



Our ref: MA/EM/2188/23

Jenny Rathbone MS
Chair, Equality and Social Justice Committee

9 October 2023

Dear Jenny

Thank you for your letter of 25 September requesting further evidence for your inquiry on public health approaches to preventing gender-based violence (GBV). I will answer the questions in the order you posed them in your letter.

Which health professions are required to undertake Ask and Act under the current duties and whether you have a view as to whether that duty should be expanded and to whom?

All staff working for Local Health Boards and NHS Trusts have been and are able to access Ask and Act training.

The initial emphasis was to provide Ask and Act training to the following categories of health profession:

- Midwifery and health visiting
- General practitioners and primary care teams
- Emergency department
- Substance misuse
- Mental health
- District and community nursing
- Ambulance service
- School nursing
- Sexual health services

An independent evaluation of Ask and Act in January 2022 found overwhelming agreement about the need for Ask and Act. Many saw Ask and Act as an effective way of putting violence against women, domestic abuse and sexual violence (VAWDASV) on the agenda within organisations. Respondents recognised the gap in training that Ask and Act was filling, and it was felt to fit well alongside other VAWDASV training. The consistency that the approach brings across Wales was felt to be valuable.

The VAWDASV (Wales) Act 2015 requires Ask and Act to be delivered to staff in a “relevant authority”, namely a local health board, NHS Trust, a local authority or a fire and rescue service. Because of the importance of this training in preventing all forms of VAWDASV and protecting and supporting victims and survivors, and demand from organisations outside the definition, the Ask and Act programme has been extended to organisations not covered by the Act.

Could you confirm whether GBV will be included in the Women's Health Plan?

The Women’s Health Plan will be an NHS Plan. The NHS Executive is establishing the Women’s Health Network. The Network will be responsible for the development of the Plan. Welsh Government officials will include gender-based violence in the list of possible inclusions for consideration by the network.

Could you elaborate on what the Welsh Government policy is for supporting GPs to implement 'relationship-based care' given the current pressures on GP services?

Our priority is ensuring a sustainable model of general practice for the future which retains the principles and ethos of relationship-based care by embedding person-centred models of service delivery.

In modern general practice, GPs draw on the support of a multi-professional practice team. These contacts also present opportunities to deliver relationship-based care – where practices take a person-centred approach, effective and compassionate continuity of episodes of care can be delivered by the most appropriate member of the team, not just the GP.

We are seeing an increase in the number of nurses and direct patient care staff employed in general practices, supporting patient access to care. There were 478 more wider practice staff in September 2022 compared to September 2020.

We have worked with the GP profession to develop the new GMS Unified Contract, with the 2023 Regulations which underpin this coming into effect on 1 October. A key aim of the Unified Contract is to reduce administrative bureaucracy for practices, freeing up more time for patient care.

British Crime Survey data reports that 38% of domestic violence incidents are alcohol related. Could you set out how this figure is influencing Welsh Government alcohol policy, for example, have you had conversations with Public Health Wales and/or Ministerial colleagues about any potential changes to approach?

We are aware of the devastating effects that alcohol misuse can have on individuals and their families in a range of ways, including domestic violence. Addressing alcohol abuse can be expected to reduce the incidence of VAWDSV, just as it can other harms associated with substance misuse.

Our focus in terms of alcohol policy is very much on reducing the harms of alcohol (and drugs) on individuals and families – this is the approach we have taken in Wales for a number of years, and we work with a range of partners on this agenda. We have increased our investment in tackling substance misuse, including alcohol misuse, to £67m this year and this will increase by a further £2m in 2024-25.

We have not seen any evidence that a specific approach to alcohol abuse is necessary to address the particular problem of VAWDSV, and of course our VAWDASV support is tailored to the needs and circumstances of the individual. However, my officials have not had any specific conversations with Public Health Wales on this topic or any potential

changes to our approach to alcohol policy given the data from the British Crime Survey. I have asked that they pick this up and we can consider any adaptations to our approach that are necessary.

Our wider actions to address alcohol misuse include the introduction of a minimum unit price (MUP) for alcohol. We believe introducing an MUP will help reduce alcohol related harm and support people to drink responsibly. Scotland has seen a decline in the amount of alcohol that is consumed since the introduction of MUP, and we hope that we will see similar results in Wales.

We will continue to work with our Substance Misuse Area Planning Boards to ensure a range of services and support is in place to help people who are experiencing alcohol problems. Preventing the harms caused by alcohol misuse is a key part of our substance misuse agenda and it continues to be through our current Substance Misuse Delivery Plan and will be in any future work.

We recognise the vital importance of education and prevention when it comes to reducing alcohol-related harms. We are working to promote the UK Chief Medical officers' low risk drinking guidelines, which aims to support people to make informed decisions about their drinking. Public messaging around minimising the health risks from alcohol is also key in encouraging people to reduce both the amount of alcohol they drink and how often they drink. To support the promotion of responsible drinking and reduce alcohol harms, we fund Alcohol Change UK-who support people to reduce their alcohol consumption through their education programmes and work.

Alcohol prevention remains in the Public Health Wales (PHW) long-term plan to develop collective priorities for reducing alcohol-related harms across Wales. PHW are producing a series of evidence reviews which will help us understand which groups to take action with to address under-age drinking and highlighting risk and protective factors. PHW is also redeveloping the alcohol brief interventions approach, which will enable health professionals to raise concerns about problem drinking and direct access to treatment services in a sensitive, non-judgemental manner.

Could you provide details relating to access to counselling services in schools for young people who may have witnessed or experienced GBV, including a timeline for training?

In 2020 we issued our revised school and community-based counselling toolkit. The toolkit supports local authorities in developing and implementing their counselling policies and services. The toolkit also highlights the need to promote the service and that it should be fully inclusive, ensuring equality of access. Schools can make referrals direct to the service or individuals can self-refer, or family members can refer on their behalf. The service should also be available in the community and accessible for those children not in school, such as children home educated or in EOTAS settings. Data published in March 2023 showed that 12,500 children and young people accessed the service in the 2021/22 academic year.

In relation to training, the toolkit emphasises that services must employ counsellors and supervisors who are members of professional bodies relating to counselling or psychotherapy and, as such, have an established ethical code or framework and complaints procedure. These should be available and accessible to clients, schools and service providers. Local Authorities (LAs) and commissioned services are advised to ensure that counsellors are 'competent to practise' with children and young people. That would usually mean that they have completed adequate core counselling training, together with specialist training for work with children and young people.

In March 2022 we published independent research into the counselling services which demonstrated good practice but also highlighted variation and issues around awareness. We have established a counselling group with representation from all LAs which is seeking to improve provision and extend support to younger children below the current Year 6 threshold. This work reports into the Whole School Approach to Wellbeing Ministerial Oversight and Delivery Board, jointly chaired by the Minister for Education and Welsh Language and Deputy Minister for Mental Health and Wellbeing.

I hope this information is helpful.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services