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Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
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Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LF/LG/0563/14

Christine Chapman AM
Chair of the Communities, Equality
and Local Government Committee

9 July 2014

Dear Christine,

Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill

Following the introduction of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill, into the National Assembly for Wales on 30 June 2014, please find attached copies of three draft guidance documents and four Policy Intent Statements.

These documents are provided to support the Committee's scrutiny of the Bill.

The three pieces of draft guidance have been created to provide examples to the Committee of the matters the statutory guidance I am considering publishing under the power contained in section 12 of the Bill may address. These include guidance on the following:

A National Training Framework;
Ask and Act; and
Multi-Agency Fora.

Some limited stakeholder consultation on elements of the guidance has already taken place. However please note this guidance is currently in initial draft stage and, in accordance with section 13 of the Bill, any guidance issued under section 12 will be the subject of a public consultation before a draft is finalised and laid before the Assembly for scrutiny. Only then will any guidance under section 12 be issued.

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A summary of the effect of each of these pieces of guidance is provided as a cover sheet with each document, and is also contained in the Explanatory Memorandum which was published along with the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill.

The Policy Intent Statements provide further information on the policy intent for the subordinate legislation and directions which could be made under the Bill, if enacted.

I look forward to providing evidence to the Committee in due course.

Regards

Lesley

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business

Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill

Policy intent of regulations and other subordinate legislation made under the Bill

July 2014

Contents

Introduction

This document provides an indication of the current policy intent for subordinate legislation and directions which the Welsh Ministers may wish to make using the powers in the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill ('the Bill') if enacted.

The statements are presented in the order in which the relevant provisions appear in the Bill, and all section references within the statements likewise relate to section numbers in the Bill, as introduced.

The Bill contains five provisions which provide the Welsh Ministers the power to make directions, regulations, orders and guidance. However the guidance provision is not referenced in this document as separate draft guidance has been provided, indicating the policy intent of the Welsh Ministers.

This document also outlines the Assembly procedure, if any, attached to each provision.

This statement should be read in conjunction with the Bill and Explanatory Memorandum as published on introduction.

The tables overleaf provide the policy intentions for each of these provisions in the Bill.

DIRECTION RELATING TO:	To review local strategies
SECTION:	5(3)(b)

DESCRIPTION OF THE POWER

Section 5 places duties on Local Authorities and Local Health Boards as to when they must publish and review their local strategies.

Section 5(3)(b), provides the Welsh Ministers the power to direct Local Authorities and Local Health Boards to review their strategy.

This power is not subject to any Assembly procedure.

WHY THE POWER IS REQUIRED

Section 5(3)(b) provides the Welsh Ministers with the flexibility to direct Local Authorities and Local Health Boards to review their strategy in the event circumstances suggest a review should take place, for example in the event the Welsh Ministers decide to review the National Strategy.

As it relates to the review of local strategies, the circumstances in which the direction would be used may change from time to time. The direction power in the Bill is not the subject of any Assembly procedure before it can be exercised. This is to ensure the Welsh Ministers have the flexibility to react quickly to changes in circumstances ensuring the timely review of strategies at a local level. For example, local circumstances could dictate that the strategy of a particular area should be reviewed.

POLICY INTENTION OF THE POWER

The policy intention for the direction power is to allow the Welsh Ministers, on an occasion when a significant change or event has taken place and the local strategies are not due to be reviewed imminently, to direct Local Authorities and Local Health Boards to review their strategies with regards to gender-based violence, domestic abuse or sexual violence.

An example of when this power could be used would be in the event the Welsh Ministers decide a review of the National Strategy was required, possibly following an Assembly Election, and it is also decided local strategies should be reviewed to take into account the changes to the National Strategy. It could also be exercised where a significant issue has arisen in a particular area and the review of the strategy could assist in dealing with any particular issue.

It is considered at this time, this is likely to be a direction which will rarely be exercised as Local Authorities and Local Health Boards are already under a duty to review their strategies after each ordinary election under section 5(2). They also have the flexibility of reviewing their strategies themselves at any other time they deem appropriate. However, it is still important for this power to be in place when required.

OTHER CONSIDERATIONS:
N/A
INTERDEPENDENCIES AND LINKS TO OTHER POWERS/REGULATIONS:
N/A

REGULATIONS RELATING TO:	Power to prescribe additional matters which must be taken into account in preparing local strategies and to require further assessments to be conducted by a Local Authority or Local Health Board.
SECTION:	6(2)

DESCRIPTION OF THE POWER

Section 6 outlines a number of matters to which Local Authorities and Local Health Boards must have regard in preparing or reviewing their local strategy, including needs assessments required under section 14 of the Social Services and Well-being (Wales) Act 2014, and strategic assessments prepared in accordance with regulations made under section 6 of the Crime and Disorder Act 1998, relating to crime and disorder, substance misuse and re-offending.

Section 6(2) provides the Welsh Ministers the flexibility to prescribe additional matters and to conduct further assessments which must be taken into account in preparing local strategies.

Before these Regulations come into force they would be laid before the Assembly under the negative procedure.

WHY THE REGULATION POWER IS REQUIRED

Section 6(2) provides for the Welsh Ministers to prescribe additional matters or further assessments be conducted by a Local Authority and Local Health Board if they consider this is required to ensure the full issues on gender-based violence, domestic abuse and sexual violence have been considered. Then any further information must be taken into account in preparing their local strategy.

It is proposed these regulations are subject to the negative procedure as they will prescribe technical matter of detail which may change from time to time.

POLICY INTENTION OF THE REGULATIONS

The policy intention for this regulation power is it would be used if the Welsh Ministers decide after Local Authorities and Local Health Boards have considered their needs and strategic assessments (undertaken under the regulation powers of the Social Services and Well-being (Wales) Act 2014 and Crime and Disorder Act 1998), they were inadequate for the purpose of informing the development of local strategies on the issues of gender-based violence, domestic abuse and sexual violence specifically. The Welsh Ministers would, therefore, be able to exercise the regulation power in subsection (2) to prescribe additional information or further assessments be undertaken, if the combination of these needs assessments proves insufficient.

OTHER CONSIDERATIONS:
The arrangements for local needs and strategic assessments are prescribed by the following legislation: - Section 14 of the Social Services and Well-being (Wales) Act 2014; and - Regulations made under section 6 of the Crime and Disorder Act 1998.
INTERDEPENDENCIES AND LINKS TO OTHER POWERS/REGULATIONS:
N/A

DIRECTIONS RELATING TO:	In certain circumstances, to direct relevant authorities to comply with statutory guidance.
SECTION:	16(2)

DESCRIPTION OF THE POWER

Section 16 (2) gives the Welsh Minister's power to direct a relevant authority to take any action which the Welsh Ministers consider appropriate for the purpose of securing the exercise of functions by the authority in accordance with the statutory guidance issued to the relevant authority.

The power can only be exercised if, in relation to a policy statement issued by a relevant authority (under section 15 of the Bill), the Welsh Ministers consider the authority's alternative policy for the exercise of functions (in whole or in part) is not likely to contribute to the pursuit of the purpose of the Bill.

The Welsh Ministers may direct the relevant authority to take any action for the purpose of securing the exercise of functions by the authority in accordance with the statutory guidance issued to the authority in accordance with this Act.

This power is not subject to any Assembly procedure.

WHY THE POWER IS REQUIRED

This direction power provides that a relevant authority, subject to a direction under this section, must comply with it, and provides the Welsh Ministers with the flexibility to react quickly to secure compliance with guidance issued under section 12 where appropriate.

POLICY INTENTION OF THE POWER

Using as an example the draft guidance provided for scrutiny, this power could be used if a relevant authority chose not to follow an element of the National Training Framework as provided by the Welsh Ministers under section 12. For example, a relevant authority determined they were not going to undertake level 1 training amongst their staff and instead issued a policy statement outlining an alternative approach. Unless the alternative approach offered a comparable or better outcome in terms of its contribution to the pursuit of the purposes of the Bill, the Welsh Ministers could direct the authority to follow the guidance and ensure all staff receive level 1 training. For example, if the authority simply issued a policy statement setting out their approach was not to train staff, but instead rely on an internal publicity campaign, this is unlikely to achieve the outcomes sought. If their alternative approach was to undertake a more detailed level of training with all staff, then this would achieve more than is sought in the guidance. The intention is therefore to ensure compliance with guidance issued under section 12 unless a better alternative is proposed.

OTHER CONSIDERATIONS:
N/A
INTERDEPENDENCIES AND LINKS TO OTHER POWERS/REGULATIONS:
Section 12 – Power to issue statutory guidance Section 14 – Duty to follow the statutory guidance Section 15 - Policy statements: requirements and ancillary powers

POWERS RELATING TO:	Commencement
SECTION:	22(3)

DESCRIPTION OF THE POWER

Section 22 provides for the commencement of the Bill provisions if the Bill is enacted.

Section 22(3) sets out the Welsh Ministers may by order appoint a day for the coming into force of sections of the Bill not otherwise specified in section 22.

This order will be confined to commencement and is technical in nature, therefore no Assembly procedure will be required for this power.

WHY THE POWER IS REQUIRED

This is an order making power which provides the flexibility for the Welsh Ministers to decide the coming into force date of certain provisions within the Bill where it cannot currently be determined when the suitable date would be at this point.

POLICY INTENTION OF THE POWER

This commencement power will be used for sections 2-10, 19 and 20 of the Bill. It has not yet been determined when these provisions will come into force after the Bill is enacted and therefore the commencement provision provides for the Welsh Ministers to provide when they will come into force which will be at a later, appropriate date.

OTHER CONSIDERATIONS:

N/A

INTERDEPENDENCIES AND LINKS TO OTHER POWERS/REGULATIONS:

This Order relates to all the provisions within the Bill which are not specified in sections 22(1) or (2).

EXAMPLE DRAFT: JULY 2014

Effective multi agency collaboration

Guidance on convening and maintaining effective strategic, operational and case-focused partnerships in relation to gender-based violence, domestic abuse and sexual violence

Collaboration between organisations for the purposes of ending gender-based violence, domestic abuse and sexual violence is a broad, far reaching concept.

