gay, Bisexuals and Transgender LGTB)	 0845 2604460
Childline	 0800 11 11
Dyn Wales/Dyn Cymru Helpline (support for gay, bisexual & heterosexual men experiencing or who have experienced domestic violence)	 0808 8010 800
Forced Marriage Unit	 020 70080151
Foreign Commonwealth Office (forced marriages)	 020 70081500
Freecall Message Home (for those who have left home but want to pass on message to family/friends without communicating directly)	 0208 3924590
Legal Aid advisors (www.justask.org.uk/index.jsp)	 0345 3454345
Male Advice Line and Enquiry Live Fear Free Helpline	 0808 80 10 800
Live Fear Free Helpline by text	 07860077333
National Child Protection Helpline (NSPCC)	 0808 8005000
Immediate Safety – 999 101 NHS Direct Wales North Wales Police	 0845 4647 Immediate Safety 999 - 101
Refuge Women's Aid (www.refuge.org.uk)	 0808 2000247
Reunite (for those who have had or fear child abduction) Shelterline	 0808 800444
The Samaritans	 116123
Unison Welfare Support for members and dependants	 0800 0857857
Victim Support (www.victimsupport.org.uk)	 0808 1689111
Welsh Women's Aid (www.welshomensaid.org)	 0292 0541551

Apps

Bright Sky App – downloadable on Google Play and Apple App Store.

Ein cyf/Our ref: CEO.12414
Gofynnwch am/Please ask for: Katie Jenner
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 29 August 2023

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Jenny Rathbone MS
Chair,
Equality and Social Justice Committee
Welsh Parliament

By email: SeneddEquality@Senedd.Wales

Dear Chair

Re: Equality and Social Justice Committee inquiry into the public health approach to preventing gender-based violence.

I write further to your letter of 9 August 2023. In response to the question raised on how statutory services deal with allegations of gender-based violence internally, please note the following which details the approach of Hywel Dda University Health Board for handling allegations of gender-based violence raised by or against employees, together with our overall approach to dealing with this issue.

The Health Board is committed to the health and wellbeing of its patients and staff and recognises that gender-based violence and domestic abuse is a crime, which adversely affects the health of individuals, families, and communities. We promote the identification of abuse and/or violence at an early stage and recognise that it can be an effective measure in preventing an escalation in severity and frequency and can assist to ensure appropriate and timely support is provided. Taking a responsive and enabling approach is fundamental in encouraging people who are experiencing violence, threats, intimidation, and other abuse to disclose.

Advice and support are available from the corporate Safeguarding Team for children and adults at risk of gender-based violence, domestic abuse and sexual violence.

The Health Board's approach is to:

- Promote awareness of violence against women, domestic abuse and sexual violence and promote working practices which will increase identification and improve the response to those experiencing violence against women, domestic abuse, and sexual violence.
- Work in partnership with other statutory agencies and voluntary organisations within Wales and other areas as required.
- Fulfil its obligations in relation to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Objectives:

- To increase identification of those experiencing violence against women, domestic abuse, and sexual violence.
- Recognise that older people are also victims of domestic abuse.
- To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the victim.
- To create a culture across the Health Board where addressing violence against women, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected, supported, accepted, and facilitated.
- To improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health.
- To proactively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.

The Health Board has a robust training programme in place for staff to complete Group 1 and Group 2 training in accordance with the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Training Framework to recognise and respond to violence against women, domestic abuse, and sexual violence. We have commissioned Group 6 training for our strategic leaders.

Staff are expected to assess immediate risk or likelihood of serious harm based on their observations and discussions with a patient/staff member.

The Health Board Referral Pathway requires the completion of the DASH/RIC (Domestic Abuse, Stalking and Honour Based Violence Risk Checklist) to assess if the patient/staff member (the victim/survivor) is at moderate or high risk of harm. All high-risk victims must be referred to a Multi-agency Risk Assessment Conference (MARAC) within 48 hours. This referral aims to initiate timely contact with an Independent Domestic Violence Advocate (IDVA). The IDVA will further assess the patient's (the victim) level of risk, discuss the range of suitable options, and develop safety plans.

Midwives and Health Visitors are required to conduct Routine Enquiry at every contact in accordance with the All-Wales Minimum Standards, Routine Enquiry into Domestic Abuse, Pregnancy and Early Years (2021). Should they receive a positive response, they should conduct a DASH/RIC and consider if it meets the criteria for referral to MARAC. If it does not, they should offer support and signpost to access resources.

Routine Enquiry is also being implemented as opposed to targeted enquiry in Emergency Departments and Minor Injury Units to enable early recognition and appropriate intervention to prevent violence escalating.

Policies and Procedures

The Health Board has a range of policies in place to assist with the support for those who may have experienced gender-based violence, and a quality impact assessment would be undertaken for all policy documents.

[311 – Domestic abuse and sexual violence workplace policy](#)

Provides guidance to staff and managers in identifying and dealing with domestic abuse and sexual violence both in and outside of the workplace, and assists managers to appropriately address situations where staff are victims or perpetrators of domestic abuse and/or violence.

The Health Board believes that every employee who is experiencing, or has experienced, domestic abuse, sexual violence and/or stalking should be able to disclose such behaviour(s) to their employer. This Policy provides employees with a safe place to disclose and is also aimed at helping those who have concerns that a colleague or peer may be experiencing abuse. The Health Board is committed to dealing with any such disclosure in a supportive and, where possible, confidential manner and takes seriously the need to create and maintain a safe and secure environment in which staff can reach their full potential.

Where allegations against staff have been reported internally, related to violence or abuse which are gender based or otherwise, and indicate they may have behaved in a way that has harmed or may have harmed a child or adult at risk; may have committed a criminal offence against a child or adult at risk or that has a direct impact on the child or adult at risk or behaved towards a child, children or adults at risk in a way that indicates they are unsuitable to work with both children and adults, they are managed under Section 5 of the Wales Safeguarding Procedures 2019. The Health Board cooperates fully with these procedures in collaboration with our statutory partners – relevant Local Authority and Police.

Thereafter, the Health Board will treat any allegation, disclosure or conviction of any abuse related offence on a case-by-case basis with the aim of reducing risk to others including the victim and any identified children/adult at risk. The Health Board recognises that it has a role in encouraging and supporting employees to address their violent and abusive behaviours.

[592 Ask and Act – Violence against women, domestic abuse and sexual violence policy](#)

Provides clear guidance to all staff in relation to the Welsh Government National Training Framework “Ask and Act” (Welsh Government 2016) issued as statutory guidance Under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

[285 – Violence and aggression Policy](#)

Policy and procedure for the prevention and management of all work-related violence, aggression and abuse of all NHS staff and unacceptable behaviour at Health Board premises.

[995 Respect and Resolutions Policy](#)

Recognises conflict and disagreements in the workplace happen but should not always be viewed negatively. When conflict is managed well, it leads to healthy, resilient, and positive working relationships. We strive for a workplace where everyone can engage with each other constructively and use the toolkit available to seek their own resolution as far as possible.

[201 All Wales Disciplinary Policy and Procedure](#)

Ensures that fair and effective arrangements exist for dealing with disciplinary issues and to ensure that expected standards of conduct and behaviour are observed. The policy should be regarded as a valuable tool to promote good employee relations and to correct standards of behaviour, and not as a punitive measure against staff.

[435 All Wales NHS Staff to Raise Concerns Policy](#)

Procedure for staff to raise any concerns of malpractice or wrong doing at an early stage.

[350 Supporting Transgender staff policy](#)

Outlines workplace support guidelines for when a trans or non-binary employee is recruited or transitions during their term of employment. It also aims to ensure that staff who are considering, are transitioning or who have transitioned are fully supported at all stages.

[122 Special Leave Policy](#)

Recognises the wide ranging effects of domestic abuse and contains guidance relating to staff who may need special leave to access specialist services.

Partnerships

The Health Board are core members of the following multi-agency partnerships:

- Serious Violence and Organised Crime Board
- Community Safety Partnerships for each of the Local Authority areas within the Hywel Dda University Health Board footprint.
- Local Crime Justice Board, to support prevention and reduction of violent crime.
- Dyfed Area Planning Board for Drug and Alcohol Misuse Partnership which has representation from Dyfed Powys Police, Police and Crime Commissioner, His Majesty's Prison and Probation Service (HMPPS) and other criminal justice and crime prevention organisations.
- Mid and West Wales Regional Safeguarding Board
- Mid and West Wales Regional Violence Against Women, Domestic Abuse and Sexual Violence(VAWDASV) Strategic Board
- Mid and West Wales Regional Violence Against Women, Domestic Abuse and Sexual Violence(VAWDASV) Delivery Group
- NHS Wales Safeguarding Network VAWDASV Steering Group

Awareness Raising

The Diversity and Inclusion Team links in with Victim Support each year and shares opportunities for awareness raising and staff training on hate crime towards all protected characteristics, including violence against women.

Active Bystander training events also occur four times a year, for all staff to be able to attend. This training gives staff the confidence to report (and intervene when safe to do so) situations when someone is being treated inappropriately and where to seek help and support.

I trust this response provides the detail you require.

Yours sincerely



Steve Moore
Chief Executive

Carl Cooper, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: carl.cooper@wales.nhs.uk

Hayley Thomas, Prif Weithredwr Dros Dro/ Interim Chief Executive
Ffon / Phone: 01874 712725
E-bost / Email: hayley.thomas@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

30th August 2023

Ms Jenny Rathbone
Chair, Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Email: SeneddEquality@Senedd.Wales

Dear Ms Rathbone

Thank you for your letter dated 9th August 2023 regarding the above. Please find attached our response from Powys Teaching Health Board.

Yours sincerely

H Thomas

Hayley Thomas
Interim Chief Executive Officer

Enc

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LY
Ffôn: 01874 712730



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 712730

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithredd Bwrdd Iechyd Lleol
Addysgu Powys

Pack Page 208



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Carl Cooper, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: carl.cooper@wales.nhs.uk

Hayley Thomas, Prif Weithredwr Dros Dro/ Interim Chief Executive
Ffon / Phone: 01874 712725
E-bost / Email: hayley.thomas@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Inquiry into the public health approach to preventing gender-based violence

1. What procedures you have in place for handling allegations of gender-based violence raised by or against employees

PTHB Position

Powys Teaching Health Board is committed to ensuring safeguarding and Public Protection is part of its core business. The Health Board takes its responsibility seriously and is committed to ensure all services fully meet their statutory responsibilities for preventing harm, and act in a timely way on concerns raised about the welfare of people who reside, work, or visit Powys.

Powys Teaching Health Board has in place a Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Policy, a Safeguarding Policy and a Domestic Abuse and Sexual Violence Policy which has specifically been written to support employees who are victims of abuse. All documents are available on the Health Board's intranet page. The Health Board's Safeguarding Team are available to provide advice, support and supervision to staff regarding safeguarding incidents and concerns, this includes undertaking Domestic Abuse Sexual Harm Risk Assessment, development of a safety plan and referral to appropriate statutory and third sector services when required. All Safeguarding reports are quality assured by a Safeguarding Lead Professional. The Health Board is both open and transparent in reporting and responding to any form of harm and abuse. If PTHB Safeguarding Team becomes aware of harm against or perpetrated by an employee, a proportionate response is taken to manage the concerns and issues.

Recording of Incidents

All incidents of violence and aggression against a patient, staff or visitor must be reported via the Health Board's RL DATIX Incident Reporting system. The reporter will classify the incident on submission, the Quality & Safety Team which have access to all incidents along with any other relevant person. Data is recorded by place/location, type of assault, level of harm, people affected, outcome, action and learning.

All incidents relating to behaviour, violence and assaults are reported to the Health Board's, Health and Safety Team. The Prevention and Management of

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LY
Ffôn: 01874 712730



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LY
Tel: 01874 712730

Violence and Aggression Advisor (PMVA) reviews all incidents on a Health and Safety PMVA dashboard, they may also receive referrals.

Powys Teaching Health Board have a dedicated resource page on the main Health and Safety intranet site, which provides a range of information to help staff [Violence and Aggression at Work \(sharepoint.com\)](#)

When a Datix or a contact is made for staff who have experienced a threat or an assault in the workplace and/or in a domestic setting which may impact their work, the PMVA trainer/advisor will contact the staff member or department to assess the case. They will provide support to the staff member, liaise with the police and assist with developing a personal protection plan.

For patient-on-patient assaults this is also overseen by the PMVA trainer/advisor who will deal directly with the team manager and the individual service.

Cases are reported as part of the wider POMVA data set at the Health and Safety Group meetings.

Security

The Health Board is just completing an update to its CCTV policy to strengthen the guidance for services considering the use of CCTV.

There is a dedicated Estates and Mental Health Estates meeting to raise and manage matters relating to buildings and the environment.

Departments should undertake an environmental risk assessment and raise concerns via the Facilities Management System and RL Datix reporting system where they can be considered. This is triangulated against the incident data and changes are then made to improve the environment.

Managing Allegation of those in a Position of Trust

The Health Board follows the Wales Safeguarding Procedures (2019) Safeguarding Allegations/Concerns about Practitioners and those in a Position of Trust and has a policy which includes a risk assessment that must be undertaken when the Health Board is made aware of a concern about a practitioner/someone in a position of trust. The Health Board always works openly and transparently with Police, Local Authority partners and professional bodies.

Training

Powys Teaching Health Board deliver Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) training in line with the VAWDASV Training Framework 2015. Compliance across the Health Board is monitored and reported quarterly into the Health Board's Strategic Safeguarding Group.

Violence and Aggression Training is mandatory for all staff.

2. We would also welcome any views you may have on our terms of reference more broadly.

Terms of reference

- Put a spotlight on what works in preventing gender-based violence before it occurs (primary prevention) and intervening earlier to stop violence from escalating (secondary prevention).
- Consider the effectiveness of a public health approach to preventing gender-based violence and what more needs to be done to address the needs of different groups of women, including LGBT+, ethnic minorities, young and older people at risk of violence at home and in public spaces.
- Consider the role of the public sector and specialist services (including the police, schools, the NHS, the third sector and other organisations that women and girls turn to for support) in identifying, tackling and preventing violence against women, and their role in supporting victims and survivors.

General comment on ToR

Will the review;

Consider how we understand what is important for individuals, families and communities;

Consider how we share learning to inform practice and policy improvements at a local, regional and national level.

Consider the additional challenges being faced;

The Covid 19 pandemic impacted on our daily lives and freedom in ways that we had never previously experienced. For those living with domestic abuse, the consequences were even greater, specialist and statutory services who provided life-saving support and safety to individuals and families throughout the pandemic have been unfaltering.

Whilst the height of the pandemic has passed, we now face further significant political, economic and societal challenges. Families are experiencing a cost-of-living crisis, Public Services are taking industrial action and our specialist services are facing what has been called a *perfect storm* in terms of high demand for services, lack of sustainable funding and recruitment and retention challenges.

The title of the inquiry refers to gender-based violence yet the TOR has a strong focus on women. Should the TOR not single out one gender in this way, given it is about gender-based violence and there are different experiences of gender.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Pencadlys
Parc Navigation,
Abercynon
CF45 4SN

Cwm Taf Morgannwg
University Health Board
Headquarters
Navigation Park
Abercynon
CF45 4SN

Ffôn/Tel: 01443 744803

Eich cyf/Your Ref:

Ein cyf/Our Ref:

Ebost Email:

Dyddiad/Date:

PM/KB

Paul.Mears@wales.nhs.uk

1 September 2023

Jenny Rathbone MS
Chair, Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay,
Cardiff
CF99 1SN

SeneddEquality@senedd.wales

Dear Jenny

Inquiry into the public health approach to preventing gender-based violence

Thank you for the opportunity to contribute to the inquiry into the public health approach to preventing gender-based violence and in particular provide detail of the policies and procedures that the organisation has in place to manage such allegations. Cwm Taf Morgannwg University Health Board has a number of clinical, corporate and employment policies and procedures in place to identify and handle allegations of gender-based violence raised by or against our employees. We have set out below the titles of these policies etc. under the following policy categories.

Clinical

- Allegations made against healthcare professional protocol
- Child exploitation protocol
- Children and young people admission policy
- Deprivation of liberty safeguarding (DoLS) protocol

Cadeirydd/Chair: Jonathan Morgan **Prif Weithredwr/Chief Executive:** Paul Mears

Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi. You are welcome to correspond with the Health Board in Welsh or English. We will respond accordingly and this will not delay the response.

<https://ctmuhb.nhs.wales>

- Looked after children protocol
- Guide to completing a multi-agency suspected adult at risk report form
- Lone Worker Policy
- Mental capacity protocol
- Violence against women, domestic abuse and sexual violence Policy
- Safeguarding of Adults and Children Protocol

Corporate

- Incident reporting policy

Employments Policies

- Disciplinary policy
- Disclosure and barring policy
- Domestic abuse, violence and sexual violence policy
- Modern slavery statement
- Personal relationships at work policy
- Procedure for NHS staff to raise concerns

I trust this is helpful. Should you however require any further information regarding our procedures, please do not hesitate to contact me and I will direct arrange for a member of my team to advise in more detail.

Yours sincerely



Paul Mears
Prif Weithredwr/Chief Executive

Chief Executive, Aneurin Bevan University Health Board
Chief Executive, Betsi Cadwaladr University Health Board
Chief Executive, Cardiff and Vale University Health Board
Chief Executive, Cwm Taf Morgannwg University Health Board
Chief Executive, Hywel Dda University Health Board
Chief Executive, Powys Teaching Health Board
Chief Executive, Swansea Bay University Health Board
Chief Executive, Public Health Wales NHS Trust
Chief Executive, Velindre University NHS Trust
Chief Executive, Welsh Ambulances Services NHS Trust

August 9th 2023

Dear Colleague

Inquiry into the public health approach to preventing gender-based violence

The Equality and Social Justice Committee is carrying out an inquiry into the public health approach to preventing gender-based violence. Further details on our work to-date, including the terms of reference, are available on our [website](#).

One question which has been raised is how statutory services deal with allegations of gender-based violence internally. We would therefore be grateful if you could set out what procedures you have in place for handling allegations of gender-based violence raised by or against employees.

We would also welcome any views you may have on our terms of reference more broadly.

As we are approaching the end of our evidence gathering, we would be grateful to receive your response by 29 August 2023 if possible.

Yours sincerely





Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Agenda Item 6.12

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cymru
Welsh Government

Jenny Rathbone AS/MS
Cadeirydd/Chair
Y Pwyllgor Cydraddoldeb a Cyfiawnder Cymdeithasol
Equality & Social Justice Committee

31 Awst/August 2023

Annwyl/Dear Jenny,

Diolch i chi am ofyn i ni ddarparu tystiolaeth ar ddulliau lechyd y Cyhoedd o atal trais ar sail rhywedd. Mae tystiolaeth eisoes wedi'i darparu gan y Gweinidog dros Gyfiawnder Cymdeithasol, gan gynnwys cyfraniadau ar iechyd, felly nid oes tystiolaeth ysgrifenedig bellach i'w hychwanegu. Edrychwn ymlaen at gyfarfod y pwyllgor ddydd Llun 11 Medi 2023.

Thank you for asking us to provide evidence on Public Health approaches preventing gender-based violence. Evidence has already been provided by the Minister for Social Justice, including contributions on Health, so there is no further written evidence to add. We look forward to meeting the committee on Monday 11th September 2023.

Yn gywir/Yours sincerely

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau
Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau
Cymdeithasol
Deputy Minister for Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Written Response by the Welsh Government to the report of the Equality and Social Justice Committee - Unsustainable: debt fuelled by the rising cost of living

People across Wales are experiencing the biggest fall in living standards since records began.

We are supporting struggling and disadvantaged households in Wales to mitigate the impact of the cost of living crisis through targeted Welsh Government investment that will support programmes to alleviate financial pressures, help maximise income and keep money in the pockets of Welsh citizens.

I would like to thank the members of the Equality and Social Justice Committee for their report on unsustainable debt fuelled by the rising cost of living crisis. I have set out my response to the Report's individual recommendations below.

Recommendation 1

The Welsh Government should work with counterparts in the UK Government to closely monitor the impact of rising prices and the disproportionate impact on vulnerable groups. The support provided to help households with the alarming increases in the cost of living should be kept under review.

Response: Accept

As many of the levers to respond to the cost-of-living crisis sit with the UK Government, all Whitehall departments need to engage constructively with devolved governments in a manner that consistently respect the principles and approach set out in [the Inter-Governmental Relations \(IGR\) Review](#).

At their meeting on 1 February 2023, the Inter-Ministerial Standing Committee ('IMSC') commissioned a working group to coordinate work between the UK and devolved governments in response to cost-of-living pressures and agree next steps and ministerial engagement. The IMSC received an update at their meeting on 17 May and the work is on-going.

The Welsh Government continues to press for improved levels of engagement and discussions are continuing to agree the best structure for this group.

A Cabinet Sub-Committee on the Cost of Living has been established to provide strategic direction to the Welsh Government's response to the cost-of-living crisis. Its work is informed by the evidence of experts, service providers and organisations supporting people struggling with rising costs, including the voice of those with a lived experience.

An independent Expert Group, chaired by Professor Rachel Ashworth, which brings together a range of experts including the Institute for Fiscal Studies, Citizens Advice Cymru, National Energy Action, the Bevan Foundation and Shelter Cymru, has been asked to consider how we can best support people dealing with the crisis. The group will make recommendations in July.

[An analysis of Welsh Government support](#) for households impacted by the cost-of-living crisis during 2022-23 shows that the key programmes were targeted at those who needed help the most.

The support provided to disadvantaged households by the Welsh Government in response to the cost-of-living crisis is informed by a range of sources. These include research and analysis from the Welsh Government's Knowledge and Analytical Services as well as research and analysis from external organisations such as the Office for National Statistics, the Food Standards Authority, National Energy Action, and data from a range of market analysts. In December 2022 we published a [Chief Statistician's blog](#) signposting key sources of data relevant to the cost of living crisis.

This evidence is kept under constant review as is the impact of the various interventions.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 2

The Welsh Government should develop a long-term Action Plan setting out how it will prioritise a shift towards preventative measures aimed at tackling the root causes of poverty, wealth, and income inequality. The Action Plan should include measures to help recover from cost-of-living pressures and improve economic resilience through investment in areas such as green energy, skills, and food security. To inform its approach it should:

- commission an independent, external evaluation of the economic impact of the cost-of-living support it provided during the 2022-23 financial year; and
- undertake an assessment of the extent to which future approaches balance proactive and reactive measures to support poverty alleviation and reduction.

We would expect the preparatory work to be completed by the end of 2023 and the Action Plan published no later than May 2024.

Response: Accept in Principle

The Welsh Government's [Programme for Government 2021-26](#), which has been revised in line with the co-operation agreement with Plaid Cymru, sets out the way in which we will deliver on our priorities. These include actions to support vulnerable people, build a stronger, fairer, and greener economy, respond to the climate and nature emergency, reform education, tackle inequality, promote Welsh language and culture, improve the places we live,

lead a national conversation about our constitutional future and raise the profile of Wales in the world.

We report on progress made towards meeting these commitments in our Programme for Government and our well-being objectives through the [Welsh Government Annual Report](#). The [Wellbeing of Wales Report](#) also provides an annual assessment of our progress as a nation in achieving the longer-term wellbeing goals.

In March 2022, the Welsh Government published a report detailing the impact on household incomes of our policies to address the cost-of-living crisis (this does not appear to be referenced in the committee report).

This report provided an analysis of Welsh Government support in 2022-23 for households impacted by the cost-of-living crisis during 2022-23. It shows that the key programmes – the £150 Cost of Living Payment, the £200 Welsh Government Fuel Support Scheme, and the Discretionary Assistance Fund – were targeted at those who needed help the most. The analysis shows that around 75% of households were expected to be supported in some way. Of those supported, nearly twice as much would go to those households in the bottom half of the income distribution compared to those in the top half and three times as much to those in the bottom fifth compared to those in the top fifth.

In relation to the Committee's recommendation that the Welsh Government should undertake an assessment of the extent to which future approaches balance proactive and reactive measures to support poverty alleviation and reduction, I have asked my officials to consider options for how this could be delivered.

The Welsh Government's draft Child Poverty Strategy sets out our longer-term objectives for tackling child poverty and includes a re-balancing towards more proactive preventative actions. The consultation on the draft Strategy was launched on 19th June 2023 with a view to publishing the final Strategy by the end of the year. The consultation commits the Welsh Government to seek independent research advice on suitable national poverty indicators, data availability and a framework to monitor and demonstrate transparent accountability in reporting on our progress in tackling poverty. This includes involving people with lived experience in telling us whether we are achieving. Conversations about how best to take this work forward are currently taking place.

