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# Petitions Committee

Meeting Venue:
**Committee Room 1 - Senedd**

Meeting date:
**20 January 2015**

Meeting time:
**09.30**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

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# Agenda Item 1

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## P-04-481 Close the Gap for deaf pupils in Wales

**Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to develop a national strategy to Close the Gap in educational attainment between deaf pupils and their peers.

The National Deaf Children's Society (NDCS) Cymru presents this petition today as it is both Deaf Awareness Week and two years since 55 AMs pledged to take action to Close the Gap for deaf pupils.

Still, Welsh Government statistics demonstrate significant attainment gaps between deaf pupils and their peers. In 2012, deaf pupils were 26% less likely to achieve 5 GCSEs at A*-C, and 41% less likely to achieve A*-C passes in core subjects English/Welsh, Maths and Science.

Our video petition asks the experts (deaf pupils themselves) what matters most. They told us:

- We need appropriate support in school and college
- We need all classrooms to have good acoustics
- Some of us use sign language. Help us encourage our hearing peers and teachers to learn sign.
- We need more teachers and pupils to be deaf aware.

Too many deaf pupils are facing barriers in these areas. A national strategy is needed to address the barriers and Close the Gap!

**Additional Information**

Our video petition and an accompanying report can be downloaded at www.ndcs.org.uk/ClosetheGapWales

The video petition was produced with the help of eight deaf young people outlines the four things that they feel are most important to deaf pupils at school and college.

The accompanying report outlines the barriers that many deaf pupils in Wales are facing in these areas. It also makes suggestions on how a strategy could help to overcome these barriers.

**Petition raised by:** NDCS

**Date petition first considered by Committee:** 14 May 2013

## Transcript of the evidence Session—P-04-481 Close the Gap for Deaf Pupils in Wales

[142] **William Powell**: Bore da, bawb. You are most welcome. This agenda item is on petition P-04-481, Close the Gap for deaf pupils in Wales. This is our evidence session. I would like to welcome you all here this morning. I would like to ask you first of all to introduce yourselves for the Record and also to check the sound levels.

[143] **Ms Dulson**: Thank you very much. My name is Jayne Dulson and I am a director of the National Deaf Children's Society here in Wales. Shall I introduce my colleagues for you? Would that be easier?

[144] **William Powell**: Please.

[145] **Ms Dulson**: Okay. On my left we have Elin Wyn, who is our policy and campaigns adviser here in Wales and Danyiaal Munir, who is very kindly giving his time to us today. Danyiaal is a friend of the National Deaf Children's Society and is a deaf young man himself. He is currently a student at Cardiff and Vale College and was previously a pupil at Llanishen High School in Cardiff. On my right we have Peter Rogers, who is an expert in acoustics and a fellow of the Institute of Acoustics. He has more letters after his name than in his name. [*Laughter*.]

[146] **Mr Rogers**: Bore da.

[147] **Ms Dulson**: So, that is us.

[148] **William Powell**: Excellent. Are there any opening remarks you would like to make? I believe that you have a short presentation for us also.

[149] **Ms Dulson**: Yes, indeed, we do. Okay, thank you. It was back in May 2013 that we submitted our video petition, 'Closing the Gap'. So, we are very grateful for this opportunity today to be able to discuss it more widely with you and take questions on it. 'Closing the Gap' is based around the educational attainment of deaf children in Wales, and, within that petition, you will have seen several issues identified as being key to levelling that gap. There are two issues that are of particular significance. The first is deaf awareness. Although we are not here to discuss that today, I do not want to leave it in the grass. It is a very important issue as far as we are concerned and one that we would like to see dealt with on an all-schools basis, dealing

with deaf awareness-raising for all staff in schools as well as all pupils. However, as you know, today—and I am rushing through—we are here to deal with acoustics and the importance of raising the level of acoustic environments within school buildings in Wales. We would like also to mention that our aim is to achieve better acoustic settings not just in our schools but also in our colleges and nursery schools throughout the principality.

[150] There are around 2,700 deaf children currently in Wales, but that number is inflated somewhat by 80% of all children between the ages of 0 and 10 years suffering at least one episode of temporary deafness during their young lives. That can be a period of some weeks or even some months and it can be repeated. So, you can see that the number of deaf children at any one time in our school population can be quite high. With more than 90% of deaf children educated in mainstream education settings, there is potential at any time for a deaf child to be in any classroom in any school throughout the country. You will know that pupils access an essential part of their learning by hearing and retaining information, and a good listening environment, a good acoustic setting, is therefore a good learning environment.

[151] Building regulations were devolved to the Welsh Government on 31 December 2011. At that time, NDCS in Wales launched its 'Sounds Good?' campaign, which called on the Welsh Government to use its new powers that it had then been given to strengthen building regulations regarding acoustics in new school buildings and extensions to those buildings, regardless of funding streams. We also wished that to be extended to include nursery schools and colleges but, to this date, there has been no improvement made.

[152] In England, 'Building Bulletin 93', which is the building regulation particularly pertaining to acoustics, has been archived; it is currently being reviewed, and we are expecting a replacement to that imminently, in the new year. The improvements to 'Building Bulletin 93' aim to update and streamline acoustics in all schools in England.

[153] In addition, I would like the Petitions Committee to note that the School Premises (England) Regulations 2012, which are applicable to England only, require that acoustic conditions

[154] 'must be suitable, having regard to the nature of the activities which normally take place therein.'

[155] The equivalent clause in the 1999 regulations, which still apply in Wales, is significantly weaker. Therefore, it is our assertion that Wales could be taking a backward step if the Welsh Government does not strengthen minimum controls on acoustic standards within Wales.

[156] As I said, this is a campaign based on closing the educational attainment gap, and the educational attainment gap for deaf pupils in Wales is significant. 'Significant' seems to be my word for the day. [*Laughter.*] At the moment, there are gaps at every key stage, and the relative gap at GCSE level in the last academic year, as cited by the Welsh Government, is 21%. That is from the core subject indicators. So, it is 21%, and, as deafness is not a disability in itself, I am sure that you will agree that that is, again, a significant gap and an unacceptable one. So we, today, are calling on the Welsh Government to do the right thing and make schools, nurseries and colleges in Wales sounds good and close that educational attainment gap. That is all that I have to say for the moment, but, obviously, I will take questions later; I would welcome questions from you, as would my panel. I am going to hand over to Elin Wyn now.

[157] **Ms Wyn**: Bore da, and apologies, I have a bit of a sore throat.

[158] **William Powell**: Dim **William Powell:** That is not a problem. problem.

[159] **Ms Wyn:** It can be very difficult for hearing people to experience and to understand what it is like to be deaf. A hearing person can go around all day with ear plugs in their ears just to have a simulation of what it is like to be deaf, but, actually, most deaf children will have hearing aids or a cochlear implant. The point is that hearing aids and cochlear implants amplify all noise. When you are a hearing person, you can block out certain background noises, but that does not happen when you have a hearing aid. So, what we have for you now are sound simulations of what it is like for a pupil with high hearing loss, wearing hearing aids, in different situations. The first one is in a classroom with quite a lot of background noise from outside the classroom and quite a lot of chatter.

*Chwaraewyd recordiad sain.*
*A sound recording was played.*

[160] So, you see, it is quite difficult to understand any kind of words, phrases, or anything in that.

[161] The second clip is of a classroom without any sort of external background noise, but still with some chatter from the fellow pupils.

*Chwaraewyd recordiad sain.*
*A sound recording was played.*

[162] So, you see that there is a slight difference, but not an awful lot.

[163] The third clip is of a classroom that has been acoustically treated, so it is a much better environment for a child who has hearing aids or cochlear implants.

*Chwaraewyd recordiad sain.*
*A sound recording was played.*

[164] So, you can just about make out some of the words there.

[165] This is probably not the best acoustic environment in which to hear these clips, as our acoustics expert will probably explain to you.

[166] **Mr Rogers**: Absolutely. Obviously, this is a very reverberant room; I am just going to demonstrate it for you by clapping. I am sure you have heard this before, but just listen how long it takes for the sound to disappear. It takes about a second. So, every piece of information that I generate from my mouth has all of that information added to it before it reaches your ears. So, the key difference between a space that has good acoustics, in terms of pupils, and bad acoustics is that you only want to listen to the direct sound from the teacher; you do not want to hear all of the additional reflections. That is quite straightforward to achieve scientifically; you just make sure that every surface that sound hits absorbs it and does not reflect it. Most people will be familiar with the restaurant problem. In restaurants these days, you walk in and, in a nice quiet restaurant, you have perfectly normal hearing and you generally do not have a problem. As soon as you get the noise levels increasing, you are leaning forward and trying to make out what that person is saying, who is a few meters away from you. The point that we are here to make really is that when you are disadvantaged from the very beginning, it is that much more important to make sure that the conditions are right so that that child has the best opportunity to get the information. The key thing is that it is not just about being able to hear the teacher, which is obviously quite fundamental; it is also that if you cannot hear well, it is harder to retain the information that you are taught. So, I will

pass back.

[167] **Ms Wyn:** Maybe Danyiaal could speak a little bit about his experiences in school.

[168] **Mr Munir:** I would go into a lesson, for example, design technology—that is my interest: electronics—and every time I go in there, the room is all hard floors and thin walls and it is more echoey. So, as soon as I go in, everyone starts chattering and before the teacher starts the lesson it is very frustrating for me to hear other people talking. So, say if I wanted to talk to my friend, I cannot hear because I can hear more people around me rather than just the one person I am talking to directly. Also, when the class is started by the teacher, there are people scraping chairs over the floors, which make really loud screeches. That affects me a lot when trying to concentrate on the teacher, one to one. Everyone has to look at the teacher and listen, but little noises can have a big influence on me, especially when I try to retain information from them. I have to concentrate more and I get more easily tired, so I tend to have headaches or those sorts of things because I have to concentrate directly on the teacher speaking. The sounds and the noises that are made affect me.

[169] **Mr Rogers:** If I could just add the science to that bit, it is quite important that we just appreciate what the brain is doing. What is happening is that the information that is coming in is requiring a lot of cognitive function to just sort the wheat from the chaff—the information from the noise. So, as a result, a number of things happen physiologically: one is that you get tired quickly; and the second is that your cortisol levels go up—your stress levels go up. All of those things are counterproductive in terms of a positive learning environment. We do not learn well under those conditions. So, the point is that the acoustic conditions enable those things to be reduced so that those with a hearing impairment can have a more comfortable environment in which to understand. Maybe I can ask you a question: in the rooms that were specifically designed for hearing impaired, what was the comparison? Did you find those—

[170] **Mr Munir:** There was a huge difference between the hearing impaired rooms and the mainstream classrooms. In the hearing impaired rooms, they have carpets with noise-cancelling walls, which are acoustic walls, so this has been a huge improvement on the mainstream classrooms. The hearing impaired classrooms are totally different, so I can focus more on the teacher without being stressed. I can relax and listen and learn more

easily compared to mainstream classrooms.

[171] **William Powell:** Thank you very much indeed for the clarity that you have brought to the issue for me. I should declare an interest; I have a significant hearing impairment in my left ear, so I empathise with that very much indeed.

10:15

[172] I just have a couple of brief questions, and I know that colleagues have issues that they wish to cover with you as well. First of all, how would you like to see the 1999 school regulations specifically enhanced, and do you believe that the current English provisions would be a good benchmark, or would you like us to go beyond that in your aspirations?

[173] **Mr Rogers:** Just to declare my interest as well, I am involved as a trustee in the Institute of Acoustics, and I am also involved in the rewriting of 'Building Bulletin 93'. So, my knowledge of this is all the way up there, but I suppose that I am recognising a weakness in the way that the English regulations are formed and an opportunity for you to do things in a slightly more robust fashion. My concern is purely the technical and the evidence base for this, and I do not think that there is any doubt that good acoustic conditions help those with hearing impairment. The good advantage is that it also helps those without hearing impairment. So, there is a win-win scenario here.

[174] What I would suggest is that the wording in the School Premises (England) Regulations 2012 focuses on this word 'suitable', which is defined, and it points to the new BB93. I am happy to say that it is actually a good improvement in the new document on the old, and I am comfortable that, in offering that forward, it would be a good benchmark. The problem is that there is no requirement to test, so there is no proof, actually, that a school has achieved those conditions. The key for the school premises regulations is that they apply in use. So, it extends to all schools and, indeed, to nurseries too.

[175] Under the current situation in Wales, you would only be looking at building regulations focusing on new schools and, again, there is no mandatory requirement to test. If you bought a new home, you would be required to have a sound test to prove that the acoustic conditions had been met. That is not currently the situation in the building regulations. So, the

school premises regulations give an opportunity to tie in with the wording that you have under the twenty-first century schools clause, which is linked to the funding, that requires acoustic testing to be completed to demonstrate that the conditions in BB93 have been achieved. That then would tie back in to 'the suitable condition had been achieved'.

[176] Another helpful steer for you is that, yesterday—. Would you like to mention the quality marks, or would you like me to do?

[177] **Ms Dulson**: No, carry on.

[178] **Mr Rogers**: I have been working with the NDCS to try to come up with, not necessarily the minimum requirement or the minimum standard, but actually one that is desirable for children with hearing impairment. We are calling that the 'quality mark', and that is a freely available, self-administered mark, which any school can download from the NDCS website as of today. What that does is that it sets out gold, silver and bronze standards for classrooms. They are linked to the standards that are in BB93, but also to what the NDCS would like to see as an aspirational target for a classroom. I would encourage you to embrace that as one way in which you could demonstrate that this standard has been achieved. Now, the reason that it is self-administered is to give freely available access, really, and to enable schools to be able to close the gap, simply by demonstrating that they have had an acoustic test done, and they can demonstrate that these standards have been achieved. Once that is the case, they can display this quality mark, and a pupil, a teacher or a parent is then able to freely see and signpost which classrooms are acceptable and which are not. So, I would really suggest that that is a very good way forward, sir.

[179] **William Powell**: That is really helpful. There is just one final question from me, and it is: to what extent is it possible to retrofit? You referred to twenty-first century schools, which clearly is the flagship programme, but many of our pupils for many years to come are going to be in schools that have not been through that particular programme. What are the particular challenges around retrofitting?