This guidance explores the necessary stages of collaboration and identifies good practice in establishing partnership arrangements.[1] In order to offer an effective impact for those who experience gender-based violence, domestic abuse and sexual violence **collaboration must occur at all levels of organisations- within strategic leadership, operational management and amongst those at the frontline.**

This guidance first outlines the value of multi agency collaboration in relation to gender-based violence, domestic abuse and sexual violence and the key components necessary for effective partnerships.

The guidance then moves to focus on three types of collaboration: the strategic partnership, the operational partnership and multi agency fora. It then details what is required within agencies to deliver on their partnership commitments and embed a robust response to gender-based violence, domestic abuse and sexual violence within their agency.

Within each chapter of the guidance a boxed section indicates the guidance which is intended to be issued under section 12 of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill to relevant authorities.

Under section 12 the Welsh Ministers may issue guidance to a relevant authority on how the authority should exercise its functions with a view to contributing to the pursuit of improving arrangements for the prevention of gender-based violence, domestic abuse and sexual violence, improving arrangements for the protection of victims and improving the support for persons affected by such violence and abuse.

These relevant authorities, by virtue of section 14 of the Bill, must follow this guidance when exercising their functions unless there is good reason for the authority not to follow the guidance. If a relevant authority considers there is good reason not to follow the guidance it must decide on an alternative policy for the exercise of its functions in respect of the subject matter of the guidance. It must then issue a policy statement as to how it intends to exercise its functions and the reasons for not following the guidance.

The rest of the guidance is intended to offer explanatory content and guidance on good practice in relation to collaborative working and the

[1] This guidance should be viewed as an early draft only. Scrutiny and further public consultation will go towards informing the final version of any guidance issued before the Assembly. This guidance is not presented as a final version and should not be read in such a way. Formal consultation on this document is planned and comments on its content will be welcomed through this process.

forming of multi agency arrangements to tackle gender-based violence, domestic abuse and sexual violence.

The Welsh Government recognises this guidance may be of benefit to organisations other than the relevant authorities under section 12 of the Bill. The Welsh Government will therefore take steps to actively encourage other organisations to consider their role within multi agency fora. This document would also be of assistance to any such organisation who are considering the creation of a multi agency fora or considering their role in an existing fora.

Contents

Executive Summary

Violence and abuse in any form is unacceptable. Anyone who experiences gender based violence, domestic abuse and sexual violence must be provided with an effective and timely response by relevant authorities. Evidence suggests women are more likely to experience gender-based violence and as such the guidance acknowledges violence against women is the most prevalent form of gender-based violence.

This acknowledgement, however, by no means suggests any victim of such violence and abuse should be excluded from accessing the help and support they require. Gender-based violence, domestic abuse and sexual violence are experienced within same sex relationships, between family members and by men who are abused by women and, as such, this guidance provides a process which is inclusive of all potential victims of gender-based violence, domestic abuse and sexual violence.

It is well acknowledged an effective response to gender-based violence, domestic abuse and sexual violence requires Multi-Agency collaboration. **Those who have experienced these issues tell us multi agency responses work because** they only have to tell the story of their abuse once, they get help the first time they tell anyone and they receive the same response from all agencies.

Wales has a long history of innovation and drive in tackling gender-based violence, domestic abuse and sexual violence. At a client focussed level, Welsh innovation created the MARAC (Multi-agency Risk Assessment Conference) model, which is now utilised and practiced internationally. Strategically, we also demonstrate best practice in examples of partnerships including the Right to Be Safe Implementation Board.

The Welsh Government wish to develop this strong track record to further encourage collaboration between public services to enable a holistic and effective response to promoting the safety of individuals at risk.

A strategic and operational focus

In the consideration of work within a multi agency context it is important to consider strategic leadership in partnership and operational collaboration which drives progress and ensures effectiveness.

Partnership work requires communication, meetings and planning in several spheres: to develop strategic and operational frameworks and a united care pathway for all the strands of gender-based violence, domestic abuse and sexual violence; to share information and develop coordinated interventions in particular cases; and then to monitor the care pathway and review outcomes to develop the response.

Partners will need to return to their own agencies and be the link between the multi-agency collaboration and their own agencies, ensuring their internal processes complement and enhance the multi-agency work. Individual agency's involvement in multi-agency work and interventions will need to be supported by their own agency's strategic commitment, operational systems and management.

A victim focus

Given the generally well embedded MARAC model and continued Welsh and UK Government support for this work, it is particularly important proven Welsh creativity is focussed on integrating and developing responses to those who are not identified to be at high risk in order to provide earlier identification and prevention based services to those at lower risk.

Whilst the Welsh Government aims to promote needs led development at a local level it is important nonetheless to ensure consistency and quality assurance. In doing so it is crucial partners test their proposals against a series of developmental milestones to ensure the proposed model meets its objectives and provides the required solution to the identified problem. Models of multi agency work should not be created for their own sake, they must be purpose focussed and effective.

Twelve key components for effective partnership work are recognised in "*In Search of Excellence: A Guide to Effective Domestic Violence Partnerships"*[i], based on visits to 10 partnerships in England and Wales. When the original visits were undertaken, the partnerships were aimed primarily at tackling domestic abuse. A second tranche of visits have now been completed and the guidance is being updated to include insights from these further 30 visits. The new guidance incorporates partnership experiences of expanding to include violence against women and girls and the lessons about commissioning gleaned from the local authorities visited.

The following outlines the essential components for strategic and operational collaboration and will be useful in the consideration of new partnership proposals and in reviewing the effectiveness of ongoing partnership work.

Effective partnership working: Good practice:

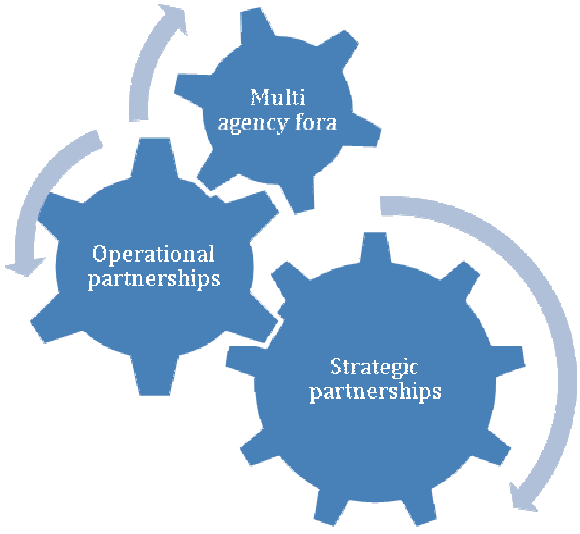

Shared Objectives
•Relevant authorities should commit to a shared vision and set of objectives.
Structure and Governance
•Relevant authorities should agree to be accountable to the partnership, have the ability to deliver and tie this partnership into other agendas.
Strategy, Leadership and Action Plan
•The strategic aims and action plan of any collaboration must be aligned across relevant authorities. Leadership is required by the strategic group to insist the priorities identified within the partnership continue to drive local provision.
Representation
•Each relevant authority should be represented within the partnership structure and be represented by someone with the authority to cact on behalf of the agency and to respond to partnership needs within their own structures.
Resources
•Relevant authorities should know how much gender-based violence, domestic abuse and sexual violence cost them each year. Consideration should be given by agencies which have historically borne the cost of these services to pooling resources to fund local provision.
Coordination
•Relevant authorities should work to coordinate their activities and initiatives with those of partner agencies to achieve the partnership's aims. The valuable role of the coordinated response shoul be recognised and supported.
Training
•Training must be provided appropriately to front-line staff to identify individuals at risk of gender-based violence, domestic abuse and sexual violence and respond appropriately and effectively.
Data
•Relevant authorities working in partnership should participate in the creation of and contribute to a dataset to monitor, inform and develop its response. This information should be collated and analysed as part of the partnership's performance management. Relevnat authorities should create outcome measures to judge their effectiveness
Policies & Protocols
•Multi agency collaboration should be supported by care pathways, information-sharing, clear processes, risk assessment and the learning from serious case and domestic homicide reviews. These should be reviewed regularly.
Specialist Services
•A needs analysis should be undertaken to identify local needs and provision. Where possible specialist services should be funded sustainably to meet the identified need.
Diversity
•Local demographic statistics should be used to inform practice to ensure all members of the community are able to access services and are doing so. **Meeting the needs of the whole community must be a priority.**
Service users
•The experience of service users should regularly and systematically be used to inform the partnership on the effects of its work and to suggest improvements.

Introduction

For multi-agency fora to be effective, partner agencies need to work together **strategically and operationally**. Information must flow from the frontline, through operational groups to strategic groups, via effective communication systems, to ensure decisions are informed and timely, collaboration is supported and the purpose of the collaboration is driven at all levels to improve outcomes for those who are experiencing gender-based violence, domestic abuse and sexual violence.

This guidance first outlines the value of multi agency collaboration in relation to gender-based violence, domestic abuse and sexual violence and the key components necessary for effective partnerships.

The guidance then moves to focus on three types of collaboration: the strategic partnership, the operational partnership and multi agency fora. It then details what is required within agencies to deliver on their partnership commitments and embed a robust response to gender-based violence, domestic abuse and sexual violence within their agency.



1) **Strategic partnerships** which are created to address common goals, identified through strategic needs analysis. (e.g. Local Service Boards).

2) **Operational partnerships** which ensure the goals agreed at the strategic partnership are delivered. Those in the operational partnership provide leadership and direction to those who are performing the actions which deliver goals.

3) **Multi agency fora** which bring front line professionals together to share information to promote the safety of those affected by gender-based violence, domestic abuse and sexual violence.

Finally, the guidance outlines the four pillars of an effective multi-agency fora intervention and the process for engagement within an organisation. When the work to end gender-based violence, domestic abuse and sexual violence is formulated and embedded in this way, multi-agency fora are more likely to be successful in their aims.