The consultation responses will further inform our way forward.

We are also awaiting recommendations from the Cost-of-Living Expert Group which will report in July and may also inform options for such an assessment.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 3

The Welsh Government should outline what action it is taking to help reduce reliance on Emergency Assistance Payments by households who have required multiple emergency payments. This should include publishing a final breakdown of the assistance provided during the 2022-23 financial year.

Response: Accept

In response to the Covid-19 pandemic and the ongoing cost of living crisis, the Discretionary Assistance Fund (DAF) has been flexible in adapting to meet the needs of financially vulnerable people in Wales in extraordinary circumstances. However, during 2022/23 feedback from key stakeholders was that having two sets of rules was becoming confusing, and a return to one set of rules for all applicants would be welcomed. In response to this feedback, from 1st April 2023, all individuals applying to the DAF are now able to apply for up to three Emergency Assistance Payments in a rolling twelve-month period. The frequency of these payments has been reduced to seven days apart (rather than the original frequency of 28 days) and the value of the payments has also been increased by 11%. Offering higher value payments over a shorter period of time provides more intensive support during a period of crisis, with the aim of reducing the need to return to the fund.

The DAF continues to work with Citizens Advice Cymru, with the most financially vulnerable applicants who present to the fund being referred to the Single Advice Fund for more holistic advice around income maximisation, debt, and other financial issues.

During 2022/23, more than 557,000 applications were made to the DAF, resulting in over 355,000 awards. Of these, more than 344,000 were Emergency Assistance Payments, totalling over £25m in cash grants.

Figures on the number of applications and awards are published on a monthly basis at [Discretionary Assistance Fund StatsWales table](#).

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 4

The Welsh Government should commit to:

- publishing data disaggregated by demographic group on take up of the Discretionary Assistance Fund; and
- undertaking an assessment of what additional disaggregated data it can publish for other means-tested grants it provides.

The Minister should update this Committee on this work by the end of September 2023.

Response: Accept

Policy officials are currently working with colleagues in KAS and NEC (the contractor who delivers the DAF in Wales) to ascertain what data is available

and in what format this can be published. An update will be provided to the committee in September.

Colleagues in KAS are currently undertaking analysis on DAF data from 2022/23 to inform a report, which will be published during this summer.

For other means-tested grants, colleagues in KAS will explore the feasibility of reviewing what data is already planned for publication, to identify where gaps are and what else it may be possible to provide.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 5

The Welsh Government should turn its vision for a Welsh benefits system into reality and mandate the implementation of a consistent, all-Wales approach to passporting households in receipt of one Welsh benefit to other benefits they are eligible for. Working with local authorities, the Centre for Digital Public Services, and others, the Welsh Government should provide an update on work in this area by the end of September 2023 with regular updates provided after that.

Response: Accept

Working with partners such as Centre for Digital Public Services and The Bevan Foundation is an integral part of our work to streamline the delivery of Welsh Benefits. We will be developing an implementation plan for a common approach to the administration of grants/payments, informed by the recommendations in the Policy in Practice report which was commissioned by The Bevan Foundation and others. Welsh Government acknowledges that the work to simplify the Welsh Benefits system needs to be accelerated in order to maximise household incomes and tackle poverty in light of the cost-of-living crisis. It has never been more important to ensure that people in Wales know what they are entitled to and how they can access their entitlements. Following further engagement activity, we aim to publish the Charter for the delivery of Welsh Benefits by the end of this year which will capture the collective commitment to a consistent, compassionate, coherent approach to the delivery of devolved benefits.

We will be harnessing the co-operative approach that Local Authorities and other delivery partners have demonstrated over the past few years in their response to both the pandemic and the cost-of-living crisis, working at pace to deliver invaluable services to people from disadvantaged or marginalised groups, to translate these principles into practice and agree an approach to streamlining the administration of Welsh benefits.

We will provide a further update in relation to this in September 2023 and bi-annually thereafter.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 6

The Welsh Government should adopt a more sustainable and preventative approach to tackling food poverty by supporting social enterprises which provide broader aims such as improving cookery skills in local communities and providing healthy meals. In order to do this, the Welsh Government should map out current provision of support for tackling food poverty broken down by type in each local authority area, with a view to developing a more sustainable strategy for tackling food insecurity across Wales. The initial mapping exercise should be completed by the end of 2023 and shared with this Committee.

Response: Accept

The Welsh Government provides funding towards the Social Business Wales project that provides specialist social enterprise advice and operates alongside Business Wales. Social Business Wales provides a dedicated, collaborative specialist service for social enterprises focused on achieving the outcomes as set out in the ten-year Vision and Action Plan 'Transforming Wales through social enterprise'. This includes one-to-one business support, to eligible new start and growth social businesses, dedicated employee ownership support and peer mentoring support.

In December 2022, the Welsh Government provided £2.5 million funding to support the development of cross-sector food partnerships in each local authority area. The funding is helping to tackle the root causes of food poverty by supporting the co-ordination of on the ground, food-related activity.

It is supporting joint working between the food partnerships, local authorities, and partners such as Public Health Wales, public sector bodies, third sector organisations, businesses and academic institutions and organisations such as housing associations and advice services to establish a multi-agency partnership. Drawing in local help and expertise is helping the partnerships to understand and address local need, maximise the effectiveness of projects and ensure that resources are targeted at areas of greatest need.

Independent of Welsh Government funding, nine of the existing food partnerships have already achieved Sustainable Food Place status and have a good understanding of activity in their areas. The funding is supporting these partnerships to progress their work and is helping new partnerships to undertake mapping, make links and do the groundwork needed to support the development of a partnership.

The emergence of numerous independent community food organisations - particularly in response to increases in demand for emergency food as a result of the pandemic and the cost-of-living crisis – has resulted in a changing picture of food activity, one that is fluid but also not strongly co-

ordinated. One of the difficulties of mapping the current provision of support for tackling food poverty is that the map is quickly out of date.

The local food partnerships have greater capacity and are better placed than the Welsh Government to identify and map food related activity in their areas which will support them to understand and address local need in a strategic, joined up way.

The Welsh Government is looking at sources of funding that can help further build the capacity of local food partnerships so they can maintain an accurate picture of activity in their areas through their networks. As the Wales delivery partner for Sustainable Food Places, Food Sense Wales will deliver an evaluation of the impact of the funding for the food partnerships.

An evidence base has also been developed for the Community Food Strategy which identifies a broad range of food related activity across Wales. The Community Food Strategy has the potential to deliver many wide ranging societal benefits which can improve outcomes including economic benefits, regenerating local communities, improving well-being, mental and physical health and future environment and sustainability benefits.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 7

The Welsh Government should promote the approach adopted in Flintshire of developing sheltered accommodation into Warm Hubs with other local authorities through its engagement with the local leaders. This should be progressed in a timely manner ahead of winter 2023-24.

Response: Accept

We are aware that some Local Authorities are continuing to build on the Warm Hubs concept of delivering services in shared spaces through the spring/summer and we are working with them to evaluate the effectiveness of this approach. Whilst Welsh Government funding supported the development of the Warm Hubs concept it has to be recognised that with over 800 warm hubs operating in some form or other over the winter of 22/23, the Warm Hubs concept is very much one developed at a local level to suit local needs and circumstances. Local Authorities and Welsh Government will continue to look at best practices and to promote the dissemination and adoption of these where appropriate.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 8

The Welsh Government must urgently clarify a number of issues relating to its replacement for the Warm Homes Programme including:

- why the development of a replacement Warm Homes Programme has been delayed;
- whether it plans to make any amendments to the current Nest programme now that it has been extended to the end of March 2024;
- whether the replacement programme will include an area-based element and if so whether this will be mobilised to start in late winter.

Response: Accept

The Warm Homes Programme is the responsibility of the Minister for Climate Change. Developing the new Warm Homes Programme has involved synthesising huge amounts of evidence in the form of Committee reports, a formal consultation and experience of operating fuel poverty schemes for over a decade. It has also been influenced by the current cost-of-living crisis. Any future scheme needs to reflect a changed energy system. It must also balance the imperative of bearing down on fuel poverty whilst also reducing carbon emissions and providing a stimulus to low carbon markets and skills. A large number of options have therefore been analysed to ensure the new scheme balances a range of objectives.

Further details of the policy basis for the new scheme were published on 14 June 2023. The new scheme will be predominately demand-led, but this will not preclude an area-based approach being developed in partnership and collaboration with local government. The scheme is expected to mobilise this winter.

In the meantime, the current Warm Homes Nest scheme does an excellent job of helping large numbers of households reduce their emissions and energy bills. We have implemented changes to the existing scheme, such as delivering greater numbers of solar PV and batteries, but there are no plans to make further changes.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 9

The Welsh Government should set out what discussions it has had with Ofgem to raise its concerns that the resumption of forced installation of pre-payment meters following Ofgem's review of prepayment meters provides insufficient protection for vulnerable households. It should also detail any further action it will take to protect vulnerable groups of customers. The Minister should update the Senedd on work in this area and report back by the end of September 2023.

Response: Accept

The Minister for Social Justice and Chief Whip has met Ofgem and energy suppliers frequently in recent months. The most recent Ofgem meeting was

on 26 April to discuss Ofgem's new Code of Practice, which was announced on 18 April.

The Minister has raised concerns regarding Ofgem's plans to lift the ban on forced installation. While the updated Code is a welcome step, the Minister urged Ofgem to go much further in protecting vulnerable households and stressed the Code must be mandatory and become a licence condition for suppliers. The Minister has also stressed that householders who have recently been subject to forced use of a pre-payment meter must also be offered the opportunity to revert their meter at no cost.

The Minister also raised concerns that with the introduction of the Code there is a risk energy suppliers will recommence the forced installation of prepayment meters and stressed we must not see a repeat of the bulk warrant process previously seen.

We must ensure Ofgem have the regulatory power and will to ensure energy suppliers protect the most vulnerable households rather than relying on energy suppliers to stop.

Ofgem have offered their support to the Welsh Government's call for a social tariff and for debt collectors employed by energy supplier to be accredited by the Enforcement Conduct Board (ECB).

In a letter from Neil Kenward, Ofgem Director of Strategy of 15 May, he confirmed Ofgem have encouraged suppliers to seek external accreditation for representatives who deal with debt enforcement from the ECB. However, as they do not regulate these companies, only suppliers, they cannot enforce accreditation.

The Minister has also called on UK Government to follow the example set by the water industry where companies are prohibited by law from disconnecting or restricting water supplies to households who owe them money.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 10

The Welsh Government should publish final figures regarding uptake for its Fuel Voucher Scheme in line with recommendation 6 of this Committee's report on the Draft Budget 2023-24 as soon as this information is available.

Response: Accept

In 2022-23, the Welsh Government funded the Fuel Bank Foundation to introduce a demand led national Fuel Voucher and Heat Fund scheme in Wales to support energy pre-payment customers who were struggling to prepay for their fuel. This included funding to significantly develop its partner network in Wales.

Since August 2022 to the end of March 2023, the Fuel Bank Foundation has built on its original 8 referral partners to develop a network of 101 partners which has significantly increased the capacity of all local authority areas to make referrals and provide advice and support. At the end of March 2023, a further 46 organisations were in the process of training and preparation for launch.

Up to the end of March 2023, the Fuel Bank Foundation had issued 19,561 vouchers to support households which could not afford to top up their pre-payment meters. A further 200 households received help to purchase off grid fuel. These interventions have supported over 50,000 people of whom 43% were children.

Allocations of fuel vouchers had increased significantly with the development of the referral partner network. At the end of March 2023, the remaining funding was used to purchase pre-payment meter vouchers which will be issued in Wales throughout 2023 as demand requires.

The Welsh Government also agreed that the Fuel Bank Foundation could run a pilot to purchase heated throws as an alternative approach to supporting people in fuel poverty. The pilot sought to heat the person not the home and saw 968 heated throws allocated to households in Wales.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 11

The Welsh Government should provide progress updates in relation to recommendations 1, 3, 4, 5, and 7 of our 2021 report on debt and the pandemic which should include, where relevant, any action taken in response to the cost-of-living crisis. This update should be provided by the end of June 2023.

The following recommendations were made in the Committee's report on Debt and the Pandemic in 2021. A brief commentary on progress with implementation is provided. (This was included at Annex 4 of Report)

Response: Accept

Recommendation 1

The Welsh Government's equalities data unit should work with organisations in the sector to collate and publish annual data on debt in Wales starting in the next financial year 2022-23, broken down by protected characteristics

Response: Accept in Principle

Status

Noted in the equalities data unit priorities 2022-27 document but awaiting further detail. **Request an update.**

Update

Exploring the feasibility of collating and publishing annual data on debt in Wales, broken down by protected characteristics was included in the Equality, Race and Disability Evidence Unit's published priority list and is currently being considered as part of the Evidence Unit's annual evidence planning and prioritisation process with policy officials. This will determine which projects, from the priority list, will be the most impactful and feasible, and whether there is funding available to start in the next financial year.

As part of the feasibility exercise, the Evidence Units will collaborate with colleagues in Knowledge and Analytical Services and in our wider Equality, Poverty and Children's Evidence and Support Division on relevant strands of work in this area. For example, the Knowledge and Analytical Services Social Justice statistics team collaborate with Department for Work and Pensions on the Wales portion of the Family Resources Survey. From March 2024, we will get our first data delivery for a full year where the Welsh survey was boosted, meaning a higher number of individuals will have responded, offering us a greater opportunity to do further analysis of topics such as debt. In general, we anticipate that this data should increase scope for more reliable breakdowns of data by protected characteristics over the next few years. The Evidence Units will be collaborating with Knowledge and Analytical Services to ensure that debt evidence is joined up across the organisation.

Recommendation 3

The Welsh Government should set out in its response what additional measures it will put in place to promote debt advice services to vulnerable groups who are at heightened risk of debt, so they can make informed choices about the options available to them.

Response: Accept

Status

Needs revisiting in light of cost-of-living pressures – request an update

Update

The Welsh Government introduced the Single Advice Fund in January 2020 to ensure that it is funding integrated advice services that are well known and accessible to people from disadvantaged and marginalised communities. Since the Single Advice Fund was introduced in January 2020 (until March 2023), Single Advice Fund services have helped more than 200,000 people deal with over 920,000 social welfare problems. Those helped were supported to claim additional income of £116.6million and had debts totalling £30.7 million written off.

The Single Advice Fund service delivery model, comprising of Advice and Access Partners, continues to be an extremely successful means of using the expertise of national and local organisations that specialise in reaching out to

people in greatest need. The performance management information demonstrates that over 80% of people accessing a Single Advice Fund service in the last financial year are from a priority group that are being hardest hit by the cost-of-living crisis, including older people, disabled people, and people from the Black, Asian and Minority Ethnic Communities. Officials will continue to support Single Advice Fund lead organisation to expand their Access Partner networks to include more organisations who can target key population groups.

During the period October 2021 to March 2022, Welsh Government delivered its third Claim What's Yours national benefit take-up campaign with high profile bursts of creative messaging delivered through a range of channels including TV, radio, newspaper, leaflets, mailouts and digital communications, etc. Raising awareness is only part of a person's journey to actually having extra money in their pockets. Many people need practical help and therefore a central message in the campaign was for people to contact Advicelink Cymru where, along with support to claim welfare benefits, people could also access debt advice.

Recommendation 4

The Welsh Government should publish revised plans within the next three months to tackle fuel poverty, to ensure that these are in place well ahead of the next rise to the energy price cap due to come into force from April 2022.

Response: Accept in principle

Status

The Tackling Fuel Poverty Action Plan was published in March 2021 and the Government response states that they plan to review it every two years, meaning a review is overdue – request an update.

Update

The cost-of-living crisis, largely driven by energy prices has placed even greater focus on **actions** required to help homes in fuel poverty. For example, the development of a new Warm Homes programme with associated energy advice service is intended to focus support to the least well off in the least thermally efficient homes. A revision of the Tackling Fuel Poverty Action Plan will take place in due course, learning lessons from the unprecedented energy prices we have seen in the last eighteen months. In the meantime, the efforts of Welsh Government will be focused on actions we can take now.

Recommendation 5

The Welsh Government should provide clarity in its Draft Budget on how it will allocate sufficient funds up until 2024-25 to accelerate plans to bring all social homes up to Energy Rating A to mitigate increased fuel poverty as a result of rising energy costs.

Response: Accept

Status

Consultation on new Welsh Housing Quality Standard took place May-August 2022 but no further announcements, including the Government's response to the consultation, have been made. Request an update.

Update

Following consultation and intensive engagement with the sector we expect to publish the new Welsh Housing Quality Standard (WHQS) this Autumn. A key element of the new standard will be a bold ambition to bring our social housing stock up to the highest possible levels of energy efficiency. Through our Housing Standards WDQR (new build social homes) and WHQS (existing social homes), all new social housing must achieve EPC A or an equivalent standard now, and existing social housing must have a Targeted Energy Pathway in place to achieve EPC A by 2033 or by a date after 2033 that Welsh Government has authorised.

For the Welsh Housing Quality Standard 2023 we will require social housing providers to undertake a whole stock assessment which sets out the current rating for affordable warmth and carbon emissions across their whole stock and further requires a target energy pathway for each home. This approach is being supported and reinforced by the requirements of the Optimised Retrofit Programme (ORP) phase 3.

Budget allocations for WHQS and ORP combined are circa £200m in 2023/24 and 2024/25.

Recommendation 7

The Welsh Government should explore the feasibility of introducing 'debt bonfires' in relation to aspects of public sector debt, drawing on evidence from Wales and beyond, and should write to the Committee with its conclusions by the end of June 2022.

Response: Accept

Status

Partially completed – research work by WG's Knowledge and Analytical Services has been shared with the Committee in June with a further update provided in November 2022. WG highlighted the insolvency review by the UK Government's Insolvency Service which is due to report in 2023. Request an update.

Update

The Money and Pensions Service (MaPS) are still considering their intended actions and have not yet published the response to their consultation on deficit budgets. The outcome from the Insolvency Service call for evidence on the

suitability of the formal debt solutions available to people in Wales (and England) has also not been published. Officials continue to engage with MaPS and the Insolvency Service.

In June, the Financial Conduct Authority (FCA) announced it was imposing a ban on firms receiving referral fees from debt solution providers. Introducing the ban, the FCA highlights that, while firms earn money from fees paid when people are referred to an Insolvency Practitioner for an Individual Voluntary Arrangement, other solutions, such as Debt Relief Orders (where debts are written off) which do not earn a referral agent any fees, are more suitable for many people. The FCA announcement is welcomed and will ensure more people in Wales access the debt solution that is the best option for them.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 12

The Welsh Government should work with Citizens Advice Cymru to monitor levels of demand for debt and other advice under the Single Advice Fund and commit to reviewing funding allocations in the 2023-24 Budget if necessary. This recommendation should be read alongside recommendation 3 of our report on the Draft Budget 2023-24.

Response: Accept

The Welsh Government is committed to allocating funding for advice services according to assessed need. An independent analysis of the need for social welfare advice (including on debt problems) in all Welsh local authorities will be completed in the summer 2023. This research will provide an up to date and robust evidence base of need to guide the future allocation of any Welsh Government funding for advice services. We are also undertaking an evaluation of the Single Advice Fund as it is important to objectively determine if its key aims are being met and to learn lessons from how services responded to the Covid19 pandemic and more recently the cost-of-living crisis.

Officials will also continue to work with the Citizens Advice Cymru, the lead organisation for the Single Advice Fund, to monitor levels of demand and consider measures that could be implemented to help reach people in need to cope through the crisis and how we can work together to help advice services better cope with the increase in demand.

However, it is important to note the Single Advice Fund is used on services that target people in most need. It is critical that other funders of advice services play their part as the Welsh Government cannot be expected to fund services to meet all the need for advice in Wales.

Financial Implications – None. Costs will be met from existing programme budgets.

Recommendation 13

The Welsh Government must work with councils to address the shortcomings identified in the review of the Council Tax Protocol, and the concerns of stakeholders as highlighted by this Committee, as part of its broader programme of reform. This should include placing a strengthened Protocol on a statutory footing. This work should be progressed at pace and an update provided to the Senedd before the end of September 2023.

Response: Accept

Following the publication of the evaluation of council tax interventions which included a review of the council tax protocol, officials have already established a series of working groups with local government and third-party stakeholders to take forward recommendations: this includes reviewing council tax debt and collection. This will involve reviewing the existing enforcement processes and developing policy proposals for amending legislation to remove the requirements for an individual to become liable for the annual balance of their council tax bill if one payment is missed. This will also include a review of the Council Tax Protocol and consideration of policy options to strengthen the protocol and make it statutory. These measures are intended to focus local authorities' actions to provide support for vulnerable citizens as an integral part of their collection activity.

Financial Implications – None for Welsh Government. Any additional costs will be met from existing programme budgets. Policy proposals will consider whether amendments to Regulations may have financial implications for local authorities.

Recommendation 14

The Welsh Government should provide an update on the action it will take over the financial year 2023-24 to raise awareness of credit unions and promote affordable credit, including the aims and expectations for the wider rollout of the No Interest Loans scheme. This update should be provided before the wider rollout is scheduled to commence in June 2023.

Response: Accept

Welsh Government is providing financial support to Cambrian Credit Union until 31st March 2026 to deliver a national marketing campaign on behalf of Credit Unions of Wales, raising awareness of the services they provide including affordable credit.

Further funding is in place until 31st March 2026 for the promotion of Moneyworks Wales [Money Works \(moneyworkswales.com\)](http://moneyworkswales.com) which is a collaboration of seven credit unions to support the financial wellbeing of Welsh workers.

The No Interest Loan Scheme (NILS) has been scaled up since the initial launch of Social Credit Cymru in late December 2022. It remains on track to

deliver the agreed volume of loans by August 2024. In addition to NILS lending via Social Credit Cymru and Fair for You, a third lender, Salad Money, is due to begin lending in Wales from July 2023.

Purple Shoots has responsibility for widening the referrals into Social Credit Cymru and the expectation is that these referral pathways will begin during August 2023. As this is a pilot which is testing this product, Fair4All Finance are working closely with all NILS lenders to review volumes. A behavioural insights team have been commissioned to help lenders optimise referral journeys and additionally, as part of the NILS journey some customers will receive financial coaching to improve their longer-term outcomes.

Financial Implications – None. Costs will be met from existing programme budgets.

Jeremy Miles MS
Minister for Education and Welsh Language

12 July 2023

Statutory guidance on elective home education

Dear Jeremy,

Thank you for your recent letter on elective home education dated 2 June providing clarity on timescales for the draft regulations and the Handbook for Home Educators. We considered this letter at our meeting on 14 June.

At this meeting, we also considered correspondence from a number of people raising concerns about the recently published statutory guidance on elective home education. We discussed these in the context of your recent statement on the guidance made in Plenary.

As you can see from the enclosed copies, some of the requests sit outside the powers or remit of a Senedd committee. Some correspondents asked that we look at the lawfulness of the guidance but as you know, matters of lawfulness are for the courts. While others requested for either the Committee or the Senedd to pause implementation of the guidance until there has been further scrutiny. As you will also know, this is not a power that is available to either the Senedd or a Senedd Committee. However, we would welcome your views on the other issues raised by the correspondents.

We agreed that issues around families feeling they have no choice but to move to home education because of a lack of the right support within school system will be considered in our two relevant inquiries. These are: do disabled children and young people have equal access to education and childcare?; and implementation of education reforms.

In particular, we would like to draw your attention to the comments about the consultation and engagement processes around development of the guidance (see for example submissions 3, 15 and 24.) We are concerned that those who wrote to us did not feel like their voices or experiences have been listened to as part of the development of this guidance. We would be grateful if you could

respond to their concerns. What further work can be done, or is planned, to help improve relationships between those in the home educating community who feel strongly about the new guidance and the Welsh Government?

We would appreciate a response by 14 September.

I am copying in the Chairs of the Legislation, Justice and Constitution Committee; and the Equality and Social Justice Committee as I believe they have received similar correspondence.

Yours sincerely,



Jayne Bryant MS
Chair

Enclosures: Correspondence on elective home education

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Gohebiaeth a gyflwynwyd i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ynghylch canllawiau ar addysg ddewisol yn y cartref.

Correspondence submitted to the Children, Young People and Education Committee regarding guidance on elective home education.

Cyflwyniad / Submission 1

I am writing with regards to the new home education guidance that has been published on Friday.

As a home educating parent in Wales, I am deeply concerned about the new guidance, as is every home educator we know. The new regulations are very intrusive and the wording of the guidance is very negative towards home education, which will not help to develop positive working relationships between parents and the LA. The new guidance is disproportionate. There is no evidence that home educated children are at risk, and the millions of pounds that this intrusive monitoring is proposing is a complete waste of money, which I am sure could be much better used to improve the quality of children's lives and education.