[180] **Mr Rogers**: Interestingly, the costs have been looked at and it might surprise you to know that it is not a costly exercise to retrofit classrooms, because the main issue is around absorption. The panels that you see at the side of this room are acoustic panels. They are here because, without them, the room would be very reverberant. The cost of an acoustic panel for fitting

out a classroom is around £500, which, if you think about the benefit, is really insignificant. The reality is that, if you are talking about inclusive environments and the opportunity to close the gap properly, that is the one thing that could be done that would close that gap. It is not true to say that reverberation is the only issue, as you have noise from outside, and so forth, but it is a critical one. By dealing with that issue alone, you would deal with the majority of the problem.

[181] **William Powell**: That is helpful. Russell George, you have indicated, then Joyce.

[182] **Ms Wyn**: Sorry, I was just going to add that, yesterday, NDCS published some guidance for schools, for headteachers and local authorities on creating good listening conditions for learning in education. It is an acoustics toolkit and it is available now on the website. I can give you copies if you would like, after the meeting.

[183] **William Powell**: That would be really helpful; thank you.

[184] **Ms Wyn**: This guidance contains lots of ideas about how to retrofit and improve the acoustic environment of a classroom at a reasonable cost, and also how to do it in a way that makes it attractive for pupils. For instance, you can hang what they call 'acoustic clouds'; you can hang things from the ceiling that look like little clouds and are made from absorbent material. That makes the classroom look a bit nicer. I can give you these copies afterwards.

[185] **William Powell**: Great; thank you.

[186] **Russell George**: We just have a few minutes left for questions. Thank you for coming today. We have many old buildings, old schools, and I understand that there are plenty of issues there. However, with the new schools that are being built, I wanted to understand the difference. You are saying that schools are being built but they are not accommodating and are poorly designed. However, regardless of the fact of regulation or not, are designers not taking into account your suggestions? Regardless of regulation, they could still take it into account when building a new school.

[187] **Ms Dulson**: All schools that are funded through the twenty-first century schools programme have to have pre-completion testing before the end of that build. However, as we know, there are fewer schools being built

through that programme and other funding streams are being used. So, the building regulations at the moment are not fit for purpose and derogations are sought regularly, and are granted far too easily, in our experience. So, we have concern about all new school builds and a retrofit, we are able to demonstrate, is plausible, feasible and sustainable, and it is low cost. However, for the new buildings, we need firmer and stronger regulations in place.

**[188] Russell George:** What I saying is that those regulations are not there, you want them to be there, but is there nowhere in Wales where a schools has been built where they have gone further, beyond the regulations?

[189] **Ms Dulson:** There are good examples, and there are several schools that are currently under construction for which advice is being sought from NDCS on particular points around acoustic environments. There was one school that we would recommend, and perhaps the committee would wish to visit, and that is Rogiet Primary School. We have visited it ourselves and we were extremely impressed. It is not a school that has a hearing-impaired resource base. This is a school that has gone down the road of providing excellent acoustic environments for the whole school population, because they can see the distinct improvement in attainment for all pupils, not just those with a hearing impairment, and also an improved environment for their teaching staff, who then have much better health and much better throats, and are able to provide a much better learning environment for deaf children.

[190] I think that Peter has a few words that he would like to say.

[191] **Mr Rogers:** I deal with the reality on the building sites and the design teams, and sit around with architects, et cetera. The issue, really, is that if it is a nice wood, it will not make its way through to the end of the design, unless there is a robust defence by an acoustician, often. We are not the police of this process, but we find ourselves more and more in that position. So, unless there is testing—. What we need to do is to provide for new school buildings a design that would comply. Once that goes through building control and is signed off, that then needs to be built. Now, what ends up on site does not always match what is on the design and the reality is that there is no check in place to make sure that that is the case. When you consider the school populations and the next generation going through these new buildings, we really want them to be the right sort of environment. After all, that is what we are expecting, but nobody is checking.

[192] **William Powell**: Joyce Watson is next.

[193] **Joyce Watson**: Thank you for coming in today. There are two things from what you have just said. The fact that nobody is checking is a fairly obvious one, but also best practice. You are pointing us to a school that you want us to visit—I do not know where it is, but, if we can, we will.

[194] **Ms Dulson**: It is not far. It is in Monmouthshire.

[195] **Joyce Watson**: Surely, we do not want to be reinventing the wheel each time. So, is there a process for sharing best practice so that it saves money in that respect? Also, moving on from that, you talk about learning environments, particularly nurseries, which clearly fall outside, and in Wales perhaps more so than other places. How do you think that we are going to manage to bring those on board? They are private enterprises, and they are looking, obviously, to run them as best as they can. What could we do to encourage those private enterprises, in the main, to facilitate the learning environment for those who are challenged with their hearing deficit?

[196] **Ms Dulson**: I think that identifying best practice is quite easily done. There are—

[197] **Joyce Watson**: What about sharing it?

[198] **Ms Dulson**: Indeed. However, there are professional bodies, and there are inspection and regulation authorities and bodies. Estyn, for example inspects. We have the Care and Social Services Inspectorate Wales as well. So, there are several regulatory bodies that could instil best practice or distil best practice. I think that by shoring up the regulations, which, as we have demonstrated, exist in England, for example, with the new 'Building Bulletin 93' and also with the schools regulations, there are ways that we can beef up requirements. In terms of disseminating best practice, I think we can do that very well through current regulatory bodies. Peter, would you like to add anything?

[199] **Mr Rogers**: Yes, please. Nurseries in England are included, even if they are not part of the 'school' definition, under the School Premises (England) Regulations 2012. So, there is a good premise for requiring it. After all, that is where we are developing speech. It is important. The reality is that nurseries value their Ofsted ratings quite highly. I would suggest that that would be a good opportunity. Ofsted is not an expert in acoustics, but

neither is building control. They need to go through a process and demonstrate. It is quite conceivable to achieve that, and it would really help everyone, I think, to understand the process. The Institute of Acoustics and the Association of Noise Consultants are working closely together to provide guidance. That guidance will be available early in 2015. I commend that to you as another route for getting that advice; we are here to assist.

[200] **Ms Dulson:** I know that we were referring to Ofsted there; of course, in Wales, we mean Estyn. However, I would refer you back to the Welsh Government's 'The Learning Country' and its seven core aims, one of which is to give children a flying start. So, I think that it is within your gift. It is your responsibility.

[201] **Joyce Watson:** The reason, if I may, Chair, I picked up on nurseries was for the reason that you have just said: what you learn there will stay with you for the rest of your life, or possibly be missing for the rest of your life. I would also, if I may, like to ask this. You say you have seen good practice, and you say there are bodies that regulate either the building or the learning environment: is there anywhere else that we could go to to pursue this agenda and perhaps understand it better?

10:30

[202] **Ms Dulson:** As Peter is here as a representative of the Institute of Acoustics, I suggest that that is an institute that you need to take evidence from. There is no doubt about that. Actually visiting a school yourselves will give you such a good idea of the difference between a good acoustic setting and a less good acoustic setting. I think we are able to demonstrate quite clearly with the level of the attainment gap in Wales for deaf children that there is a significant issue. It is that word 'significant' again. It really is a problem that we need to be addressing.

[203] So, we are giving you evidence and we have given you a lot of data and evidence within our briefing, which cites again the benefits or the direct correlation between attainment and acoustics. So, please read all of those documents, because they really will flavour the day.

[204] **William Powell:** Thank you. Russell George is next.

[205] **Russell George:** I was just going to ask about the value of us visiting a school. You can tell the difference between a poor acoustic building

and a good one, but, for example, if I am not hard of hearing myself, how am I going to understand the difference?

[206] **Ms Dulson:** We will supply you with some ear defenders.

[207] **Russell George:** Right. Okay.

[208] **Ms Dulson:** You will notice immediately as you go in, because you will notice that lack of reverberation. You will notice the absorption within the environment. Rogiet school, for example, is right next door to a major road and they have taken into account design features, and they have also used things like the acoustic cloud, which Elin cited. They have used cushioning and they have used appropriate floor coverings, which also are attractive to children; they enjoy being in those environments. They have been very inventive with regard to the windows and the doors as well. All of these things can make a huge difference to a deaf child within any environment. However, we would also stress that you would be doing this for all children within learning environments.

[209] **Russell George:** But you have got some kind of appliance that we could use that would—

[210] **Ms Dulson:** Yes, absolutely. We can do that. Indeed.

[211] **Mr Rogers:** Just to emphasise the point that people usually recognise only poor acoustics, you almost do not, really—. You are not aware of it when it is adequate or even good. When you go to a concert hall you will appreciate the music and the fact that it is not coloured. So, when you go into a room, what you are thinking about is, 'Can I get what I need? Do I feel comfortable? Do I feel in the right state of mind to be able to learn?' That is quite subtle and that is obviously when you are starting from a point of not being able to hear well initially. You are immediately struggling to just achieve that baseline of, 'Can I hear?' So, when you are going into a space, for example the next time you walk into a restaurant—this is the best example I can think of—think about how you feel, think about your anxiety levels when the noise levels start increasing, and think about what we are asking our children to do. We are asking them to go through this process, so let us make it as positive as possible.

[212] **William Powell:** Thanks. There is just one final question from me on the issue of nursery provision, because we have got so many small and

medium-sized stand-alone nursery facilities in Wales, and not so many of them are necessarily delivered within the wider foundation phase setting. How can we overcome that particular problem? What could be put in place to raise the bar across Wales, given the nature of the provision?

[213] **Ms Dulson:** I think what we found is that nursery schools generally are very keen to support deaf children's education and, when we have offered advice, have been very keen to put that advice into practice. I think there is a great will to improve the stock out there and a great will to move forward. So, I do not think that you will find that this will fall on deaf ears.

[214] **William Powell:** Good. I think that is a positive note on which to finish.

[215] Diolch yn fawr iawn am ddod y bore yma. Thank you very much for coming this morning.

[216] It has been a very stimulating session, and I look forward, at the beginning of the next committee meeting, to our opportunity to discuss this and the transcript, which we will also make available to you so that you can be satisfied that everything is correct and that it reflects the session that we have had this morning. Thank you very much indeed.

[217] **Ms Dulson:** Thank you.

[218] **William Powell:** Excellent. Cheers.

## P-04-609 Support Small Businesses - Support our High Streets

We call upon the National Assembly for Wales to urge the Welsh Government to extend the relief available for small businesses beyond March 2015. In addition we ask that the decision be made and announced as soon as possible, ideally before the end of 2014, in order that business planning and development is not delayed.

**Additional information**:

Small businesses form the backbone of our Town Centres and High Streets. In order that business recovery and start up is supported and the deterioration in our towns and communities is arrested, this matter is urgent.

**Petitioner:** Lynne Wilson

**First considered by the Committee:** 20 January 2015

**Number of Signatures**: 47

**Edwina Hart MBE CStJ AC / AM**
**Gweinidog yr Economi, Gwyddoniaeth a Thrafnidiaeth**
**Minister for Economy, Science and Transport**

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref EH/06067/14

William Powell AM
Chair Petitions Committee

committeebusiness@Wales.gsi.gov.uk

8 December 2014

Dear William,

Thank you for your letter of 14 November requesting comments on Petition P-04-609 regarding relief and support for small businesses.

We successfully lobbied the UK Government to again extend Small Business Rate Relief and replicated that in Wales this year. This move means reductions for small firms with many paying no rates at all.

Our actions to support business are wide-ranging, and as Minister with responsibility for business rates policy I have taken a number of additional steps to use the rates regime to support high streets across Wales. This has included capping the business rates multiplier and introducing schemes such as the Wales Retail Relief Scheme, Open for Business Scheme and the Local Needs Scheme.

The Business Rates Panel will be looking at reliefs broadly and I look forward to their findings. A number of other factors will also need to be considered and I will be making a decision on the future of Small Business Rate Relief in due course.

Edwina Hart

Bae Caerdydd • Cardiff Bay
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## P-04-609 Support Small Businesses – Support our High Streets. Correspondence from the Petitioner to the Clerking Team, 13.01.2015

### Petition re Rates Relief

Firstly a practical point re process of signing a petition. Many people told me that they had signed the petition but I was unable to find their name. Only through talking with friends locally was I able to discover that if people did not use the 2 tick boxes the system still changed the page which led to people not registering their signature but thinking that they had. I realise this is a seemingly small matter but it did actually have a major impact on the final outcome.

My position

I am a sole trader and trying to establish a social enterprise to the benefit of the community in a small rural town. I am not a campaigner, nor part of any large advocacy group, nor seeking to make vast amounts of money. I simply want to contribute to my local community.

Until I saw the response from the Minister I was not aware of the schemes she mentions. I can now look them up. Thank you. I mention this as an example of how information fails to reach grass roots. This failure is exacerbated by the layers of funding and advisory bodies. To whom should I turn first in order to even find out about, never mind access advice and support?

The complexity of regulations and compliance issues, combined with uncertainty which generates difficulties planning leave me wondering why people continue to submit themselves to such a difficult task as establishing a new business.

The 100% rates relief is a vital lifeline and an encouragement to continue in what can feel a very hostile environment.

Small businesses are at the heart of rural town centres which are overlooked by the corporate and large chains and yet most national and local policy still appears to favour the old style retail park/large chains.

The social consequences of dying town centres will surely bring costs as yet unknown and unquantifiable so this request to extend the relief is not to protect a comfortable bourgeoisie but to ask that politicians recognise just how hard it is for small businesses to stay viable.

Local business groups are doing their best to engage with the local community but the current climate of uncertainty makes strategic planning almost impossible bearing in mind that most of such efforts are being carried out voluntarily at the margins of individuals time. As the retail arena shrinks the small business owner finds themselves in an ever more competitive situation, therefore busier, more anxious so therefore less able to provide coherent, planned and carefully executed voluntary effort.

I believe that support to such small businesses is a cross party issue. Anxiety, uncertainty, rapidly changing regulations are all throttling the energy and skills, the creativity and ingenuity of entrepreneurial people.

Please extend the rates relief. It will be such a powerful way to encourage local business.

## P-04-440 : Say NO to Asset Stripping Bronllys Hospital

**Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to reject any attempt by the Powys Teaching Health Board to asset-strip the Bronllys Community hospital by closing or moving its Stroke Unit, nor by placing new services or service facilities for the region elsewhere and rather to instruct the Health Board to devise a strategy to build or re-build, improve and/or extend this NHS Hospital's facilities, and services and resource expertise; and to retain and re-build this valuable community asset as a centre of excellence.

We further call upon the National Assembly for Wales to urge the Welsh Government to instruct the Health Board to place Bronllys Hospital at the centre of its strategy for the provision of adult and older people's health services in South East Powys for the next 50 years, and to release the necessary resources to make this happen.