The individuals who will benefit from effective multi-agency work are referred to variously as individuals at risk of gender-based violence, domestic abuse and sexual violence, victims, survivors, clients and service-users. Different partners use different words to define their relationship to the person at risk and so the guidance reflects this.

It is the aim of the Welsh Government to encourage services which are effective, maintained and of a consistently high standard across Wales. Evidence-based interventions are key to ensure those experiencing gender-based violence, domestic abuse and sexual violence are getting the most effective services possible.

There is evidence showing the value of some interventions, such as those of Independent Domestic Violence Advisors (IDVAs) and the Multi Agency Risk Assessment Conference (MARAC). For some of the newer innovations such as Multi-Agency Safeguarding Hubs (MASH), the evidence has not yet been collected and analysed, partly because the interventions vary in their focus and practice from area to area.

As areas develop their local responses to gender-based violence, domestic abuse and sexual violence, they will need to collate data to identify how they are performing and which interventions are best for keeping victims of gender-based violence, domestic abuse and sexual violence safe in the short and long term.

Why multi agency collaboration?

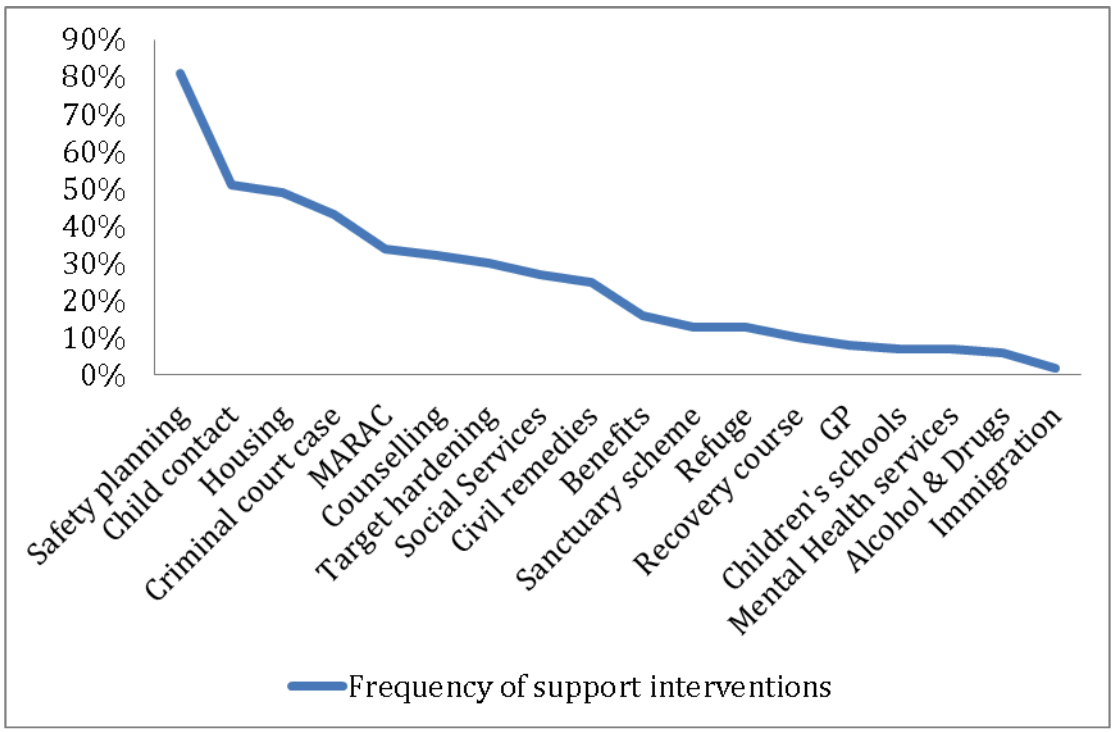
Multi-agency partnerships, collaboration and robust information sharing processes are considered essential for an effective response to those experiencing gender-based violence, domestic abuse and sexual violence. Wales has long shown innovation and drive in tackling gender-based violence, domestic abuse and sexual violence, both at an operational level where partnership working developed such interventions as MARACs (Multi-agency Risk Assessment Conferences) and strategically; the Welsh Government's 'Right to be Safe Strategy'.

This section outlines the evidence base for a collaborative response to gender-based violence, domestic abuse and sexual violence to support the improvement of work in this area.

Improved effectiveness

To improve victims' safety, a number of agencies need to be involved. *Safety in Numbers*[2], a study of the work of Independent Domestic Violence Advisors (IDVAs) in 7 locations and with more than 2,000 victims of domestic abuse, found the intensity of support (number of contacts with an IDVA) and the number of interventions (provision of services and support by other agencies) correlated to reductions in the severity and frequency of abuse. So, with more contact and a greater variety of support, victims experienced abuse less often and it was less severe.[3] The study also found victims needed not only specialist IDVA services, but a 'model of continuing safety' to address the many needs which develop over a period of abuse[4].

The types of intervention which were engaged and the frequency of the use of each are seen in the following table[5].



This illustrates the variety of support and help those suffering domestic abuse may need to reduce the harm they face. This is also likely to be true for victims of gender-based violence and sexual violence.

Better protected children and vulnerable adults

In research by CAADA[6] on the work of MARACs with IDVAs, two-thirds of victims had children living in or visiting the home where domestic abuse was taking place. Most of these children were under 5 and had been living with abuse for most of their lives. On average it took victims with children a year longer to access support than those without children. Children who live with gender-based violence, domestic abuse and sexual violence are at increased risk of behaviour problems and emotional trauma, as well as mental health difficulties in adult life[7].

By designing a more complete response to people suffering gender-based violence, domestic abuse and sexual violence, the need for help should be identified earlier and more resources mobilised to help, enabling a quicker, bespoke response to victims and their children. An earlier response should reduce the harm suffered by victims and their children and reduce the number of interventions needed to enable victims and their children to be safe. It should also allow for earlier interventions to address perpetrators' behaviour.

Vulnerable adults often have regular access to services. Their reliance on these services and the carers who provide them may increase their risk of abuse and make them less likely to disclose abuse of any form. This is an under-researched area, but a study found 50% of disabled women in the UK may have experienced domestic abuse in their lives[8]. A multi-agency approach will allow for the greatest possible input to create an appropriate response for these victims of gender-based violence, domestic abuse and sexual violence.

Improved outcomes for those with complex needs: substance misuse and mental health

Domestic abuse and other abuse is the most prevalent cause of depression and other mental health difficulties in women[9] and results in self-harm and suicide rates among survivors which are at least four times higher than the general female population.[10]

Where victims of gender-based violence, domestic abuse and sexual violence suffer from mental health problems – whether as a result of the abuse or where the mental health problems make them more vulnerable – psychological interventions are unlikely to improve their lives without addressing the abuse or violence, assessing risk and helping clients to be safe. The psychological impact of the abuse also needs to be acknowledged in the therapy. At the time of writing, in Wales, 70% of MARACs have regular mental health attendance which provides an invaluable additional resource when planning actions for service users.

The link between problematic substance misuse and abuse has been established through a number of studies. Research has shown women who have experienced abuse against women are 5.5 times more likely to be diagnosed with a substance

use problem over their lifetime[11] and a perpetrator's chronic use of alcohol or drugs is a risk factor when assessing the risk to domestic abuse victims.

In some areas, the issues of substance misuse, mental health and gender-based violence, domestic abuse and sexual violence continue to be addressed separately. In the Home Office's review of Domestic Homicide Reviews, one of the common themes was the need to raise awareness and understanding of how best to work with those suffering abuse who also have mental health or substance misuse needs.[12] An approach which combines the expertise of specialists in gender-based violence, domestic abuse and sexual violence and in substance misuse work, mental health professionals, and other agencies is needed.

A consistent response to individuals at risk

Regardless of the agency or professional a victim or perpetrator approaches first, they should get the same response. All agencies should give victims the same messages: gender-based violence, domestic abuse and sexual violence are not tolerated, the victim is not at fault, and there is help available.

The same messages can be publicised through awareness-raising campaigns, in public offices, to staff and to victims when they disclose. This Bill is a step towards a culture change where gender-based violence, domestic abuse and sexual violence are as unacceptable as child abuse. Only by working together to harmonise processes and responses can these messages be reliably consistent, giving victims' confidence in the response they will get.

Reduced, shared costs

The work of Sylvia Walby has helped improve the understanding of the costs of domestic violence. In her original research (2004), she identified the total cost to England and Wales of domestic violence. In 2009 she updated this work and, based on this research and population-based estimates, the costs of domestic violence in Wales was estimated to be £303.5 million annually - £202.6 million for service costs and £100.9 million in lost economic input.

In the later research, she found the total cost of domestic violence had fallen by £23 billion to around £16 billion per year. She found the reduction in costs had been partly a result of the development and increased use of public services, showing investment in public services' responses had been cost effective.[13]

Better information and improved planning

For a number of strands of gender-based violence, domestic abuse and sexual violence, e.g. FGM and "honour"-based violence, under-reporting has resulted in unreliable statistics which make it difficult to assess through a needs analysis. With increased awareness and more developed responses from all public bodies to these issues, the evidence base will be stronger and inform better planning and improved services.

Shared responsibility

By working together to address gender-based violence, domestic abuse and sexual violence, partner agencies will be aware of the changes in other services which affect the care pathway. By working together, changes can be flagged, publicised and addressed so victims do not fall through the cracks when services reduce, expand, or change their remits. This close working will enable the partnership to manage any growth, reduction or changes in services so the overall outcomes continue to be realised.

Identification of and a response to service-generated risks

A problem with multi-agency work which is often unnamed and unaddressed is that of 'service-generated risks'[14] or 'intervention-generated risk'[15]. This describes occasions when the systems or practice of professionals creates or increases the perpetrator's risk to the client, or creates additional obstacles for the client. By working together and including a step in planning which asks whether the actions intended will increase the perpetrator's risk or difficulties the client faces, the partnership can ensure they are working with a more complete picture of the victim's risk.