Please see the legal advice that was sought on the matter by the home educating community here.

[LJC6-07-23 - Paper 18 - Letter from Families First in Education Wales 21 February 2023.pdf \(senedd.wales\)](#)

I can understand visits if there is a concern about a child or family, but for us parents who dedicate our lives to ensuring that our children are happy and receive an excellent education, this is not only unnecessary and of no benefit to us whatsoever, but completely intrusive and detrimental to their education. As I am sure you can appreciate, it is pretty full-on home educating and our time is very precious. Trying to fit in their school work each day, along with their groups that they attend every day and meeting with their friends etc. Having to waste precious hours on gathering evidence, writing reports and preparing things for a stranger (likely without teaching qualifications) to judge is of no benefit to our children and will waste a huge amount of time that should be spend on educating our children instead. The beauty of home education is that their education is for them and not to show someone else. I work with them every day so I know exactly what they know or need extra work on, without the need for recorded evidence of this. I feel our right to a private family life is being invaded.

There are also those children with special educational needs or other complex issues, who do not want to talk to strangers entering their homes and this will cause a great deal of anxiety and stress to those families unnecessarily.

I hope that the guidance can be fully debated and that a lot of this can be changed. I believe that the current guidance already serves the needs of ensuring children are receiving a suitable education in a far less intrusive and negative way than the new proposed guidance.

Cyflwyniad / Submission 2

I am writing with my concerns about the new home education guidance, I have highlighted a few points but feel that the guidance needs further review throughout and as such should be paused and not implemented.

Firstly, how will the register be created? Will it be a legal requirement? I fear that there are some data protection issues to address with the current proposals.

The guidance seems to undermine parental primacy in our children's lives as the education of a child is the responsibility of the parents.

I question the EHE officers' ability to assess the suitability of a child's education with an once a year visit and wonder not only how this will be implemented, but if it will lead to further invasion of our family lives and alter the way that many educators support their children once there is the need for evidence. In addition to that what is deemed suitable evidence and progress, who determines this?

The insistence that the child/children participate in the meetings is also unwarranted, if there are no concerns why would an individual have the right to demand a meeting with them? Does the child/children and their parents not have the right to decide who they meet with?

The local authorities are already over stretched how will they be able to support home education or is this just an exercise to create a register and an assessment process? If so what benefit is this to anyone?

The guidance even goes as far to say that there is no appeals process upon assessment, this is also very concerning.

The home education community is a vibrant and active community providing enriching, fulfilling lives for our children. Home education is not missing in education and I object home education being treated as a red flag. There are so many ways that

the local authority could choose to support this community and yet choose to register and check them. I feel the money spent on this register should be put to better use helping children in need through our underfunded and over stretched social services, schools and NHS.

Cyflwyniad / Submission 3

I write to formally request that your committee fully investigates the newly published Welsh Government guidance on Elective Home Education,

There are many areas that required investigation by the CYPEC including the impact on families and children in Wales. However in the first instance I request that the CYPEC investigate the areas of unlawfulness, including how it would place duties on Welsh Local Authorities to act unlawfully, as that surely has to be a priority for the Senedd to establish for this secondary legislation.

I request that, as well as your own deliberations, the CYPEC draws on legal advice in scrutinising the guidance and fulfilling the responsibilities of the Senedd to hold the Welsh Government to account.

This will necessarily take some time to allow adequate scrutiny and to ensure that Welsh Government does not proceed with unlawful statutory legislation.

Therefore I request that the Committee instruct that **this guidance is not implemented or progressed until there has been full and formal scrutiny of is by the Senedd.**

I request that in scrutinising the guidance, you give full consideration to the **two reports of David Wolfe QC**, which, for example, clearly and repeatedly demonstrate how insistence that every child has to be "seen" is unlawful.

Likewise, I ask for full consideration of any subsequent legal reports submitted to Welsh Government and/or the Committee.

In addition I ask you to full appropriate the legal points in the **formal rebuttal** of the former CCfW report on EHE in Wales.

I request that the Committee's investigations also address

- the issues of the requirement to provide evidence in every case to prove innocence in the absence of specific concerns in individual cases. How the guidance is based on the assumption that parents are considered to be not honouring their children's rights, not allowing their voices to be heard and not providing a suitable education until the parent and child prove themselves to be.

- the mistaken assumption that the State has a duty to ensure every child has a suitable education, which was explicitly stated in multiple communications from the Welsh Government in trying to justify these proposals and which is implicit throughout. This misassumption leads to a reversal of the lawful principle that education is the responsibility of the parent, not the state.
- the implications for the state becoming liable for failures in education if it is shifting the balance of power and assuming the role of being the one that is responsible. At present parents cannot sue schools for failures because education is the responsibility of the parent not the state and if a child is in school it is because the parent has chosen to put them there.

- how parents and children are not "free" to decline meetings when under threat of legal proceedings and social services involvement if they do so. coercion is not informed consent.
- the assumption that choosing not to accept a coerced meeting deemed necessary purely because of a lawful choice of educational approach is an automatic safeguarding concern requiring social service involvement; please investigate the lawfulness and the significant impact of this on law-abiding families and on the diversion of already overstretched social service resources away from those children who are genuinely in need.

- how the expectations of what has to be provided for a EHE child are significantly different from LA provision for EOTAS children.

- the discriminatory aspects of how school children will not be similarly interviewed about their feelings, opinions and beliefs of their school-based education and moves put in place to transition them to home education if they express that is their preference, as treating EHE as lesser than school based education is contrary to the Education Act.

- how children's rights, including those to privacy, are being misinterpreted or ignored.

- the lack of advocacy for families and children coerced into non-consensual interviews that have major legal and personal implications for each child, the lack of appeals process.
- the lack of due process for insisting on non-consensual or coerced interviews. At present, a child can only be interviewed without free parental consent if there is a court order demonstrating significant and reasonable risk of harm in that individual case. Generic non-consensual coerced interviews with whole sections of society purely on the basis of their lifestyle choice or philosophical ethos are not lawful.

Furthermore I ask you to investigate **if due process has been followed** in preparing and laying out this guidance. for example:

- The consultation process was not completed, with meetings cancelled due to Covid and not rescheduled and complaints from home educators regarding the conduct of those meetings that were held not addressed.

- Likewise could the Committee investigate if all the appropriate assessments have been conducted and to an appropriate standard, such as RIA.

- I am also aware that the present CCfW had requested a full evaluation plan would be conducted and published in association, however this has not been the case.

I also ask you to give due consideration to the following points and questions regarding **data protection and data sharing issues** - This list of data issues is also attached as a separate document.

1. 3.7 – are routine ISPs for LAs to share data about children in other LAs lawful if the child is NOT deemed at specific risk? That is, it is lawful to share data between LAs in the absence of specific risk and purely because they are home educated?

2. 3.11 – is it lawful for police and “professionals” to share data about children with other agencies purely because they are home educated and in the absence of any specific risk of harm?

3. 3.11 Is the wording on “*professionals*” too loose here? Does that mean that it is acceptable for doctors, dentists etc to inform the LA that a child is home educating in the absence of any specific concerns of risk but purely because they are home educating?

4. 3.13 is it lawful for LAs to “***have data sharing agreements to facilitate cross checking of children entering statutory provision against partner databases (such as early years, childcare teams and health)***” and to do so routinely for all children rather than in specific cases if there were evidence of concerns about individual children? Please note that they intend to cross reference HEALTH databases with educational ones without consent. This would be a deterrent from those who wish to avoid coerced, mandatory and likely unlawful meetings with LAs from placing themselves and their children onto health databases and thus accessing health care.

5. 3.14 and 3.15 – these points conflate the concepts of CME with an EHE child where the LA know that the child is EHE not CME but then may not know the location of that child if they move homes. Is data sharing acceptable and lawful if the EHE child who has moved home is not deemed a child at risk?

6. 3.16-3.19 – are these measures lawful and is it lawful for LAs to use them routinely to identify any children who are home educated in the absence of risks about individual children?

7. 4.19-4.30 –

a. Is it lawful for the LA to request such large volumes of data and information from families in the absence of specific risk or concern in each case? Please note they would routinely request information from **every** child and parent (not only where there is specific consideration of risk) on

i. Education

ii. Socialisation and
social opportunities

iii. The child's beliefs
and opinions about their family life in terms of their
choice of educational approaches.

b. It is lawful for LAs to do so when the families are providing this information not "freely" but under coercion of threats of legal proceedings such as school attendance orders and social services involvement if they do not agree to meetings and to providing whatever information the LA request?

c. 4.28- 4.29. Whose property is whatever is done by the child in the course of their learning? (Sometimes termed "work" in the guidance, although many forms of home education do not involve "work" in terms of replicating school-like "work" as is alluded to earlier in the guidance).

i. Should a child of
the age of consent be forced or coerced into sharing
information about or examples of their learning or "work".

ii. Should a child who
is not able to give consent due to age or ALNs be forced
or coerced into sharing information about or examples of
their learning or "work"?

iii. Should a parent be
forced or coerced into sharing examples of learning or
"work" that their child has done?

8. 4.39-4.41 – should there be any protections on

a. In terms of what this written report contains - should there be an independent body to assess any disputes about the relevance, validity and accuracy of the content?

b. Who this report can be shared with and how it can be used?

i. especially how can the information in such a report be used when the parents and children would not have consented to provide the information but for coercive effect of threats of legal action such as SAOs and social services involvement

ii. and/or if the LA plan to use the report without consent of the family?

9. (side point 6.9-6.12 – is there any need for clarity that data should not be shared with these bodies without consent?)

10. 7.21 "Data protection legislation allows for the sharing of information and should not be automatically used as a reason for not doing so. One of the specific circumstances which provides for information sharing is to prevent abuse or serious harm to others. When information is not shared in a timely and effective way, decisions made may be ill informed and lead to poor safeguarding practice and leave children at risk of harm."

a. What data legislation are they referring to? Is this phrasing likely to lead LA employees to disregard laws and rules on data sharing and privacy? Is this phrasing mean that data sharing without consent to be used as a general principle rather than an exception in individual cases where there is a justifiable and demonstrable reason to do so?

b. Is there evidence of clarity of what is meant by "serious harm" either in this guidance or in an appropriately rigorous training programme for LA employees utilising this guidance?

c. Should the public have sight of all training and procedures for when data sharing is and is not considered appropriate? Should that information be clarified by Welsh Government in their guidance or left to individual LAs? If the latter, who is accountable to ensuring all are compliant with the law?

Cyflwyniad / Submission 4

I am emailing to ask that the Senedd ensures the Welsh Government guidance on Elective Home Education is paused and not implemented until the Senedd has had full chance to scrutinise the unlawfulness and impact of the guidance.

Cyflwyniad / Submission 5

The Minister of Education has released new Statutory Guidance for Home Education (12th May 2023).

Whilst the guidance has some limited understanding of home education. The document contains many contradictions, and questionable requirements for Local Authorities making it an unworkable, counterproductive document for both Local Authorities and home educators.

Local Authorities and home educators would like to have a mutually respectful co-operative relationship. The underlying tone and content of this document, in it's current form, does not aid in that relationship.

The community has previously funded legal opinion and a rebuttal, which we ask you to consider. This has previously been sent to the Legislation, Justice and Constitution Committee can be viewed here

<https://business.senedd.wales/documents/s134220/LJC6-07-23%20-%20Paper%2018%20-%20Letter%20from%20Families%20First%20in%20Education%20Wales%2021%20February%202023.pdf>

The Chair of the LJCC wrote to the CYPE Committee regarding this matter on 7th March 2023.

The Education Department's civil servants are unable to tell us which sections of the guidance are statutory and which are non statutory, despite drafting the guidance.

The Children's Commissioner has voiced she was 'disappointed [with the lack of] an evaluation plan to be published alongside any new guidance' (The Children's Commissioner for Wales, 16th May 2023)

Whilst we as parents and carers do not have appropriate legal knowledge on what is considered lawful. The guidance appears rushed with many errors that are most questionable in this regard and so we ask that the committee launch an urgent enquiry into the home education statutory guidance that has been published, in

order for the document to be thoroughly scrutinised to ensure it has been appropriately assessed and due process has been followed.

Cyflwyniad / Submission 6

I am writing to you to ask if you would launch an enquiry into the recently published guidance Elective Home Education.

I am extremely concerned about the negative impact this will have on home educated children especially in the area of respecting privacy and home life. Children may be expected to have face to face meetings without their consent to ensure suitability of education, with the added pressure of feeling if they don't perform well they will be sent to school.

This will threaten their entire way of life and the personalised education that they are currently receiving.

Cyflwyniad / Submission 7

I am writing to you in your capacity as chair of CYPEC concerning proposals for new Home Education Guidance for Local Authorities

I have sent the following email to the Education Minister, can you help with this?

Dear Mr Miles

I am contacting you in your capacity as Education Minister concerning proposals for new Home Education Guidance for Local Authorities.

How are you expecting Local Authorities will implement their duties regarding the new ALN Act for Home Educated Children when they are already under immense pressure within the state system. Waiting times for support are already too long to support families.

How will authorities comply with the new ALN code and Home Education proposals?

What funding has been allocated for ALN within Home Education?

How are Welsh Government expecting Local Authorities will implement their duties regarding the new ALN Act for Home Educated Children when they are already under immense pressure within the state system. Waiting times for support are already too long to support families.

How will Authorities comply with the new ALN code and Home Education proposals?

What funding has been allocated for ALN within Home Education?

Cyflwyniad / Submission 8

Whilst I am pleased to note that WG have recognised in paragraph 1.12 the alternative approach home educators take to that of a state education and in paragraph 4.20 that any enquiry the Local Authority conduct should be sensitive to the family circumstances, the guidance has limited understanding of home education. The document contains many contradictions, and questionable requirements for Local Authorities making it an unworkable, counterproductive document for both Local Authorities and home educators.

Local Authorities and home educators would like to have a mutually respectful co-operative relationship. The underlying tone and content of this document, in its current form, does not aid in that relationship. I, and hundreds of other home educating families, are very concerned about the content of the guidance. In particular the requirement in paragraph 4.28

"meetings that state Local Authorities should ask to see examples of learning, a variety of work both complete and incomplete in varying standards".

Also paragraph 4.21 is particularly conflicting.

Welsh Government are taking **some** of the rights of children and implying that children are **obligated** to meet with the Local Authority and that the authority have greater jurisdiction over a child than a parent. They are combining the child's right to voice their opinion, with the suitability of education which section 436a of the education act does not require. Welsh Government are implying that it is only the state that can hear the voice of a child and not a parent. We are parents taking care of our own children.

The community has previously funded legal opinion and a rebuttal, which we ask you to consider. This has previously been sent to the Legislation, Justice and Constitution Committee can be viewed here <https://business.senedd.wales/.../LJC6-07-23%20-%20Paper...>

The Chair of the LJCC wrote to the CYPE Committee regarding this matter on 7th March 2023

The Education Department's civil servants are unable to tell us which sections of the guidance are statutory and which are non statutory, despite drafting the guidance.

The Children's Commissioner has voiced she was 'disappointed [with the lack of]

an evaluation plan to be published alongside any new guidance' (The Children's Commissioner for Wales, 16th May 2023)

Whilst we as parents and carers do not have appropriate legal knowledge on what is considered lawful. The guidance appears rushed with many errors that are most questionable in this regard and so we ask that the committee launch an urgent enquiry into the home education statutory guidance that has been published, in order for the document to be thoroughly scrutinised to ensure it has been appropriately assessed and due process has been followed.

Submission 8a

General Comment No. 12 (2009) The right of the child to be heard.

16. The child, however, has the right not to exercise this right. Expressing views is a choice for the child, not an obligation. States parties have to ensure that the child receives all necessary information and advice to make a decision in favour of her or his best interests.

https://resourcecentre.savethechildren.net/document/general-comment-no-12-2009-right-child-be-heard/?fbclid=IwAR3_5jpkjuo1UvVyS09oqwQfsqAohYV4FpSCYP46k5xFJuWHPRDV3CyAilo

Cyflwyniad / Submission 9

I am writing to you in your capacity as chair of CYPEC concerning proposals for new Home Education Guidance for Local Authorities.

I have sent the following email to the Education Minister, can you help with this?

Dear Mr Miles

I am contacting you in your capacity as Education Minister concerning proposals for new Home Education Guidance for Local Authorities. Why has there been no review, assessment or evaluation of the effectiveness of the current Non Statutory home education guidance for Local Authorities that was issued in 2016?

Why has there been no review, assessment or evaluation of the effectiveness of the current Non Statutory home education guidance for Local Authorities that was issued in 2016?

Cyflwyniad / Submission 10

It has come to my attention that the Welsh government have published the elective home education guidance (may 2023).

The exiting non statutory guidance is already working well and allows for positive relationships to be formed by local authority , so this will not benefit home educated children in any way. I also believe that this will be damaging to the good relationships with the la that many home educators currently have.

I am concerned that these new regulations threaten children's rights and hope that they will be adequately debated in the Senedd.

Cyflwyniad / Submission 11

The Minister of Education has released new Statutory Guidance for Home Education (12th May 2023).

Whilst the guidance has some limited understanding of home education. The document contains many contradictions, and questionable requirements for Local Authorities making it an unworkable, counterproductive document for both Local Authorities and home educators.

Local Authorities and home educators would like to have a mutually respectful co-operative relationship. The underlying tone and content of this document, in it's current form, does not aid in that relationship.

The community has previously funded legal opinion and a rebuttal, which we ask you to consider. This has previously been sent to the Legislation, Justice and Constitution Committee can be viewed here <https://business.senedd.wales/.../LJC6-07-23%20-%20Paper...>

The Chair of the LJCC wrote to the CYPE Committee regarding this matter on 7th March 2023

The Education Department's civil servants are unable to tell us which sections of the guidance are statutory and which are non statutory, despite drafting the guidance.

The Children's Commissioner has voiced she was 'disappointed [with the lack of] an evaluation plan to be published alongside any new guidance' (The Children's Commissioner for Wales, 16th May 2023)

Whilst we as parents and carers do not have appropriate legal knowledge on what is considered lawful. The guidance appears rushed with many errors that are most questionable in this regard and so we ask that the committee launch an urgent enquiry into the home education statutory guidance that has been published, in order for the document to be thoroughly scrutinised to ensure it has been appropriately assessed and due process has been followed.

Cyflwyniad / Submission 12

Request for an enquiry to be launched into the recently published home ed guidance

We request the above for the following rationale:

1) the workability of the guidance, putting more pressure on the Local Authority when they already have resource and capability issues. Resourcing should be used to support families in crisis due to the education departments lack of knowledge, expertise and care, pushing them into crisis while children attended mainstream (for those children who have been removed from mainstream because of the failure of the LA)

2) Increasing numbers of home educated children have negative experiences of the education body due to the LAs lack of understanding of anything from attachment difficulties, trauma, to ASD.

Having them in the home, interrogating children as to what they have done, whether they are 'happy' and the general traumatic experience of having someone new involved in their lives would be inappropriate for most children in this situation and probably result in a backlash of negative behaviour and harmful anxiety attacks, self harm and depression.

It is not workable, appropriate or necessary.

3) I would add that while the children are obviously the main consideration, the pressure and stress that such visits would put on parents and carers could be huge. This would be both in the respect of the suggested meetings etc and the aftermath of supporting the children and helping them manage their behaviours, where they had been settled and building strategies to help anxieties.

4) lawfulness of such actions

Cyflwyniad / Submission 13

As you know, the Minister of Education has released new Statutory Guidance for Home Education (12th May 2023). Whilst the guidance has some limited understanding of home education, the document contains many contradictions, and questionable requirements for Local Authorities making it an unworkable, counterproductive document for both Local Authorities and home educators.

Local Authorities and home educators would like to have a mutually respectful co-operative relationship. The underlying tone and content of this document, in its current form, does not aid in that relationship.

The community has previously funded legal opinion and a rebuttal, which we ask you to consider.

The Chair of the LJCC wrote to the CYPE Committee regarding this matter on 7th March 2023. The Education Department's civil servants are unable to tell us which sections of the guidance are statutory and which are non statutory, despite drafting the guidance.

The Children's Commissioner has voiced she was 'disappointed [with the lack of] an evaluation plan to be published alongside any new guidance' (The Children's Commissioner for Wales, 16th May 2023)

Whilst we as parents and carers do not have appropriate legal knowledge on what is considered lawful, the guidance appears rushed with many errors that are most questionable in this regard and so we ask that the committee launch an **urgent** enquiry into the home education statutory guidance that has been published, for the document to be thoroughly scrutinised to ensure it has been appropriately assessed and due process has been followed.

Cyflwyniad / Submission 14

It has come to my attention that the Welsh government have published the elective home education guidance (may 2023).

The exiting non statutory guidance is already working well and allows for positive relationships to be formed by local authority , so this will not benefit home educated children in any way. I also believe that this will be damaging to the good relationships with the la that many home educators currently have.

I am concerned that these new regulations threaten children's rights and hope that they will be adequately debated in the Senedd.

Cyflwyniad / Submission 15

I am writing to you in your capacity as chair of CYPEC concerning proposals for new Home Education Guidance for Local Authorities I have sent the following email to the Education Minister, can you help with this? Regarding references to an "agreed core offer" in standard copy and paste letters received from WG/education department, - Exactly who has "agreed" either the content or the acceptance of this offer of services for Home Educators like taking out more books from Libraries or Access to CADW sites that we can already access for free? Have the home educating community agreed to either the content or the acceptance of the offer?

Cyflwyniad / Submission 16

I am writing to you in your capacity as chair of CYPEC concerning proposals for new Home Education Guidance for Local Authorities.

I am most grateful for your insight and understanding of the situation we are facing as Home Educators. I have sent the following question to the Education Minister. What is your opinion on this?

Dear Mr Miles

I am contacting you in your capacity as Education Minister in Wales, concerning proposals for new Home Education Guidance for Local Authorities.

What problems are solved by current Welsh Government proposals for statutory guidance for Elective Home Education, that cannot be solved under the existing EHE guidance?

What problems are solved by current Welsh Government proposals for statutory guidance for Elective Home Education, that cannot be solved under the existing EHE guidance?

Cyflwyniad / Submission 17

It has come to my attention that the Welsh Government has published the Elective Home Education Guidance (May 2023). This is incredibly important to all families who have chosen to home educate, and it is deeply concerning, confusing and in many areas very contradictory. The existing statutory guidance has been working well, to date. Many families have a positive relationship with their local authority, but this has the potential to undo all of that in its entirety.

We all hope that these new regulations can be adequately debated in the Senedd within sufficient time.

Once we have had more time to consider the Welsh Government papers in more detail, I will further contact you with my comments, of which I hope will be helpful.

Cyflwyniad / Submission 18

I am a XXXXXXXXXXXXXXXX home educated person and I request that you please launch an urgent inquiry into the damaging Welsh Government guidance on elective home education.

Please use this email and the email below to consider something of the damage that this guidance would cause.

I have tried to put in a complaint to the Welsh Government, but they have refused to consider it. I have tried to explain the damage that their ideas would cause to young people like me, but all I get are copy and paste responses (that I know other people have had too) including a response that openly tell me that if I, or anyone like me, refuse to be interviewed about my personal and private life and education then legal proceedings would result against my family unless I went to school.

I cannot begin to tell you how second rate, how mistrusted this makes me feel.

I cannot begin to tell you how much damage would have been done to my life and education if I had been forced to be regularly interviewed about my education and give an account of my "progress". Because "progress" in home education does not look like "progress" in school. Home education is much better than school education, but we don't jump through the same hoops at the same times - in fact that is exactly what makes it better.

School was so traumatic. It has been quite a few years since I last went to school and the way it crushed me still crushes me now.

I would not be here now if I had been forced to stay in, or go back to school.

I would not have survived it.

There will be suicides of young people if the Government insists in bullying them into interviews and forcing them into school if they refuse. I am not being overly dramatic saying that. These are real lives we are talking about. Don't push young people to the edge of that to have to prove in each case that interviews are damaging.

I do not want to explain further to you how dreadfully damaging school can be.

Please believe me and listen to me even though the Government does not.

My parents listened to me and supported me throughout my education, the Government do not.

Having my own Government use SCHOOL and legal action to make us go there as threat to coerce me and young people and children like me to conform to be interviewed and observed as if I have no rights or opinions and as if it knows better than I or my family is the most abhorrent thing I can imagine.

To use the thing I dread the most as a threat to make me dance and perform like a puppet - it is despicable.