**Petition raised by:** Michael Eccles

**Date petition first considered by Committee:** 4 December 2012

**Number of signatures:** 3,144

**P-04-440 Say NO to Asset Stripping Bronllys Hospital - Petitioner to the Clerking Team, 04.12.14.**

Dear Kayleigh,

Please can you forward our thanks to the Petitions Committee for following up on our Bronllys Park Proposals. If those go forward they will offer a complimentary circle of support to The Community Hospital. They also include mechanisms to generate continuing funding for social care in these cash strapped times. And it appears that the proposals we put together have 'legs'!

However please note. Our Proposals are **not** "the robust plan for Bronllys Hospital" which the PtHB promised to deliver **before** moving the Stroke Unit to Brecon. Our Proposals are for an integrated use of the existing **grounds, and not the hospital**. For our Proposals to work, we do need the Hospital, and it's facilities to become the centre for local health care. Our proposals for the Parkland are intended to support a re-vitalised hospital, consequently we do need to have the Stroke Unit returned AND we need the PtHB to deliver the plan they promised for the hospital's future development. Where are these plans?

Furthermore, the PtHB have still **not** met the second caveat promised to the CHC: to resolve the parking issues at Brecon Hospital. The parking problem has predictably, if anything, got worse, **and** it will continue to do so!

We cannot understand the purpose of all the various bodies agreeing that the Stroke Unit would ONLY be moved subject to the PtHB resolving the parking objection AND subject to their coming up with a 'ROBUST PLAN FOR THE HOSPITAL', **and** their not being made accountable when they fail to deliver on this public commitment.

Did the PtHB ever have any intention of fulfilling these commitments? Or was this just a cynical ploy on their part to get their plans through whatever, and to make fools of both our politicians and the general public? Their behaviour is a flagrant kick in the face for the democratic process - which behaviour the PtHB's constituents simply don't understand - and it is another nail in the coffin for Government purporting to engage the community in community issues. Surely someone must be able to force the PtHB to become accountable? Or what's the point?

Many thanks,
Michael Eccles

## P-04-448 : Improve Sexual health services for Western Vale

**Petition wording:**

We call on the National Assembly for Wales to urge the Welsh Government to increase funding to the Cardiff and Vale University Health Board. This increased funding should be directed towards improving sexual health services for the Western Vale.

Additional Information:

Currently only one clinic is held once a week every Friday lunchtime in Llantwit Major. This clinic serves the whole of the Western Vale. This clinic gives sexual health advice and family planning services. This service is not adequate to meet the needs of this large geographical area. The town of Barry alone has 3 clinics/week.Help us to improve the sexual health of many young and vulnerable people who are often unable to travel 10 miles or further to a local clinic. These clinics offer the vital information/education/support/medical treatment that young people need. improving sexual health services can help guide, support and care for the most vulnerable groups within our society. Please help us make a difference. Although teenage pregnancy rates are declining, abortion rates are rising (as cited by Helen Rogers Director of the Royal college of midwives, source BBC Wales 29/03/12) WAG in response to this report promised increased funding via public health wales to improve access to integrated sexual health centres (BBC Wales 29/03/12) These vulnerable young people often from households which are deprived, do not receive the care they need. Had these young people lived in Barry, they would have received a much improved service. The rural vale is often dismissed as being "affluent" real pockets of socio-economic deprivation exist within this area. More clinics are needed. Wales wants a "World Class Health Service" built for the future. These young people are our future. Teenage pregnancy/abortion can have wide reaching detrimental effects on our young people. Sexually transmitted diseases are preventable if people get the right information.

**Petition raised by**: Rebecca Lowrie

**Date petition first considered by Committee**: 29 January 2013

**Number of signatures:** 16

**Mark Drakeford AC / AM**
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**
**Minister for Health and Social Services**

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MD/03320/14

William Powell AM
Assembly Member for Mid & West Wales
National Assembly for Wales
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

William.powell@wales.gov.uk

8 September 2014

Dear William,

Thank you for your recent letter on behalf of the Petitions Committee regarding Petition P-04-448 – Improve Sexual Health Services for Western Vale.

I was sorry to read that despite your having written to the Cardiff and Vale University on two occasions you have still to receive any form of response from them. I have, therefore, forwarded all the relevant correspondence for the attention of Mrs Maria Battle, Chair of the Health Board, asking that she give this matter her immediate and urgent attention and to respond to you direct without delay.

I have also asked that she copy her reply to my office so I am assured that this matter has been dealt with.

Best wishes

Mark

**Mark Drakeford AC / AM**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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**Mark Drakeford AC / AM**
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**Minister for Health and Social Services**

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MD/03320/14

Maria Battle
Chair
Cardiff and Vale University Health Board
University Hospital of Wales (UHW)
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maria.battle@wales.nhs.uk
PA: alison.mack@wales.nhs.uk

8 September 2014

Dear Maria,

I have received the attached correspondence from William Powell AM in his capacity as Chair of the Petitions Committee regarding Petition P-04-448 – Improve Sexual Health Services for Western Vale.

I was concerned to note that despite Mr Powell having written to the Health Board in both April and December 2013, he has still to receive a response.

I would, therefore, be grateful if you consider all the attached correspondence and give this matter your immediate and urgent attention and respond to Mr Powell direct without delay.

I would also ask that you copy any reply to my office so that I am assured that this matter has been dealt with.

Best wishes

Mark.

**Mark Drakeford AC / AM**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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## P-04-587 A Dedicated Support Team for Myalgic Encephalomyelitis (M.E.),Chronic Fatigue Syndrome & Fibromyalgia Sufferers in South East Wales

**Petition Wording**

We call upon the National Assembly for Wales to urge the Welsh Government to ensure that a dedicated Consultant/Clinic and medical support team for Myalgic Encephalomyelitis (M.E.), Chronic Fatigue Syndrome & Fibromyalgia sufferers is set up in South East Wales. I request that this petition be treated as an official voice of M.E. sufferers, their families, carers and interested parties.

Currently, sufferers of the above ailments are not being supported, with a few exceptions, by the medical profession. They are unable to work but the government bodies assessing them do not appear to understand their problems. This is the basis for this petition.

**Petition raised by:** M.E.S.I.G. (M.E Support in Glamorgan)

**Date Petition first considered by Committee:** 23 September 2014

**Number of signatures:** 368 electronic signatures and 826 paper signatures. 1,196

**Mark Drakeford AC / AM**
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**
**Minister for Health and Social Services**

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MD/05279/14

William Powell AM
Chair Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

committeebusiness@Wales.gsi.gov.uk

16 November 2014

Dear William,

Thank you for your letter of 30 September on behalf of the Petitions Committee regarding Petition P-04-587 - Establishing a clinic for ME/CFS and Fibromyalgia sufferers in South East Wales.

At the end of 2013 a Myalgic Encephalopathy/Chronic Fatigue Syndrome (ME/CFS) and Fibromyalgia (FM) task and finish group was set up to focus on the practical means of improving NHS services and patient experience.

The group has reported their recommendations to me and I wrote to the local health board (LHB) chairs on 16 September drawing their attention to the eleven recommendations made by the group including timescales for implementation and reporting requirements. I attach a copy of their report for your attention.

LHBs will be responsible for establishing a stakeholder group to support delivery of the recommendations, provide an action plan to improve services for patients and report annually on progress. The recommendations should provide the tools to:

- increase timely diagnosis, allowing effective care to commence promptly
- provide effective self management advice much earlier
- minimise the chances of people's conditions becoming severe and/or requiring increased health service resources
- streamline referrals, ensuring more efficient and economic use of resources
- improve the experience and outcomes for patients

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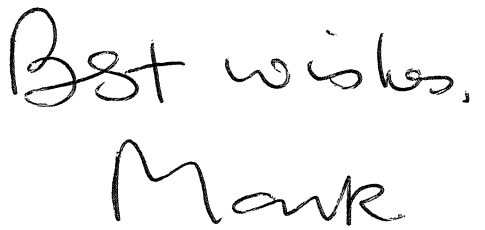
An All-Wales Implementation Group is in the process of being formed comprising LHB clinical leads from a variety of different healthcare professionals including a paediatrician, third sector patient representatives and the Welsh Government to take the recommendations forward.



**Mark Drakeford AC / AM**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

# MYALGIC ENCEPHALOPATHY/CHRONIC FATIGUE SYNDROME (ME/CFS) and FIBROMYALGIA (FM) TASK and FINISH GROUP

## Report and Recommendations

**August 2014**

**CONTENTS**

## 1. Introduction

Both ME/CFS and Fibromyalgia are complex conditions and although there are examples of good practice in Wales, challenges exist in accessing appropriate care and services.

At the end of 2013 an ME/CFS and Fibromyalgia Task and Finish Group was reconvened to focus on the practical means of improving NHS services and patient experience.

The group accepted the previous Task and Finish Group's recommendations that the use of Care Pathways remained valid. The challenge the group identified was in the delivery of services and ensuring consistent national access.

The recommendations below focus on strengthening implementation arrangements and improving patient voice in the system.

In making its recommendations, the Task and Finish Group has sought to identify the infrastructure required to support system change.

The Task and Finish Group believe that it is both possible and necessary to implement more effective pathways for ME/CFS and Fibromyalgia and to improve knowledge in the healthcare workforce. The recommendations should provide the tools to:

- increase timely diagnosis, allowing effective care to commence promptly
- provide effective self management advice much earlier
- minimise the chances of people's conditions becoming severe and/or requiring increased health service resources
- streamline referrals, ensuring more efficient and economic use of resources
- improve the experience and outcomes for patients,

## 2. Recommendations

**<u>Recommendation 1</u>: Each Health Board to identify an Executive Board member with responsibility for overseeing implementation of the recommendations below**

- The Board member should act as an advocate for service development, support the clinical lead(s) (see recommendation 2) and provide accountability for progress.

**<u>Recommendation 2</u>: Each Health Board to identify, by April 2015, an appropriate clinical lead or leads for ME/CFS and Fibromyalgia to take forward the recommendations and to identify a "home" for services for ME/CFS and Fibromyalgia.**

- Role(s) must be recognised in job plans and leads should have access to some administrative support.
- Depending on the available expertise within the Health Board, it may be appropriate to appoint separate leads for ME/CFS and Fibromyalgia, or to appoint a single lead to provide leadership for both patient groups.
- The clinical lead(s) should report regularly to the Board member.
- There is scope for some flexibility in deciding which speciality (or specialities) should take the lead, but the home should not be located in mental health services.
- As both ME/CFS and Fibromyalgia demand a multidisciplinary approach, the aim is to provide coordination and coherence in referral that has been lacking so far, not to suggest that the home speciality would see all patients.

**<u>Recommendation 3</u>: Each Health Board to identify relevant specialists and those with expertise or interest in developing services to establish a stakeholder group or groups (including patient representation) to support the clinical lead or leads in ensuring the effective delivery of recommendations 4-8**

- The stakeholder group(s) must bring together a multidisciplinary group, with a range of relevant specialists and patient representatives to advise on and contribute to delivering an effective care pathway for ME/CFS and Fibromyalgia.
- The stakeholder group(s) should be chaired by the clinical lead(s) who report to the Board member with responsibility for ME/CFS and Fibromyalgia.

**<u>Recommendation 4</u>: Each Health Board to develop effective local pathways for children and adults with ME/CFS and Fibromyalgia, by drawing on the following:**

**ME/CFS**:

- Map of Medicine - Chronic fatigue syndrome and myalgic encephalopathy (CFS/ME) – suspected
- Map of Medicine - Chronic fatigue syndrome and myalgic encephalopathy (CFS/ME) – management
- Scottish Good Practice Guidance on ME-CFS - http://www.show.scot.nhs.uk/GoodPracticeStatementonME-CFSforGeneralPractitioners.aspx

- Neurological Conditions Delivery Plan - http://wales.gov.uk/topics/health/publications/health/strategies/neurological/?lang=en

- Emerging guidance for supporting people with ME/CFS

**Fibromyalgia**

- Map of Medicine – Fibromyalgia
- EULAR guidance for Fibromyalgia - http://ard.bmj.com/content/67/4/536.short
- Service Development and Commissioning Directive for Chronic Non-Malignant Pain - http://wales.gov.uk/topics/health/publications/health/strategies/pain/?lang=en - and Arthritis and Musculoskeletal Conditions - http://wales.gov.uk/topics/health/publications/health/strategies/arthritis/?lang=en
- Fibromyalgia e-learning resource
- Emerging guidance for supporting people with Fibromyalgia

**Recommendation 5: Each Health Board should undertake work to raise awareness of ME/CFS and Fibromyalgia in primary care, to support timely diagnosis and effective management of both children and adults**

- Health Boards should provide support to GPs to support people living with ME/CFS and Fibromyalgia to become experts in their own care and self-management, as well as providing clear pathways for referral for specialist support as appropriate.

- The best methods to provide support for primary care practitioners will need to be further explored. The Implementation Group (recommendations 8 and 9) may advise on an 'All Wales' approach, but delivery would be managed locally as appropriate.

**Recommendation 6: Each Health Board to identify the means by which they will provide support to people with ME/CFS and Fibromyalgia who need to attend hospital, or receive palliative care, as well as ensuring the delivery of care as close to home as possible, including the provision of telemedicine/home visits to severely affected patients unable to attend appointments via other means**

- There is a need to meet the intensive and specialist care needs of the small numbers of people who need inpatient care or palliative care, and the larger group who may need to access domiciliary care.

- There is scope for the expansion of the delivery of telemedicine services via

Skype (for example), in line with Welsh Government commitments to incorporating innovations for patient consultation and treatment reviews, and care could be delivered by working with chronic management (though access to specialists may be required for those whose care could not be provided by community teams).

**Recommendation 7: Each Health Board to produce a practical, realistic and timed action plan to improve patient experience of services by people with ME/CFS and Fibromyalgia during 2015-2018, and report annually on progress**

- An initial draft action plan should be prepared by June 2015, indicating actions which the Health Board intends to take to implement the above recommendations. A final action plan should be developed by September 2015.

- An annual progress report should be prepared in March 2016, March 2017 and March 2018.

- Action plans and annual reports should be submitted to the Welsh Government and published on Health Board websites, as well a submitted to the Implementation Group for peer review and shared learning.

**Recommendation 8: Each Health Board to release a representative (or representatives) to form an All Wales Implementation Group (which will also include third sector patient representatives)**

- Representatives would be the Health Board clinical leads, with the group naturally being formed of a variety of different healthcare professionals. Additional representatives should be invited to join (or otherwise contribute) to the Group as appropriate to ensure an appropriate multi-disciplinary approach. In particular, members of the Task and Finish Group have identified the importance of involving a paediatrician.