Identifying a service-generated risk is not a reason to step back from action, but should prompt agencies to safety plan further in an individual case and to address and alter any structures which regularly generate such risks.

This term arose in the course of understanding where multi-agency work around domestic abuse can go wrong, but will apply to all structures around any form of gender-based violence and sexual violence.

Value of collaboration to victims

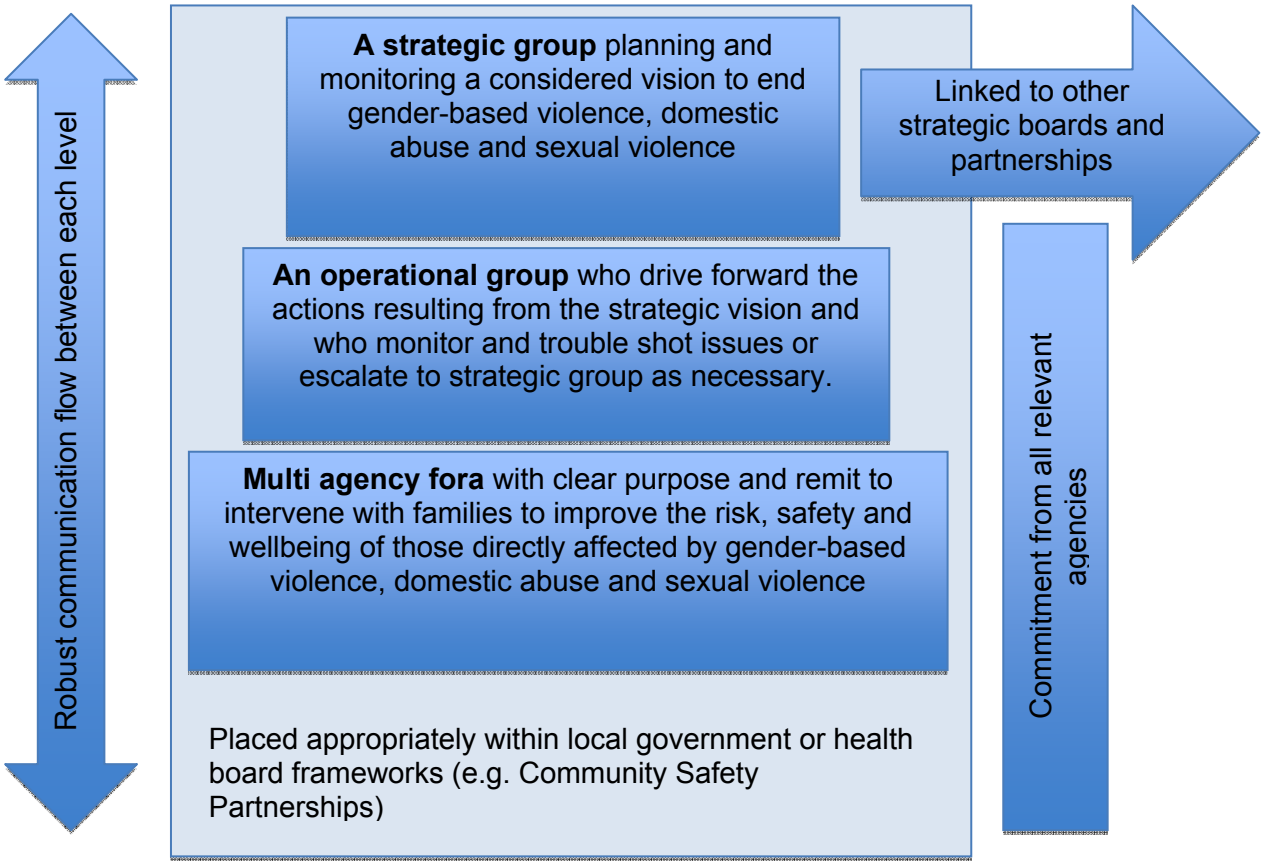
People who have experienced gender-based violence, domestic abuse and sexual violence identify the value of partnership work to them include the following:

- they only have to tell the story of their abuse once;
- they get help the first time they tell anyone;
- they receive the same response from all agencies;
- they obtain support to navigate the different rules and criteria for different agencies; and
- they are led, through a route map, to safety and a better, more equal, life.

A victim's understanding it is their right to be free of fear and abuse is confirmed when they get the same, consistent response everywhere. They understand their community and the services which support it are working to ensure those rights.

Collaborative working in relation to gender-based violence, domestic abuse and sexual violence.

Collaborative work in relation to gender-based violence, domestic abuse and sexual violence is often focussed on multi agency fora which bring organisations together to support and case manage those at risk. This is a fundamental and requisite element of an effective response to those at risk and this guidance will outline how such fora should be developed and maintained. However, client facing, multi agency fora only work when led strategically and when monitored and governed by operational groups. Only when a combined and co-ordinated response is delivered across the public service do victims of gender-based violence, domestic abuse and sexual violence receive a response which is consistent, effective and sustained.



Where does the partnership sit?

Local areas will need to determine where partnerships on gender-based violence, domestic abuse and sexual violence sit within the local government framework. Any partnership will need robust connections to Local Safeguarding Children's Board, Adult Safeguarding, the Community Safety Partnership, Health and Well-being Boards, the Local Service Board and the Supporting People Regional Collaborative Committee. Strategic partners will need to understand how gender-based violence, domestic abuse and sexual violence fit into all the other agendas and ensure partners on those boards see the connections too.

A common weakness in such partnerships is they mirror statutory boards by focusing on statutory obligations and the activities they directly fund. They often ignore activities and contributions which they do not fund or control. The provision of services for victims of gender-based violence, domestic abuse and sexual violence has, for decades, been delivered by the specialist sector and these organisations have developed an expertise which should be fundamental to this partnership work. All the services and agencies which work with victims and perpetrators in any capacity, devolved, non-devolved, publicly-funded or specialist sector, should be part of the partnership at some level. By creating this broad partnership, all the services will link up and complement each other, providing a comprehensive service for those experiencing gender-based violence, domestic abuse and sexual violence.

Who are partners?

Strong partnership work goes beyond the relevant authorities, set out within the Bill- all services, whether devolved, statutory, non-statutory or voluntary are needed. Core partners, required for a robust response to gender-based violence, domestic abuse and sexual violence are the Police, Children's Social Services, Adult Social Services, the Probation Services, Housing, Mental Health, Substance Misuse Services, Education, Health Services (A&E, NHS trusts, Welsh Ambulance Trust, Maternity Services, GPs) Youth Services, Flying Start and Team around the Family co-ordinators and the specialist sector.

Particular partners have, to date, been identified as having a duty to participate in specific multi-agency work, e.g. Multi Agency Public Protection Arrangements (MAPPA) and Domestic Homicide Reviews (DHRs).

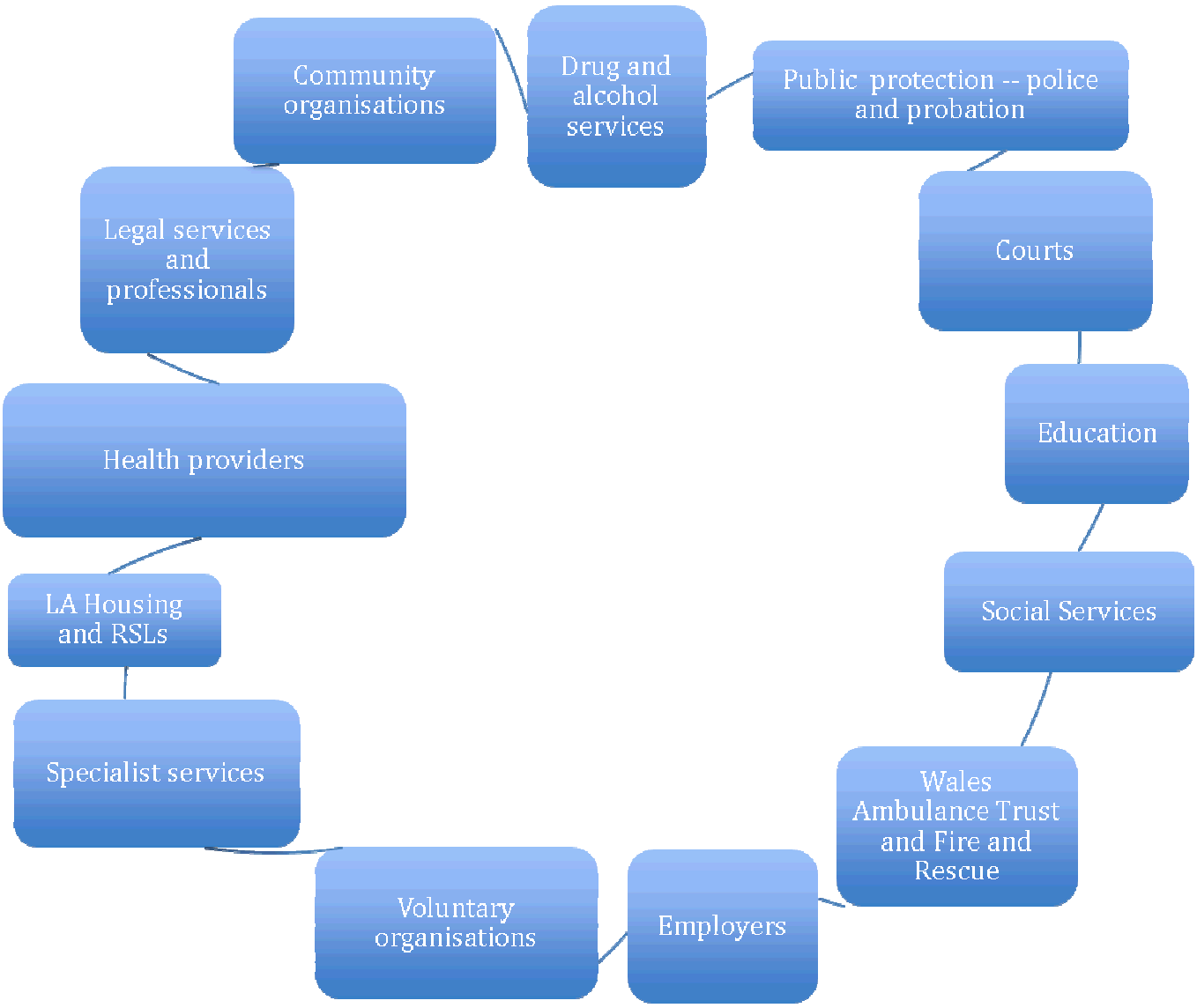
The role of the specialist sector

Multi-agency forum work should involve the specialist sector. The sector provides specialists in the different strands of gender-based violence, domestic abuse and sexual violence and they understand, through their work with clients, where the obstacles in the systems lie. They can provide the experience of the victim to any multi-agency group.