I love being home educated. I love learning. Why deprive me of my education? If my parents say I am being home educated why would you not believe them? Why do you assume all home educating parents are liars unless we all jump through hoops to prove we are not?

Those hoops you would make us jump through are fiery ones. Those hoops would damage us. They would traumatise us. Not just DURING the interviews. The whole thought of having to please someone else would take over my education. Now - I am free to learn for the way learning enhances me as a person, for the way it benefits me, for the way it interests me. I refuse to let my self worth and my education be overtaken by the concept of having to please other people.

I left school when I was X. I did not learn to read properly probably until I was maybe X - not because my parents were not encouraging me and helping me but because it just did not click. Plus I did not want to read because trying gave me terrible flashbacks of school. But when reading clicked, I loved it. I started to devour encyclopaedias. I have had work I have written published nationally and have several GCSEs and other similar qualifications before the age that these are taken in school. IF I had been forced to be interviewed and my "progress" assessed when I was younger, I could easily have been forced into school. That would have ruined my education and I would either not have gone or not have survived it. Home education gives long term not short term results. My parents would have been placed under pressure to MAKE me learn more quickly or in a different way. Thankfully they had the patience and wisdom to not force me but to gently and continually encourage, guide and support me but never to pressurise me, never to make me feel bad if what I was doing wasn't as "good" in other people's eyes as the gold standards that schools are meant to reach. and the result of that is that in the long term I have done far "better" than friends at school. But it is not "better" - it is where I should be, at the time I should be. But it is far far far "better" than it ever would have been if I had been forced into school.

I cannot begin to tell you how awful, how traumatic the thought would have been of being threatened with, let alone being forced into school.

My voice has always been that I want to be home educated and that I do not want to have to explain that perfectly reasonable and lawful choice to strangers. Why ignore my voice?

Learning is like a flower opening from a bud. Force it before it is ready, pressurise it, rip it open to see what is inside and you will damage it beyond repair.

We are not performing monkeys to dance to someone else's ideas. To make an animal do that is cruel. So why force us under threat of taking our parents to court and then try to pretend it is a "positive experience"?

My parents discuss issues of consent with me as a young person. How can going on a date be happy and positive if the person you are on the date with threatens you with things you dread, threatens to do things that would harm your children and family unless you do what they want?

I am not a data chip. I do not consent to my data being shared. Just being home educated is not a risk factor and is not a reason to be sharing my data.

The Government pretends it wants to "support" us. That is just such a ridiculous claim. It wants to control us, inspect us like some kind of animals in a laboratory - except those animals' sense of self worth and esteem would not be damaged anywhere near as much as ours would by implying that we have to meet other people's expectations and by implying our family are liars.

I want to do four A levels, I have the subjects selected that would work best for me. I cannot do those through school, there is no way I would manage a classroom environment - plus school simply would not allow me the options I choose or to study in the way that suits me best. But each A level EXAM costs over £2000 - that's just to sit the exams, not any other costs of studying. but will the Government support me with that? no. Will the LA? no - we've asked, nothing at all. Support? Nonsense.

Want to "support" us? Take that money they are wasting on paying people with no real training to carry out another Spanish inquisition and let us home educators explain how it could be used to REALLY support us.

But that would mean listening to us which is something that the Welsh Government just does not do.

We would far rather really do without a lot of nice things as a family to be able to keep the rights to education than sell out that right for the odd voucher or to be told we can go and see a CADW castle (which we already can for free by the way).

SO please, please urgently ensure there is a full inquiry into this horribly damaging guidance. Please make sure you examine all the ways it is unlawful. but also please please ensure you look at all the ways it is damaging too, because I suspect that the Welsh Government is so determined to try to have its way that they will just try to play legal tricks to pretend it has the right and power to do whatever it wants regardless of what we young people and families say. We really need the Senedd in Wales to do its job of standing up for the people of Wales and ensuring that only what is right and lawful happens to us. We need the Senedd to stop us being so bullied and threatened.

Please help us.

Dear Mr Miles,

XXX XXXXXX, XXXXXXXX XXXXX XXX XX XXXXXXX XXXXX XXXX XXXXXXX.

When revising today about the McCarthy Era in the USA in the 1950s, I was intrigued to read how the textbook, to depict the bullying and unjust nature of the interview methods used by McCarthy, stated how,

"any refusal to answer was taken as a sign of guilt".

Yet Mr Miles, isn't that the approach Welsh Government are taking with their ideas of forcing children, like myself, into mandatory meetings with authorities against our wills, without consent of us young people, or consent of our parents?

Doing so purely because we continue to be home educated rather than taking the Government up on its offer of being educated by them instead?

*Isn't this what the Government are wanting to do by forcing our families into meetings, and we if do not comply then forcing us into courts or schools –by taking **"any refusal to answer as a sign of guilt"** to automatically presume that education cannot therefore be considered suitable.*

Mr Miles, I do not consent to invasion of my personal life with unwanted meetings. Does that make my family criminals?

The irony however also made me laugh. Many families have tried to engage with yourself and with the Education Department, only to be effectively ignored or palmed off with copy and paste replies that either do not answer the points and questions, or in effect say, "we're not talking to you, just go away and be quiet".

Is **"any refusal to answer"** by Welsh Government also **"a sign of guilt"** on their part?

Of **"guilt"** of being paternalistic or autocratic?

Of **"guilt"** of assuming that any group that they do not understand must need **"regulating"**?

Of **"guilt"** of assuming that any group they do not understand must automatically need **"monitoring"**?

Of **"guilt"** of, like McCarthy, being suspicious of any minority group and assuming know better than them?

Of **"guilt"** of proceeding like some 1950s B movie robot that once it has been mistakenly set on a course just keeps going oblivious to the damage it is causing?

Of **"guilt"** of continuing with what it knows is unlawful?

Please, Mr Miles, listen to us.

Please stop this damage and chaos.

The present guidelines work. Why try to fix what isn't broken?

Why not just keep these? If you genuinely want to add "support", why not just add "support" to these?

Wouldn't that be such a popular move?

Please chart a better course, set a higher level of conduct by not automatically following plans that even your predecessor knew were full of problems and did not have a lawful basis.

Be the one to set the standard for listening to and serving the community that elected you.

Cyflwyniad / Submission 19

We are writing to express our grave concern about the recent changes to Elective Home Education (EHE) Guidance in Wales. As dedicated Home Educators of our children XXXX X XXX X, we believe the new legislation undermines not only our children's rights to a suitable education based on their needs and preferences but

also the entire legal basis under ECHR Article 8 under which all government regulations and guidance has previously been drafted and regulated.

The ideological and philosophical views which we feel are better promoted through Elective Home Education are grounded in the European Convention on Human Rights Article 8 which protects family life and children's rights from the overt intrusion by Social Services and Government Departments which this new legislation actively promotes.

The range of reasons listed by the British Government for Elective Home Education include not only these ideological or philosophical views, but also a dissatisfaction with the school system, mental health, bullying and children unwillingness to go to school. All of which are in our view systemic issues in the school system itself.

As it is also clear from Elective Home Education (EHE) Guidance that the government curriculum is new, this new guidance seems to attempt through the back door to impose government guidance as to what is taught how and when. The change from Educational regulation through school to educational regulation by LA/Social Services will lead to unqualified personnel making decisions over what is an appropriate education for children who are being Home Educated.

The [GOV.UK](https://www.gov.uk) guidance clearly states:

"2.11 There are no legal requirements for you as parents educating a child at home to do any of the following:

Acquire specific qualification for the tasks

Have premises equips to any particular standard

Aim for the child to acquire any specific qualification

Teach the National Curriculum

Provide a "broad and balance" curriculum

Make detailed lesson plans in advance

Give formal lessons

Mark work done by the child

Formally assess progress, or set development objectives

Reproduce school type peer group socialisation

Match school base, age specific standards"

As it would appear that the new Welsh Government legislation directly contradicts the above listed provisions, it is questionable how the courts of England and Wales will decide upon the matter until which time this leaves parents in limbo with no time to adjust or properly address their legal and educational concerns.

As there has been no effort prior to this legislation to consult constructively with the numerous and dedicated Elective Home Education Families in Wales and beyond, it is entirely understandable that Home Educated feel this legislation to be unsupportive of the underlying educational basis not only of our own educational approaches but also of the rights to Home Education per se.

As Home Education is a huge commitment for our family and others alike and in the absence of any negative outcome for Home Educated children, it is deeply questionable why the Welsh Government does not engage into a constructive dialogue as to how Home Educated can be supported than undermine and if their concerns are regarding the increase removal of children from school to be Home Educated then their time and the extensive resources that the legislation will require would be far better spent reforming what issues parents feel led to their disenfranchisement with the school system as it stands.

Surely obtaining such insight and reforming schools where necessary would be far more fruitful and constructive than giving LA/Social Services carte blanche to coerce children back to school against their own and parents/carers wishes.

Home Education is about so much more than not attending school, and this legislation provides little scope for understanding and holistic educational approach and children's wider welfare. School classes of up to 30 children do not represent either an optimal education environment or the healthy socialisation of children. Such an environment and educational approach encourages bullying, competition and fear of failure as well as not being responsive to children's individual rates of learning nor their specific interest.

It is unfathomable how Social Services are meant to interpret and enact this new legislation, given their limited resources without grossly undermining the safeguarding provided by ECHR Article 8 upon which the basis of our civil society in post war Britain has been built.

XX X XXXX XXXXXXXXXX XXX XXXXXXXXXXXXXXX XXXXXX who lived and worked in both Wales and England as well as having family abroad, travel is a central and valuable part of our children's education. For these purposes, Home Education is clearly far more suitable than school based education where unfortunately travel is not an option and race can very often be the basis of bullying and prejudice.

To sum up, it would appear this new legislation has been poorly thought through and swiftly enacted with little consideration for the basis on which Home Education has been successfully based upon since its inception and the protection granted to Home education under existing laws and ECHR Article 8. We as a family together with others in the Home Education Community will continue to Home Educate in the best interest of our children and seek protection from the courts if necessary to challenge any unlawful intrusion or imposition of this legislation which contradict the existing law and protection quoted above.

Submission 20

Attached is an open letter organised by a fellow home educator signed by a number of people of significance and experience in the realms of progressive education and safeguarding, objecting to the new WG guidance on home education in Wales.

To:

Re: Elective Home Education Guidance May 2023 (288/2023)

Parents and carers – not local authorities – bear responsibility for provision of a child's education. This is established both in primary legislation¹ and in human rights frameworks as the UN Special Rapporteur on education stated in 1999:²

"The objective of getting all school-aged children to school and keeping them there till they attain the minimum defined in compulsory education is routinely used in the sector of education, but this objective does not necessarily conform to human rights requirements. In a country where all school-aged children are in school, free of charge, for the full duration of compulsory education, the right to education may be denied or violated. The core human rights standards for education include respect of freedom. The respect of parents' freedom to educate their children according to their vision of what education should be has been part of international human rights standards since their very emergence."

This ill-thought through guidance upends this principle, requiring local authorities to assess the provision of education and a child's progress, relegating the views of

¹ s7 Education Act 1996

² <https://www.ohchr.org/en/statements/2009/10/statement-special-rapporteur-right-education>

parents and carers as secondary to that of the state. Assuming assessment duties is no minor administrative updating of guidance but instead represents a fundamental shift in the relationship between state and family, the repercussions of which are seismic.

Nor does the guidance address the practicalities of how local authorities are to meaningfully take this responsibility from parents. While parents and carers know their children, see their progress or struggles up close, know what they are interested in and what they want to do local authority staff do not know these children. Within a school setting, children are able to be assessed because of the uniformity of provision and expectations, this is not the case for home educated children where what a suitable education is will look different for every child. How are local authority teams – especially given a widespread lack of qualifications and experience in alternative educational approaches - to evaluate a child's education? How are they to judge if perhaps a child on one particular day might be tongue-tied or shy? How on a brief meeting are the views of local authority officers to be given more weight than that of the parent or carer? This is the reality of what is mandated by this guidance and the practical implications to the lives of children are huge.

Home education is an important freedom for families. Not only as it is for some - a choice made on the basis of parental or carer philosophical beliefs about education - but also as a vital safety net for the increasing numbers of children failed by the school system.

Governmental guidance must not – as this guidance does - undermine parental and carer responsibility for children in contravention of primary legislation and of human rights principles

Undersigned

Dr Chris Bagley, Institute of Education, UCL

Dr Beth Bodycote, Not Fine in School

Dr Ian Cunningham, Self-Managed Learning College

Charlotte Church, AWEN

Jonathan Field, co-founder AWEN

Tristram C. Llewellyn Jones, Home educator and civil liberties campaigner

Dr Harriet Pattison, Liverpool John Moore University

Heidi Mavir, author 'Your Child is Not Broken'

Alison Sauer, Trustee, Centre for Personalised Education

Dr Kevin Smith, Education, Cardiff University

Jo Symes, Progressive Education

W. Charles Warner, Education Otherwise

Lord Wei of Shoreditch

Stephanie Yorath, The Victoria Climbié Foundation UK
Rose Arnold, Suitable Education

Submission 21

I am writing to ask that you launch an inquiry into the new home education guidance which I believe to be illegal and discriminatory.

The intention to move the responsibility for education from parents to the State and the implication that children can be forced into meetings are not within the scope of the current law. Applying such intrusion into family life and parental responsibility only to a certain group of people based on a parenting decision seems to me to be a form of discrimination.

Please ensure that these issues are properly looked into and that the guidance is paused until it is done so.

Submission 22

I am writing to you in your capacity as chair of CYPEC concerning proposals for new Home Education Guidance for Local Authorities.

I have sent the following email to the Education Minister, can you help with this?

On 04/05/2022 Jeremy Miles answered written question WQ85029 with the following:

“In September 2021, I agreed to progress the proposals for elective home education (EHE) consulted on in 2019 and 2020, with the aim of ensuring that children and young people receive a suitable education, whilst making progress on identifying children missing an education.”

Submission 22a

Why did The Education Minister agree to recommence work on Home Education?

My journey as a home educator began nearly XXX XXXXX XXX when my eldest son, a wonderful, musical, knowledgeable history buff XXXX XX told me he wanted his life to end.

He had suffered bullying, torment and discrimination at school due to being autistic (undiagnosed at that time) and the school was incapable of providing a suitable education in safety.

My son suffered humiliation and disrespect from other children whilst in state education due to being neurodivergent, but of course, sadly, society in general can

also be intolerant of diversity. Most families who home educate have, at some time or other, experienced being treated with disrespect and suspicion simply for being different – simply for exercising our right under the law to choose how our children are educated. The Welsh government appears intent on causing us further harm by stigmatising our situation through repeatedly conflating our educational approach with safeguarding issues and implying that there is an inherent problem with us simply due to our children’s learning not taking place in school. This is discriminatory and insulting and clearly projects that Wales is a country that does not value or respect diversity in individuals, family life or in education.

However, this guidance really does mark a new low in the lack of respect and understanding towards home educators and home education from a Welsh government which has repeatedly asserted the belief that all children should be in school. The WG guidance has its basis in a presumption that home educating parents are not putting their child’s education first and that parents have to provide evidence to prove that they are not guilty of neglecting their duty. This effectively sets us up as guilty until proven innocent.

The state’s right to intervene is only lawful when there is reason to believe that suitable education is not taking place; this guidance effectively calls for parents to be examined by the state for evidence of failure, using our children as the source of that evidence. This mandate is accompanied by a fundamental disrespect and ignorance of home education philosophies and diversity of approach. It is not sufficient or acceptable to merely pay lip-service to an understanding of this – the Welsh government just acknowledging that there are varied approaches to education outside of the institution of school is not sufficient to even begin to approach empathising with the lived experiences of home educating families. It is also very difficult to remove an inbuilt bias towards what to expect to see or hear from a child when most council EHE officers have had previous careers as school teachers.

This school-biased thinking was highlighted in the Senedd Plenary of 6th June by the Minister for Education himself when he referred to us as parents who “teach at home” – most home educators in the UK would rigorously object to their role being described as teaching their children, in the same way that we repeatedly have to explain that most of us do not “home-school”; we are enablers, facilitators, mentors and supporters of our children’s education and we often learn collaboratively alongside our children. But how would the education minister know that when he and other influencers (e.g. Estyn) only have experience of the school system where children are taught and schooled and produce a predictable, measurable output?

The Minister for Education also spoke in a contradictory manner about meetings with children not being mandatory but then emphasised that seeing and talking with the

child is how the suitability of an education is to be judged. And of course if the parent/child do not consent then prosecution and a school attendance order can follow. As I'm sure you are aware, there is no appeals process in place.

Is this supportive? My youngest child, XXXX XX certainly does not feel supported by this guidance – he feels threatened and fearful of it and those who are behind the thinking. He is aware of being part of a minority in society and how governments in the past have been guilty of huge injustices towards minorities.

I find it somewhat ironic that I had observed, in recent years, the beginnings of a more friendly and supportive role from our local education authority through provision of a variety of events, workshops and activities for home educating families. Unfortunately, in the last 12 months these provisions have largely disappeared (I assume that funds are now redirected in readiness for the new monitoring roles) and our local college, XXXXX XX XXXXX XXXXXXXX XXX XXXXX XXXXX, has announced that it is no longer accepting external exam candidates.

In light of the above, do you believe it possible, as has been suggested by Trefnydd Leslie Griffiths, that the new guidance "will provide an opportunity for the local authority to develop a positive relationship with families"?

Submission 23

The Minister of Education has released new Statutory Guidance for Home Education (12th May 2023).

Whilst the guidance has some limited understanding of home education. The document contains many contradictions, and questionable requirements for Local Authorities making it an unworkable, counterproductive document for both Local Authorities and home educators.

Local Authorities and home educators would like to have a mutually respectful co-operative relationship. The underlying tone and content of this document, in its current form, does not aid in that relationship.

The community has previously funded legal opinion and a rebuttal, which we ask you to consider. This has previously been sent to the Legislation, Justice and Constitution Committee can be viewed here

<https://business.senedd.wales/documents/s134220/LJC6-07-23%20-%20Paper%2018%20-%20Letter%20from%20Families%20First%20in%20Education%20Wales%2021%20February%202023.pdf>

The Chair of the LJCC wrote to the CYPE Committee regarding this matter on 7th March 2023

The Education Department's civil servants are unable to tell us which sections of the guidance are statutory and which are non-statutory, despite drafting the guidance.

The Children's Commissioner has voiced she was 'disappointed [with the lack of] an evaluation plan to be published alongside any new guidance' (The Children's Commissioner for Wales, 16th May 2023)

Whilst we as parents and carers do not have appropriate legal knowledge on what is considered lawful. The guidance appears to be rushed with many errors that are most questionable in this regard and so we ask that the committee launch an urgent enquiry into the home education statutory guidance that has been published, in order for the document to be thoroughly scrutinised to ensure it has been appropriately assessed and due process has been followed.

I would be most grateful if you could launch an urgent investigation into the newly published guidance as there are many concerns regarding the guidance including how this is going to affect HE Children's mental health.

Submission 24

Whilst there are some positive paragraphs, the overall tone, is a document that has many contradictions, and is unworkable for both the Local Authority and the home education community. It appears to be rushed.

It is positive to note that Welsh Government recognise that 'Learning can take place in a range of locations...[and the importance of its] ability to be flexible and adapt to events and circumstances on a daily basis (4.8.)

Also that Welsh Government is 'mindful that home educators are **not** required to, among other things, have formal lessons, and mark work done by their child (See 4.13, for the full list)

However, despite a few sections demonstrating a limited understanding of home education. The document is completely incompatible with home education, and hundreds of families across Wales are very concerned.

The key issues are

- The local authority decides what is a suitable education (4.6,4.11, 4.16,4.17, 4.18, 4.28)
- The local authority has the right to mandatory meetings with the child and parent, and failure to comply could ultimately lead to the child being removed from the family home, under a care order (4.21, 4.34, 4.35, 4.37, 7.16, 7.17)

- There is no appeals process, nor is there any requirement for a local authority to ensure that staff are trained or understand bias, discrimination, or protected identities. (4.39,4.40,4.41)

It's important to note that the logical assumption of a family refusing to meet with the local authority could ultimately lead to a care order, has been verified by people far more knowledgeable than I am.

We are aware that Kirsty Williams on 11.12.19 told the Senedd that '...prior to final publication of the guidance and coming into force for the regulations, they will be subject to robust process and scrutiny, such as data protection impact assessment, integrated impact assessment and a regulatory impact assessment to ensure both are lawful' (Kirsty Williams, 11.12.19) However, we believe this hasn't been done.

Nor has a consultation response been issued by the Education Minister, only a summary of comments, by the previous Education Minister.

There are many contradictions within the guidance, suggesting it has not been fully scrutinised by relevant parties. This may allow the document to be legally challenged, which will not only cause embarrassment to the Welsh Government but will also be costly for the local authorities.

Contradictions, drafting mistakes and power grab points.

1.12 and 4.30 contradicts 4.4

3.13 Finding reception aged children by cross referencing live birth records.

4.7 contradicts 4.6, 4.4

4.12 makes no sense

4.21 contradicts itself and 4.34 and 4.37

4.28 contradicts 4.9

4.33 case law quoted makes no sense with heading

5.12 The wrong section is quoted to refer to. 4.21, which is about meeting the child

Submission 25

I was writing to you in your capacity as chair of the Children, Young People and Education Committee.

Mandatory meeting with LA representative

(Please bear in mind when reading this that our situation, like many families who opt for EHE, is complex. For the sake of brevity I will summarise but this summary merely scratches the surface of what I could say here.)

I am not currently home educating my daughter, but her needs are such that we may need to consider it in the near future. Her anxiety regarding appointments with professionals is extremely high and my experiences talking to other parents and professionals (particularly in the worlds of mental health and trauma informed practise) demonstrate we are not alone in this situation. Apart from the other issues raised in my first email, it is a very great concern to me that, if we were to opt for EHE at some point in the near future, the requirement to meet with a member of the LA would be a massive source of stress and anxiety for her, even with me present, but to be told she is not allowed to have me present would be even worse, very likely leading to further traumatisation. Advice from trauma specialists is to prioritise felt safety and building relationships with key people. This would not be possible in the scenario which is being proposed by the government. Furthermore, advice from chronic fatigue specialists is that stress is to be avoided where possible, as it can cause flare ups or relapses. (I can provide you with relevant sources on these issues if that would be of help.) Our GP and other adoption specialists also agree that to have multiple different professionals dipping in and out is detrimental to her well-being and her recovery process. There is no provision being made within the current proposals to address this type of problem. **If the proposals go ahead I could be forced to make a choice between safeguarding my daughter's mental health and well-being and breaking the law.**

Can you see that this is a very frightening situation to be in?

Mental health crisis and attendance policies are exacerbating the situation

I am certain I am not alone in this situation. Levels of anxiety in children are clearly rising and I hear all the time how attendance figures have dropped drastically since the pandemic. Parents are being forced to consider educational alternatives for their children when they would not otherwise have chosen. Even just in my circle of close friends and family, I know of at least X children from X families who are experiencing anxiety around school - ranging from KS1-4. None of these are families who would previously have considered EHE, but some are coming to the conclusion they may not have much choice because of the detrimental effects they observe school attendance is having on their children. If I am representative of the general population, we are looking at a problem on a massive scale. Increasing the pressure on parents to comply with a system which is not working for their child is not a compassionate or even a pragmatic way forward. Attendance "targets" and rewards/punishments only make the problem worse because they do not address the underlying causes. They put pressure on schools, which is then transferred to parents and children. Increasing pressure is unhealthy for everyone. As a teacher I can speak from personal experience at both ends.

Please understand, I am not referring to parents who are negligent or children who are truanting. These are parents who are deeply concerned for their children's health and well-being and feel stuck between a rock and a hard place. For people like this, EHE sometimes becomes their only option. We may soon be one of those families.

Can you see how this wider context exacerbates the problems posed by the legislation?

A plea for help

Please, please, please will you, as chair of the Children, Young People and Education Committee, listen to our pleas for a wiser and less heavy handed approach. To make visits with a "stranger" mandatory for a child who is emotionally, physically or mentally fragile is not wise or kind and may not be for those who are more resilient either. To prevent them from having their primary carer present at such a meeting could cause huge distress, even more so because there is the potential for the results of such a meeting being that their parents/carers' provision could be judged as inadequate - and all on the basis of what they say. This is a burden that should not be placed on children. I urge you to rethink this.

These are very real concerns and I don't think it is an exaggeration to say that they constitute safeguarding concerns. I know each case will be different, but that is exactly the reason that a blanket mandatory requirement is inappropriate and potential harmful to many children like my daughter.

Can you see the kind of risks I am describing associated with what the government is proposing?