- Patient representatives will play an important role on the Group.

- Welsh Government will be represented on the Group.

- The Group will appoint a Chairperson from the NHS, in agreement with Welsh Government.

**Recommendation 9: The Implementation Group to provide an All-Wales overview of service-improvement for ME/CFS and Fibromyalgia in implementing recommendations 1- 8**

The Implementation Group should:

- Share good practice and provide peer support and challenge to all Health Board's in their implementation of the above recommendations

- Provide advice on an All-Wales approach to the provision of training and support for GPs

- Keep under review the availability of guidance for the diagnosis and management of ME/CFS and Fibromyalgia; disseminate emerging good practice across Health Boards; identify available opportunities to collaborate with Universities and Public Health Wales on research projects relating to ME/CFS and Fibromyalgia and use the experience of service improvement in Wales to contribute to broader UK or international development of best practice guidance.

- Convene or coordinate, as appropriate, work to focus on the specific (and different) needs of people with ME/CFS and Fibromyalgia, undertaking individual work streams if required, in order to drive progress with the different pathways.

- Convene a multi-agency national group (including education and social services) to advise health boards and local authorities on delivering appropriate pathways for children and young people with ME/CFS and Fibromyalgia, and ensuring effective transition to adult services

- Consider availability of data and measures to monitor and report progress, in order to drive continuous improvement in Health Boards and to provide transparency to people with ME/CFS and Fibromyalgia and to the Welsh Government.

- Advise the Minister, following publication of Health Board annual reports on progress made and any further development needed

**<u>Recommendation 10</u>: The Minister should write to Chairs of Local Health Boards outlining the recommendations, timescales for their implementation and reporting requirements**

- There is a long history of slow progress in driving improvement for these patient groups. Progress was limited following the issue of the Map of Medicine pathways and it will be helpful to have a very visible Ministerial direction for these recommendations to be implemented.

**<u>Recommendation 11</u>: The Task and Finish Group recommend the Minister agrees to the publication of the recommendations.**

- The Task and Finish Group believe that it would be a positive move to make a public announcement in relation to the recommendations, signalling hope for patients and the need for Health Boards to respond proactively.

## 3. Background

- The true prevalence of ME/CFS in the UK is unknown, and estimates vary according to definition used, but has been estimated at between 0.2% and 0.4%. Advice provided by Public Health Wales to the Welsh Government in 2009 suggested using the mid range prevalence rate of 0.3% which would suggest around 9,500 people affected in Wales. Approximately 25% are severely affected. Estimates for prevalence of Fibromyalgia are higher, at 2% or above, although under-diagnosis makes estimates hard to verify.
- The previous ME/CFS Task and Finish Group, established in 2009, recommended the use of 2 care pathways[1] in Wales (one for use in "suspected" ME/CFS and one for use in the "management" of the condition). A separate pathway was developed for Fibromyalgia[2]. The pathways were based on Map of Medicine Care Pathways and adapted for use in Wales.

- In May 2011 the then Chief Executive of the NHS wrote to Chief Executives of all Health Boards requesting them to develop services in line with the pathways with immediate effect. On seeking updates on progress in 2012 it was apparent that limited improvement had been achieved and patient concerns were being channelled through AMs and MPs. This suggested a lack of prioritisation and supporting measures were needed to enable implementation of the pathways. Patient complaints about (the lack of) services were high and frustration was expressed by healthcare professionals seeking to provide care for patients with these conditions.

- In 2013 the then Health Minister, Lesley Griffiths AM decided to reconvene the Task & Finish Group, a decision endorsed by the current Minister for Health & Social Services, Mark Drakeford AM. The Task and Finish Group met in December 2013, February 2014 and May 2014. Members of the group are listed in Appendix 1.

- In a speech which the Minister for Health and Social Services gave to the Welsh NHS Federation on 16 January 2014, he challenged the NHS to shape the future of care on the basis of 'prudent healthcare'. Drawing on the work of the Bevan Commission, he summed up core principles he wants applied to health services in Wales:

    - Do no harm

[1] Map of Medicine: Chronic fatigue syndrome and myalgic encephalopathy (CFS/ME) – suspected and Map of Medicine: Chronic fatigue syndrome and myalgic encephalopathy (CFS/ME) – management

[2] Map of Medicine: Fibromyalgia

- Undertake the minimum appropriate intervention
- Work in co-production with the patient, to consider “what can we do together to address the difficulties that you are experiencing”
- Deliver healthcare that fits the needs and circumstances of patients, and actively avoids wasteful care that is not to the patient’s benefit
- Deliver healthcare on the basis of equity, with clinical need and nothing else determining treatment by the NHS

The group has sought to make recommendations which will enable the development of care for these patient groups in line with these principles.

**4. Examples of good practice**

- Members of the Group identified a number of examples where Health Boards have built on established expertise to develop services for people with ME/CFS and Fibromyalgia. Although the services described below are not available universally across Wales, they show how existing resources can be used to develop management support for people with these conditions. It is important to stress that a variety of approaches are needed and that patients and carers should be part of the developing process.

**ME/CFS in Powys**

In Powys, people with ME/CFS can access services through the Pain and Fatigue Management Service run by the Local Health Board. This service runs clinics in which people with the condition receive a full biopsychosocial assessment following which a care plan is devised by the individual working in collaboration with the clinician. One option is to attend one of the community based pain and fatigue management programmes which are run at six locations throughout the county during the year but for more complex cases attending the three week residential programme is also an option. In addition, Powys Teaching Health Board is piloting “Invest in your Health Programmes” for people with any long term health condition and their carers, which people with ME/CFS are able to attend. Individual support is also available and given the rural nature of the county and the difficulty many people with chronic fatigue have in travelling, can be provided over the phone. To improve access still further the Pain and Fatigue Management Service is also looking to use video conferencing with people in their own homes.

**Fibromyalgia in Abertawe Bro Morgannwg**

Patients with a diagnosis of Fibromyalgia are referred into Rheumatology

Occupational Therapy from the Rheumatology Consultant, Chronic Pain Team or Physiotherapy. Patients are seen individually and a collaborated agenda is set for self management. If appropriate, patients are offered the opportunity to attend the FM group, which runs approximately every six months, one in Swansea West and one in Swansea East. The group runs once a week for 3 weeks, with 3 hour sessions to support self management. Graded exercise, in conjunction with a physiotherapist, is included and the group also considers the anatomy and physiology of FM and pain, identifying individual goals and how to build an action plan towards achieving those goals, sleep hygiene, relaxation, pacing and planning, communication, complementary therapy and building a support network. The service is constantly evaluated to ensure best practice and is in the process of expansion across the Health Board. If a patient chooses not to attend the group or if there is a wait until the next group starts, there is the option of attending individual sessions with the occupational therapist to work on their collaborated Self Management Plan. There is an open door policy for patients to speak to the Occupational Therapist regarding their Self Management Plan.

## 5. Main areas for development

The examples in section 4 are not replicated across all parts of Wales and provision is currently inadequate to meet the needs of people with ME/CFS and Fibromyalgia. The Task and Finish Group acknowledges that Health Boards have faced a number of challenges in implementing a pathway and providing services for people with ME/CFS and Fibromyalgia:

- limitations to the evidence base for appropriate interventions;
    - for ME/CFS, a lack of consensus about the diagnostic criteria and treatment and management options recommended by NICE and/or the interpretation of them by healthcare professionals
    - for Fibromyalgia, a lack of NICE guidance (although internationally recognised EULAR guidance is available)
- a shortage of professionals with specialist knowledge, interest or the confidence to diagnose
- few clinical champions within NHS Wales
- resource and financial constraints

The Group identified a number of key areas for development, which inform the recommendations.

The areas for development are:

### 5.1 Primary care and timely diagnosis

- Many GPs work extremely hard to support people with ME/CFS and Fibromyalgia but patient surveys and charity helpline records (for both conditions) show that this is not universally the case; many patients still do not feel that GPs take them seriously and some continue to report experiencing hostility. Patients express concerns that GPs seem to have limited knowledge of their condition.

- GPs meanwhile face significant challenges in diagnosis and management because of multiple and complex symptoms and a historic lack of consensus on diagnosis and treatment. This is compounded by the lack of a clear referral pathway and the limited specialist interest in diagnosis or providing treatment once a diagnosis is reached. Delayed and/or multiple referrals are common due to difficulty in identifying the condition and/or the most appropriate specialist, and diagnosis can sometimes take several years. Such significant delays in providing effective self-management support may result in considerably greater long term support needs.

- Achieving timely diagnosis for ME/CFS remains a significant challenge. Patient groups report that some GPs have a low understanding of the post-exertional nature of the condition, the sheer degree of physical debilitation which it can cause, sub-groups of patients and the range of severity that is seen. There are also difficulties with obtaining home visits where needed and with GPs understanding that, due to cognitive difficulties, patients may

need a written summary of discussions. Members of the Group who treat people with ME/CFS report that when they provide training for GPs, sessions tend to be attended by those who already have an interest, without the knowledge spreading further. The situation appears to be stable, rather than improving.

- The position for patients with Fibromyalgia can be very difficult. In addition to issues highlighted for ME/CFS, problems highlighted by patient groups include overlapping diagnoses, a diverse range of symptoms, an apparent lack of understanding by some GPs and the perception that pain is 'all in the mind'. Some patients find that they are sent away with painkillers, rather than GPs taking a more holistic view of the history and referring for pain management. '4 years of suffering' before reaching diagnosis was cited. Patient groups indicate that there is some evidence that more recently qualified GPs are, in general, a little better equipped to support patients than those who have been practising for a long time.

- A lot of excellent care can and should be managed in primary care, with as few professionals involved as possible, although - where appropriate - effective referral to suitable specialists should be easily accessible. Management should start before confirmed diagnosis and GPs should be proactive in working with patients to begin management and self-management.

- The concept of the 'key worker' may be helpful in considering the management of people with ME/CFS and Fibromyalgia; this role will frequently be fulfilled by the GP, but - depending on care pathways adopted in the Health Board - could be fulfilled by a number of other health professionals.

- To achieve this, Health Boards need to support primary care teams to work with patients to find the best management approaches. This requires support and access to specialist advice when needed, which is currently limited.

**5.2. A coordinated Health Board approach, led by a clinical lead or leads**

- ME/CFS and Fibromyalgia are relatively rare if compared to conditions such as diabetes with which there is greater familiarity. Providing care for people with these conditions should involve a wide range of different specialists (not all of whom are enthusiastic about supporting these patients), who play different roles in symptom management or – crucially – in providing support for self-management. Coordination of care is currently lacking and the Group felt that there could be considerable benefit in appointing a clinical lead or leads in each Health Board (either a lead to cover ME/CFS and Fibromyalgia, or 2 separate leads, depending on available knowledge/expertise). Because of the relatively small numbers of people affected, it was suggested that 2

neighbouring Health Boards could choose to work together to provide clinical leadership and coordination of patient care, if this proved to be the most effective means of using existing resource and knowledge/expertise and ensuring effective leadership and patient benefits across both the Health Boards.

- The consensus was, in the context of the required multi-disciplinary approach, there is room for flexibility as to the specialism of the clinical lead or leads, with the exception that the lead (for either condition) should NOT sit in mental health, which has sometimes been the case. It was noted that although mental health services have transferrable skills and understand case management, placing the lead in mental health services is inappropriate, causes stigmatisation and has tended to lack the multi-disciplinary team approach which is required. Psychologists on the Group stressed that their role is in supporting patients to manage the impact of the illness, and is not about treating it as a psychological disorder.

- This is not in any way to undervalue the important role which mental health services may play in supporting some people with these conditions. Depression or anxiety may be co-morbid and the pain, social withdrawal, lack of activity and difficulty accessing services - which often accompany these conditions - can cause depression and anxiety which may need treatment. Adequate attention must be given to the mental health needs of these patient groups.

**5.3. Understanding and implementing the Map of Medicine pathways locally**

- Although the Map of Medicine pathways should have been implemented previously, to date they have not been implemented effectively, and have therefore not made much impact on the health service or difference for patients.

- Implementing the pathways is not impossible and does not mean the establishment of entirely new services; it requires Health Boards to look at a range of existing services to see how they can be used to deliver support for people with ME/CFS and Fibromyalgia, and ensuring effective coordination and joined-up condition management across the range of specialities which have value to add.

- To achieve this, Health Boards need to explore what the pathways involve, and how they can be delivered at local level, using the existing skills and resources of the Health Board. The experience of work currently underway in Hywel Dda (relating to services for ME/CFS) suggests that the most effective results may be achieved by using the Map of Medicine pathways as a starting point but supplementing them with a range of other evidence-based guidance, such as the *Scottish Good Practice Statement of ME-CFS*. This is helpful for contextualising treatments referred to in the Map of Medicine and understanding the range of treatment approaches that may or may not be appropriate for different people, depending on how ME/CFS or Fibromyalgia

affects them and the severity of their condition. As the evidence-base for both conditions continues to develop, the best available guidance may change over time; clinical leads will need to remain abreast of developments. Pathways will consist of a range of approaches; a single approach is not appropriate for either ME/CFS or Fibromyalgia.

- A good local understanding of what needs to happen in primary and secondary care to deliver the pathway should raise standards. This work would provide a real opportunity to collaborate with service users to identify what services should look like. It would involve integrated team working to deliver different functions and 'localising' the pathway to help GPs at a local level.

## 5.4. Children's services and the transition from adult to children's services

As far as ME/CFS is concerned:

- According to the Association of Young People with ME, ME/CFS affects an estimated 1 in every 100 secondary school children in the UK. The youngest child diagnosed was just 2 years old.

- Care for children with ME/CFS is usually coordinated by a paediatrician but requires effective working with education and social services to ensure appropriate support to optimise recovery. Pressure to remain in school when children are insufficiently well can increase the severity and/or the duration of illness.

- Patient groups report that some children with ME/CFS are still being labelled as having 'Fabricated Illness', leading to child protection proceedings being taken against parents. Children are also referred to social services for non-attendance of school.

- Significant difficulties are also faced by young people with ME/CFS at the point of transitioning to adult services where the management of a supportive paediatrician who has negotiated the child's needs is lost at the same time as meeting difficulties in accessing adult services. This is particularly difficult for severely affected young people and supports the need for a clinical lead for services to facilitate an effective handover. Problems with transition have been reported across Health Boards and are not unique to ME/CFS.