Where the specialist sector agencies have been commissioned to do so, they are delivering the partnership's strategic aims. Outside of centralised and local funding streams, specialist sector agencies will also identify additional needs within the community they work with. To do this they will often undertake independent fundraising, contributing to the amount of money spent on gender-based violence, domestic abuse and sexual violence locally and increasing local provision.

Given this contribution and the innovation often demonstrated by the specialist sector it is crucial for partnerships to collaborate carefully in planning. Consistent provision is key, as is joint enterprise towards clear outcomes.

The wheel shows the partners necessary for a coordinated community response to gender-based violence, domestic abuse and sexual violence.


Community organisations
Drug and alcohol services
Public protection -- police and probation
Courts
Education
Social Services
Wales Ambulance Trust and Fire and Rescue
Employers
Voluntary organisations
Specialist services
LA Housing and RSLs
Health providers
Legal services and professionals

Collaborating strategically

Relevant authorities are required to:

Engage in strategic partnerships focussed on gender-based violence, domestic abuse and sexual violence.

Ensure the representative of the relevant authority at such partnerships is authorised to act and make decisions on behalf of their organisation.

Deliver and be accountable for actions and responsibilities identified through any established partnerships.

Ensure, where appropriate, any collaborative work and actions are reflected in local strategies.

Strategic partnerships are created to address common goals linked to particular community need. These goals are best identified through strategic needs analysis such as those carried out by the Local Service Boards (LSBs).

Those who sit on a strategic partnership group to target gender-based violence, domestic abuse and sexual violence will, ideally, be the Directors and Chief Executives of their organisations, Chairs of the operational group and particular sub-committees or task and finish groups. They need to have the authority in their own organisation to connect the work of any partnerships with their own local strategy on gender-based violence, domestic abuse and sexual violence (for local authorities and Local Health boards, these will be the local strategy required under the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill) so they reflect, complement and enhance each other. They need to provide leadership within the partnership and their organisation and clear any systemic barriers to delivering the goals of this group.

The membership of this group should include the core partners required to deliver a gender-based violence, domestic abuse and sexual violence response including devolved, non-devolved and specialist sector organisations to ensure this group has the widest possible perspective and range of information.

The requirements of strategic collaboration

At the outset it is important there is agreement and clarity on what partners agree is the basis for their collaboration, what the commitment entails and how accountability will be managed. This is often best outlined in a memorandum of understanding or similar document.

It will also be useful to create and agree a workable partnership structure with reporting systems and regular service-user input.

Determination of strategic aims

The Welsh Government will publish guidance on preparing a gender-based violence, domestic abuse and sexual violence strategy. A short overview is provided here.

Local authorities and Local Health Boards will undertake a needs analysis under section 14 of the Social Services and Well-being (Wales) Act 2014 which will identify services and activities required by the local population area. Further, the results of strategic assessments undertaken under regulations made under the Crime and Disorder Act 1998 will also be taken into account.

Both local authorities and Local Health Boards should have identified responsibilities within their local strategy under the Bill which are monitored, reported on and analysed by both authorities. They will need to agree a common, integrated set of outcomes and a joined-up data set to inform their oversight of the delivery of the strategy.

The needs assessments and work in preparing local strategies will inform local authorities and Local Health Boards as to what collaboration is required to address any identified needs.

Evidence gathering and outcomes monitoring

This work will require the development of a coherent set of data which monitors the care pathway and reveals whether the strategic objectives are being met.

Partners will need to distinguish between monitoring data and outcomes. Data from along the care pathway will need to be monitored to see if there is a significant change along the way. For instance, the journey from reporting a crime to successful prosecution has many places where data and information can be collected to review the process. The processes will need to work to get the outcomes for individuals but are not outcomes in themselves.

Outcomes tell us whether individuals at risk of gender-based violence, domestic abuse and sexual violence are being made safer. This is a challenging area for partner agencies and one where regional and national collaboration will be vital. Outcomes should always include information from service users.

Fora which are developed to meet the needs of this client group should be gathering and providing data to assess the impact of this work for victims and thus the strategic aims.

Embedding gender-based violence, domestic abuse and sexual violence into all agendas

Strategic partners will be expected to champion gender-based violence, domestic abuse and sexual violence work and service provision on other Boards and ensure this work is linked to other agendas. The strategic partnership will create accountability (where appropriate) and communication mechanisms to

other strategic boards, e.g., Local Service Board, Local Safeguarding Boards, the Wales Anti-Slavery Leadership Group[16]. It will be important to ensure strategic drives and initiatives complement each other and any conflicts or duplication are spotted and resolved quickly.

There will also be benefit in regional communication to share learning and in doing so; provision for those at risk of gender-based violence, domestic abuse and sexual violence and responses to those who perpetrate these abuses will be unified. This may also enable maximised use of resources. Partners should look to link to emerging regional leadership structures such as the Gwent 'G7', the Cwm Taf Collaboration Board and the North Wales Regional Leadership Board.

Funding

A particular challenge for strategic partnerships is to ensure funding is sourced to deliver the strategic aims of the group and it is spent according to the identified need and objectives. They will also identify and secure funding to support Multi Agency fora with administrative support, data-collection, and analysis. It will be their task to identify and secure long-term funding for successful Multi Agency fora interventions.

There has been a move to commissioning gender-based violence, domestic abuse and sexual violence services over the last few years and further interest in the benefits of joint commissioning. Pooling of funds offers opportunity to avoid duplication of services, ensure value for money and efficiency, develop coordinated services and share best practice, expertise and intelligence about needs. This is a challenging area for partners but can maximise the impact of their contributions.

Cost-benefit analyses can help to identify the agencies which will benefit most from an investment. As a starting point, an estimated cost for each local authority area is available. [17] It breaks costs down for physical and mental health care, criminal justice, social services, housing and refuges, civil legal services, and lost economic output, as well as human and emotional costs. Some authorities have gained an additional perspective on their partnership by working from an overview which included the investment specialist sector organisations were making into local provision through their own fund-raising activities and money provided by grant-making trusts. In one area, that was as high as 30% of the investment locally.

Funding will need to reflect the local need and geography, such as the cost of delivering in a rural area, and the particular needs of different populations. Commissioners will also need to work with providers and partners to determine whether needs around the lesser-developed strands of gender-based violence and sexual violence are best met through funding training for existing services or commissioning new, dedicated services.

When commissioning services, the partnership should consider the expertise and structure offered within existing public services and the value added by specialist organisations.

One of the hidden costs of providing specialist services is the loss of provision through short funding cycles where time and money is lost through reapplying and adapting services to changing specifications. When commissioning services, partners should acknowledge these difficulties for services and seek to minimise them by, for example, being as transparent as possible, streamlining the process where this can be achieved and reviewing and lengthening funding cycles, if feasible.

Specialist sector innovation

As noted, in strong partnerships, the specialist sector is funded to deliver specific services and also continues to fund-raise to launch projects which, if successful, will meet the further needs of their service-users. The strategic partnership can support such services to apply for such external funding and thereby increase local provision.

By alerting the partnership to these new ventures and involving them in the planning, such pilots can be supported through referrals and local partnership recommendations, as well as feedback. They can also ensure innovation contributes to local strategic direction. The partnership will gain additional services which are influenced by the partnership's aims and an idea of the services they might commission in the future.

Accountability

Partnership work requires a level of commitment and engagement to this agenda which may be new to some – a commitment which means partners may hold them and their agency accountable, for instance, for the following:

- engaging at the right level, that is, ensuring their organisation engages with partnership groups – strategic, operational or Multi Agency fora – and t those attending have the authority to speak for their organisation on those issues;

- participating in appropriate multi-agency work;

- providing leadership to adapt own agencies' work practices to prioritise the safety of those suffering gender-based violence, domestic abuse and sexual violence improve agency responses, and eliminate service-generated risks;

- keeping the group informed of relevant matters;

- contributing to the agreed common integrated data set which contributes to the partnership understanding of local need and provision;

- providing funding, where appropriate; and

- working with partners and supporting the work of the Ministerial Adviser to raise awareness and to monitor, coordinate and improve provision and practice.

Collaborating operationally

Relevant authorities are required to:

Engage in operational partnerships focussed on gender-based violence, domestic abuse and sexual violence.

Ensure the representative of the relevant authority is authorised to act and make decisions on behalf of their organisation.

Identify other relevant bodies with which you should collaborate to deliver the strategic aims and address any problems which arise.

Gather, analyse and monitor all performance information against the aims of any established partnerships.

An operational multi-agency partnership ensures the issues of gender-based violence, domestic abuse and sexual violence are being addressed. Those in the operational partnership provide leadership and direction to those who are performing the actions which ensure those issues are being addressed. They are Heads of Services or are at Assistant Director level who understand the practical implications of the strategic aims.

This group will mirror the strategic group in membership, utilising the expertise of specialist gender-based violence, domestic abuse and sexual violence services to achieve any identified strategic objectives.

The operational partnerships are likely to have responsibility for the following:

Creation of a Care pathway

The partnership will need to ensure multi-agency protocols and procedures are in place to support multi-agency work and hold organisations to account. In particular, the operational partnership will ensure there is a care pathway for all partners to use for those suffering gender-based violence, domestic abuse and sexual violence. This care pathway should include local and national service provision and existing arrangements for further information and guidance for staff.