Are you happy to expose families, such as ours, to those risks?

I would be happy to talk to you further about these issues if that would be of help. As I say, I am not alone in these very real concerns and the feelings of threat that they pose to us. Please do not leave us or our children without a voice in this.

Local Government and Housing Committee

Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN
SeneddTai@senedd.cymru
senedd.cymru/SeneddTai
0300 200 6565

Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN
SeneddHousing@senedd.wales
senedd.wales/SeneddHousing
0300 200 6565

Jenny Rathbone MS,
Chair
Equality and Social Justice Committee


18 July 2023

Dear Jenny,

You may be aware that the Committee recently has published reports on the provision of sites for Gypsy, Roma and Travellers and on housing Ukrainian refugees. The Committee is committed to following up on the progress made by the Welsh Government on these important issues, and will therefore be holding a scrutiny session with the Minister for Social Justice and Chief Whip.

Given your Committee's interest in these areas, we would like to invite your Members to join us for the evidence session on 5 October. The session will be held between 13.30 – 15.00 and Members will be able to attend in person or through Zoom. I would be grateful if the Committee Clerks could liaise regarding Members' attendance.

Yours sincerely



John Griffiths MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.



Huw Irranca-Davies MS
Chair
Legislation, Justice and Constitution Committee
Senedd Cymru

19 July 2023

Dear Huw,

Inter-Institutional Relations Agreement: British-Irish Council Summit in Jersey

Further to my letter of 12 June regarding the inter-institutional relations agreement, the British-Irish Council Summit in Jersey and the discussion of housing and energy policy, I would like to draw your attention to my [written statement](#) of today, and to the BIC [communiqué](#) summarising the outcomes of the Summit.

Whilst at the Summit, I took the opportunity to have informal, bilateral meetings with Jersey's Chief Minister Deputy Kristina Moore, Taoiseach Leo Varadkar TD, Tánaiste Micheál Martin TD, the First Minister of Scotland the Rt Hon Humza Yousaf MSP and Secretary of State for Levelling Up, Housing and Communities and Minister for Intergovernmental Relations the Rt Hon Michael Gove MP.

I have also copied this letter to the Climate Change, Environment, and Infrastructure Committee, the Local Government and Housing Committee, the Culture, Communications, Welsh Language, Sport, and International Relations Committee, and the Equality and Social Justice Committee.



MARK DRAKEFORD

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Mark.Drakeford@llyw.cymru
Correspondence.Mark.Drakeford@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 6.17

**Pwyllgor yr Economi,
Masnach a Materion Gwledig**

**Economy, Trade and
Rural Affairs Committee**

Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN
SeneddEconomi@senedd.cymru
senedd.cymru/SeneddEconomi
0300 200 6565

Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN
SeneddEconomy@senedd.wales
senedd.wales/SeneddEconomy
0300 200 6565

Eluned Morgan MS
Minister for Health and Social
Services

Lesley Griffiths MS
Minister for Rural Affairs and
North Wales, and Trefnydd

Vaughan Gething MS
Minister for Economy

13 July 2023

Primary Care Electronic Prescription Service

Dear Eluned, Lesley and Vaughan,

Community Pharmacy Wales (CPW) has raised concerns regarding the introduction of the primary care electronic prescribing service in Wales with the Committee. CPW is worried that the shift to electronic prescribing will have a negative impact on community pharmacies, as they will be unable to compete with large distance selling pharmacies based in England. CPW has stated that the reduction in the number of prescriptions dispensed in community pharmacies, along with the loss of additional purchases made by individuals filling prescriptions, is likely to lead to a loss of income which will result in pharmacy closures.

The Committee is concerned about community pharmacy closures as they are an important hub for rural communities and also can drive footfall to highstreets and thus provide a level of economic stimulus to an area.

Please can you provide the following:

- What assessment has been undertaken regarding the implementation of electronic prescribing on pharmacy closures?



- Has any analysis of the specific impact on rural communities been undertaken?

I have copied this letter to Russell George MS in his capacity as Chair of the Health Committee and Mark Isherwood MS in his capacity as Chair of the Public Accounts and Public Administration Committee.

Kind regards,

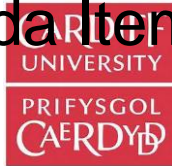


Paul Davies MS

Chair: Economy, Trade and Rural Affairs Committee

We welcome correspondence in Welsh or English

Agenda Item 6.18



Dr Greg Davies
School of Law and Social Justice
University of Liverpool
Chatham Street
Liverpool
L69 7ZR

Email: G.J.Davies@liverpool.ac.uk

Jenny Rathbone MS
Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

27 July 2023

Annwyl Jenny Rathbone MS,

My name is Dr Greg Davies; I am a Lecturer in Law at the University of Liverpool. I write on behalf of myself and Dr Rob Jones who is a Lecturer in the Welsh Criminal Justice System at Cardiff University's Wales Governance Centre. Since 2017, Dr Jones and I have engaged with the Committee on several occasions concerning the topic of prisoner voting in Wales. The purpose of this letter is to inform you of our latest research on this topic (attached to the email with this letter) and the possible implications of our findings.

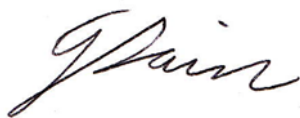
Our paper analyses the Welsh Government's proposal in 2019 to enfranchise prisoners serving under four-year sentences, following the principal recommendation of the Equality, Local Government and Communities Committee. These plans were abandoned at the outset of the Covid-19 pandemic, but Welsh ministers have since indicated that legislation on prisoner voting will be introduced in the current Senedd term. Our research examines the complexities of reforming electoral rights for prisoners in Wales against the backdrop of the 'jagged edge' of criminal justice competences.

Our main conclusion is that, under current constitutional arrangements, any Welsh prisoner voting policy based on sentence length will be conditioned and, crucially, undermined by criminal law and sentencing policy for which Welsh devolved institutions have no control. This is demonstrated by the significant changes within the prison population which have already taken place since the Welsh Government first consulted on prisoner voting in 2017. For example, we show that the number of Welsh prisoners serving up to four-year sentences has fallen by almost a third in that time (31%). Meanwhile, since 2019 the UK Government has increased the use of longer sentences. As a result, the number of prisoners who would be able to vote in Welsh elections under the Welsh Government's 2019 proposals has already shrunk significantly and is likely to reduce further in future, regardless of the decisions on electoral policy taken at the devolved level. In effect, the approach envisaged by the Welsh Government would outsource an important aspect of Welsh democracy to the UK Ministry of Justice.

A narrow majority of the Committee in 2019 favoured the full enfranchisement of the Welsh prison population for devolved elections. In light of our analysis, we believe that this is the only approach which would not tie the Welsh electoral franchise to fluctuations in sentencing policy at the UK level; it therefore deserves reconsideration when the Welsh Government introduces prisoner voting legislation during this term. As part of the Committee's continuing work in this area, we would be happy to provide further written or oral evidence about our latest and ongoing research.

Thank you once again for taking the time to engage with our work. If you wish to discuss this subject further, please do not hesitate to contact us.

Yn gywir,



Dr Greg Davies



Dr Robert Jones

Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Agenda Item 6.19

Llywodraeth Cymru
Welsh Government

Jenny Rathbone MS
Chair of the Equality and Social Justice Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

31 July 2023

Dear Jenny,

Thank you for the Committee's report on the In-year financial scrutiny: 2023-24 outlining 12 questions for the Welsh Government.

Please find enclosed the Welsh Government response to these questions.

Yours



Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Jane.Hutt@llyw.cymru
Correspondence.Jane.Hutt@gov.wales

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

**Response to Equality and Social Justice Committee:
In-year financial scrutiny: 2023-24**

Cost of Living

Welsh Government preparedness for the cost of living challenges that will arise this winter and any additional action you may be able to take to support the most vulnerable households?

- A Cabinet Sub-Committee on the Cost of Living has been established to provide strategic direction to the Welsh Government's response to the cost-of-living crisis. Its work is informed by the evidence of experts, service providers and organisations supporting people struggling with rising costs, including the voice of those with a lived experience, to help inform our preparations for winter.
- We continue to support disadvantaged households in Wales to mitigate the impact of the cost of living crisis through programmes which provide targeted support to alleviate financial pressures; these include: the Discretionary Assistance Fund; action to maximise incomes including our Here to Help campaign; and initiatives that deliver the social wage in Wales like our Council Tax Reduction Scheme, which helps keep money in people's pockets. During 2022-23 and 2023-24, this support was worth more than £3.3bn.
- Our [policy statement](#) on the new Warm Homes Programme sets out our long term commitment to a just transition to net zero through the twin objectives of tackling fuel poverty and the climate emergency.
- Many of the initiatives that supported people in 2022-23 with cost of living pressures, such as the Wales Fuel Support Scheme, were only possible because significant funding was allocated through the 2022-23 budget. We repurposed our budgets to prioritise funding for household that were hardest hit by the crisis.
- Unfortunately, our funding allocation from the UK Government is insufficient to enable us to repeat many of these schemes in 2023-24. In addition, our budgets are worth considerably less than when our plans were originally published in December 2021.
- We are considering what additional action can be taken this winter in light of the challenging financial position we are in. Our decisions will be informed by the recommendations of the Cost of Living Expert Group on where we can have most impact.
- In the longer term, our 10 year draft Child Poverty Strategy sets out our objectives for improving outcomes for children and families. The draft Strategy is currently out to [consultation](#) and we would welcome your views.

Has the Expert Group on the Cost of Living made its recommendations to the Welsh Government yet? If so, when can we expect these to be shared with the Committee (see also the response to the Draft Budget 2023-24 report).

- Initially it was anticipated that the Expert group would report to the Cost of Living Cabinet Sub Committee in June. The Minister for Social Justice and Chief Whip and the First Minister met with the Expert Group in May 2023 to discuss progress. At that meeting the Expert Group asked for additional time to formulate their recommendations.
- It is expected that the Expert Group will now submit their recommendations in a report by the end of July 2023.
- The Cost of living Cabinet Sub Committee will formally consider this report following recess.

Please provide details of the budget monitoring of Discretionary Assistance Fund (DAF) demand. Has there been any revision of the allocations made in the draft budget for 2023-24 in response to the outcome of that monitoring?

- The monthly figures indicate that the DAF is operating within budget. The quarterly *target* spend is £8.5m, and for the first quarter (April – June 2023) *actual* figures show a spend of £8.1m. However, officials are aware that demand on the DAF is very likely to increase in the autumn/winter quarters with fuel costs predicted to rise. Officials are monitoring the DAF expenditure extremely closely. There has been no revision to the DAF allocations made in the draft budget for 2023-24.

Has the evaluation of the Single Advice Fund been concluded and if so, can it be shared with the Committee?

- The evaluation of the Single Advice Fund (SAF) is currently ongoing. The review is employing a mixed method approach. Through quantitative methods the research will determine if the SAF collaborative delivery model has reached more disadvantaged and marginalised groups than the historical Welsh Government advice service funding streams and if people with multiple welfare problems are being helped.
- The qualitative research will provide valuable insights from people who have accessed SAF services. For example, their experiences of engaging with a service and the impacts of doing so, i.e., did they find the solution to their problems, have they developed more confidence in their own ability to deal with future welfare problems, etc. The review will be completed in the Autumn, and I will share the findings with the Committee.

In line with recommendation 10 in our report Unsustainable: debt fuelled by the rising cost of living, and recommendation 6 in our Draft Budget 2023-24 report, when do you expect to publish final figures regarding uptake for the

Fuel Voucher Scheme against the targets set when the scheme was launched, both in relation to prepayment meters and off-grid households?

- As set out in our response to recommendation 10 of the ESJ Committee report *Unsustainable: debt fuelled by the rising cost of living*, up to the end of March 2023, the Fuel Bank Foundation had issued 19,561 vouchers to support households which could not afford to top up their pre-payment meters. Allocations of fuel vouchers increased significantly with the development of the referral network Wales which increased from 6 partners at the point when the funding was allocated, to over 100 partners by the end of March 2023. At the end of March 2023, the remaining funding was used to purchase pre-payment meter vouchers which will be issued in Wales throughout 2023 as demand requires. The number issued since the project began is now 25,202. We will not know the final uptake figure for the Fuel Voucher Scheme until 2024.
- The Welsh Government also agreed that the Fuel Bank Foundation could run a pilot to purchase heated throws as an alternative approach to supporting people in fuel poverty. The pilot sought to heat the person not the home and 968 heated throws have been allocated to Welsh households.
- By the end of March, a further 184 households received help to purchase off grid fuel. The Fuel Bank Foundation continues to provide crisis oil tank top ups across Wales in its capacity as a charity, although demand is currently less due to the summer weather and the seasonal drop in oil prices.
- To date, these interventions have supported 63,614 people of whom 43% were children.

Violence against women, domestic abuse and sexual violence (VAWDASV) and migrant women

The Welsh Government accepted recommendation 3 of our report Violence Against Women, Domestic Abuse and Sexual Violence: migrant women to support migrant women with No Recourse to Public Funds (NRPF), and we welcome your statement on 4 July 2023 which confirms a pilot of the Migrant Victim of Abuse Support Fund.

The Welsh Government also accepted the Committee's recommendation in its Draft Budget report 2023-24 that it should clarify how the crisis fund will be funded. We understand that resources will be diverted from the existing VAWDASV budget.

Please confirm how much has been allocated to the fund and the evidence base for arriving at that figure. What assessment, if relevant, has the Welsh Government undertaken to assess the impact of diverting resources from existing VAWDASV services and activity. Alternatively, please can you provide details of where the cuts have been made.

- The NRPF pilot has been funded on an affordable basis, using £150k from the existing VAWDASV budget and therefore it has not been necessary to divert funding from other existing activities and services.
- The budget for the pilot was agreed following a comprehensive assessment of the data available in relation to need. Officials were able to draw on feedback and learning from the Support for Migrant Victims (SMV) scheme which highlighted, amongst other issues, where funding was insufficient, for example in covering accommodation for refuge places. From this, officials were able to build a picture of how much funding was needed to deliver the essential elements of the scheme and develop options for the initial in-year pilot.
- The pilot design has taken account of affordability issues and also recognised that Public Health Wales (PHW) are currently undertaking research in this area. The pilot, while not filling all the identified gaps, will go a considerable way towards doing so and provide additional evidence of benefits and remaining need, to inform future funding decisions. This will also provide scope to learn from the PHW research when it is completed, as well as taking into account future actions by the UK Government in relation to the SMV scheme.
- On this basis, £150k has been allocated to BAWSO as a grant to deliver the pilot during 2023/23, seeking to provide the following:
 - Top up the subsistence funding to victims under the SMV scheme to match the funding amount available under the Destitution Domestic Violence concession.
 - Subsidise additional funding to extend the time survivors can stay in supported accommodation whilst legal support is sought and more permanent status is processed (approximately 4 weeks per victim).

- Provide additional funding if required (if ineligible under the Social Service and Wellbeing (Wales) Act 2014), for families ineligible for refuge spaces (e.g. victims with three or more minors).
- Provide funding to support up to an additional 15 victim/families and include an arrangement to remain in their own home if a perpetrator can be removed.
- Approximately 5% additional costs for additional accommodation above the standard timescales for exceptional cases.

Equality and human rights

Please set out the impact of the reduction in EU funding on Wales-based organisations, specifically Chwarae Teg and Welsh Council for Voluntary Action (WCVA). What assessment has been made of the impact on delivery of Welsh Government equality plans. What consideration has been given to developing new funding streams to fill the gap in EU funding?

- WCVA were managing circa £5/6m a year in grants to organisations through the Active Inclusion Fund and the Social Business Growth Fund. The loss of these programmes has resulted in WCVA losing approximately 30 roles, both staff working wholly on EU-funded programmes as well as other staff from a loss of support for overhead costs. This has meant that WCVA has lost a number of very experienced staff from the employability sector who provided advice on a range of topics such as governance, procurement, financial controls and monitoring and evaluation, as well as grant support.
- In wider terms WCVA have also been integral to supporting the Third Sector with accessing EU funds, ensuring the voice and view of the Third Sector was part of the governance of EU funds. We are aware that currently no such funds, role or governance arrangements exists under UKSPF to replace that role.

Background

- It is estimated that under the 2000-2006 European Structural Funds programmes the Third Sector accessed over £224 million and in the 2007-2014 funding cycle it was awarded over £105 million. Under the current 2014-2020 programmes the Third Sector has led operations worth over £138 million.
- Third Sector organisations have had a significant involvement in ESF funded employability and skills programmes, such as WCVA's Active Inclusion Fund, which helped voluntary organisations support some of the most marginalised and disadvantaged in society on their journey towards employment. Since 2015 Active Inclusion awarded over £30 million in grant funding to more than 180 organisations and helped over 23,000 disadvantaged people to move into or closer to employment. The Fund had a calculated 'social return on investment' of approximately £3.37 of benefit generated for every £1 spent.
- Over the past two decades the Structural Funds have been successfully used to stimulate the growth and development of the social business sector in Wales with the help of the European Regional Development Fund. In the current funding

programme WCVA's Social Business Growth Fund and Community Asset Development Fund awarded £4.8 million across 59 social businesses which created 282 jobs.

Experiences in the criminal justice system

As referenced in our report Women's experiences in the criminal justice system, can you confirm whether any costings have been developed of the proposed Residential Women's Centre pilot, including the financial impact on local public services.

- The Ministry of Justice will bear the cost of the proposed Residential Women's Centre pilot. The 12 women residents will continue to access local public services whilst at the centre. As the women will already be living in the local area we do not expect this to have an impact on costs. Any additional services provided will be funded by the Ministry of Justice.

Can you confirm whether a sustainable funding stream for women's centres is now in place.

- A key priority for the next phase of work on the Women's Justice Blueprint is to develop a robust approach to non-residential women's centres across Wales. Centres such as the North Wales Women's Centre in Rhyl and the Nelson Trust Centre in Cardiff provide a valuable range of services including support to manage and overcome substance misuse, childcare support, access to sanitary products and help with the cost of living. We are currently considering the different models of women's centre to understand the best approach for Wales, and this work will draw on the findings of the Committee's inquiry into women's experience of the justice system.

Has the tender for the new Women's Pathfinder Whole System Approach Specification, mentioned in response to recommendation 5, now been published?

- The tender for the Women's Pathfinder Whole System Approach Specification is undergoing final checks and approvals. We expect the tender to be published over the summer.

Budget improvement

Please provide an update on recommendation 10 in the Draft Budget report 2023-24. Can you set out what action has been taken to develop your work on prevention.

- Welsh Government recognises the importance of prevention in the budget setting process. The preventative work that we have undertaken is seen as part of the wider work of the Budget Improvement Plan (BIP) which is updated and published annually alongside the Draft Budget. Our BIP outlines the actions we are taking on prevention.
- Through our Budget Improvement Impact Advisory Group (BIAG) we are engaging with key stakeholders on improving budget processes. In January 2023, we delivered a presentation to BIAG stakeholders on prevention so that stakeholders could better understand this complex area. Prevention is a key part of the BIAG work plan for 2023 and a sub-group has been set up to specifically look at how we can embed prevention into our budget processes. This work is ongoing and will be completed in December 2024.
- We are also considering what further steps we might take as part of our 2024-25 Budget preparations.
- We will provide a further update in our Budget Improvement Plan in line with our established practice when it is published alongside the 24-25 Draft Budget.

We ask that you reconsider your position on recommendations 11 and 12 in the Draft Budget 2023-24 report, which were rejected at the time. We are concerned that publishing a summary of all Ministers' written evidence to Senedd scrutiny committees on allocations within each MEG is not an adequate response to our recommendation.

We would like to see how you intend to provide greater clarity and transparency in the way next year's budget is presented. How do you intend to address criticism of the current approach to Strategic Impact Assessments? Will you commit to publishing a distributional analysis with the Draft Budget 2024-25?

- With regards recommendation 12 our position remains that this is rejected.
- For recommendation 11 we are prepared to accept this in principle on the basis we continue to outline the steps we are taking to reform budget and tax process improvements as part of our Budget Improvement Plan, which is published alongside the Draft Budget. This year we have worked collaboratively with the Budget Improvement Impact Advisory Group (BIAG) to explore how we undertake the Strategic Integrated Impact Assessment (SIIA); this has included some changes within the SIIA published as part of the 2023-24 Draft Budget. Further longer-term actions are being explored through continued working with

the BIIAG to review our approach to assessing impacts of budget decisions as part of the Budget Improvement Plan (BIP).

- At this early stage of the 2024-25 Budget process and the uncertainties we are facing, we are not in a position to provide an update on clarity and transparency as to how next year's Budget will be presented at this time.
- It also remains important to recognise that this SIIA outlines the contextual evidence that has supported our spending decisions. It is just one of a suite of documents published as part of our Draft Budget, with the impact of spending decisions outlined as part of the main narratives in chapter four, complemented by the SIIA at Annex A. Following publication of the Draft Budget, we published an extensive summary of all Ministers' written evidence to Senedd Scrutiny Committees on allocations within each MEG. This provides a more detailed account as to how Budget decisions have impacted on different groups.
- An updated distributional analysis of devolved public spending in Wales will be published alongside the 2024-25 Draft Budget.

Jane Hutt MS

Minister for Social Justice and Chief Whip

5 July 2023

Dear Jane

In-year financial scrutiny: 2023-24

Thank you for accommodating our request to use our scheduled scrutiny session in September for your contribution to our inquiry into the public health approach to preventing gender-based violence. However that means that our planned general scrutiny session will no longer go ahead. We would therefore welcome a written response to the following, including updates to recommendations made in our report on the [Draft Budget 2023-24](#), and other reports:

Cost of Living

- Welsh Government preparedness for the cost of living challenges that will arise this winter and any additional action you may be able to take to support the most vulnerable households?
- Has the Expert Group on the Cost of Living made its recommendations to the Welsh Government yet? If so, when can we expect these to be shared with the Committee (see also the [response](#) to the Draft Budget 2023-24 report).
- Please provide details of the budget monitoring of Discretionary Assistance Fund (DAF) demand. Has there been any revision of the allocations made in the draft budget for 2023-24 in response to the outcome of that monitoring?
- Has the evaluation of the Single Advice Fund been concluded and if so, can it be shared with the Committee?
- In line with recommendation 10 in our report [Unsustainable: debt fuelled by the rising cost of living](#), and recommendation 6 in our Draft Budget 2023-24 report, when do you expect to publish final figures regarding uptake for the Fuel Voucher Scheme against the targets set when the scheme was launched, both in relation to prepayment meters and off-grid households?

Violence against women, domestic abuse and sexual violence (VAWDASV) and migrant women

- The Welsh Government accepted recommendation 3 of our report [Violence Against Women, Domestic Abuse and Sexual Violence: migrant women](#) to support migrant women with No Recourse to Public Funds (NRPF), and we welcome your statement on 4 July 2023 which confirms a pilot of the Migrant Victim of Abuse Support Fund. The Welsh Government also accepted the Committee's recommendation in its Draft Budget report 2023-24 that it should clarify how the crisis fund will be funded. We understand that resources will be diverted from the existing VAWDASV budget. Please confirm how much has been allocated to the fund and the evidence base for arriving at that figure. What assessment, if relevant, has the Welsh Government undertaken to assess the impact of diverting resources from existing VAWDASV services and activity. Alternatively, please can you provide details of where the cuts have been made.

Equality and human rights

- Please set out the impact of the reduction in EU funding on Wales-based organisations, specifically Chwarae Teg and Welsh Council for Voluntary Action (WCVA). What assessment has been made of the impact on delivery of Welsh Government equality plans. What consideration has been given to developing new funding streams to fill the gap in EU funding?

Experiences in the criminal justice system

- As referenced in our report [Women's experiences in the criminal justice system](#), can you confirm whether any costings have been developed of the proposed Residential Women's Centre pilot, including the financial impact on local public services.
- Can you confirm whether a sustainable funding stream for women's centres is now in place.
- Has the tender for the new Women's Pathfinder Whole System Approach Specification, mentioned in response to recommendation 5, now been published?

Budget improvement

- Please provide an update on recommendation 10 in the Draft Budget report 2023-24. Can you set out what action has been taken to develop your work on prevention.
- We ask that you reconsider your position on recommendations 11 and 12 in the Draft Budget 2023-24 report, which were rejected at the time. We are concerned that publishing a summary of all Ministers' written evidence to Senedd scrutiny committees on allocations within each MEG is not an adequate response to our recommendation. We would like to see how you intend to provide greater clarity and transparency in the



way next year's budget is presented. How do you intend to address criticism of the current approach to Strategic Impact Assessments? Will you commit to publishing a distributional analysis with the Draft Budget 2024-25?