For children/young people with Fibromyalgia:

- Patient groups report that it can take a long time to get a diagnosis (young people are often told that they have 'growing pains' despite evidence of familial aggregation and indications of genetic predisposition).

- Patient groups indicate that in their experience some paediatricians do not

have knowledge of Fibromyalgia and the complexity of symptoms involved.

## 5.5. Hospital and domiciliary services

- Patient representatives on the Group identified difficulties faced by people with ME/CFS who need to access hospital provision. Numbers are relatively low but patient experience for this group was described as exceedingly poor. Difficulties are also caused by the lack of a domiciliary service (which includes patients being unable to access any services or experiencing significant relapse as a result of attending appointments/treatment). It was suggested that numbers needing domiciliary services could be 25% of the ME/CFS patient group.

- Similar concerns were raised by patient representatives for Fibromyalgia. They also highlighted difficulties with obtaining alternative appointments after a patient has unavoidably been unable to attend a planned appointment due to the level of pain or inability to walk, which can vary significantly from day to day, within a single day and as a result of weather conditions.

- Those providing services indicated that they have no facilities available to provide domiciliary services, transport or telemedicine available from home.

- Difficulties with accessing care for those unable to attend appointment do not only apply to ME/CFS and Fibromyalgia patients but the needs of this sub-group of patients should be addressed in the development of local care pathways. This could involve the inclusion of community re-enablement teams and clinical nurse specialists in plans for delivering services as close to home as possible.

**Appendix 1: Members of the Task and Finish Group**

Contributors to the work of the Task and Finish Group were as follows:

| | | |
|---|---|---|
| Abertawe Bro Morgannwg | Clare Clark | Advanced Practitioner |
| Aneurin Bevan | Sally Lewis | GP and Primary Care Clinical Director |
| | Sarah Flowers / Rachel Griffiths | Clinical Psychologists |
| | Sue Jeffs | Consultant in Anaesthesia and Pain Management |
| Betsi Cadwaladr | Simon Neal | Consultant Clinical Psychologist |
| Cardiff and Vale | Jane Boyd | Clinical Director for Psychology and Counselling Services |
| Cwm Taf | Jonathan Richards | Professor of Primary Care, University of South Wales / Locality Clinical Director (Cynon), Cwm Taf Health Board / General Practitioner / Cwm Taf Champion for Chronic Fatigue syndrome |
| | Juan Delport | Head of Psychological Services |
| Hywel Dda | Claire Hurlin | Chronic Conditions Clinical Lead |
| Powys | Owen Hughes | Consultant Counselling Psychologist / Head of Pain and Fatigue Management Service |
| Velindre | Jo Hampson | Consultant Clinical Psychologist, Chronic Pain Programme (employed by Cardiff and Vale) |
| Fibromyalgia Wales | Carol Ross | Founder |
| | Yvonne Singleton | South Wales Support |
| Welsh Association of ME and CFS Support (WAMES) | Jan Russell | Chair |
| | Sylvia Penny | Youth and Care Officer |

| | | |
|---|---|---|
| | Robert Messenger | Volunteer |
| Cardiff University | Ann Taylor | Reader in Pain Education and Research<br>Department of Anaesthetics, Intensive Care and Pain Medicine |
| Welsh Government | Katherine Thomas<br><br>(now Ann Noyes) | Senior Policy Manager / WG policy lead for ME/CFS and Fibromyalgia<br><br>(Chairperson) |
| | Viv Collins | Policy Manager<br><br>(Secretariat) |
| | Jason Stickler | Policy Officer<br><br>(Secretariat) |
| | Heather Payne | Senior Medical Officer, Maternal and Child Health |

# P-04-587 A dedicated Support Team for Myalgic Encephalomyelitis - Correspondence from MESIG to the Clerking Team 12.01.15

## TASK AND FINISH REPORT RESPONSE

**Comments from M.E. Support In Glamorgan (MESiG) - 10.1.15**

**Thank you for all the hard work that has gone into this report to date.**

**The Report sounds absolutely wonderful in theory but MESiG cannot see how it can be implemented as there are many obstacles.**

**At present many GPs struggle to even diagnose M.E. never mind make an increase in timely diagnosis. We are still hearing that people are being told that M.E. does not exist, that it is a psychosomatic psychological illness as opposed to a physical illness. This has to be addressed if patients have any chance of being treated correctly.**

**M.E. is defined by the World Health Organisation as a neurological condition, so it's encouraging to see that the Neurological Conditions Delivery Plan is referred to in the report (specifically in Recommendation 4) as forming the basis for developing effective local pathways for children and adults with ME/CFS and Fibromyalgia.**

**It is of concern however that despite ME being defined as a neurological condition, the Neurologists that we have come across say that ME is not a neurological condition.**

**Following from this, it's important that the clinical leads for ME/CFS and Fibromyalgia within each Local Health Board have experience of treating patients with neurological conditions. Can you tell us why so many psychologists are members of the Task and Finish group?**

**The urgent need for timely and appropriate healthcare for people with ME/CFS and Fibromyalgia cannot be overstated, particularly those who are most severely affected and house- and/or bed-bound.**

**For example: We are seeing one woman who is 4 stone 12 in weight, who lives alone, bed-bound, unable to look after herself, and is intolerant to light and sound. She is afraid to go to hospital as they don't cater for her needs. Her weight is dangerously low but there is nowhere for her to go for treatment, where her needs can be met. Another woman had her care stopped and was told that M.E. was in her mind. She is also bed-bound/housebound. There are too many cases like this and the clock is ticking for them. The woman who is 4 stone 12 will die if there is no intervention. We are highlighting this to show the need for urgent action. MESiG does what it can but mostly it is a case of keeping people with M.E. hopeful that things will improve, that someone, somewhere will do something to recognise their illness and provide suitable treatment for them.**

**MESiG committee members have a wealth of knowledge between them as they either have M.E., had M.E. or care for someone who suffers with it. The organisation has been supporting people with M.E. for 30 years, so has a vast experience of people's challenges with accessing appropriate help, support or diagnosis. We are happy to meet with anyone who would benefit from our experience. As you are aware, we are asking for a clinic, run by an ME specialist with an ME trained team. It's not too clear if this is what you are proposing in this report but fundamentally people just need to be diagnosed, believed and treated.**

**Too many people across Wales have waited too many years for suitable treatment, so that they are not held in illness year after year with no hope of improvement. Many with M.E. were previously successful people, caring for their families and with careers. They do not want to remain on benefits, dependent on others.**

**The time is right for correct action to be taken and for Wales to be a leader in the treatment of people whose lives have been blighted by this serious condition.**

## P-04-600 Petition to save general practice – Wales

### Petition Wording

Despite carrying out 90% of all NHS patient contacts, general practice only receives 8.39% of the NHS budget in the UK — an historic low. By 2017, this is projected to plunge to just 7.29%

As a result, general practice is facing a growing crisis.

Due to the sheer volume of GP workloads, in this year alone, patients will have to wait longer than a week to see their GP on at least 27m occasions.

And, according to a poll carried out in March, more than three fifths of the public now believe that the number of patient consultations carried out by GPs — up to 60 per day — is threatening the level of patient care.

To protect high quality services for all patients, I call on the First Minister to increase the share of the NHS budget spent on general practice in Wales to 11% by 2017.

This shift in funding would enable general practice to deliver: Shorter waiting times for appointments and more flexible opening hours

Longer consultations, especially for people with long term conditions.
More opportunity for patients to see a GP who knows them
Better care co-ordination and planning, especially for the elderly and those with complex needs

Positive benefits for the NHS as a whole, reducing pressure on hospitals

GP surgeries sit at the heart of local communities. I demand that the Welsh Government acts now to ensure practices have the resources they need to continue to provide the high quality care patients deserve.

**Petitioner**: Royal College of General Practitioners.

**Lead petitioner**: Eurwen Petitti

**First Consideration:** 7 October 2014

**Signatures**:15,000 paper signatures and over 500 electronic signatures collected on an alternative e-petition website.

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-600
Ein cyf/Our ref MD/05470/14

William Powell AM
Assembly Member for Mid & West Wales
Chair
Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA
Petition@Wales.gov.uk

29 October 2014

Dear William,

Thank you for your letter of 17 October on behalf of the Petitions Committee regarding Petition: P-04-600 Save General Practice, from the Royal College of General Practitioners.

Thank you for bringing my attention to this petition. I support fully General Practice as an integral part of the NHS, and recognise that GPs, along with other healthcare professionals across Wales, are facing increased daily pressures.

The Welsh Government is committed to continuous investment in the health service and ensuring Health Boards align their services to provide the maximum benefit for patients within the resources available. We are working towards a preventative primary care-led NHS; one that is integrated with social care and has close links with services provided by the third and independent sectors.

Since 2003, investment in general practice has increased by £137m; from £322m in 2003-04 to £459m in 2013-14, demonstrating our commitment to provide safe and sustainable health services in the community and close to people's homes. In relation to 2014-15, in line with the recommendations of the Review Body for Doctors and Dentists, investment in general practice has been increased by a further 0.28% or £1.3m.

In addition, I announced recently a further investment of £3.5m for primary health care services in 2014-15. This investment reflects the need to rebalance on the principles of prudent healthcare the way the NHS provides services.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Mark.Drakeford @wales.gsi.gov.uk

*Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)*
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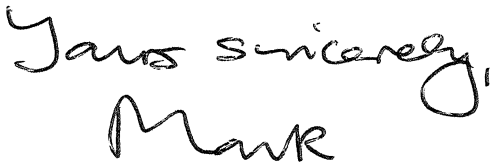
The funding will be targeted at action to improve health and reduce inequalities in the most deprived communities, develop primary care teams and provide eye care services closer to people's homes.

The additional funding will help to realise our ambition to create a strong, highly-trained primary care workforce, which can deliver a wide-range of services in local communities, reducing our dependence on hospital-based care, together with tackling poverty and reducing inequalities which are key priorities for the Welsh Government.



**Mark Drakeford AC / AM**
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

## P-04-600 Petition to Save General Practice Correspondence from the Petitioner to the Clerking Team 14.01.2015

January 14 2015

The Petitions Committee
National Assembly for Wales
Cardiff Bay

Dear Chair of the Petitions Committee

The Royal College of GPs Wales is grateful for the Minister's response and his recognition of the pressures facing General Practice.

We were disappointed that his letter did not acknowledge the fall in funding in real terms over the last four years. This shortfall will hinder the essential development of general practice to meet the needs of the Welsh population and the aspirations of the Welsh government. A boost in investment for general practice is vital if we are to meet the changing needs of patients, reduce pressure on the rest of the NHS and place our health service on a stronger long-term financial footing.

Whilst GP workloads are increasing, funding for general practice in Wales has fallen, in real terms, from £451.3m in 2009/10 to £438.0m (HSCIC, September 2014 and Autumn Statement, December 2014) in 2013/14, with total investment falling by 2.9%. This is having a concerning impact on patients – with as many as 650,000 people finding it difficult to get an appointment to see a GP in Wales last year.

## P-04-600 Petition to Save General Practice Correspondence from the Petitioner to the Clerking Team 14.01.2015

There is growing evidence that the capacity of the general practice workforce to meet the changing and increasing demands of patients is under threat. Firstly, demand for general practice is increasing and this is causing additional workload pressures for GPs and their teams. There is also strong evidence that the care general practice is required to deliver is becoming more complex as we are becoming an ageing population.

The general practice workforce is also ageing. In Wales, over 23% of our GPs are over 55 and many are choosing to retire early, often due to work pressures and stress.

Wales ranks third in the UK in GP coverage per population and RCGP Wales estimates that we will need an additional 95 GPs this year just to reach the UK average. We will need even more to replace those who leave and far more to meet the needs and challenges ahead.

The RCGP's Put Patients First: Back General Practice campaign, a collaborative of General Practice staff and partner organisations, focuses on the need for urgent additional resources as well as focusing on the key themes that are inhibiting GPs from building on the excellent quality of care they currently provide despite these challenges.

We believe that for general practice to play its critical role in caring for patients in the future NHS, it is important that there are enough GPs and practice nurses; that these doctors and nurses have sufficient time, both in and outside the consultation, to understand the patient's needs and concerns to provide the interventions needed. They need to receive

sufficient training to develop the capabilities required to deliver the high quality services that patients, carers and families rightly expect.

RCGP Wales welcomes the £10m fund identified in the primary care plan but it still falls far short of the investment needed to address the shortfall in funding for general practice alone. General practice received 8.5% of total NHS expenditure in 2005/06, it now receives 7.7%. The primary care plan mentions the "transfer of resources from hospitals to the community" over the next four years. The Minister has given us no assurance as to whether or how that will happen as it remains within the remit of LHBs to decide how the money is distributed.

Recent research commissioned by the Royal College of GPs shows that an increase in access to general practice would lead to a reduction in the number of A&E attendances in Wales. Estimates place the proportion of attendances that could have been dealt with in general practice at between 15 and 26% and thereby lead to a saving of up to £21.5m each financial year at a cost of £3.5m, rising to annual savings of up to £34m by the end of 2019/20. The economic argument is palpable.

The pressures on general practice to deliver effective care are mounting, as is the need to deliver continuity of care and accessible services. The crisis of demand versus capacity in the health service is not new; it has not arisen overnight and neither can it be solved quickly. Sustainable solutions must be found to increase workforce capacity and enable general practices to continue to deliver the level of service that their patients expect now, as well as taking on the challenge of providing more complex care, spending longer with their patients and communities and taking on new roles and responsibilities.

## P-04-600 Petition to Save General Practice Correspondence from the Petitioner to the Clerking Team 14.01.2015

We hope that the Minister will take action to ensure that investment in general practice is secured for the long-term and that the resources will therefore be made available to meet demand before it is too late.

Yours sincerely,

Paul Myres

Chair

RCGP Wales

## P-04-546 Rearing of Animals in Unnatural Conditions

**Petition wording:**

We call on the National Assembly for Wales to urge the Welsh Government to prevent the rearing of animals in unnatural conditions and environments.

Man has interfered with our food chain too much for too long. If the government & supermarkets acted more responsibly and abandoned this cruel and absurd idea we would find our own levels naturally. This is all coming about for one reason mans greed.