Fundamental to this work is an agreed information-sharing protocol between partners. Guidance on information sharing will be published by the Welsh Government.

Creating and driving an action plan which meets the strategic aims

The operational partnership should collaborate to deliver the strategic aims through an action plan and address any problems which arise, escalating concerns to the strategic group where they cannot be resolved. The agencies collaboration should be solution focussed and identify and address any service-generated risks.

The operational group must understand how and where the existing processes need to change to include gender-based violence, domestic abuse and sexual violence responses and identify when the action plan is slipping behind schedule or where it is not meeting the strategic aims.

All partners should have actions in the plan and partners should hold each other to account for the delivery of their part of the plan. When circumstances or outcomes require a change to the action plan, this group should be well-positioned to propose an alternative method of achieving the same outcome.

Overseeing multi-agency fora

The operational group will oversee multi-agency responses to ensure they further the aims of the strategic group.

This group will be able to support fora by identifying those with a duty to participate, i.e. professionals in relevant agencies which are involved with an individual and/or have a professional interest or potential professional interest in any individual who is the subject of a multi-agency forum. The operational group can assist in ensuring the forum has the appropriate engagement and membership – from devolved agencies and relevant non-devolved and specialist sector organisations. The operational group should monitor attendance and highlight any consistent absences for the attention of the strategic group.

The operational group can also link related fora, for instance, they can ensure the processes and protocols of local multi agency fora complement one another and link both into a wider care pathway.

Enabling voices within the partnership

To address new issues, smooth the care pathway or bring particular voices into the partnership, the operational group may, where necessary, create task and finish groups or standing sub-groups or committees as required. A task and finish group might be asked to review existing fora against identified needs. Such a group could report on how an existing multi-agency forum might be adapted to address a wider client group, or review the need for a new forum. A task and finish group might also be formed to review existing services against the new action plan. It is likely such groups will have a clear objective and will be time limited.

Standing sub-groups of such operational partnerships may include the following:

- MARAC Steering Committee – this group oversees the MARAC process, ensures accountability of the participating agencies, promotes sustainability, and demonstrates it is a process which delivers equality and outcomes for victims

- Health sub-group – for health services to address common issues together and provide a strong health voice in the gender-based violence, domestic abuse and sexual violence partnership. A common theme in DHRs is the need for improved training and awareness on domestic abuse for GPs and healthcare professionals.[18]
- Criminal Justice sub-group – to ensure the courts' systems are responsive to the particular needs of this client group and deliver the best possible service for this client group. This group might also gather and report on the criminal justice outcomes for this client group.
- Specialist Advisory Group – this is a group of those delivering specialist services directly to victims of gender-based violence, domestic abuse and sexual violence This group will be composed of commissioned and non-commissioned services and work to ensure the care pathway runs smoothly for all victims, spotting and addressing any gaps in and between services early. They can share and develop best practice and provide expertise to the partnership.
- Service-user groups - for empowering those who have needed the services and gathering input from them about how to improve those services. Service users can tell providers and funders where the money is best spent. The Welsh Government provided funding in 2013-14 to set up regional service user groups and issued best practice guidance, in September 2013, on how to establish such groups.

Monitoring performance

The operational group should gather information from frontline practice and ensure issues are resolved at the right level and systems are adapted as required to meet the goals. They will identify and promote good practice.

The operational group should gather, analyse and monitor all performance information against the action plan. They can also review performance to ensure funds are being used in the best way. They can assess if the training partners have received has led to better engagement of service-users, or increased identification and referrals, for instance.

The operational group will also see where issues may require developing processes and practices with neighbouring regions or partnerships. For instance, the MARAC may want to make a referral to a neighbouring MARAC and transfer information there, partners may want intelligence on serial perpetrators from another area or the partnership may want to establish a referral route to a specialist organisation which is constituted to serve a different area or region.

The following are examples of several basic monitoring questions the operational partnership may ask and the significance of them:

- is the value of training reflected in more disclosures and referrals? If not, are partner agencies supporting staff to ask and respond to disclosures?

- do the number of disclosures and referrals reflect the expected number, based on population? If not, how can it be made easier for people to disclose?
- do the number of people accessing specialist services correlate to the number of people referred? If there is a significant drop in numbers between those referred and those seen by specialist services, the people at risk of gender-based violence, domestic abuse and sexual violence are not getting the response they need to be safe.

Informing and reporting to the strategic group

The operational group ensures the strategic group gets the information it needs to make decisions, changes and improvements. It reports on the delivery of the action plan, and flags any deviation from the plan. The performance measures are analysed and provided to the strategic group with comments and recommendations. The operational group should highlight areas which require strategic intervention to resolve.

The operational partnership should provide not only data, but case studies, service user input, and knowledge of issues identified and resolved. The operational group may also propose adaptations to the action plan when circumstances or outcomes suggest a different approach might be needed to meet the strategic aims of the partnership.

The role of the organisation representative in collaboration

Collaborative working goes beyond attendance at meetings and fora. When partners return to their own organisations, they have a responsibility to carry on the work of the partnership and ensure their agencies' work reflects the collaborative goals.

The principles of representing an organisation well in partnerships are similar whether the partnership is strategic or operational. In each partnership group, individual partners are the voice of their agency, identifying where their own agencies' objectives support and add to the partnership objectives, where working together improves the effect and makes the links to other strategies.

Partner agencies may wish to appoint a gender-based violence, domestic abuse and sexual violence lead to oversee the agency's efforts and provide strategic drive within the organisation.

Leadership

Organisational representatives will need to provide leadership and use their influence with colleagues and staff to make gender-based violence, domestic abuse and sexual violence core business, by encouraging and training frontline professionals to ask service users about their experiences, by requiring managers to support staff to do this and by gathering information to analyse and reflect on the agency's work in this area. They will need to develop internal policies and procedures, clearly outlining their organisation's expected approach and commitment.[19]

The representative will also need to lead in developing information-sharing protocols in line with the WASPI framework. For some partner agencies, these protocols may require a change in culture and understanding of their responsibilities to services users. Such changes will need to be introduced with thought and care so staff confidence is not undermined.

The strategic leaders should act on behalf of the partnership within their organisations by:

- committing to active participation in partnership at all levels;
- incorporating gender-based violence, domestic abuse and sexual violence work into their internal performance management systems;
- ensuring their own agency has an internal care pathway for victims of gender-based violence, domestic abuse and sexual violence which links to the partnership one;
- ensuring pursuit of their own organisation's strategic aims do not obstruct gender-based violence, domestic abuse and sexual violence goals; and
- problem-solving with partners to clear the care pathways.

Responsive systems

Partners in both operational and strategic collaboration will need to build responsive systems within their own organisations to ensure the goals of the partnership are met.

These will include reviewing the National Training Framework and ensuring appropriate, recognised training is provided for staff. Partners should consider requiring continuing professional development through multi-agency training on gender-based violence, domestic abuse and sexual violence for all staff who come into contact with the public.

Partners will need to reinforce the training staff receive with internal discussions and training on internal processes. This will include identifying a confidential space in which to "Ask and Act". For organisations which have been identified as hosting the priority professions for 'Ask and Act', strategic partners will need to oversee the development of this change in practice. Separate guidance on 'Ask and Act' has been published by the Welsh Government.

Every local authority and local health board has a workplace policy for violence against women, domestic abuse and sexual violence which should outline the support offered to those at risk and address behaviours of staff perpetrating these issues. This is good practice and other partner agencies should follow this lead.[20]

Partners should ensure their employment practices universally support staff who disclose abuse by acting to keep staff safe at work and supporting them to stay safe outside work.[21] Staff should be briefed on this and this message should be repeated to staff regularly.

Monitoring performance

Performance data will be vital in the work to improve services. It will also be essential information for the partnership to have and combine with data from other partner agencies to understand the whole picture of what is being achieved through collaboration.

All partners should regularly review their gender-based violence, domestic abuse and sexual violence work to identify areas which are working well or which require improvement.

Partners will need to create internal systems for recording and sharing information with partner agencies as part of fora work, but they may also need to expand their systems to accommodate their work in support of the action plan and any further contributions they are making to help those experiencing gender-based violence, domestic abuse and sexual violence.

Partners should collect data which reflects their work along the care pathway, for example, the number of people who were asked about gender-based violence, domestic abuse and sexual violence, the number who disclosed, number of safety plans created, number of people referred and to which service.

Partner agencies may also contribute data as evidence of outcomes, for example, the reduction in clients' risk or perpetrators successfully prosecuted.

All this information should be gathered and used within agencies to inform and improve their services, as well as providing it to their partners. Partner agencies' own performance management indicators should include ones associated with this work.

Within their own agency, strategic partners will also need to commit resource to facilitate the strategic goals. This may include funding for training staff, as well as ensuing they have time to participate in such learning. Partners will need to ensure the training they provide fits the National Training Framework.

Supports the work of multi agency fora

All partners who have contact with people at risk of gender-based violence, domestic abuse and sexual violence and have information to share should contribute to multi agency fora. These fora are formed to share information and promote the safety of individuals at risk of gender-based violence, domestic abuse and sexual violence.

For staff to participate appropriately with these fora, their agency will need to:

- identify a person with responsibility for engaging with the forum;
- determine what relevant information and data the agency has to share;
- align internal data protection policies and forum information-sharing policies and processes;
- decide how and by whom information will be extracted from the system for this work and how any information gained through the forum will be recorded and stored;
- update internal systems to meet these new responsibilities, e.g. by creating the capacity to flag a file or adding a new field in an electronic system to allow a particular search;
- ensure staff attending the forum are the right level and have appropriate information;
- feed the results of the forum process back into own systems to enhance the quality of the agency's work with people at risk of gender-based violence, domestic abuse and sexual violence; and
- include a review of this process and its impact on the work of the agency as part of performance reviews of the work and staff participating.

Multi agency fora for responding to individual cases

Relevant authorities are required to:

Look at existing collaborative arrangements in relation to gender-based violence, domestic abuse and sexual violence and seek to make the best use of these.