We look forward to receiving your response.

Yours sincerely

A handwritten signature in black ink that reads "Jenny Rathbone". The signature is written in a cursive style with a large initial 'J' and 'R'.

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Jenny Rathbone
Chair, Equality and Social Justice Committee
Senedd Cymru

3 August 2023

Dear Jenny

Thank you for your letter of 5 July, regarding the Warm Homes Programme and a social tariff for energy.

In terms of the new demand-led scheme, the key milestones we are working to are:

Invitation to Tender published	August
Selection of preferred bidder	Mid October
Assurance Gateway	w/c 23 October
Intention to Award letters (2 week standstill period)	Mid November
Contract Award	End November
Mobilisation starts	End November

The complexity in the transition between the new and old contracts will, in large part, depend on whether there are new suppliers or not. My officials are in discussions with the current Nest suppliers to begin arrangements for demobilising Nest. The extension to the current Nest contract to the end of March 2024 will ensure there will be no gap in provision between the new and existing programmes.

We will be working with the successful bidders during the first year to further develop the scheme to accommodate communal and small-scale area-based schemes, such as the treatment of a terrace of houses or a block of flats where that is the most appropriate intervention. This will not require an additional procurement exercise.

We scaled up our advice to households during the winter of 2022/23, which included funding an increased number of energy advisors providing support through our Nest freephone service. This increased capacity has been retained this year to service additional demand. We will be working with partners on our Fuel Poverty Advisory Group to disseminate information on the support available.

We have also launched our Climate Action Wales website, illustrating the everyday actions people can take to reduce our impact on the planet. This includes ways to save money and energy at home through greener and more energy efficient behaviours and choices.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.James@llyw.cymru
Correspondence.Julie.James@gov.Wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The responsibility for developing a social tariff and other policies to deliver protections for vulnerable customers rests with the UK Government. This Welsh Government has consistently and loudly called for a range of measures to better support those in need, including a social energy tariff. I understand the Department for Energy Security and Net Zero have listened and intend to issue a consultation on this matter later this year.

I am copying this response to the Minister for Social Justice, Jane Hutt MS.

Yours sincerely



Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change

Julie James MS
Minister for Climate Change

July 5th 2023.

Dear Julie,

The Warm Homes Programme Policy Statement and Lessons Learnt

Thank you for your letter regarding the Warm Homes Programme (WHP) which we noted on 26 June 2023. While we broadly welcome your announcement on June 20th, our ability to hold the government to account is being impeded by a lack of detail and clarity regarding timescales for transitioning to the successor scheme. We would be grateful for the following information:

- A timeline of dates for the key milestones that you are working towards with regards to procuring the new demand-led scheme. In particular we would appreciate clarity regarding the target dates for the stages of the procurement: going out to tender; tender evaluation and selection of preferred bidder; contract award; and implementation.
- With regards to a replacement area-based scheme, please set a timeline of dates for the key milestones you are working towards. In particular we would welcome clarity regarding the target dates for: publication of the policy statement for part 2; going out to tender; tender evaluation and selection of preferred bidder; contract award; and implementation.
- Advice for households this winter: what action are you taking to promote free energy saving advice to households over the summer and into the challenging winter 2023-24? Please provide details of any public, private or third sector organisations that you are partnering with to ensure a consistent message reaches as many households as possible.
- What progress is being made to get OFGEM to introduce a social tariff for energy and when can we expect vulnerable households to benefit?

We fully appreciate the need to get the successor scheme right. However, the lack of urgency in transitioning to a successor scheme has been frustrating, set against the backdrop of spiralling energy costs. We therefore hope that you can provide us with the clarity and certainty that we are seeking around the timescales for the next steps.

I am copying this letter to the Minister for Social Justice, Jane Hutt MS.

Yours sincerely,

A handwritten signature in black ink that reads "Jenny Rathbone". The signature is written in a cursive style with a large initial 'J' and 'R'.

Jenny Rathbone MS

Chair of Equality and Social Justice Committee

Senedd Cymru



Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Agenda Item 6.21



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref

Jenny Rathbone, MS
Chair of Equality and Social Justice Committee

SeneddEquality@senedd.wales

10 August 2023

Dear Jenny

Thank you for your letter of 28 July regarding your intention to launch a short inquiry on the Draft Child Poverty Strategy for Wales 2023. I am grateful for the Committee's continued interest in this important issue. Previous inquiries were most helpful as we drafted the strategy for its consultation.

The draft strategy has been developed on the basis of evidence, particularly from the Wales Centre for Public Policy, and following engagement with 3,300 people with lived experience and the organisations that support them. This included 1,402 children and young people. The consultation will close on 11 September, and we anticipate a healthy number of responses.

While I will very much welcome the Committee's findings, the strategy will be considered by Cabinet during November. It would therefore be very helpful if the Committee could share your inquiry findings by 27 October at the latest to allow time for my officials to give the findings due consideration while finalising the strategy.

I do hope that date is achievable for the Committee. I wish to reassure you and the committee that any information provided later than this date will still be taken into account in the broader sense of informing our work on child poverty. For example, I note that some of the areas you intend to explore relate to determining progress in addressing child poverty and the effectiveness of interventions in addressing child poverty in specific groups. As indicated in the draft Strategy we will be seeking independent advice on suitable indicators

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Jane.Hutt@llyw.cymru
Correspondence.Jane.Hutt@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

and a framework to monitor and report on progress. Your findings will also be fed into that work over the autumn.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal line above the first few letters.

Jane Hutt AS/MS

Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Jane Hutt MS
Minister for Social Justice and Chief Whip

28 July 2023

Dear Jane

The Welsh Government's Draft Child Poverty Strategy for Wales 2023

At our meeting on 10 July, the Committee agreed to launch a short inquiry on the Draft Child Poverty Strategy for Wales 2023. We note that you are currently consulting on the Draft Strategy and we wanted an opportunity to gather evidence with a view to influencing the final strategy.

We plan to undertake this work on the following dates:

- | | |
|---------------------|--|
| 25 September | Three Panels of oral evidence from witnesses |
| 2 October | Roundtable event with stakeholders in Cardiff |
| 9 October | Visits to anti-child poverty charities in Swansea Bay. |

We note that the formal consultation ends in September. Unfortunately, due to prior commitments it will not be possible for us to undertake our planned work any earlier than the dates identified above. We would be grateful if you could please indicate whether the Committee's findings would still be taken into account if we submitted them by the end of October?

The terms of reference for our work are provided in the annex. As these details are yet to be published, I would be grateful if you could please treat this letter **in confidence** until the inquiry is launched.

Yours sincerely,



Jenny Rathbone MS
Chair of Equality and Social Justice Committee

Annex

The Committee is seeking to influence the development of the draft child poverty strategy by considering:

- The extent to which the draft strategy will support the Welsh Government and its partner organisations to maximise their contribution to reducing child poverty within the boundaries of the devolution settlement.
- What best practice in tackling child poverty exists within and beyond Wales, and why do these interventions work. To what extent does the approach outlined in the strategy align with this.
- What barriers exist to implementing solutions that successfully address child poverty in Wales, and how can these be overcome.
- Which indicators should be used to measure progress in addressing child poverty. What specific and measurable targets should be set to assess this.
- How effective will the strategy be in addressing child poverty within specific groups of the population.
- The extent to which children's rights are addressed in the strategy and impact assessment.

Jane Hutt AS/MS
Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Agenda Item 6.22

Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies MS
Chair Legislation, Justice and
Constitution Committee

Jenny Rathbone MS
Chair, Equality and Social Justice Committee

Email: SeneddLJC@senedd.wales
SeneddEquality@senedd.wales

11 August 2023

Dear Huw, and Jenny,

Thank you for the Committees report on the Legislative Consent Memorandum on the Victims and Prisoners Bill laid on 19 May 2023.

I note the four recommendations from your Legislation, Justice and Constitution Committee (LJCC) and the one recommendation from Equality and Social Justice Committee which I have responded to below:

Legislation, Justice and Constitution Committee

Recommendation 1. We consider that the clauses of the Bill set out in the Memorandum fall within a purpose within the legislative competence of the Senedd, as described in Standing Order 29, and therefore require the consent of the Senedd.

Response:

I welcome this recommendation from the Committee which affirms the position on competence set out in the Memorandum.

Recommendation 2. The Minister should clarify if the Welsh Government has held any discussions with the UK Government about clause 28 of the Bill and why there appears to be a difference in opinion as to whether the Senedd's consent should be sought for this clause.

Response:

I have discussed this with the UK Government, who have confirmed that they agree with my assessment that clause 28 of the Bill does not need Senedd consent and that the current

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Jane.Hutt@llyw.cymru
Correspondence.Jane.Hutt@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

explanatory notes are inaccurate. They have committed to reviewing the wording in the explanatory notes which will accompany the Bill's final version to accurately reflect this.

Recommendation 3. The Minister should confirm or correct our understanding that the Welsh Government was not aware of the provisions included in Part 3 of the Bill about the parole system, the Parole Board or preventing prisoners serving a whole life order to enter into a marriage or civil partnership until the Bill was introduced to the UK Parliament.

Response:

I was not aware of the provisions included in Part 3 of the Bill despite my officials asking for early sight of the complete Bill on several occasions, including the day before the Bill was introduced to the House of Commons.

Recommendation 4. If the Welsh Government was not made aware of the provisions in the Bill about the parole system, the Parole Board or preventing prisoners serving a whole life order to enter into a marriage or civil partnership until the Bill was introduced to the UK Parliament, the Minister should clarify how and when these provisions were drawn to the attention of the Welsh Government by the UK Government and what explanation the UK Government provided about their inclusion.

Response :

My officials have been engaging with colleagues in the Ministry of Justice (MoJ) and my legal and policy leads with an interest in the Bill, on the clauses expected to be introduced as part of the Bill. However, my officials had not had sight of the final Bill as a whole or Explanatory Note prior to it being introduced, or that the Bill title and provisions had been changed to 'Victims and Prisoners Bill'.

The Committee may wish to note that the UK House of Commons Justice Committee were unsighted on the changes to the Bill. On 27 June 2023, the chair of the Justice Committee wrote to the Secretary of State for Justice and commented that *"By introducing two new substantive parts to the Bill that were not included in the original draft bill would appear to be evidence of a fairly dysfunctional policy process. We appreciate that these decisions were taken before you took up your post and welcome the open-minded tone of your speech on Second Reading. We hope that in the future the Government will approach pre-legislative scrutiny with a spirit that reflects the underlying purpose of the exercise, which is to enable Members with a special interest and expertise in justice issues to contribute to examine a Bill before it is formally introduced."*

The first time the changes were raised formally by the UK Government was through engagement on 29 March 2023, the day the Bill was introduced into the House of Commons. This was through an e-mail which advised *"The Bill has been expanded to introduce an Independent Public Advocate (Part 2) to support victims of major incidents and their families. It also introduces parole reforms to put public protection at the heart of decision-making (Part 3), and prohibits prisoners who are serving a whole life order from entering into a marriage or civil partnership (Part 4)."*

Equality and Social Justice Committee

Recommendation 1. We recommend that the Senedd withholds legislative consent in relation to the Victims and Prisoners Bill.

In addition, one Member objected in principle to any legislation affecting devolved Welsh matters being enacted via a UK Government Bill.

Response:

I welcome the Committees work and confirm that discussions will continue with the UK Government on the full detail of their proposals regarding the relevant clauses requiring an LCM before we provide further recommendations to the Senedd on consent.

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal stroke above the first letter of "Jane".

Jane Hutt AS/MS

Gweinidog Cyfiawnder Cymdeithasol a'r Prif Chwip
Minister for Social Justice and Chief Whip

Jenny Rathbone MS
Chair
Equality and Social Justice Committee

Thursday 17 August 2023

Dear Jenny,

Subject: UKIM Submission to the UN Committee on the Rights of Persons with Disabilities

Today the UK Independent Mechanism (UKIM)¹ – a group made up of the Equality and Human Rights Commission (EHRC), the Scottish Human Rights Commission (SHRC), the Equality Commission for Northern Ireland (ECNI) and the Northern Ireland Human Rights Commission (NIHRC) - published [a report assessing the rights of disabled people across the UK](#). This report was submitted to the UN Committee on the Rights of Persons with Disabilities (the Committee) in July, as part of the review of its inquiry into the UK, taking place this month.

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

E: correspondence@equalityhumanrights.com

Tŷ'r Cwmnïau (Llawr 1af),
Ffordd y Goron, Caerdydd, CF14 3UZ

Companies House (1st Floor),
Crown Way, Cardiff, CF14 3UZ

equalityhumanrights.com

The UN's inquiry, published in 2016, found 'grave and systemic' violations of the Convention on the Rights of Persons with Disabilities (CRPD), and made 11 recommendations for improvement. Specifically, the Committee examined the impacts of welfare reforms since 2010 on the rights of disabled people to independent living; work and employment; and standard of living and social protection.

By ratifying the CRPD, the UK is bound by international law to respect, protect and fulfil the rights it contains. Responsibility for implementing UN human rights treaties lies with both the UK-wide and devolved institutions.

UKIM's report assesses progress against the 11 inquiry recommendations and analyses government action and context related to disability rights since 2016. UKIM's assessments show that, despite some progress in certain areas, there has been limited or no progress against many recommendations. One area highlighted is the lack of progress to embed cumulative impact assessments into budgetary decision making.

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

E: correspondence@equalityhumanrights.com

Tŷ'r Cwmnïau (Llawr 1af),
Ffordd y Goron, Caerdydd, CF14 3UZ

Companies House (1st Floor),
Crown Way, Cardiff, CF14 3UZ

equalityhumanrights.com



The UKIM report highlights some progress made the Welsh Government's approach to co-production with disabled people in forming the Disability Rights Taskforce.

The forthcoming review will provide an opportunity to work to improve the lives of disabled people across the UK. We would be happy to discuss these issues, and our report, with you at your convenience.

Yours sincerely,

Rev Ruth Coombs

Head of Wales

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

E: correspondence@equalityhumanrights.com

Tŷ'r Cwmnïau (Llawr 1af),
Ffordd y Goron, Caerdydd, CF14 3UZ

Companies House (1st Floor),
Crown Way, Cardiff, CF14 3UZ

equalityhumanrights.com

Our ref: MA/EM/2066/23

Jenny Rathbone MS
Chair,
Equality and Social Justice Committee

SeneddEquality@senedd.wales

18 August 2023

Dear Jenny

Thank you for your letter of 20 July addressed to Jane Hutt MS, the Minister for Social Justice and Chief Whip, regarding the inquiry into data justice. I am responding to your letter as the subject pertains more closely to my portfolio area.

Thank you for taking the time to set out the scope of your inquiry and for inviting the Welsh Government to share our comments in relation to the themes you have set out. Please find below a summary of what actions the Welsh Government is taking to address the issues raised.

1. Public understanding of health care data

We are aware from previous research¹ conducted into public attitudes around the collection and use of Health and Social Care data that:

- There are generally low levels of awareness (by the public and service providers) of how personal information is stored and shared.
- There is a desire to know more about what happens to health and care data.
- A significant percentage of people believe that health records are shared more widely than is the case.
- Data sharing is generally supported where this is seen to contribute to better care, treatments or services.
- Data security is the most commonly expressed concern.
- There is a fairly high level of trust in relation to how information is used in the NHS.
- Most people would like to be able to see their own records and have the opportunity to correct any mistakes.
- People want some control over who has access to their records.

¹ [Health Online: public attitudes to data sharing in the NHS \(scot.nhs.uk\)](https://www.scot.nhs.uk/healthonline/public-attitudes-to-data-sharing-in-the-nhs/)

- There was a desire for tighter controls for particularly sensitive health information (mental health, sexual health etc.)

Research carried out by Social Care Wales² found that many were annoyed about having to repeat the same information to many Health and Social Care professionals, especially in situations when the patient is on a number of different medications and may have difficulty remembering.

Public engagement on the use of data needs to be tailored to the planned purposes for accessing and using data. The appropriateness of arrangements, and the public expectations around such arrangements will vary based on the purposes for which the data is being utilised – arrangements for sharing and use of data to support direct care have a different set of conditions and expectations compared to secondary uses of this data such as planning and research.

For example, Wales is at the forefront of making anonymised, large-scale, linked data available for research purposes in a safe and secure way via the SAIL databank. This approach is based around a ‘privacy by design’ model that has been shaped by extensive public involvement and engagement activities over a number of years. SAIL has undertaken its own public involvement activity, including the creation of the SAIL Consumer Panel – a quarterly forum with 15 public contributors who help advise the SAIL team on its operations and those interested in accessing SAIL data.

The SAIL team also draws on the extensive public engagement activity and resources developed by Health Data Research (HDR) UK, of which the Welsh Government is a core funding committee member (via Health and Care Research Wales). This includes being part of the [Public Engagement in Data Research Initiative](#) (PEDRI), via our core membership of HDR UK and Administrative Data Research (ADR), with Welsh Government officials providing expert input into developments and advising on how relevant initiatives and activities can be delivered and adopted in Wales.

Public involvement and engagement around the use of data for research is an ongoing endeavour. The Welsh Government, in partnership with academia and SAIL, is actively undertaking public engagement work to inform the delivery of our [Administrative Data Research \(ADR\) Wales planned programme of work 2022-2026](#), which includes research using health data. We recognise the importance of demonstrating public trustworthiness and maximising the public benefit of administrative data research. Activities include public panels (including [SAIL consumer panel](#)), working with the third sector (e.g. we partnered with the [Ministry of Justice and third sector substance misuse services](#) to understand data subject views), public dialogue (e.g. we input to the [Office of Statistics Regulation and ADR UK report](#)) and events (e.g. we had a presence at the Royal Welsh in July 2023).

The Welsh Government is committed to making better use of our health and care data. The world is becoming digitised, and people’s expectations of public services are changing. Increasing our use of data will be essential to underpin the digital transformation of services we all want to see in Wales:

- to move away from paper records to digital ones that can easily be shared with the appropriate health and care professionals to deliver the best care,
- to utilise machine learning and Artificial Intelligence technologies to assist health professionals with diagnoses,
- for patients to access their own health records digitally, (those without digital access will also have faster access to their records on paper) and
- for researchers to access the data they need to develop life-saving treatments.

² [A strategic approach to Social Care data in Wales](#) **Page 326**

We know that the more information patients, health professionals and researchers have, the better the decisions, diagnoses and health outcomes are likely to be.

We are therefore planning on improving how we store, share and use health and care data. However, we are determined to ensure that the public are content with how we use, and how we intend to use, health and care data. We will shortly embark on a series of public engagement activities, to ensure citizens can express their views on how we share data within health and social care, and so that we can identify citizens' concerns around the use of their health and care data.

These public engagement outcomes will inform our policy on sharing health and care data in Wales. They will also help us to develop an information campaign for both professionals within the service, and the public to inform them about any proposed changes to how we share health and care data. This data involves the most sensitive personal data imaginable, therefore it is vital that we ensure people understand the benefits of greater use of this data and that they are assured about data security and confident that their data will be handled ethically and appropriately.

2. The reasons for data collection

Currently health and social care data is collected whenever a person interacts with the service. Their data is stored in many paper folders, databases, and digital systems. These digital systems are not usually connected with each other, making it difficult to ensure the right information is available at the right time for patient care.

We therefore want to improve data sharing across and between care settings and clinical systems, to support direct care. We also want to improve the use of data for secondary purposes, for example to help plan and manage the Health and Care service, to analyse the health of the population in order to target support, to conduct research (e.g. into new treatments) and to quality assure the health and care service provided.

The Welsh Government is supporting the development of the [National Data Resource](#) (NDR), which was first referred to in [A Healthier Wales](#). The NDR is a ten-year digital transformation programme which will make it easier to join-up Health and Social Care data from various sources. The programme is committed to adopting the principles of 'open architecture', 'open platform' and 'common data standards', making it easier for our IT systems and digital services to 'talk' to each other, via the NDR. The NDR platform will also enable a single digital health and care record (i.e. the underlying data that can be viewed through multiple different systems across specialities and settings). This will improve the ability to access, share, link and use data within Health and Social Care in Wales.

Once the NDR is fully developed, access to its health and care data will be carefully controlled to ensure that any sharing of data is appropriate, ethical and lawful. We are currently working with Digital Health and Care Wales to develop an Information Governance framework around the NDR to explore the best way for granting access to the data in a secure way, also to agree the safeguards that are required and criteria that must be met before access is granted.

As your letter rightly points out, research institutions such as SAIL and universities can and do play a key role in maximising the collection and use of patient data. We plan to build on the success of our ADR Wales partnership in the coming years, acquiring new datasets and undertaking further research using linked de-identified health data and other datasets, to inform government decisions. Our planned programme of work is carefully aligned to the Programme for Government.

3. The quality and completeness of health data

We too have concerns about the quality and completeness of health data. As you have highlighted, poor recording and missing data means data cannot be used to its full potential and any analyses or use of that data may lead to biased results. In recognition of this, the Welsh Government's Equality, Race and Disability Evidence Units (ERDEU) were established in 2022 to address some of the long-standing issues with evidence including quality, completeness and granularity. The ERDEU are exploring how best to involve communities in their work, and support analysts to do so too, particularly with smaller or under-reported groups.

The poor recording of ethnicity data was particularly highlighted during the Covid Pandemic. While there are issues around the recording of ethnicity data by healthcare professionals, the reluctance to provide ethnicity information due to concerns about the use of the data also contributes to this problem. The Welsh Government's Equality, Race and Disability Evidence Units (ERDEU) have a priority included in [their priority list \(published alongside their strategy\)](#) that will explore this. It is expected to explore what works to increase willingness to provide ethnicity data across a range of settings including healthcare.

We believe that digital health records, which use common data standards, that are linked with their demographic record should reduce potential errors in recording ethnicity information and improve both completeness and consistency of data recording. The NHS Wales App (see section 7) will also provide an opportunity for patients to review their own health record and correct or complete any missing information, which will also improve the quality of the data.

We are working closely with the Wales Information Standards Board to ensure consistency of data, including setting standards, longer term for the demographic record with the aim to substantially improve the quality and completeness of all health and care data. The plethora of legacy systems and their divergent approaches to data management, has meant we are having to take a considered, phased approach to development, which will initially define a core subset of patient centric data, as well as the practical use of mandated interoperability standards to ensure that existing legacy systems are able to use and share this core data in a meaningful way.

Our ADR Wales partnership is pleased to have acquired the Census 2021 data to SAIL which has created more opportunities for de-identified data linking research considering protected characteristics such as ethnicity. Where data gaps are present in the Census 2021 it will be possible for accredited researchers with approved projects to draw from other datasets in SAIL (e.g. Pupil Level Annual School Census) and include health data in their research. This is included in ADR Wales planned projects.

The Race Disparity Evidence Unit (part of ERDEU) are working with a range of policy areas across the Welsh Government, which includes health, to support monitoring of the [Anti-Racist Wales Action Plan](#). This work involves supporting those areas on ethnicity classifications, data collection and terminology so there is clarity, consistency and quality. It is expected that in the future, similar work will be undertaken across a range of minority groups by the ERDEU where there is a need to improve data. For example, the [LGBTQ+ Action Plan](#) for Wales highlights specific data needs in the healthcare setting for trans, non-binary and intersex people (see action 25).

We are committed to improving the quality and completeness of all health and care data, in particular for minority groups, as it is essential for addressing health disparities and ensuring equitable healthcare delivery.

4. The drivers for data collection

As mentioned in 2 above, once the NDR is fully developed, access to its health and care data will be carefully controlled to ensure that any sharing of data is secure, appropriate, ethical and lawful in order to protect individuals' privacy and maintain public trust. However, the data will be made available with appropriate safeguards to those with a well justified requirement for the data. We expect that the majority of requests for data access will come from within the NHS and social care, but may also be granted to other public bodies and external researchers – provided that their request meets the specified criteria.

In delivering the NDR we are currently working with Digital Health and Care Wales to agree the process and criteria for granting access to the data and how to prioritise those requests. Once this process has been agreed this will be published on the NDR website to support transparency and public trust.

ADR Wales is working with other public bodies to support them to maximise the value of the data they hold through data sharing and linking for research. For instance, in the last year we have held two workshops with local authorities to ask them how we can better support them. We have also asked them what research questions they have that we can help answer using our externally funded analytical capacity. Officials funded as part of ADR Wales are also supporting other public bodies (e.g. Public Health Wales) to leverage additional funding (e.g. HM Treasury Shared Outcomes Funding) for research in Wales which will help them to access and use data effectively in planning and developing health and social care services (e.g. mental health services).