**Petition raised by:** Jeanii Colbourne

**Date Petition first considered by Committee:** 29 April 2014

**Number of signatures:** 23

## P-04-546 Rearing of Animals in Unnatural Conditions - Petitioner to the Clerking Team, 07.01.15.

I support the ethos of the petition & have nothing more to add . I strongly oppose the rearing of any animal in the human food chain to be reared or husbanded in any " UNATURAL " way meaning all animal MUST be allowed to roam, graze & enjoy the sun's rays for least a minimum of 8 hours a day with enough space for all animals to move at their will . Thank you.

Regards,

Jeannii Colbourne.

## P-04-540 Stop Sexism In Domestic Abuse

**Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to stop Domestic Abuse (DA) by treating it as a gender inclusive and human phenomenon in which many men and women share both suffering and responsibility.

Practical NOT Politics
The current proposal blames men, and only men, for all violence and puts a radical gender based prejudice before the real needs of women, men and children and where 97% of men do NOT fit this profile.

Fear of repercussions and lack of publicity in Wales have prevented open and vocal dissent.

This Petition invites an alternative approach that recognises that 86% of DA is the responsibility of both women and men. It also offers greater protection to children and removes the discrimination that arises solely from radical gendered prejudice against those people in same sex female relationships.

**Petition raised by:** Healing Men

**Date Petition first considered by Committee:** 11 March 2014

**Number of signatures:** 238

**P-04-540 Stop Sexism in Domestic Abuse – Correspondence from the Petitioner to the Chair, 15.01.15**

William Powell AC/AM
Chair, Petitions Committee
National Assembly for Wales
CARDIFF
CF99 1NA

13th January 2015

Dear Mr Powell,

**Petition P-04-540 Stop Sexism in Domestic Abuse**

I should like to express my sincere appreciation to the committee for allowing Healing Men (HM) more time to respond to the letter from Welsh Women's Aid (WWA) received on the 31st October 2014. I apologise unreservedly for the offence caused to the Committee and to WWA by the hasty and ill-considered remarks about commercial imperatives and motivations. These remarks were inappropriate and offensive and I unreservedly apologise to all who have been offended by them.

The purpose of HM's petition is to urge the Welsh Government (WG) to adopt a more effective approach to tackling the difficult issues that underlie domestic abuse (DA) in Wales and re-align its policies so that the WG can protect boys and girls and break the cycle of intergenerational transmission of abusive behaviours – a key determinant in perpetuating DA. HM has set out guidance and indicators to the huge body of international evidence and practice that challenges the WG's current policies and which the WG has, seemingly, not openly acknowledged or considered in its preparation of new legislation seeking to eliminate DA in Wales. HM respectfully suggests that all substantiated views and evidence need to be carefully and openly considered and to critically and objectively reviewed to ensure the principles and policies are the most appropriate and fit for purpose for Wales in the 21st century. Surely the people of Wales have a right to expect this from the WG when forming new legislation to tackle DA in Wales?

HM concurs with WWA in the ideal of seeking a world free from violence and abuse and HM would extend this to include "equality" – where each individual girl or boy is not treated less favourably to this man/women because of their sex[1]. HM

[1] Equalities Act 2010

respectfully urges the Committee, the Welsh Assembly and the WG and WWA to join HM in support of the white ribbon campaign to end all violence – www.whiteribbon.org. Surely that is a vision we can all share?

It is encouraging to note that WWA describes its underpinning philosophy as an "understanding" as this opens up the possibility to discuss and debate others' understandings including those put forward by HM as well as to consider potential "mis-understandings". I thank the Committee for considering the depth and breadth and legitimate authority of HM's evidence based understanding. I confirm HM's willingness to discuss and debate WWA's understanding and potential mis-understandings – in other words putting the needs of the people of Wales before ideology and seeking equality in a world free from violence and abuse. Surely it would be beneficial for the entire DA sector, including WWA and the WG, that such an informed and knowledgeable debate should take place?

HM acknowledges the excellent work done by WWA in raising awareness of domestic abuse (DA) with women as only victims and the provision of help line support and other interventions for women as well as the provision of places of refuge exclusively for women. HM's view is that this does not go far enough as it's ideological understanding is focused on responding to the consequences of DA on one particular group in society. Whilst acknowledging the benefits, HM clearly demonstrates the shortcomings of this narrow approach. HM respectfully invites the WG to take a broader perspective and to equally address the needs of the whole of the population of Wales and to look to addressing the root causes of DA in the home, where girls and boys learn abusive behaviour and are at ***three times the risk*** of abuse when ***both parents*** are abusive.

National Institute for Health and Care Excellence recognises the very significant incidence of DA against men [2] citing 784,000 men suffering DA in 2010/11 and its prevalence in being witnessed by boys and girls;

> *"3.16. Domestic violence and abuse between parents is the most frequently reported form of trauma for children (Meltzer et al. 2009). In the UK, 24.8% of those aged 18 to 24 reported that they experienced domestic violence and abuse during their childhood"*[3]

The UK national centre for the CPS also recognises male victims of DA[4] and an extract is attached as Attachment 2. Key issues have been highlighted and include;

> *"Men may also be victims of domestic abuse, perpetrated by females … Abuse may … be physical violence, and/or non-physical behaviours linked to psychological and emotional abuse."*

[2] http://www.nice.org.uk/guidance/ph50/chapter/3-context
[3] http://www.nice.org.uk/guidance/ph50/chapter/3-context#domestic-violence-and-abuse-between-parents
[4] http://www.cps.gov.uk/legal/d_to_g/domestic_abuse_guidelines_for_prosecutors/#a70

*"… masculinity should not be used as a preconception to understanding why the abuse is occurring."*

*"Prosecutors should be aware that there is a significant under-reporting of domestic abuse against male victims."*

Please note that this statement puts the Central CPS policy in direct conflict with Mr Jim Brisbane of the Welsh CPS administration who co-authored the statement *" …masculinity is associated with violence … and all interventions must address men's violent behaviour …"*[5]. It is with considerable concern that I note the continuing enthusiastic support of the WG in using this report[6] containing these offensive and distressing statements as a lauded and exclusive basis for preparing new legislation. This is despite the WG having been alerted to contrary and more effective approaches, not least by HM.

It is beyond question that services to support all victims of violence should be well funded. Clearly victims' services have to be adequately supported. There was some surprise to note that in July 2014 that WWA had accumulated £1,306,638 (incl. £493,468 in cash at bank) from WG funding in just 26 months of operation as a limited company[7] and the realisation that 1 month's income from the WG would more than fund four men's help lines for a full twelve month period each. Very few organisations that are heavily reliant on government funding can demonstrate such apparent underspends in a period of severe public sector cut backs, job losses and service cuts. Surely this disparity and funding profile invites curiosity and concern by those responsible for safeguarding and administering public funds especially given the narrow focus on one particular sector of Welsh society?

HM's understanding and petition seeks to open the very defined confines of WWA's understanding and seeks to open and give voice to a broader understanding of DA in order to address the intimate and personal nature of DA, its root causes and its toxic effect on the current and future generations of girls and boys in Wales. Surely this is an approach that deserves deep and careful consideration and discussion by the WG?

Whilst fully acknowledging the inclusive statements made by the WG and also WWA in the above letter, it is in the practical application of these statements that HM finds concern and sees difficulties in addressing issues of equality, fairness and effectiveness. Indeed, there is an informed and knowledgeable understanding that the WG and WWA are creating barriers to equality for men and boys in the implementation of the WG/WWA understanding and current policies. Surely this must be a troubling concern for all those involved in setting public policy in Wales and particularly for those who are responsible for ensuring that the WG complies with its Gender Equality Duty?

[5] Task and Finish Group Report, August 2012
[6] Task and Finish Group Report, August 2012
[7] Company No. 07483469, Audited accounts to 31st March 2013

HM acknowledges that the Dyn Project, to which WWA refer, helps some male victims of DA in Wales. However, the Dyn Project is intricately connected with the WWA/Safer Wales partnership and, despite being a help line for vulnerable and distressed men suffering from DA, is founded on the same gendered understanding as WWA i.e. men and only men are violent and women are only, ever victims. This understanding could easily give rise to a conflict of principle and interest and result in policies and implemented practices that may not be necessarily in the [male] callers' best interest. It is a matter of the deepest concern to HM that this premier national Welsh help line for vulnerable and distressed men in Wales, screens callers (men) using a pre-prepared check list [8] to determine if the [male] caller may be deemed to be an initiator of DA pretending to be a victim. *"I wanted help and I felt that I was being interrogated"* was one distressed caller's experience. How can it be right that any distressed and vulnerable callers taking the courage to seek help and support are treated in this discriminatory way?

HM's petition cites established and evidenced findings that some 40% of all incidences of DA are bi-directional (mutual abuse between female/male partners) so it is hardly surprising that some 47% of their vulnerable male victim callers were deemed by the Dyn Project to be initiators[9]. There is some considerable confidence in predicting a similar, or a higher figure, if such a practice was to be applied to female callers seeking help – but callers to women's help lines are not, and never have been, screened at all for initiating DA because of the ideological prejudice and bias in WWA's understanding. HM is concerned about the potential for creating an unhelpful circular and closed dynamic within Dyn/WWA/Safer Waleswhereby almost half of male callers are deemed to be questionable and this is cited to support the continued use of this practice without gathering the corresponding information from female callers. Is this possibly a practical example of an understanding creating a mis-understanding and thereby creating barriers to equality for vulnerable and distressed people in Wales because of their sex?

I have asked the DYN project to clarify its policy on sharing client information with other agencies and have not received a response.

*[section deleted by the author]*

HM firmly holds the view that this practice is entirely inconsistent with equality and ethical and responsible practice when operating a help/support line for those suffering from DA and where men in particular have additional barriers to equality in taking the first steps and coming to face their experience of DA. HM firmly holds the view that such gendered ideological practices sets the Dyn Project in Wales at odds with nationally accepted standards of good practice and the basis and validity

[8] An updated version of the Inventory shown in Appendix J, p77 - Robinson & Rowlands (2006) The Dyn Project: Supporting Men Experiencing Domestic Abuse -
[9] Task and Finish Group Report – August 2012

of the DYN policy has been questioned by those connected with providing genuine helplines dedicated to supporting men in distress.

Is it any wonder then, that the Dyn Project shows a relatively low rate of need and response as indicated by WWA when compared with the incidence of DA affecting men and their families in the UK as disclosed by the 25 Key facts[10] compiled by the Mankind Initiative and the statistics quoted by the Central CPS and NICE.

Men face further barriers to equality in DA. Men are twice as likely not to tell someone in authority even though men are nearly as likely as women to be victims of severe force.

There are also other factors; ;[11]

- **Maleness**
  - Do not recognise they are a victim
  - Shame, embarrassment, masculine identity and pride.
  - Concern about being believed by friends, family, work colleagues, police, councils, GP's, help lines etc (you must have done something to deserve it)
  - Fear of being falsely accused
  - Fear of losing contact with children
- **Societal**
  - [Lack of awareness from] Friends, Family, Work Colleagues
  - Lack of media or public policy coverage
  - View; men should stick up for themselves
  - What did you do to provoke/must have deserved it
  - Lack of fundraising/donations
  - Lack of services
- **Public Policy**
  - Ending Violence Against Women and Girls (one of 88 actions relate to men)
  - Non-ideological and gender neutral laws and aims converted to ideological and gender definitions and strategies
  - Women's Aid and Refuge trying to marginalise male victims
  - Lack of understanding of Equality Act 2010 and associated Public Sector Equality Duty
  - Lack of training for front line staff – HMIC report and NICE guidelines
  - Lack of a public story and awareness campaigns
  - **Outcome = Circle is never broken**

[10] 25 Key Facts – Mankind Initiative – freely available on request
[11] Edited from - Mankind Initiative – presentation to Police, CPS and others.

These issues affect almost 50% of the electorate. Surely these issues need to be addressed by their elected representatives in Wales?

However, these issues have now been extended into the political arena in England with the formation of the Justice For Men and Boys (and the women who love them) political party (J4MB) who will be contesting a number of key marginal seats at the General Election in 2015 with the potential to look for regional "protest vote" and proportional representation seats in the Welsh Assembly elections in 2016. J4MB's submission to the Westminster consultation on DA is freely available on request.

Domination by an ideological understanding can be used coercively to present only that narrow understanding and to deny others access to salient and pertinent information that is not compliant with that narrow understanding. By way of example, HM refers to the statistics quoted by WWA and refers to work done by Dr Louise Dixon[12] which finds that;

> *... Recent research has further highlighted the necessity to measure the reciprocal nature of violence within relationships, showing it results in high levels of injury and increases risk of physical harm to boys and girls present in the household.*
>
> *These …. findings are not replicated in surveys which only ask about victimisation, such as the National Violence Against Women …. Such surveys typically find high rates of female victimisation and male perpetration.*
>
> *However, if surveys fail to ask questions about perpetration (and perpetration by both members of the couple),…, underreporting is likely to be common, particularly in respect to female perpetration and male victimisation.*

Furthermore, the structural mechanism by which research is channelled into a particular ideological understanding is revealed by Professor Murray Straus and Dr Nicola Graham Kevan in their papers *"Processes Explaining the Concealment and Distortion of Evidence on Gender Symmetry in Partner Violence"*[13] and *"Distorting Intimate Violence Findings: Playing With Numbers"*[14] in which 8 methods are revealed and explored;

1. Suppressing evidence (that does not comply with the feminist [ideological] understanding)
2. Avoid Obtaining Data Inconsistent with the Patriarchal Dominance Theory

[12] Browne, K.D., Beech, A.R., & Craig, L. *Assessment in Forensic Practice: A Handbook*. Wiley-Blackwell. – Chapter; L. Dixon, Perpetrators of Intimate Partner Violence,
[13] Professor Murray Straus - European Journal on Criminal Policy and Research – copies to PC Office
[14] Dr Nicola Graham Kevan – European Journal on Criminal Policy and Research – copies to PC Office

3. Cite Only Studies that show Male Perpetration (NB – DYN assessing or screening male callers[15])[16]
4. Conclude That Results Support Feminist Beliefs When They Do Not
5. Create "Evidence" by Citation (the "Woozle Effect" where repeated assertions, including, for example, from the World Health Organisation, are cited as facts even though there is no scientific basis for the claims) (NB – WWA citing the United Nations, the Council of Europe and UK Government as well as the CPS even though Central CPS Guidance as above is contrary to WWA's understanding)
6. Obstruct Publication of Articles and Obstruct Funding and Research That Might Contradict the Idea That Male Dominance Is the Cause of PV (Partner Violence)
7. Harass, Threaten and Penalise Researchers Who Produce Evidence That Contradicts Feminist [ideological understandings and] Beliefs. (Erin Pizzey [see below] makes reference to credible death threats, police protection and fleeing the UK [17])
8. Playing with Numbers (making women's victimisation more visible while obscuring men's)

Straus observes *"[These methods] have created a climate of fear that has inhibited research [and] … I have not covered the even greater denial, distortion and coercion in prevention and treatment efforts"* to which is added *" .. [such] active suppression and subversion .. have no place in academia or governmental responses to the problem of family violence"* by Dr Graham Kevan. Surely the WG's avoidance of these challenges to its current policy and the WWA's understanding is becoming unsustainable?