Where an existing fora is not in place, collaborate with other relevant authorities to consider their response to those victims of gender-based violence, domestic abuse and sexual violence. This will be particularly necessary in relation to those who are not identified as at high risk of imminent, serious harm to intervene earlier and identify potential escalation.

In considering whether to establish any new multi-agency fora, a relevant authority must follow the Project development model for client focussed multi agency fora (outlined below) to ensure it is monitored for purpose, effectiveness and outcome.

In relation to existing fora, established locally to tackle gender-based violence, domestic abuse and sexual violence relevant authorities are required to:

Ensure systematic methods of identifying clients who require a multi agency response is implemented throughout the organisation and this process replicates and compliments other relevant authority processes and the process of the fora.

Ensure this identification leads to appropriate referrals by publishing and publicising the referral criteria for the Multi Agency fora to staff teams regularly.

Ensure participation in a referral pathway to specialist gender-based violence, domestic abuse and sexual violence service providers to ensure all identified victims have access to specialist support.

Sign up to any local Information Sharing Protocols to ensure legal and appropriate information sharing through the forum.

Take steps to increase staff confidence in information sharing and to publicise the purpose of the information sharing protocol.

Relevant authorities are required to:

Nominate representatives of relevant departments who will represent these departments at the multi agency fora. These departments should include but are not limited to: pregnancy and post partum services, Accident and Emergency, Children's social care, adult social care, mental health services, substance misuse services, education, housing and youth offending teams.

Ensure deputy representatives are in place to maintain consistent attendance at multi agency fora and informed representation.

These representatives must be of a suitable level to offer actions and take decisions at the fora, on behalf of the relevant organisation.

Offer relevant actions to the fora in order to safeguard victims and children experiencing gender-based violence, domestic abuse and sexual violence.

In order to provide a comprehensive response to those experiencing gender-based violence, domestic abuse and sexual violence it is important all relevant authorities contribute and attend local multi agency fora which facilitate information sharing and promote the safety of individuals at risk.

These fora are particularly valuable, as noted above, for addressing many aspects of clients' lives: the harm they face, the harm their children face, the systems they must negotiate to get help, as well as personal vulnerabilities which heighten their risk. A primary purpose of these meetings is to share information and work together to support victims and identify perpetrators to bring them to justice.

An active commitment to these fora requires the agencies involved and the boards they are part of to integrate the work of these groups into their internal structures, accountability mechanisms and data collection systems, as outlined above.

As partner agencies benefit from training and are able to identify victims of gender-based violence, domestic abuse and sexual violence more readily through a process of 'Ask and Act', they will want to understand and contribute to the partnerships which help those who have experienced gender-based violence, domestic abuse and sexual violence.

Key Elements of Multi-Agency Fora

It is well acknowledged an effective response to gender-based violence, domestic abuse and sexual violence requires Multi Agency collaboration. Several forums exist to provide such a response and appropriately address issues of gender-based violence, domestic abuse and sexual violence. These forums also allow consideration of additional vulnerabilities and wide engagement with services (a list of which is provided in appendix 1).

The most established form of multi-agency fora in Wales is the MARAC. MARACs have been running in Wales for over 10 years and have proved a successful example of multi agency fora, providing a collaborative response to those identified to be at "high risk" of significant harm or death due to domestic abuse. There is national coverage of MARACs and during 2013-2014 the cases of 6000 high risk adult victims were dealt with, which included 7000 children.[22]

The MARAC process focusses on providing a priority response to those at the highest risk to prevent further escalation and serious harm to victims and children. Although not a statutory process, the MARAC process is now well embedded with established outcomes and development processes.

Local areas are now developing responses to those who are not identified to be at high risk in order to provide earlier identification and prevention based services to those at lower risk. This is an important area of practice and local areas are demonstrating innovation and creative thinking in order to develop responses. These include potential development of Multi Agency Safeguarding Hubs, the use of conference calls and multi intervention triggers. This innovation is crucial in responding to gender-based violence, domestic abuse and sexual violence but it is important to achieve consistency of response across Wales.

Whilst areas may choose to develop their own models it is important each relevant authority considers its response to those victims of gender-based violence, domestic abuse and sexual violence who are not at high risk of imminent, serious harm to intervene earlier and identify potential escalation.

In doing so it is crucial relevant authorities test their proposals against a series of developmental milestones to ensure the proposed model meets its objectives and provides the required solution to the identified problem. Models of multi agency work should not be created for their own sake; **they must be purpose focussed and effective.**

Relevant authorities, in considering whether to establish any new multi-agency fora, must follow the following procedure to ensure it is monitored for purpose, effectiveness and outcome.

The guidance focusses on the following headings:

- reviewing an existing forum or setting up a new response – asking the right questions to define your approach and purpose;
- what will be required from relevant authorities;
- factors to monitor to maximise the benefits of the forum; and
- creating an evaluation framework – gathering and analysing information to ensure the intervention is making a difference in the lives of those it seeks to help.

Project development model for client focussed multi agency fora

Reviewing an existing forum or setting up a new response

Deciding on objectives

- What does the forum want to achieve
- What do individuals at risk of gender-based violence, domestic abuse and sexual violence want and need?
- How will you know you are succeeding?

What structures does the forum need?

- Who needs to be there?
- Who is the lead organisation?
- What legal and procedural framework documents are needed?
- How will effective, safe and legal information-sharing be enabled?
- Who is responsible for the day-to-day organisation and coordination of this forum?
- How will the work of this forum be explained to those it seeks to help?

Governance and funding

- What process or group is in place to oversee this forum?
- What are the responsibilities and obligations of partners?
- How will you hold each other to account for their part?
- How will this MA forum be resourced in the short term and the long term?

Connections to existing fora and organisations

- How does this forum link to other MA work and boards?
- How does this forum work alongside related agencies and other existing MA for and statutory MA meetings such as the MAPPA?
- Has the forum researched and reviewed other fora with similar goals/client groups?

What will be required from partners

Identification
Key worker
Service user engagement
Referral procedures
Research and information-sharing
Action planning
Action and reporting

Factors to monitor to maximise the benefits of the forum

Referrals
Membership
Volume
Equality and diversity

Creating an evaluation framework

What does success look like for this intervention?
How and when can you collect service users' assessment of the change in their situation?
Do these outcomes link to the strategic aims?
Consider the cost of this intervention against the benefits for clients and agencies

Reviewing an existing forum or setting up a new response

Deciding on the objectives

- What does the forum want to achieve? Partners should agree on the goal of the forum, and consider risk, safety, client wellbeing and holding perpetrators to account. When reviewed, partners should determine if the forum is meeting its objective and whether it still supports the strategic aims of the partnership.
- What do individuals at risk of gender-based violence, domestic abuse and sexual violence want and need? This should be derived from a needs analysis and from consultation with service user groups and should inform the planning and review of fora.
- How will you know you are succeeding? Determine and collect salient information to analyse qualitative and quantitative outcomes. Agree or reconsider what is expected from the intervention. How will you monitor and evaluate?

What structures does the forum need?

- Who needs to be there? Agree on appropriate partners and the level of seniority needed to achieve the forum's goals. When reviewing, consider new partners and the level of engagement of existing partners.
- Identify a lead organisation for operational matters. In a refresh, consider if the lead organisation or individual is still able to provide the leadership required or whether this responsibility should pass to another.
- What legal and procedural framework documents are needed? Create joint policies and procedures – identifying service-generated risks and eliminating them. One of the common themes in DHRs is the need for a consistent approach to risk identification, assessment and management for all professionals.[23] When appraising an existing forum, review the framework documents: are they still adequate? Are partners still using them? If partners no longer have a common understanding of key elements of the forum and their approaches are inconsistent, the governing group should revisit the fundamentals to re-create uniformity.
- How will effective, safe and legal information-sharing be enabled? Will you seek and need the consent of the individual to share information? Another common theme in DHRs is the need for improved information-sharing about risk between agencies. There will be separate guidance on this and fora should review their existing policies in light of this new advice.
- Who is responsible for the day-to-day organisation and coordination of this exercise? Who will resource this? As with the lead organisation above, these questions should be reviewed regularly.
- How will this intervention, the work of this forum, be explained to those it seeks to help? Partners should agree on an explanation of this work and

provide an explanatory sheet to those whose cases are being discussed, if it is safe to do so, to support their engagement.

Governance and funding

- What process or group is in place to oversee this forum? The forum governance structure should link and report to the partnership operational and strategic groups.
- What do partners expect of each other? What are the responsibilities and obligations of partners? As an example, partners should use the agreed forms and processes; they should provide particular data and information to the forum; and partners should complete their agreed actions within a specific time period.
- The forum partner agencies should agree how they will hold each other accountable. They will also need to ensure their own agency expects them to report back regularly to their own organisation. For a refresh, consider whether these accountability mechanisms are working and address any lapses.
- How will this forum be resourced in the short term and the long term? Information and outcomes should gathered and be fed to the strategic partnership so they can seek funding. Start with linking the outcomes and benefits to responsibility for funding.

Connections to existing fora and organisations

- How does this forum link to other multi agency work and boards? Avoid duplication and coordinate and highlight the work to all relevant and responsible organisations and authorities.
- How does this forum work alongside related agencies and other existing Multi Agency fora and statutory meetings such as the Multi Agency Public Protection Arrangements (MAPPA)?[24] Are there arrangements for transferring information between fora, for example, are there MARAC-to-MARAC transfer procedures in place? If the same people are being discussed at several different fora, is this necessary? What processes are in place to ensure the information shared is consistent and the action plans are compatible and completed with knowledge of the other process?
- Has the forum done its research? Does the group know about other interventions in the locality, the region, or in Wales which have similar goals or client groups, or use innovative processes which might work to achieve the same goals?

What will be expected from relevant authorities?

Once the purpose, procedures and partnership commitment have been agreed, the systems for each forum will need to be developed. There are several key steps to any multi agency intervention. These steps are outlined below, with examples from the MARAC process, the most widespread and established of multi-agency interventions.