5. Data complexity

Health and Care data is currently stored in a broad range of systems and formats which can make sharing data and making it available to provide care difficult. The NDR will improve the ability to access, share, link and use data within Health and Social Care.

Our ADR Wales partnership has supported the creation of the ADR UK Data Catalogue launched in June 2023 to make it easier for public bodies and others to discover the growing collection of administrative datasets available, including health and social care data, for public-good research. This complements the [HDR UK Gateway](#), an online tool that provides a detailed outline, including relevant meta-data, on datasets in Wales available to researchers via the SAIL Databank.

6. Data security

This data involves the most sensitive personal data imaginable; therefore data security is the highest priority. As mentioned in 2 above, access to health and care data will be carefully controlled to ensure that any sharing of data is secure, appropriate, ethical and lawful in order to protect individuals' privacy and maintain public trust.

The whole ADR Wales system that facilitates the de-identification and storage of individual level data for safe and secure research is [Digital Economy Act \(DEA\) accredited](#). This is assessed by the UK Statistics Authority. This means SAIL and Digital Health Care Wales have completed evidence-based compliance assessments to demonstrate sufficient security and technical controls, data capability controls, and their staff have the appropriate skills and experience to be accredited as a data processor under the DEA. This is routinely assessed. Confirmation of this accreditation is available on the [public register](#).

We are determined to ensure that the public is content with how we use, and how we intend to use, health and care data. As mentioned in 1 above, we will shortly embark on a series of public engagement activities, to ensure citizens can express their wishes and views on how we manage and provide access to their data within health and social care, so that we can take their wishes into account.

7. Developments in data collection and use

As you are aware the Welsh Government has been supporting the development of the NHS Wales App that will give patients access to NHS services and information as well as to their own medical records. I made a statement to the Senedd on the availability of the App on 9 May 2023.

This App is now available to Welsh citizens to download, with additional functionality being made available in a managed way over the coming months. Some App functions, such as in-App access to 111 symptom checkers and organ donation services, are already available to all; but others, such as appointment booking, repeat prescription re-ordering, and viewing their medical records, test results, prescriptions, will only be available once a person's GP practice has enabled the functionality.

We are of course mindful of the fact that not all citizens will have a smart phone, and so the same information available through the App will also be available via the NHS Wales website. Both the App and website are designed to work with existing accessibility software, in line with the Digital Inclusion mission of our refreshed Digital and Data Strategy

The Digital Services for Patients and the Public programme in DHCW, which is developing the NHS Wales App, is working with Digital Communities Wales to provide additional digital support in communities for those who are less able to use the App or website. For those who are digitally excluded, not just in terms of access to devices but also access to the internet and their digital confidence, they will be able to access their patient record by asking for it at their GP surgery as they do today. As more patients (who are able to do so) utilise digitally delivered services, this will increase capacity for those without digital access to continue to utilise traditional methods of interaction (e.g. telephone, face to face, etc).

8. Patient engagement

As mentioned in 1 above, we will embark on a series of public engagement activities, to ensure citizens can express their wishes and views on how we manage and provide access to their data within health and social care, so that we can take their wishes into account.

One of the core missions of our recently published [Digital and Data Strategy for Health and Social Care](#) is to provide user-centred services. This involves delivering services which are informed by user research, user design and user feedback. We are also committed to supporting other organisations to adopt this approach.

The refreshed Strategy sets out the expectation for all health and social care organisations and our delivery partners to make sure that the needs of the user are always at the centre of the way services are designed and delivered. In addition, our digital services will comply with the law concerning accessibility to reduce inequalities in access to health and social care.

Our commitment to embedding users at the heart of our digital transformation journey is clearly placed within our refreshed Digital and Data Strategy: It states that: "our digital services will be consistent, simple to use, accessible to everyone and provide feedback mechanisms so that people can tell us about their experiences. This includes patients,

service users, users, and staff. Delivering digital services is about putting the user at the heart of the design using User-Centred Design (UCD). Our digital services will be based upon an explicit understanding of our users, their needs, and their environment. They will be driven and refined by user-centred evaluation, and feedback and will address the whole user experience. Our process will involve users throughout the design and development process and will be iterative.”

For research purposes, there is an increasing focus on how health and care data could be utilised to support more effective, inclusive recruitment to research trials. These approaches require appropriate access to identifiable data and therefore are not services that can be provided directly by SAIL (which is based on anonymised data). The Welsh Government and DHCW are working together on how these types of services can be created, with public involvement at the heart of developments. This includes public contributors on the ‘Data for Research’ working group that is overseeing this work, plans for dedicated public involvement activity in the implementation of any such services, and ongoing work to design and deliver deliberative public dialogue on the access and use of data for identifying and approaching individuals about research opportunities.

9. IT and workforce development

The Welsh Government Strategic Evidence Board is considering a 10-year vision for data infrastructure to ensure it will meet our stated ambitions, and alongside this looking at the associated financial implications. The current restrictions on public budgets are challenging, but we appreciate investments in IT and data infrastructure can lead to improvements in the efficiency, effectiveness and outcomes of policy, delivery and legislative decision making, and therefore provide value for money.

We are supporting the development of the ONS-led cross-government new Integrated Data Service, but we are keen to retain Welsh data sovereignty.

As we move to rely more and more on digital services, we are very aware of the need to invest in basic IT and digital skills of our health and care workforce. The Digital Strategy for Wales recognises the importance of digital skills in achieving its vision of improving the lives of everyone through collaboration, innovation and better public services.

Another core mission of our recently published [Digital and Data Strategy for Health and Social care](#) is to improve digital skills. The strategy states that we will:

- Provide training and support to create a ‘digital ready workforce’ across health and social care, which has the skills and confidence to use digital and data services to their full extent at every level, from the workforce of the future through to senior leaders. An example is the development of a Digital Capability Framework by HEIW, designed to support our non-digital staff to identify the skills needed to develop digital confidence.
- Support the public and patients by promoting digital literacy and making digital services easier, informed by user design.
- Strengthen the digital health and social care profession in Wales through training and recruitment targeted to future needs.
- Use a Centre of Excellence (COE) approach to develop deep professional expertise in key areas: agile user-centred design, Microsoft 365, Cloud, data insights and information governance.
- Commit to building skills across health, social care and the wider public sector using a master staff index to track and audit skills, capabilities, and expertise.

We intend to develop the capacity and skills needed for the next five-plus years by re-profiling our digital profession through targeted recruitment and training across Welsh health and social care. Digital services can only be deployed effectively when we adopt a standard approach to digital delivery. Partnering between HEIW, DHCW, Intensive Learning Academy (ILA), Social Care Wales, ADR Wales and the Wales Institute for Digital Information (WIDI) can help develop skills nationwide by diagnosing and filling in digital, analytics and technology skills gaps across organisations. Working together, we will design and implement digital skills development programmes for the future workforce. DHCW and local authorities can then promote a whole system adoption of broad-based digital skills training. These can be customised, based on employee needs and delivered by their specific organisations.

Thank you for sharing the themes of your concerns regarding data justice within the health and care service. I hope that the summary of actions the Welsh Government is taking to address these issues will assure you that we share many of the concerns raised and are already working to address them.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Jane Hutt MS
Minister for Social Justice and Chief Whip

20 July 2023

Dear Jane,

Inquiry into data justice

The Equality and Social Justice Committee recently held a one day inquiry into data justice. Intended as a short, targeted inquiry, our focus has been on the use of personal data in the Welsh NHS, how secure this data is, and how it will be used and shared when electronic prescribing (e-prescribing) is rolled out. Further details, including terms of reference, are available on our [website](#).

The following key themes emerged during our evidence gathering and we draw these to your attention for consideration as the Welsh Government moves forward in this area. A more detailed summary of the evidence gathered is attached as an annex.

Public understanding of health care data

NHS Wales produces, relies on, retains and reports on significant amounts of patient data. However, we heard that public messaging about data needs to be better balanced between data security, risk and concerns and the potential for using data in research and improving patient care.

Please could you outline the effectiveness of programmes of engagement with patients and the public to improve and share understanding of the concerns and potential benefits around the collection and use of health data.

The reasons for data collection

Evidence suggested that while there is a good degree of trust in the NHS and research institutions, patients are more hesitant to share their data with private sector organisations.

The NHS and research institutions such as SAIL and universities can and do play a key role in maximising the collection and use of patient data. However, the recent pandemic has shown the potential value of active work with the commercial sector with appropriate safeguards. Those partnerships can play a significant role in improving patient care as long as safeguards are in place against the harvesting of data for commercial purposes.

The quality and completeness of health data

We heard particular concerns about the potential under-reporting of data related to minority ethnic groups, those who are socially or economically disadvantaged, and women. Such under-representation can result in their needs not being adequately reflected in the development and delivery of services. Further, questions were raised around imbalances in research because of the quality of the available data.

While ethnicity coding standards exist for researchers, these are used inconsistently across the UK. Incomplete data, poor recording and missing data means data cannot be used to its full potential.

You may be aware of the concerns raised recently by the UK Health Data Research Alliance, who have [called for action](#) to improve the coding of ethnicity data and set out a number of draft recommendations to progress this, including:

- the need to record ethnicity data consistently across all four UK nations; and
- the need to roll out standard guidance and/or training for data collectors in NHS and social care settings.

In addition, the UK Government's Race Disparity Unit has recently published [revised standards for ethnicity data](#) which provide guidance on best practice when collecting, analysing and reporting ethnicity data.

The need to ensure all groups are represented effectively in data collection and use is one of the key tenets of data justice. The ability to collect and use large data sets is vital, but should be balanced also with the need to work with smaller or under-reported groups. **We would welcome the Welsh Government's view on ensuring more consistent and complete collection and use of ethnicity data.**

The drivers for data collection

One of the key drivers for certain types of data collection, especially that linked to research, could be availability of resource or funding linked to specific projects or programmes. This clearly has the potential to skew priorities and moreover, to remove the focus from groups under-represented in available data, as discussed above.

There is a need to ensure that data collection and use serves specific priorities. Improved patient care and better sharing of information across care settings and organisational boundaries should be a key driver for both research and data developments, such as e-prescribing. **Please could you set out the Welsh Government's view on increasing work with public bodies to ensure they can access and use the full range of data effectively in planning and developing health and social care services.**

Data complexity

Data can be found in a broad range of systems and formats which can make its integration and use more difficult.

Mr Rhidian Hurlle from Digital Health and Care Wales (DHCW) told us: "the delivery of a health and care record should be available wherever the patient presents", yet data sharing between one body

and another remains a significant challenge for NHS Wales.¹ E-prescribing and the shared medicine record presents an opportunity for developing greater data sharing across care settings but there is still significant progress to be made.

Data security

Data security and effective information governance remains a key priority in an increasingly digital care environment. Safeguards need to develop in parallel with systems, and the wishes and views of patients around the management of, and access to, their health data must be reflected and respected.

Developments in data collection and use

It is clear that the potential of advances in digital and data technology, such as the NHS Wales App, could make for improved patient access to data around services and their own health record. We heard that the recent pandemic has driven change and the development of new tools and approaches. Yet it is important to remain mindful of digital exclusion, not just in terms of access to devices but also access to wi-fi and the subsequent range of digital services and programmes this offers. **Please could you set out Welsh Government plans for giving the patient direct digital access to their patient record.**

Patient engagement

It was widely acknowledged in our evidence that patient engagement and the patient voice was still playing a limited role in the development and management of data and data systems. We heard little evidence of focused efforts to engage with under-represented groups, and we were concerned that DHCW did not appear to have a clear or widespread approach to public engagement in its programmes. **Please could you set out the Welsh Government's view on how patient engagement can be put more strongly at the centre of developing data and data systems.**

IT and workforce development

While not covered in-depth in our inquiry, we are mindful of concerns that have been raised over investment in basic IT and workforce development regarding data skills and literacy, most recently by the Health and Social Care Committee and the Public Accounts and Public Administration Committee in their scrutiny of DHCW.² We note the view set out in their report that having the right skills and capacity within the workforce is key to delivery. **The Welsh Government should consider this matter during its forthcoming budget discussions.**

Next steps

We would welcome your comments in relation to the themes set out above and to our interim findings on data justice more broadly. In particular we would welcome a summary of what actions the Welsh Government is taking to address the issues raised.

¹ Equality and Social Justice Committee, [27 March 2023](#), Record of Proceedings, paragraph 191

² Health and Social Care Committee and Public Accounts and Public Administration Committee, [Scrutiny of Digital Health and Care Wales](#), July 2023



We intend to return to this inquiry in the autumn term, when we will hear from a panel representing the patients' voice, to allow us to consider this issue further.

I am copying this letter to the Minister for Health and Social Services.

Yours sincerely,

A handwritten signature in black ink that reads "Jenny Rathbone". The signature is written in a cursive style with a large initial 'J' and a long, sweeping underline.

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Annex 1: Summary of key themes and issues emerging from data justice evidence received by Equality and Social Justice Committee

1. Setting the context: understanding data justice

There is a need to have a clear and shared understanding and definition of data justice. A scoping report from the Committee's expert advisers provided background including several key definitions and themes:

Health Data Justice has been defined as "an orientation to the study and use of health-related data in ways that aim to redress the exclusions of structurally marginalized communities from systems of healthcare and public health, the oppressions faced by communities when participating in such systems, and the institutions responsible for governing participation.[...]"

The datafication of healthcare affects how research is delivered and care carried out. It may change how patients access services, what treatment is on offer, and to whom. The use of algorithms to predict and calculate interactions with these services means that any errors or biases in the systems may cause significant physical and mental harm. Research has shown that whilst such systems may affect us all, 'they don't impact us all equally'. **At the heart of a health data justice approach is a focus on inequality and the impact on marginalized communities.[...]**



...data justice debates have highlighted the extent to which the introduction of **data-driven innovation**, particularly in public services, **may shift priorities in public policy** based on computational translations of social issues that have consequences for social justice.[...]

The scoping report also highlighted the potential for technology to exacerbate data inequalities, noting that **“the starting point of any algorithm is the selection of the problem it is designed to solve”** and that:

The decision to address a healthcare issue using a data-driven technology may become an issue of social justice when it focuses on the needs of an advantaged group at the risk of exacerbating socioeconomic, racial or gender injustices.[...]The decision to pursue the use of data-driven technologies in healthcare may result in resources being directed to specific patient groups when there is a focus on a particular aspect of the technology.

2. Public understanding of health care data

NHS Wales produces, relies on, retains and reports on significant amounts of patient data. Through the **Welsh Clinical Portal**, clinicians have access to millions of patients' digital records, which could be shared with thousands of NHS users. Much of the data is not 'visible'. The Committee heard that there can also be mixed messages about data: a strong focus on data security, data loss, risk and concerns about who is using the data should be balanced with potentially more positive messages about how data can be used for research and improving patient care. The expert adviser paper noted the Caldicott Committee in stating that:

The preservation of privacy also relies on restricting access to data to minimize the risk of breaches. However, the importance of sharing data for the benefit of patient safety and clinical care is a well-established principle in healthcare.

The Committee heard concerns about the extent of public awareness and the need to build better public knowledge on healthcare data and its usage. Chris Carrigan of useMYdata stated that:

There's a general lack of understanding among people about how their healthcare data is used—it's difficult for a patient to understand what is in their healthcare data because, by and large, they can't see it all—and a lack of understanding among the public about the real benefits that usage of healthcare data for the NHS, for planning and research, can bring. What the public tend to hear are largely negative messages about data loss, data hacking and risk, and therefore that engenders the perception of the public that data is something that maybe can't be

trusted, when actually we want to move the agenda forward to something where it says, 'Data can be trusted. Use it in the right way and we can really use it to save lives'.(para.8)`

He also outlined how useMY data's involvement in workshops with patients, the public and clinical staff to examine questions around data use.

Professor Ann John from Swansea University noted the key role of public awareness of the value of healthcare data:

[...]we saw really clearly during COVID that trust is one of the fundamental issues upon which people make these decisions. Often, it's the most vulnerable, marginalised and underserved—you know, the very people we want to do this work for and with—who will be the people who opt out, which basically means they stop having a voice. (para.19)

Likewise, the expert adviser scoping paper noted the need to be clear about the use of data:

As a taxpayer-funded health service the public feel strongly that decisions about the use of NHS data take into account the long-term potential benefits for future generations over short-term financial gain.

3. The reasons for data collection

Alongside enhanced patient and public understanding, building and ensuring trust is key in developing and using data. The evidence the Committee heard suggested that whilst there is a good degree of trust in the NHS and research institutions, patients are more hesitant about sharing data with private sector organisations.

Work undertaken by Understanding Patient Data has echoed this, as did Chris Carrigan (useMYdata) in evidence to the Committee:

[...]the further a person gets away from their treating clinician, the less trust they have in who's using their data. So, high trust in GPs and then hospitals, and then academia, universities, and then out to commercial companies. (para.28)

Similarly, Professor Ann John set out that:

People trust the NHS, they trust the people involved in their direct care, they trust academics. There can be a bit more mistrust with industry. But I think it goes back to that active involvement, transparency and engagement at all levels, and communication with people. (para.63)

Rhidian Hurlle, Executive Medical Director from Digital Health and Care Wales (DHCW) stressed that:

It's the patient's choice to divulge their clinical history, their medical history, their personal history, and it's entirely their choice. The relationship between a healthcare professional and an individual is based on trust. (para.219)

This sense of patient ownership and understanding of the reasons for data collection were also touched on in evidence from Professor Ronan Lyons from the SAIL Databank at Swansea University. Professor Lyons talked about the tangible benefits of data collection relating to the COVID-19 vaccine and in smaller clinical trials:

[...]our ability to bring data together from many different sources, that allowed us to understand who was getting infected and why they might be getting infected. It allowed us to look at the context of infections, whether that was in the general community, in healthcare settings, in care homes, and in school populations as well. And then, it also allowed us to look at the effectiveness of interventions. The most obvious one of those would be in the vaccine roll-out: how well did the vaccines work at protecting people[...] (para.250)

And often, clinical trials are run in groups of people who actually have just got one condition, or even a mild version of it, because it's easier to show whether the treatment works or not. But then, those drugs and vaccines are used in the entire population, and you also need to look at what they call the real-world evidence data, as to how well they work, or not. (para.250)

In their written evidence BMA Cymru Wales stated that:

[...]sharing patient level data is going to be vital in ensuring a data led planning process for NHS and Social Care in the future. Developments such as the National Data Resource (NDR) and the SAIL databank are welcome in acting as a repository to enable efficient and accurate planning and research to take place. This can only function when confidential patient data is shared and linked to other data sets in Primary Care, Secondary care, and Social Care.

This requires data governance and safety to be engineered into the process from the outset and an honest debate with the public held so they are aware their medical records will be used for this purpose with safeguards and individual confidentiality maintained.

4. The quality and completeness of health data

The Committee heard concerns about this, including the potential under-reporting of data amongst minority ethnic and socially disadvantaged groups, as well as people who have limited contact with health services. This could lead to their needs not being reflected in the planning, development and delivery of services. In addition, there were questions about whether all available data was of sufficient quality to be used effectively, and significant amounts of research being based around either very large or very small population bases.

The expert advisers set out that:

The exclusion of women from some areas of medical research and differences in the health care of female patients is well documented and shows up in the data.[...] If this type of exclusion is carried over into algorithm design, as this example shows, it can cause severe harm to women.

And that:

The historic lack of ethnicity recording on death certificates failed to give the authorities a clear picture of the uneven impact COVID had on minority ethnic populations and those working in face-to-face occupations in the early stages of the pandemic. This delayed the implementation of protective measures which may have saved lives.

Professor Ann John noted the need to build trust around data collection “at a population level, but also very specific work with underserved populations” (para.19):

What we've found with certain populations, and we've seen it a lot during COVID, is that the poor quality recording of ethnicity data was a real issue. (para.22)

Professor Ronan Lyons from SAIL noted that:

I know that collection of information on ethnicity has been mandatory for many years in the NHS right across the UK, but it's still not brilliant, so it is something that does need to be improved.[...]I wouldn't be confident that the NHS measurement of ethnicity is that good. (para.307)

Professor John noted that “it's really important to understand the resources it takes to reach underserved groups, but also work out the ways to make sure they have a voice in the data” and the need for consistent funding to undertake that work and “keep people engaged” (para.81).

Dr Robert French from useMYdata noted that for researchers running and using large data sets “if you're looking for average effects, then it probably doesn't matter if some people are missing from the data”, which does however emphasise the importance of looking more actively for those smaller groups (para.108). The expert advisers echoed this:

The drive to centralize the collection of health data in repositories such as the National Data Resource and SAIL databank in Wales reflects the need for large quantities of data to safely train and test algorithms. Even if efforts are made to ensure data is representative it can result in biased outcomes for a patient if the design process is not carefully monitored.

Professor Lyons noted that a lots of research was completely reliant on “how good our healthcare data is” (para.250) but struck a slightly more positive note to the Committee:

One of the things that we use as a population denominator for our work is, essentially, the NHS registration system, which everybody in Wales is associated with, and then we've also looked at service use across many, many different factors, and it's surprising how small a group is missing in total. But it does not, by any means, show the whole picture, and so, particularly, you will find that young men tend to be missing from lots of things. (para.299)

And so we have a piece of collaborative work now with Public Health Wales that looks at vaccine, the ethics of vaccination and the uptake by different groups, and the census data allows us to demonstrate that particular groups actually are at higher risk of some diseases, and also uptake in some of those groups isn't nearly as good as possible. (para.300)

Ifor Evans, Executive Director of Strategy at DHCW argued that:

I can't think that there is any reason to think that there are groups that have been excluded from that data that is used for strategic planning within the health boards in terms of the form and shape of the services that are available. I think that we do have some examples of where we've used the information in the data very effectively in order to target services at groups in need or who are vulnerable. (para.183)

Rhidian Hurlle from DHCW highlighted the importance of ensuring a joined-up patient record:

In terms of joining up the care, the delivery of a health and care record should be available wherever the patient presents. It's not a context-specific thing. It's not a GP surgery; it's not secondary care, tertiary or some community care. It should be available. (para.151)

BMA Cymru Wales, whilst noting that “the GP record is widely acknowledged to be the most consistent and life-long patient record in the health sector”, also stressed that efficient and accurate planning needed links across primary, secondary and social care.

5. The drivers for data collection

NHS Wales produces, relies on, retains and reports on significant amounts of patient data, which is driven directly as result of patient contact with health services.

However, the Committee heard evidence that the key drivers for some data collection – especially linked to research and funding – could very largely be availability of resource or funding linked to specific projects or programmes. This had the potential to skew priorities, but also shift the focus away from under-represented groups and their specific needs were more under-represented.

Professor Ronan Lyons from SAIL **acknowledged** the partnership working with commercial companies and the reliance of SAIL on funding from research grants provided by organisations outside the NHS and university sector:

Essentially, the research that's conducted with us is carried out by academics and, also, Government social researchers, as part of an Economic and Social Research Council grant. We don't allow companies to have direct access to data, but what happens is that companies often partner with a university and fund the research through a university—that's how that works. But I think this is an area that's going to grow considerably over the years.(para.272)

We look at the competitions that are out there for funding,[...]and apply in a very competitive sense to answer those questions. We have been very successful in years, and we've brought many millions of pounds of money into Wales and employed quite a number of people in doing that. So, a lot of what we do, basically, is determined by the questions that the research funders put up, because we need to have people to be able to answer the questions. (para.291)

Professor Ann John **noted that** “there's evidence that shows that, where research is very active, and data research as well, that improves the care for people” (para.87). Rhidian Hurle also argued for the benefits of a robust shared medicines record, stating “the ability to provide one source of the truth, which is updated, will bring massive benefits in terms of patient safety” (para.204).

BMA Cymru Wales noted however that:

SAIL has demonstrated itself to be a trusted research environment with effective safeguards and processes allowing safe access to data, leading to high levels of GP practice engagement. However, GPs have seen little tangible use of SAIL to benefit their populations directly given that level of engagement to date. This should be addressed by Welsh Government (as the funding body) to mandate usage for NHS planning purposes where necessary.

6. Data complexity

Data is often found in a wide range of systems and formats, which can make its better integration and use more difficult. The NHS in Wales has a mix of paper and digital records, and these are spread across a range of systems and organisations including hospitals, community care settings, and independent primary care contractors. This poses challenges for seeing the whole patient journey and the whole population.