HM accepts WWA's statement that WWA also supports boys. However, HM have some reservations about how this is implemented, given the ideological understanding that underpins all WWA's work.

Some practical issues may help illustrate HM's concerns.

- Hypothetically: A mother escapes from an abusive and violent domestic situation and is taken to a safe refuge with her twin children who are aged 13. The mother and her daughter are accepted into the safe refuge and her son is refused sanctuary because he is a 13 yr old boy – and for no other reason than he is a boy. It is noted that WWA has ignored this point in their response. Is this not an ideologically sexist act and the creation of a barrier

[15] DYN Final Evaluation Report, 2006. A Robinson Cardiff University, J Rowlands DYN Project – Appendix J, Page 77 and
[16] http://www.dynwales.org/default.asp?contentID=586
[17] **https://www.youtube.com/watch?v=_lxoStFBrjo** - timing – 16m:40s – 21m:39s

to equality by implementation of the WWA's understanding? Surely such discriminatory practices cannot be condoned, let alone designed and implemented by WWA, in seeking equality and a world free from abuse and violence?

- As reported to HM: A few months ago a speaker recently came to give a talk about DA at a comprehensive school in South Wales. The speaker pointed out some boys, one at time and only boys, and suggested *"you may be become a perpetrator"* and (to another) *"you could become a perpetrator too"*.

This follows the same principle as followed some years ago in a widely displayed advert in Texas and which is referenced in HM's petition (– see illus).


Is this not violence in and of itself? Surely such abuse, effectively violence, cannot ever be condoned whatever the underpinning ideology and understanding?

- As reported to HM: At a WG Consultation event a delegate described the introduction of an ideologically based programme called "Building Healthy Relationships" for schools. The interactions with boys were described as "*difficult*". Not only were boys, and only boys, singled out, but a particular school and a particular pupil were named. There was widespread laughter from the prominent practitioners, opinion makers and people in authority in Wales following some very inappropriate remarks.

How can a boy or girl have a "healthy relationship" with masculinity when ideologically based and senior movers and shakers feel it is a good joke to blatantly breach professional ethics, boundaries and confidentiality in order to openly discriminate against a group with protected characteristics[18]. Such jocularity against people of colour would, I suggest, be grounds for dismissal but this ideological understanding facilitates such insidious discrimination against masculinity (boys) by those who are in authority and who would otherwise take action. How can an ideological understanding that promotes and encourages such prejudice be able to effectively address the complexities of the human suffering in abuse in intimate partner relationships?

The Advertising Standards Authority assess "normalisation" when considering widespread controversial promotions – somehow the message, even if negative, perversely suggests that *"everybody is doing it …"* prompting the notion *"… so why*

[18] Qualities Act 2010

*not me?"*. Widespread gendered policies (as manifested above) may have perverse, unintended and damaging consequences;

- Stereotypes boys, men and masculinity and encourages the fashion that *"its alright to hit boys … he probably deserves it anyway"* [19]. This is effectively a licence to girls (women in waiting) to abuse boys and go on the commit DA[20] in their adult lives
- It "normalises" DA – "[it seems] every boy/man does it – its ok because [authority tells us] that's what men do …"
- Denies girls/women's responsibility for their behaviour in intimate partner relationships
- Has no positive effect on the key issue of intergenerational transmission
- Undermines a boy's sense of "self" and closes down his ability to thrive and find his place in the world. This phenomenon is described in the petition citing the well known ***"Blue eyes, Brown eyes"*** experiment[21]. HM's petition describes how this abuse is deeply pernicious when sanctioned and supported by authority, i.e. the WG, schools, "authority" as cited above and other established organisations (Please also refer to male suicides as below). How can this barrier to equality of opportunity be sustained and supported given WWA's stated support for boys?

The pervasive nature of gendered understanding is graphically illustrated in the two minute Mankind video *"Violence is Violence"*. The smirks and grins are sickening. The video has had a total of some 8,000,000 views and can be found on the Mankind Initiative website (**www.mankind.org.uk/media** and link to the YouTube video or at the link below[22]). Is it not shocking that we have come to promote such divisive and discriminatory attitudes in such a long standing, proud, cultured and tolerant nation as the UK?

Adopting, promoting and embedding the WWA's gendered ideological understanding by the UK and Welsh governments, the United Nations, The Council of Europe and, disturbingly, the Welsh administration of the UK Crown Prosecution Service has damaging consequences and creates discrimination, barriers to equality, violence and abuse. As a man, I experience the gendered understanding on which WWA operates as abusive and to be committing a violence against me for *no other reason* than I am a man. Where is the humanity in the understanding that divides the entire world's human population of over 7,000,000,000 people into two – one of whom is labelled *"associated with violence"*[23] on no other factual basis than

[19] Dr Erica Bowen, Coventry University – Mankind Conference on DA – October 2013
[20] **Testing Predictions From the Male Control Theory of Men's Partner Violence.** Dr Elizabeth A. Bates, Dr Nicola Graham - Kevan, Professor John Archer. Wiley Periodicals Inc., 2013
[21] **http://en.wikipedia.org/wiki/Jane_Elliott**
[22] ManKind #violenceisviolence video: **https://www.youtube.com/watch?v=Jy5vRGtKPY0**
[23] Task and Finish Group Report – August 2012

having a penis? How has this become enshrined in the policy of the WG? How can WWA hope to achieve a world free from violence and abuse when the fundamental understanding on which WWA is founded is seen and felt to be violent and abusive in and of itself? How can this gendered and discriminatory understanding bring the insight necessary to reduce or eliminate intergenerational transmission of DA and violence in Wales, given the intricacies of intimate human relationships as recognised by the UK centre of the CPS?

Ground breaking research by Dr Elizabeth Bates sought to prove the patriarchal understanding and found, instead, that:

- DA is initiated by abusive people – and is not gendered
- Men tend to be more abusive to other men than in their relationship with a female partner
- Women are more abusive to their male partner than their male partners are to them, and women are less abusive than they are to their partners to any group outside the relationship, including men.

The Huffington Post review is attached at Attachment 3. Copies of the research are freely available on request.

Erin Pizzey accidentally founded the world's first women's refuge in Chiswick, London in the early 1970's. She carefully studied and puzzled over the revelations that were being presented to her in this new situation and has continued to be active and widely acclaimed in this field ever since. Ms Pizzey now has control of **www.whiteribbon.org** and offers the following somewhat forthright commentary[24];

> *"The purpose of this [whiteribbon.org] campaign is to ask everyone to contribute to the now universal truth: Domestic violence is not and never has been a gender issue. For over forty years men have been demonised and pushed out of family life often separated from their boys and girls and many men have killed themselves so bereft that they saw no other way out.*
>
> *The pages of the white ribbon campaign will be in the forefront of evidence based truths. For me it is recognising that violence in the family is a generational issue. Children born to dysfunctional families, marinated in violence and sexual abuse will often grow up to repeat these patterns. I have always advocated that all victims of domestic violence need a therapeutic approach in order to find their way out of violence.*
>
> ***For far too long a cynical financially driven war by radical feminists has mislead governments and the general public into believing that men have been the perpetrators of all violence. I pledge to join with everyone who cares about this issue to continue to publish the truth.***
> Erin Pizzey.

[24] **http://www.erinpizzey.com/**

Mahatma Gandhi offers the following insight into publishing the "truth";

> *'Many people, especially ignorant people, want to punish you for speaking the truth ... Even if you are a minority of one, the truth is still the truth."*
> Mahatma Gandhi

However, as HM makes clear, Ms Pizzey is far from being in a minority of one. There is a burgeoning and increasingly vocal challenge to the old fashioned principles on which WWA's understanding is based from women and men from all walks of life. This challenge is based on simple humanity as well the extensive and respected work of researchers, practitioners, learned and respected academics, psychotherapists, counsellors as well as those who feel, or who have actually been, violated or touched by the manifestations of this gendered understanding.[25]

How can such a groundswell be simply ignored by WG in formulating new legislation for the 21st century? Surely such internationally widespread and increasing evidence and practice based understanding must, at least, be recognised and discussed? Why is WWA, with its duty to the WG and the people of Wales on all issues relating to DA in Wales, silent on the fact that there are strong arguments that offer extremely credible alternatives to the understanding that is at the core of the WWA's philosophy? Surely the people of Wales need their legislators to seek the best solutions from all sources in forming new legislation fit for the 21st century?

HM acknowledges WWA's concern about the prevalence of male suicide. Men commit suicide after suffering DA with the resultant deaths far outnumbering women murdered by a partner or ex-partner. These men can unjustly loose their homes, their boys and girls and family – perhaps their employment and social circle – and kill themselves in despair. Suicide is the largest killer of young men in the UK and 2013 was a 15 year high in suicides – the increase coming from male suicides and with Wales suffering from the highest rate of suicide of any region within the UK. In 2010 there were 104 male suicides in Wales compared to 12 female suicides as detailed in the petition. How can these individual tragedies be overlooked given WWA's stated concerns about boys? Is there an inherent bias intrinsic to WWA's understanding that give rise to the practical illustrations above?

HM offers the WG an opportunity to look afresh at an aging understanding whose roots can be directly traced back some 50 years to political radicalism in the 1960s, being itself based on political ideology from the mid 1800s. HM looks forward to Wales in the 21st century and offers a new way to look at addressing the human suffering caused by DA. A new way that is more effective, humane and with proven international evidence based research and practice than the traditional orthodox understanding and one which will help intervene more effectively in the intergenerational cycle where boys and girls learn violent and abusive behaviours from their parents or carers at home. Does it not make sense to look at all

[25] See Attachment 1

instances of DA and tackle DA where it starts – in the home – and to recognise that help lines, support and refuges, whilst absolutely vital and necessary, deal with the results of DA and not the root cause?

Thank you very much for your kind consideration. Please let me know if I can provide any further information or clarification to assist the Committee in its consideration of my Petition.

Yours sincerely,
Tony Stott
Healing Men

Attachment 1.

sSome key challengers, respected authorities and activists include (purely for example and wholly incomplete);

Other content deleted by the author for reasons of privacy

- Psychotherapists and Counsellors – 40 of whom have signed the petition
- etc

There are many, many more, for example, in Canada, the USA, Australia, Europe, India and elsewhere throughout the globe. This movement is established, credible, evidence based and forward facing into the 21st century and offers a reasoned, proven challenge to the WG's current understanding put forward by WWA.

Attachment 2 Central CPS Guidance to Prosecutors

Male victims

Men may also be victims of domestic abuse, perpetrated by females. Abuse may, as with female victims, be perpetrated as physical violence, and/or non-physical behaviours linked to psychological and emotional abuse. This section focuses on male victims experiencing intimate partner violence by female perpetrators, and familial violence perpetrated by both men and women, unless otherwise stated. Further guidance relating to same sex issues can be found in the section on same-sex, bisexual and transgender individuals.

A male victim's physical appearance or masculinity should not be used as a preconception to understanding why the abuse is occurring. In fact, some male victims may as a result of their physical stature feel less able to report the abuse they are experiencing for a fear that they will not be believed.

Prosecutors should be aware that there is a significant under-reporting of domestic abuse against male victims. Many victims will be reluctant to report offending in the fear that it may damage their reputation, or pride; others may be hesitant as they fear the consequences that may ensue in relation to their family settings. Prosecutors will need to deal with these issues with great care, to ensure that male victims do not feel undermined, or the credibility of their allegation not believed on the basis of their gender.

Prosecutors should also note that in some cases, female perpetrated abuse against male partners is a sensitive and complex area. Some women may use boys and girls within the relationship to manipulate a male victim, by for example threatening to take away contact rights. It is therefore essential that where such instances arise, prosecutors work very closely with the police to investigate and consider the whole picture, before any charging decision is made.

In the same way that females can be victims of familial abuse, males can also experience similar issues. Male familial abuse may be perpetrated by other males in the family to exert dominance or control, but also by females. For example, male victims may be just as susceptible to abuse perpetrated in the name of forced marriage. This may occur despite the male victim's sexual orientation or gender identity. Prosecutors should refer to the legal guidance on Forced Marriage and Honour Based Violence for further advice on these issues.

In some instances, familial abuse may take the form of physical violence or abuse as a result of a disability, or a dominance of one male over another, in the family. Again, prosecutors will need to work very closely with police colleagues to ensure that a holistic investigation has been conducted in order to prefer the correct and most appropriate charges in these circumstances.

**Attachment 3**

Review of Research by Dr E Bates presented to the British Psychological Society, 2014. **PA/The Huffington Post UK** | Posted: 26/06/2014 (**Aggression**, **Men**, **Women**, **UK Lifestyle News**)

**Women Can Be 'Intimate Terrorists' As Study Reveals They Can Be More Controlling And Aggressive**

**The general perception of aggression in heterosexual relationships is that it seems to stem from the man, but a new study has found that actually women are more likely than men to be controlling and aggressive towards their partners.**

**The idea that they are the gentler sex is a myth – at least as far as partners are concerned, according to psychologists.**

Far from the popular notion of women tending to be victims of "intimate partner violence" (IPV), they were more verbally and physically aggressive to their other halves than men, the findings showed.

Just as many women as men could also be classed as abusive "intimate terrorists" who coupled controlling behaviour with serious levels of threats, intimidation and physical violence.

Researchers questioned 1,104 young men and women about physical aggression and controlling behaviour involving partners and friends.

Study leader Dr Elizabeth Bates, from the University of Cumbria, said: "Previous studies have sought to explain male violence towards women as arising from patriarchal values, which motivate men to seek to control women's behaviour, using violence if necessary.

"This study found that women demonstrated a desire to control their partners and were more likely to use physical aggression than men. This suggests that IPV may not be motivated by patriarchal values and needs to be studied within the context of other forms of aggression, which has potential implications for interventions."

In the 1990s a US sociologist from the University of Michigan, Professor Michael P Johnson, coined the term "intimate terrorism" to define an extreme form of controlling relationship behaviour involving threats, intimidation and violence.

Prof Johnson found that intimate terrorists were almost always men, a view that has generally become widely accepted.

But the new research, based on anonymous questionnaire answers, found that women were equally likely to display such behaviour.

Dr Bates, who presented her findings at the British Psychological Society's Division of Forensic Psychology annual meeting in Glasgow, said: "It wasn't just pushing and shoving. Some people were circling the boxes for things like beating up, kicking, and threatening to use a weapon.

"In terms of high levels of control and aggression, there was no difference between men and women."

She added: "The stereotypical popular view is still one of dominant control by men. That does occur but research over the last 10 to 15 years has highlighted the fact that women are controlling and aggressive in relationships too.

"A contributing factor could be that in the past women have talked about it more. The feminist movement made violence towards women something we talk about. Now there is more support for men and more of them are feeling comfortable coming forward."

Dr Bates pointed out that Prof Johnson's original research looked at men in prisons and women in refuges, rather than typical members of the public.

Her study deliberately focused on young students in their late teens and early 20s because statistically they were most likely to be victims of aggression.

The analysis showed that, while women tended to be more physically aggressive towards their partners, men were more likely to be physically aggressive to same-sex "others" including friends.

## P-04-516 Make political science compulsory in education

**Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to make political science a compulsory part of the school curriculum.

**Petition raised by:** Mark Griffiths

**Date petition first considered by Committee:** 26 November 2013

**Number of signatures:** 12

**P-04-516 Make political science compulsory in education - Petitioner to the Clerking Team, 13.12.14.**

Hi Kayleigh , thank you for your email.

In response to the professor's letter , further to previous issues i raised , i would like to make the following points :-

I work in the youth field and am astonished by the lack of political awareness amongst young adults who are eligible to vote . this knowledge void
i feel contributes to the apathy but also despair {at a lack of 'voice'} amongst young people.

My two teenage children have reported to me that the compulsory pastoral and world affairs lessons they have in secondary rarely touch upon the british political system and their role in it.

At present welsh schools offer A level politics course without any foundation for the students , is this not a strange anomaly ?

I think with even a short introduction to the constitution we could improve the engagement and active participation of all welsh people in the political process.

At present we have young people leaving education in a state of political ignorance , this may suit some elements within the establishment but it is not a settlement for long term
'healthy' political process .....

I hope the committee will be able to offer this petition's aim their support , and possible implementation in some form .

Regards
Mark Griffiths

**INDEPENDENT REVIEW OF ASSESSMENT AND THE NATIONAL CURRICULUM**

William Powell AC /AM
Cadeirydd/Chair
Y Pwyllgor Deisebau/Pettitions Committee
Cynulliad Cenedlaethol Cymru /National Assembly for Wales
Bae Caerdydd/Cardiff Bay
Caerdydd/Cardiff
CF991NA
Stephen.George@wales.gsi.gov.uk

Your ref: P-04-516

20 October 2014

Dear William,

Thank you for your letter dated September 2014 ,sent on behalf of the Petitions Committee. The letter refers to a petition that the Committee has been considering from Mr Mark Griffiths on making political science a compulsory part of the school curriculum.

I am very grateful to the Committee for bringing this to my attention, and for sharing with me the findings of the recent survey on teaching political science in schools. I will certainly consider the summary of the survey - which has been provided by your research service as part of my evidence base when formulating my recommendations for the Minister for Education and Skills.

Unfortunately, my diary is heavily committed over the coming months and I am unable to meet with the petitioner at this time. However, listening is at the heart of my review, and should the petitioner wish to provide me with any further information in relation to this issue I would be more than happy to receive it. Any further information can be sent to me by email to CurriculumReview@wales.gsi.gov.uk or by post to the Review of Assessment and the Curriculum, Welsh Government, Cathays Park 2, Cardiff, Wales, CF10 3NQ.

Yours sincerely

Professor Donaldson

## P-04-589 Reduce the Number of Councillors and Executive Members in Blaenau Gwent County Borough Council

**Petition Wording:**

We call on the National Assembly for Wales to urge the Welsh Government to instruct the Local Government Boundary Commission to review the number of Councillors and Executive Members for Blaenau Gwent County Borough Council with a view to reducing their numbers.

**Additional Information**:

Blaenau Gwent has more Councillors per head of population and more Executive Members than neighbouring Councils. Independent Members of the council put in a proposal to the council to reduce the number of executive members to 6 or 7. The Labour ruling council refused this. These savings could reopen the local toilets. Blaenau Gwent has 42 councillors and 10 executive members and the population is 69300, giving a count of 1 councillor for 1611 people. Merthyr Tydfil has 33 councillors and 7 executive members and the population is 58800 giving a count of 1 councillor for 1781 people. Caerphilly has 72 councillors and 10 executive members and the population is 178800 giving a count of 1 councillor for 2384 people.

Each Blaenau Gwent Councillor has the lowest population per councillor rate in Wales. Blaenau Gwent council has made staff redundant in all areas of the council but are not prepared to lower their head count when they are clearly over the amount needed. Can the Welsh Government look into this and force the council to reduce their numbers in order to save money and services in Blaenau Gwent.

**Petition raised by:** Julian price

**Date Petition first considered by Committee:** 23 September 2014

**Number of signatures:** 34

**Leighton Andrews AC / AM**
**Y Gweinidog Gwasanaethau Cyhoeddus**
**Minister for Public Services**

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-589
Ein cyf/Our ref LA -/05064/14

William Powell AM
Chair Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

committeebusiness@Wales.gsi.gov.uk

9 October 2014

Dear William,

Thank you for the letter of 30 September on behalf of the Petitions Committee, in connection with the petition urging a review of councillor numbers in Blaenau Gwent County Borough Council.

The Local Democracy and Boundary Commission for Wales have a duty to monitor the electoral arrangements of local government in Wales and publish a 10 year programme of reviews. The Commission's latest review programme was suspended following the publication of the report of the Commission on Public Service Governance and Delivery.

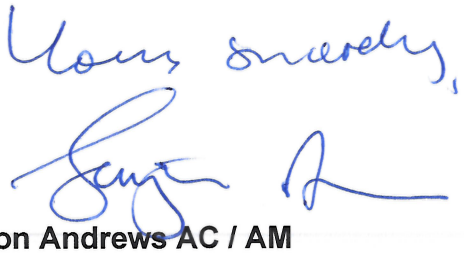
The White Paper – Reforming Local Government - sets out proposals for the future of Local Government in Wales, including reducing the number of Principal Councils through a programme of mergers. This would involve the Boundary Commission reviewing electoral arrangements in each proposed new county area.

In the light of this, directing the Local Democracy and Boundary Commission for Wales to conduct an electoral review in Blaenau Gwent at the present time would be a futile exercise.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Leighton.Andrews@wales.gsi.gov.uk

The Welsh Ministers will direct the Commission to start the work of reviewing the electoral arrangements for merged authorities when the relevant legislation is passed.



**Leighton Andrews AC / AM**
Y Gweinidog Gwasanaethau Cyhoeddus
Minister for Public Services

## P-04-591 Fair Funding for Local Government

**Petition Wording:**

UNISON Neath Port Talbot Branch call for the Welsh Government to reconsider the proposed budget cuts of up to -4.5% to Local Government funding. Local Government budgets are at breaking point and any further cuts will have a devastating effect on local services which the most vulnerable of society rely upon. Cuts to local government services will put further pressure on an already over-loaded NHS. These cuts are short sighted and the funds that are being diverted from local government to the NHS will not have the desired effect. Local government social services has a positive effect on keeping people out of hospital and maintaining these services is imperative in order to ease pressures on the NHS.

**Petition raised by:** UNISON

**Date Petition first considered by Committee:** 23 September 2014

**Number of signatures:** 180 electronic signatures and in excess of 800 signatures collected by an associated petition.

Leighton Andrews AC / AM
Y Gweinidog Gwasanaethau Cyhoeddus
Minister for Public Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref: P-04-591
Ein cyf/Our ref: LA/05063/14

William Powell AM
Chair, Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

committeebusiness@Wales.gsi.gov.uk

9 October 2014

Dear William,

Thank you for your letter of 30 September seeking my views regarding a UNISON petition against funding reductions for Local Authorities.

Local Authorities receive around a third of the Welsh Government Budget in recognition of the vital services they deliver. As a consequence of UK Government decisions, by 2015-16, our budget will be around 10% lower in real terms than it was in 2010-11. However, we have protected Local Government from the worst of these cuts. Over the past five years, spending per head on local services in England has **decreased** by around 7% in cash terms, whilst in Wales it has **increased** by 3%.

Within the Draft Budget announced on 30 September, the decisions taken by Ministers are based on a range of evidence of the funding pressures facing all public services in Wales. The Draft Budget will be scrutinised over the coming weeks by the appropriate Assembly Committees, before final determinations are made in December.

The UNISON petition specifically mentions the importance of Local Government social services in relation to the health service. In recognition of this, an additional £10 million has been made available through the Local Government Settlement for 2015-16 for social services. This additional funding has been made available to help to mitigate the pressures on social services.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
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The UNISON petition asks the Welsh Government to *"reconsider the proposed budget cuts of up to 4.5% for Local Government"*. The Welsh Government did not propose "budget cuts of up to 4.5%". My predecessor advised local authorities that they should be preparing for a range of funding scenarios. I announced the Provisional Local Government Settlement for 2015-16 on 8 October. The overall reduction in the general revenue funding from the Welsh Government for 2015-16 is 3.4%. Whilst I acknowledge this is a challenging settlement, the funding it provides is just one of the sources Authorities need to take into account when drawing up budgets plans. They have a range of tools to help them manage future budgets and they receive income from many sources, including other Welsh Government grants, grants from other government bodies and Europe, council tax, and local fees and charges.

I meet regularly with Local Authority Leaders and also with UNISON representatives to discuss a range of matters and I will continue to do so.

Thank you for drawing this petition to my attention.

Yours sincerely,

**Leighton Andrews AC / AM**
Y Gweinidog Gwasanaethau Cyhoeddus
Minister for Public Services

Y Fonesig Rosemary Butler AC
Dame Rosemary Butler AM

Llywydd
Presiding Officer

William Powell AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Your ref:
Our ref: PO/RB/SG

17 December 2014

Dear William

**REVIEW OF PUBLIC PETITIONS ARRANGEMENTS**

We met earlier in the year as part of my usual regular discussions with Committee Chairs. I mentioned that I thought it would be useful to review our arrangements for public petitions, in particular admissibility and related arrangements, in anticipation of the fifth Assembly.

You will recall that I said I would welcome the Committee's involvement in reviewing these areas. I think this is something that you also broadly welcomed.

The petitions system is highly valued by many members of the public who submit petitions. Since the system was introduced in 2007 over 830 petitions have been submitted to the Assembly and most have been referred to the Petitions Committee. Petitions often bring about positive outcomes, whether by changing or influencing Government policy or simply by allowing citizens the chance to have their concerns heard at the heart of government. Set against this is whether petitions are always focused on issues where they can make most difference and whether we can find ways to prioritise our consideration of them more effectively.



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Since we met, as part of wider changes to the Assembly's ICT systems particularly our website, a number of changes have had to be made to our online petitions system. Although these changes have not resulted in noticeable changes to the system for petitioners, they have resulted in some internal improvements for the administration of the system.

These changes have bedded down and there is no reason why a review of the wider arrangements should not now take place. If the Petitions Committee is content to undertake this work, I would like it to consider how improvements can be made to:

- the current admissibility criteria;
- the way in which we deal with admissible petitions; and
- how the Assembly's Standing Orders and other systems might need to change to support any recommendations.

The overall aim would be for the Petitions Committee to report in time to inform decisions on how petitions are dealt with in the Fifth Assembly.

Within these broad areas I think it is important that the Committee itself decides how best to approach this task and what its detailed terms of reference should be. While the Committee should draw primarily on its own very considerable experience of our petitions system, it should also look at best practice elsewhere, particularly in the rest of the UK and Ireland. The views of those who use the system and the wider public in Wales should also be important considerations.

The Presiding Officer rather than the Petitions Committee is formally responsible for decisions on the admissibility of petitions but has delegated day-to-day decisions to the Clerk of the Petitions Committee. Having said that, and without wanting to be prescriptive, there are some questions that the Committee may wish to focus on particularly:

- Should petitions continue to be allowed only on matters that are within the direct ability of the Assembly or the Welsh Ministers to assist in resolving them?
- Should petitions about the operational responsibilities of individual local authorities continue to be inadmissible? Are there any other

bodies, such as Local Health Boards or some Welsh Government Sponsored Public Bodies, to which similar arrangements should apply?

- Should petitions on planning matters, which involve quasi- judicial decisions by Welsh Ministers, be subject to petition? Should we deal with petitions about matters that have been or are being considered by the Ombudsman or similar office holders?

- Does the current threshold for signatures strike the right balance between encouraging petitions on a wide range of issues while also ensuring that petitions are not submitted on more trivial matters? Should organisations continue to be exempt from the minimum signature requirement?

- There are no age or residency restrictions on who can submit or sign a petition. Should the system focus on people who live in Wales?

- Assembly Members are not allowed to submit petitions. Should similar restrictions apply to staff who work for them or to Assembly staff, who are required to be politically impartial?

- Should political parties be allowed to submit petitions?

- Do the current arrangements provide enough protection against repeat, vexatious or trivialising petitions?

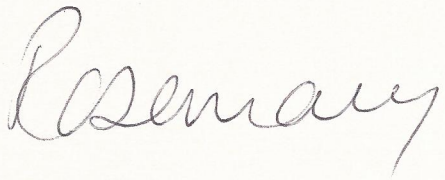
- Are our systems for petitioning working effectively and are the Committee's own procedures adding as much value as possible?

- What, if any, changes are needed to Standing Orders or other procedures to facilitate improvements?

Obviously, some changes the Committee might suggest will need to be considered more widely. For instance, by the Business Committee if changes to the Assembly's Standing Orders are recommended. Other changes may have resource implications that the Assembly Commission would need to think through. However, I would hope that the Committee may also be able to suggest improvements that can be made within current arrangements and resources.

Llywydd
Presiding Officer

I would therefore be grateful if you could discuss and let me know if it would be prepared to undertake this task. It would be helpful if the Committee could report to me by the end of the autumn term next year, which should allow time for any recommendations for change to influence consideration of arrangements for petitions in the Fifth Assembly.



**Dame Rosemary Butler AM**
**Presiding Officer**

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

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