Ifan Evans from DHCW highlighted the problem:

[...] there are years before we will have a comprehensive, fully accurate and all the history and timely digital health records. The NHS is data-rich and information-poor from a digital perspective. There is a lot that is still on paper, and there's a lot that is on paper before it reaches the digital record, because digital information has to be inputted by someone somewhere. (para.133)

Rhidian Hurlle from DHCW added that the patient record “should be available wherever patients present, regardless of the healthcare context” (para.191) but also that:

[...]there's a complexity of digital systems across the healthcare context, and there will be data held in those systems that, at the present time, isn't available within the national record. It is our ambition to line up the systems so that we collate that data as we go along. (para.177)

Chris Carrigan of useMYdata noted these issues stating “the more systems, the more technology and computer systems are involved in the process, the more difficult it is to bring that data together” (para.39) but also highlighted that the ability for something like e-prescribing to span primary care, secondary care and community has been beneficial to patients (para.95). BMA Cymru Wales expressed caution about the roll-out of enhanced patient access to records, noting that “much of the data which would be available to patients is extremely complex”.

The relationship with social care data adds in another layer of complexity. Progress on the Welsh Community Care Information System – meant to link up health and social care data in the community - has been patchy and [Audit Wales has identified](#) areas of concern.

7. Data security

Safeguards, security, and effective information governance remain critical in the collection and management of data, and patients can be understandably concerned about who is accessing, using and sharing data. Appropriate systems and frameworks need to be in place. Particular sensitivities were noted around areas such as mental health services. At the same time, the Committee heard reassurances around how information security is managed both in terms of NHS and research data.

The expert advisers highlighted the information governance and security issues facing healthcare:

The health sector is a highly regulated space focussed on the protection from harm of both patients and those that treat them. With new techniques and products being developed at speed their introduction into healthcare throws up new ethical and legal challenges which those responsible for information governance and legal responses struggle to keep up with.

They also noted twin dilemmas associated with "the delicate balance between the protection of citizens' rights and the desire to support innovators who may approach the use of health data with different aims and sensibilities" and the desire to build trust in data sharing which has led to "a focus on privacy and security measures".

The NHS Confederation in a [blog post from June 2022](#) on harnessing data to improve patient outcomes said:

Data governance teams must record a rationale for their decision at the same time they grant a user access to data. Likewise, data owners must record a rationale when they approve the use of a data set for a purpose.

Another NHS Confederation [blog from September 2022](#) argues for improved data in community health services but which understands the whole patient journey in real time.

Effective data governance is also a key issue for health data in Wales. [Written evidence submitted](#) by DHCW to a joint [Health and Social Care/Public Accounts and Public Administration scrutiny session](#) noted:

There are however, varying programme governance arrangements for national digital programmes, [...]Consistency and simplification of programme delivery would help to ensure clear accountability.

Chris Carrigan (useMYdata) acknowledged the need for data safeguards and the central role of the patient in choosing what's in their health data and who can use it but posed the query:

[...] where does the data sit, who controls it, who determines what research is important or what gets done and what are the safeguards? And that's all about transparency and including patients and the public in that conversation. So, I think e-prescribing is an interesting example, where it does span multiple traditionally separate sectors of primary care, secondary care and community for real benefits to patients, and actually there can be real benefits to drive research as well. (para.95)

Professor Ann John highlighted the concerns relating to security around potentially more sensitive patient information:

There is a sense that people feel that mental health data is more sensitive. Some of that is to do with stigma; some of that is to do with the fact that when you're taking a mental health history, you're asking much more personal details than sometimes you would ask in a physical health history. (para.63)

Mr Hurle (DHCW) stressed that “the information governance programme across Wales is strong”, “you're actively being watched when you've been given permission to use the record” (para.225) and there are things that can be done to ensure only the people who need to see the record are actually able to see the record. However, Darren Lloyd from DHCW highlighted some of the challenges in ensuring data security across care settings:

we (DHCW) ensure that the access controls within those systems are adequate to the needs of those health professionals and those individuals accessing the data, so that it is appropriate at the time it is required. And that requires quite a number of different factors and a certain element of intelligence within those systems and those services to allow that to happen, but that means then that we have a fully comprehensive record that is available at the point of care under different circumstances, because those controls are within those systems and services. (para.195)

BMA Cymru Wales noted that “under GDPR regulations, GP partners (who hold GMS contracts) are considered as the data controllers for any data that they hold about their patients”. It is critical that GPs understand the need for robust security of patient data and ensure that such security is in place.

However, this does also need to be set out in the context of moves towards increased patient access to and control over their own medical records and data. The evidence also touched on the ability of patients to opt out of their confidential patient

information being used for research and planning. NHS England has a [National data opt-out policy](#) in place, albeit after a previously troubled policy had to be abandoned. In response to a question on whether and why he thought patients in Wales should be able to opt out of certain types of data sharing, [Mr Hurle replied](#):

'Yes' is the short answer. The question is, in which context. For example, in the context of, say, a research trial, an informed consent of a patient who has capacity provides the option for that individual to remove their consent at any point of the journey. [...] So, there are mechanisms you can actively use as an individual. Once information is collated and pseudonymised, that is your identity has disappeared from the data, then by the fact that your identity has disappeared from the data, it's difficult to remove you from the data. (para.170)

BMA Cymru Wales set out that they are “wholly aligned with the theoretical concept of safe and legal access for patients to their own medical information”. Nonetheless, they also noted that “plans for full record access would probably have to be on an ‘OPT-IN’ and informed consent-based model, itself probably highly labour-intensive”, and called for an effective governance framework, a staged approach to patient data access, and appropriate redaction of any third-party data within records.

In relation to data security in research, [Professor Lyons set out that](#):

The provision of data to SAIL is a voluntary activity; it's not required by anybody. We have demonstrated, over the years, that the system that we've designed is robust and safe. We have to have accreditations from multiple organisations. (para.278)

[According to Health Data Research UK](#) the SAIL Databank is a flagship for the robust secure storage and use of anonymised person-based data for research to improve health, well-being and services.

8. Developments in data collection and use

The Committee heard of the potential of advances in digital and data technology such as the NHS Wales App, which could make for improved patient access to data around services and their own health record. At the same time, there was caution about the need to manage expectations about the pace of change. Note was also made of the impact of the pandemic on data collection, which had enabled some improvements in the available data on groups who may previously have been under-represented in data.

Mr Rhidian Hurle from DHCW [set out that](#):

I've seen a progressive increase in the volume and availability of patient data for the delivery of care to the point that now, I can see every single citizen's GP record, with their consent, and I can see every single blood test everywhere in Wales. I can see every single x-ray done everywhere in Wales from a laptop, either remotely or within the hospital. That has delivered massive benefits in terms of reducing duplication, starting conversations with patients on what matters to them rather than trying to validate their history, accurate medicines reconciliation, reducing harm by being able to see things. (para.117)

Ifan Evans of DHCW also highlighted the way in which the COVID-19 pandemic had driven change and the development of new tools and approaches:

Contact tracing was a new thing and it was a very simple standard configuration across Wales, delivered from the cloud, with a joint data controller agreement behind it. It did not require anybody to let go of anything, not really, although local authorities did have their own contact tracing arrangements. And I think that helped us to deliver, compared to other parts of the UK, a very effective vaccine delivery programme and contact tracing programme. (para.238)

At the same time he acknowledged and reiterated several times the significant difficulties that digital change poses for DHCW, noting that “Digital is never going to be ‘done’” (para.237) and that:

[...]the biggest challenge is that driving significant change in a complex digital system is very difficult to do, and there is no shortage of digital transformation programmes that have taken a long time to introduce, and moving people onto those new systems and training them is a challenge. (para.205)

BMA Cymru Wales expressed some caution around the NHS Wales App, setting out that:

We are reassured that the NHS Wales app [...] will only proceed with summary record access once a GP practice has enabled the functionality. We strongly advise that only summary and coded data including vaccinations, would be in scope for the NHS Wales app until all these issues are addressed.

As data-driven technologies become an increasing part of care services, new types of data – and data harm – may emerge. Chris Carrigan (useMYdata) cautioned about what he saw as a potentially exponential growth in health data:

[...]we're now on the cusp where, if we look at our children and younger people in this country, they're generating data about themselves, whether it's on fitbits or apps, or whatever. They've got a digital footprint that's going to be there that we've never had. Now, the data is going to get huge, massive, massive—beyond all recognition. (para.113)

Similarly, there will be real challenges in securing better data integration between health and social care.

However, Chris Carrigan noted what he saw as the more limited priority being afforded to improving patient access to their record:

What I don't yet see in the equation is where an individual fits within that. So, all the money is going into research, technology, big research environments. Very little is actually going into being able to facilitate me to see what is in my full health record. (para.41)

Likewise, Chris Carrigan (para.59) and Professor Ann John talked about the need to address digital exclusion; not just access to devices, but access to w-fi and thereby the broader range of digital services and programmes. (para.63)

9. Patient engagement

There was consistent acknowledgement in the evidence that patient engagement and the patient voice was still playing a limited role in the development and management of data and data systems, with the focus historically often being based primarily around service providers research funders and clinical staff. It was acknowledged that this still represented a significant challenge in developing more patient-focused and patient-led systems and data

Work by the Kings Fund has stressed the critical importance of engaging with patients and the public in building trust on data; ensuring accessibility, transparency and co-development in data use, and providing patient control.

The scoping report by the expert advisers noted that:

Data justice work has especially drawn attention to the need to centre impacted communities in decisions about the generation, collection and use of data.[...] In some instances, this has informed approaches to design and an engagement with the conditions within which data infrastructures emerge, calling for more participatory design practices that emphasise the involvement of communities.

The NHS has a long history of public engagement and consultation over the provision of health services. This culture has been extended to the field of data-driven innovation with respect to involving patients and citizens in decision-making around the use of health data beyond their direct care. Research has shown that people want a say in how their data is used because it is generated by their interactions with the health service.

Professor Ann John stated that “we need to involve the public in the meaningful design and use of data. So, they need to be involved in all of the bodies that are approving data for research and use” (para.19). Chris Carrigan set out that one of the key aims of useMYdata was to secure uncreased public and patient involvement in streamlining access to data and ensuring greater data transparency.

Mr Hurle from DHCW noted that their approach on data was “to build trust with our key partners, particularly patients” (para.146):

The app, though, is our main engagement tool for patients. Historically, for the NHS Wales Informatics Service and DHCW in its first few years, our user base is clinicians and health organisations and people who deliver health services, not, historically, direct services to patients. But that is changing and, as we're moving into those areas, we're engaging more with patients. (para.166)

However, Ifan Evans noted that their engagement on the National Data Resource - a new national data platform that brings together data about health and social care services from across Wales – has been users of that data who are clinicians and developers, not the public. (para.164)

He also noted that:

[...]so we, as Digital Health and Care Wales, have not engaged very much directly with patients historically, because all of our services are directed at clinicians and they generally, historically, have been used in secondary care.(para.222)

Turning to SAIL, Professor Lyons described their engagement with patients and the public; a consumer panel, lay members on the independent panel considering project applications, public involvement in research teams and studies, use of expert panels involving lay members looking at which research algorithms are used. (paras.253,257)

We have as many public engagement activities as we can. I think we've two full-time members of staff and this is what they do altogether. It's difficult to do, I think, on an abstract basis. So, it tends to be done more about a particular question. So, let's say, if we were doing some work on a disease like multiple sclerosis, we would always engage with the Multiple Sclerosis Society UK, and use their patient advocacy groups to get involved with, rather than try to recruit somebody just from the general public with that particular disease at that point in time.(para.287)

Arguing for a stronger patient voice in data development, Professor Ann John provided a direct example of where patient interest, effective care and efficient data management interlink:

I do lots of self-harm and suicide prevention work, and that concept of people in distress having to tell the same story over and over again is something where these sorts of united data systems can help us improve the quality of care in relation to that telling of stories over and over again, but also the sharing of information from one area to another.
(para.52)

Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
2 Pentir Caspian
Ffordd Caspian
Bae Caerdydd
Caerdydd
CF10 4DQ

British Medical Association
Fifth Floor
2 Caspian Point
Caspian Way
Cardiff Bay
Cardiff
CF10 4DQ

Equality and Social Justice Committee

Senedd Cymru
Cardiff Bay
Cardiff CF99 1SN

29 August 2023

Equality and Social Justice Committee inquiry: Data justice – GPC Wales response

Dear Chair

Many thanks for your letter of 7 August with some further questions stemming from my submission to the Committee's short inquiry on data justice in NHS Wales. In this response I'll address some of these questions individually.

How GPs fulfil their data controller responsibilities

GP practices are data controllers for the data they hold about their patients. Although almost all practices will have data that are processed on their behalf by third parties, for example their IT system suppliers, it is the practice as data controller that has the responsibility for compliance under GDPR.

Under the GDPR, a data processor processes personal data 'on behalf of the controller', for example IT system suppliers are data processors. A processor can only act in response to an instruction from the data controller. Any change in the processing arrangements or significant decisions about the data can only be made by or with the agreement of the data controller.

The data controller has a legal responsibility to control the way in which a data processor processes data on their behalf. A contract must exist between the data controller and data processor that sets out these responsibilities and should include a range of specific criteria, for example, assurances that the data processor has adequate security measures in place. This would be particularly important should a data breach

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):

Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestrdig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



occur. The prospective suppliers of GP clinical systems to Welsh practices must demonstrate that they have appropriate security measures and information governance safeguards to be included within the **NHS Wales GP IT Systems Procurement Framework** process.

As data controllers, practices retain responsibilities for handling all requests for access to the data, for example, subject access requests made by patients or requests from third parties such as insurance companies and solicitors. GP data controllers may delegate these activities but remain responsible for the final output. As we outlined in our previous response, GP partners are ultimately liable for any sanction levied by the Information Commissioner's Office in the event of any data breaches or release of inappropriate information.

Under the GMS contract, practices are required to periodically complete the **Welsh Information Governance Toolkit**ⁱ, a self-assessment process which has been developed by Digital Health & Care Wales in conjunction with GPC Wales. This helps organisations to measure their compliance with current IG standards and to identify areas of improvement.

With the advent of GDPR in 2018, public authorities (including GP practices), are required to have a Data Protection Officer in place. GPC Wales entered into discussions with Digital Health and Care Wales, known as NWIS at the time, to develop the **NHS Wales Data Protection Officer Support Service**ⁱⁱ. This service provides a number of activities including knowledge sharing; template documents; bespoke advice; training and learning materials; regular information sharing on relevant developments. This service is subscription based, as practices are entitled to appoint their own DPO, with the fees reviewed and agreed annually by a national governance board which includes representation from GPC Wales.

[Accelerated Access to Patient Records in England](#)

It would not be appropriate for me to comment in great detail upon the issue of access to records in England, which colleagues in the General Practitioners Committee England (GPCE) are leading upon.

However, recent information on the situation in England can be found on the BMA websiteⁱⁱⁱ. This outlines that following imposition of their GP contract which was opposed by GPCE), practices in England - once they receive a contract variation notice - are required contractually to provide prospective record access to coded information, documents, and free text by 31 October 2023. The main exception is where a patient has expressly opted out.

Given the ongoing concerns (similar to those outlined in our previous letter to committee), GPCE are exploring how best to move forward ahead of the planned switch on date. Further information will be provided in due course.

Alternative models

Given the statutory obligations of GDPR, it is difficult to see how any alternative models could allow for GPs to share/delegate their responsibilities and/or accelerate increased patient record access.

Our experience of subject access requests tells us that the likelihood of third-party information being held in an individual's GP record is high. This requires manual redaction by clinician in the absence of any technological solutions, and this is extremely time consuming as a result. This renders the general aim of safe data sharing outside of minimal coded datasets (such as allergies, medication information and diagnosis codes) impractical, and ultimately undeliverable given the critical workforce and sustainability challenges currently facing general practice (as per our recent Save Our Surgeries campaign^{iv}).

We are supportive of patient access to their own record in principle and have had positive discussions about displaying structured clinical data such as medicines, allergies and diagnoses on the NHS Wales App with Digital Health and Care Wales and Welsh Government. However, this must be done in a considered, phased manner underpinned by robust Information Governance and access processes built into technological and legislative developments.

On behalf of GPC Wales, I would be happy to discuss these issues with you and colleagues in person or virtually if it would be helpful to enhance the understanding around information governance concerns of GPs.

Yours sincerely



Dr Ian Harris
Deputy Chair,
General Practitioners Committee Wales

ⁱⁱ DHCW - *Welsh Information Governance Toolkit* <https://dhw.nhs.wales/ig/information-governance/welsh-information-governance-toolkit/>

ⁱⁱ DHCW - *Data Protection Officer Support Service* <https://dhw.nhs.wales/ig/information-governance/data-protection-officer-support-service/>

ⁱⁱⁱ BMA (July 2023) *Updated guidance on accelerated access to GP-held patient records* <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/updated-guidance-on-accelerated-access-to-gp-held-patient-records>

^{iv} BMA Cymru Wales (June 2023) *Save Our Surgeries* <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/wales-save-our-surgeries-campaign>

Dr Ian Harris
Deputy Chair
General Practitioners Committee Wales

7 August 2023

Dear Dr Harris

Equality and Social Justice Committee inquiry: Data justice

Thank you for your letter in relation to our current inquiry, which we considered at our meeting on 15 May 2023.

We were grateful for your comments and noted in particular the role that GP partners have as data controllers under GDPR regulations. We would welcome further information about how GPs discharge these additional responsibilities, including the training and support available to them.

We noted that as part of the GP contract documentation in NHS England for 2019-20, that as from 1 November 2022 it was intended that all patients over the age of 16 would be able to automatically have access to all medical records held electronically in GP systems.

It was later reported by the BMA that when there are safeguarding concerns, practices can prevent patients from having automatic access to the full record at switch on by adding a specific SNOMED code to the patient's record before 1 November 2022. This commitment on software installation by the UK Government would make it easier for GPs to edit patient records of matters relating the 3rd parties before they were released to the patient

However, it was subsequently agreed that "Following extensive negotiations and discussions with NHS England, the national mass roll out to turn on prospective access to the medical record from 30th November 2022 is not now occurring for those who wish to delay the process". It seems unclear whether the deadline of November 2022 was adhered to and if the English NHS digitised patient notes went live without this important commitment having been adhered to. It would be helpful to know if you have any information on the current position and how this may have impacted adoption of the English NHS digitisation of patient notes.

The Committee would be interested to hear about any alternative models which would allow GPs in Wales to more effectively share or delegate this GDPR role and whether these models could be considered within NHS Wales.

We look forward to receiving your response.

Yours sincerely

A handwritten signature in black ink that reads "Jenny Rathbone". The signature is written in a cursive style with a large initial 'J' and 'R'.

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

01 September 2023

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

Senedd Cymru

via email: SeneddEquality@Senedd.Wales

Email: gmcwales@gmc-uk.org

General Medical Council (GMC) response to the Equality and Social Justice Committee's Inquiry into data justice

Dear Jenny,

Thank you for writing to us with the Committee's inquiry into data justice and doctors' roles in data security and handling patient data. Our Director of Strategy and Policy, Shaun Gallagher, has asked me to respond to this query on behalf of the General Medical Council, in my role as GMC Head of Wales.

We do not provide doctors with training on data and information governance. Our role as regulator is to set the outcomes of medical education and training, and not to deliver specific training content – that is provided by medical schools and medical royal colleges.

Below we have highlighted relevant parts of our guidance related to data protection and confidentiality. You will also find some information on what we expect from medical graduates with regards to data security. We have also included information on our Outreach offer for health boards and medical schools across the UK.

Ethical guidance

Confidentiality is an important legal and ethical duty that underpins confidence in patients' trust in doctors. We publish detailed guidance on when it is and is not appropriate to disclose confidential patient information. This can be found in paragraph 9 of the ethical guidance for doctors on [Confidentiality: good practice in handling patient information](#).

The main principles of this guidance can be found at paragraph 8. We have drawn together the most relevant provisions for this inquiry below:

8a. Use the minimum necessary personal information. Use anonymised information if it is practicable to do so and if it will serve the purpose.

8c. Be aware of your responsibilities. Develop and maintain an understanding of information governance that is appropriate to your role.

8h. Support patients to access their information. Respect, and help patients exercise, their legal rights to be informed about how their information will be used and to have access to, or copies of, their health records.

At paragraph 131 we outline the right patients have to access their own health records, subject to certain safeguards. Doctors should respect, and help patients to exercise, their legal rights to have access to, or copies of, their health records. The Information Commissioner's Office (ICO) gives guidance on what fees you may charge.

Our guidance also notes that appropriate information sharing is an essential part of the provision of safe and effective care. Patients may be put at risk if those providing their care don't have access to relevant, accurate and up-to-date information about them (see paragraph 2). This is of particular relevance in the context of e-prescribing, which is a key focus of the Committee's inquiry on data justice.

In our guidance on [Good practice in prescribing and managing medicines and devices](#) we are clear doctors should only prescribe medicines if they have adequate knowledge of the patient's health and are satisfied the medication serves their needs. Doctors must consider whether they have sufficient information to prescribe safely, for example, if they have access to the patient's medical records and can verify relevant information and whether they can share it appropriately after an episode of care (see paragraph 20). We go on to outline the relevant factors for doctors to consider in deciding whether they have sufficient information about their patient to prescribe a treatment at paragraphs 27-33.

We also outline how doctors must contribute to the safe transfer of patients between healthcare providers and between health and social care providers by sharing information after the provisions of care at paragraphs 53-8.

Our guidance provides a framework for decision-making. Doctors are expected to be familiar with and follow our ethical guidance and be able to explain any serious or persistent failure to follow it.

Outreach support

Our Liaison Advisors hold sessions on our guidance with medical students and doctors across the UK. Liaison Advisors who cover Wales offer sessions on Patient (Clinical) Record Keeping to health boards. The session is designed to help increase doctors' knowledge of issues around record keeping in medical practice. This covers patient confidentiality, rules around data protection, and patients' access to records.

Medical education and training

We set the standards for medical education providers so their trainee doctors and graduates meet the generic professional capabilities, and attain the outcomes expected of them.

We set out standards around information governance to ensure that doctors are able to ensure the necessary safeguards for, and appropriate use of, patient and personal information.

What we expect from graduates

[Outcomes for graduates](#) sets out the knowledge, skills and behaviours that new UK medical graduates must be able to show, which serves as a basis for medical schools to develop their curricula and programmes of learning.

In relation to maintaining data security, we expect the following from graduates:

Outcome 1: professional values and behaviours

4. Legal responsibilities: we expect newly qualified doctors to demonstrate knowledge of the principles of the legal framework in which medicine is practised in the jurisdiction in which they are practising and have awareness of where further information on relevant legislation can be found.

Outcome 2: professional skills

19. Using information safely and effectively- newly qualified doctors must be able to use information effectively and safely in a medical context, and maintain accurate, legible, contemporaneous and comprehensive medical records. They must be able to (among other things):

- b. Apply the requirements of confidentiality and data protection legislation and comply with local information governance and storage procedures when recording and coding patient information;
- c. Explain their professional and legal responsibilities when accessing information sources in relation to patient care, health promotion, giving advice and information to patients, and research and education.

Medical Licensing Assessment

From 2024/2025 onwards, all graduates from UK medical schools will undertake the Medical Licensing Assessment as part of their degree, which will set a common threshold for safe medical practice.

This means that all UK medical students will be assessed on using and recording information safely and effectively before graduating.

Postgraduate training

Our [Generic Professional Capabilities framework](#) sets out the essential generic capabilities needed for safe, effective and high-quality medical care in the UK. This document contains educational outcomes, which are based on the professional responsibilities of doctors, that are incorporated into postgraduate curricula.

In relation to data security, we expect the following outcomes:

Domain 2: Professional skills

Practical skills

Doctors in training must be:

- able to demonstrate a clear and appropriate knowledge of the legal aspects of digital and written records;
- able to demonstrate an appropriate knowledge of information governance, data protection and storage;
- able to demonstrate appropriate IT skills, including word processing and data collection.

Domain 3: Professional knowledge

National legislative requirements

Doctors in training must be aware of their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice, for example:

- data protection and confidentiality.

I hope the information set out above is of some help but please do get in touch with us at GMCWales@gmc-uk.org if you have any further questions.

Kind regards,

Gethin Matthews-Jones



Head of GMC Wales

Shaun Gallagher
Director of Strategy and Policy
General Medical Council

July 28 2023

Dear Shaun

Inquiry into data justice

The Equality and Social Justice Committee has recently undertaken a short inquiry into data justice, with a focus on the use of personal data in the Welsh NHS. Further details, including the terms of reference, are available on our [website](#).

One of the issues raised during our evidence gathering was the importance of data security and effective information governance, as well as patient access to and control over their data and medical records. Given the key role that doctors play in the handling of patient data, we would be grateful if you could outline what training is given in terms of ethics and human rights, to ensure that patients' rights are respected and protected.

We look forward to receiving your response.

Yours sincerely



Jenny Rathbone MS
Chair, Equality and Social Justice Committee