Steps of an effective multi-agency intervention	Explanation	Questions participants and their organisations need to ask:	Examples of practice and resources from MARAC[25]
Identification	A specific assessment process or tool is used by all partners to find those who will benefit from the intervention Partners should aim for a common assessment tool	Does the organisation have a systematic way of identifying clients who would benefit from the multi agency for a? Is this process replicated across partners? How will the organisation identify people suitable for this intervention?	CAADA DASH Risk Identification Checklist
Key worker	Victims will have a key worker who provides support and is or can link to specialist gender-based violence, domestic abuse and sexual violence provision and the multi agency fora.	Who will provide the specialist support for each strand of gender-based violence gender-based violence, domestic abuse and sexual violence? Have established referral pathways been established with local and national services to offer effective support efficiently?	Trained IDVA
Service user engagement	Service users will need to be contacted for up-to-date information, their views and to alert them to the fora meeting, if safe to do so	How does the organisation encourage and engage clients in this process? Can the organisation or the forum meet victims' expectations: their views are heard, they are kept informed and the process is transparent, (where it is safe)? How do you capture this information? How is the user's experience used to improve the process?	Trained IDVA Information for victims referred to MARAC Service user feedback

Steps of an effective multi-agency intervention	Explanation	Questions participants and their organisations need to ask:	Examples of practice and resources from MARAC[25]
Referral Procedures	A clear care pathway with steps and forms for providing victims with appropriate sources of help and providing appropriate information to the forum	Does the organisation have a clear pathway for frontline workers to follow when clients have been identified? Is this process well publicised? Is there a standard referral route into the fora?	MARAC Referral Form MARAC-to-MARAC Referral Form
Research and information sharing	Partners search their files and attend meetings with appropriate and full information	Is the organisation signed up to the relevant Information Sharing Protocol? Is information shared with the forum in line with this and the legislative framework? What information does the organisation hold which can be shared to provide a better service for the client	MARAC Research Form Information-sharing without consent form FAQ – disclosure of information at MARAC
Action planning	Everyone contributes to the action plan and has the capacity to deliver on actions. Action plans prioritise risk.	What actions can the organisation offer? Are they SMART? Can you work jointly to improve the responses to the victims? How can you utilise and coordinate with the work of other partners	MARAC Minutes and Action Plan
Action and reporting		How is the forum informed actions are completed? Is the implementation of multi agency action planning core business to the organisation	Action-tracking form for use by MARAC Coordinator Information and data gathered and analysed to evidence the impact of MA work.

Factors to monitor to maximise the benefits of the forum

For a forum to meet an identified need, particular factors are important, though are not indicators of success in themselves. Relevant organisations should monitor points along the care pathway and indicators of partnership engagement. These are aspects which, should they start to slip, are likely to affect the overall success of the intervention.

This is a short list of such factors. Relevant organisations may find there are additional key factors for their multi-agency forum. When performance against these start to deteriorate, the governing body will want to address the issues. Where such factors remain poor, the governing body may wish to return to the review questions above and the outcome measures to reassess whether the established forum is the best way to meet the identified needs of the client group.

Factor	**Why it is important**	**What can go wrong**	**Remedy**
Referrals	All partners need to be identifying victims of gender-based violence, domestic abuse and sexual violence	Partners can assume someone else will make the referral or it is someone else's responsibility. Partners may also make inappropriate referrals for a number of reasons.	Monitor referrals from all agencies and assess and address low referrals, drops or increases in referrals.
Membership (devolved and non-devolved) and attendance	Clients will have a variety of needs which require the involvement of a variety of organisations. Without their involvement, the quality of the combined intervention will be poorer.	Key organisations do not attend Voluntary services are not invited or do not attend Those attending do not have the authority to commit resources	Monitor attendance and lead agency and/or governing body address absences. Explore why the attendance has changed and address problems.
Volume	The number of people referred to the multi-agency forum is commensurate with your local population and/or criminal activity, e.g. modern slavery.	The number of people referred drops or increases significantly Referrals only from one or two agencies	Explore the reasons why – is it a systemic problem or linked to a particular local issue or event
Equality & diversity	So that the multi-agency forum is a process which delivers equality for all members of the community	Hard to reach communities do not engage with the process	Review membership of forum to invite specialist organisations Create task and finish group to

			address weakness

Creating an evaluation framework

Key indicators and outcomes are determined for the intervention, data is collected and analysed regularly. Forum partners will need to agree on baseline data and collect this as an initial step. This is likely to be a process rather than a decision as IT systems and paperwork may need to be created or adapted to capture indicative data.

When developing a set of outcomes for a multi-agency forum, think about:

- what does success look like for this intervention? How do you evidence the effectiveness of the intervention, that is, the changes and improvements in people's situations and lives;
- service users' assessment of the change in their situation – how and when can you collect this information?
- do these outcomes link to the strategic aims?
- consider the cost of this intervention and weigh that against the benefits for clients and agencies[26]

As a multi-agency forum intervention develops and the partner agencies' understanding and practice become more sophisticated the outcome measures are likely to develop too. The governing group should re-visit the set of outcomes regularly to be sure to capture the full value of the work. Build flexibility into the outcomes model so the value of the intervention is not lost through a rigid adherence to the original forecast.

Once the multi-agency forum has been running for a significant period of time, it is useful to review the gains of the work against the costs. Can the benefits documented be delivered in a different, more scaled-down way?

Glossary and Abbreviations

Abuse (as defined by the Bill): Physical, sexual, psychological, emotional or financial abuse

Ask and Act: "Ask and Act" is a process of targeted enquiry across the Public Service for gender-based violence, domestic abuse and sexual violence. The primary objective of "Ask and Act" is to require relevant professionals to "Ask" potential victims about the possibility of gender-based violence, domestic abuse and sexual violence in certain circumstances and to "Act" so suffering and harm as a result of the violence and abuse is reduced.

"Ask and Act" should apply at an organisational rather than individual level and take the form of targeted rather than routine enquiry.

The term targeted enquiry describes the recognition of indicators of gender-based violence, domestic abuse, and sexual violence as a prompt for a professional to ask their client whether they have been affected by any of these issues.

Association (as defined by the Bill): A person is associated with another person for the purpose of the definition of "domestic abuse" if:

(a) they are or have been married to each other;

(b) they are or have been civil partners of each other;

(c) they live or have lived together in an enduring family relationship (whether they are of different sexes or the same sex);

(d) they live or have lived in the same household; and for this purpose a person is a member of another person's household if—

(i) the person normally lives with the other person as a member of his or her family, or

(ii) the person might reasonably be expected to live with that other person;

(e) they are relatives;

(f) they have agreed to marry one another (whether or not that agreement has been terminated);

(g) they have entered into a civil partnership agreement between them (whether or not that agreement has been terminated);

(h) they have or have had an intimate personal relationship with each other;

(i) in relation to a child, each of them is a parent of the child or has, or has had, parental responsibility for the child.

Collaboration: The term "collaboration" refers to a co-ordinated interagency response via a formal structure, or fora, where the primary focus is to safeguard the victim, reduce secondary victimisation and hold perpetrators to account. The fora, should:

(a) adopt consistent, joint policies and procedures, including an agreed risk assessment and risk management and safety plan, which co-ordinates and standardises the professional interventions to all those at risk and which reduces the risk of harm;

(b) share information to increase the safety, health and well-being of victims/survivors - adults and their children;

(c) work together to reduce repeat victimisation;

(d) improve agency accountability;

(e) improve support, including training, for all staff involved in domestic abuse cases; and

(f) determine whether the alleged perpetrator poses a significant risk to any particular individual or to the general community

DACC: Domestic Abuse Conference Call

Domestic abuse (as defined by the Bill): abuse where the victim of it is or has been associated with the abuser

Female Genital Mutilation: an act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003 (c. 31)

Gender-based Violence (as defined by the Bill):

(a) violence, threats of violence or harassment arising directly or indirectly

from values, beliefs or customs relating to gender or sexual orientation;

(b) female genital mutilation;

(c) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage

(whether or not legally binding)

Harassment: A course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:

(a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information would think the course of conduct amounted to or involved harassment of another person; and

(b) “conduct” includes speech.

Independent Domestic Violence Adviser: Trained specialist worker who provides short to medium-term casework support for high risk victims of domestic abuse

Independent Sexual Violence Adviser: Trained specialist worker who provides short to medium-term casework support for victims of sexual abuse

Local Authority (as defined in the Bill): A county or county borough council

MARAC: Multi-Agency Risk Assessment Conference

MAPPA: Multi Agency Public Protection Arrangements

The public service: Public Services are services delivered for the benefit of the public. This can include services delivered through the third sector, through social enterprise or through services that are contracted out.

Relevant authorities: Local Authorities, Local Health Boards, Fire and Rescue Authorities and NHS trusts.

Sexual exploitation (as defined by the Bill): something that is done to or in respect of a person which

(a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales, or

(b) would involve the commission of such an offence if it were done in England and Wales;

Sexual Violence (as defined by the Bill): sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

SWOT: Sex Workers Operational Team

Please see appendix 1 for further information on multi agency for a

Targeted enquiry: The process utilised in “Ask and Act”

Violence against women: The experience of gender based violence (as defined in the Bill) by women.

Appendix 1

Multi-agency fora operating in Wales

Below is a sample of multi-agency fora operating in Wales. Some fora are available in only one area.

When partners are considering whether a new multi-agency group should be formed to address an identified need better, they should review existing fora in their area and ask several questions:

- If this fora is serving the same client group – could the identified need be met through this other group?
- What lessons can be learned from the experience of these other groups?

For information about the multi-agency work being done locally, partners can contact their local domestic abuse coordinator.

Multi Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting between local service providers where information is shared about adult victims of domestic abuse who have been assessed as being at high risk of murder or serious harm. Victims can be referred by any agency who participates and the MARAC is commonly attended by representatives from police, health, child protection, housing, specialist domestic abuse services, probation, mental health, substance misuse and other specialists from the statutory and voluntary sectors. Victims are contacted before the meeting by specialist services (IDVAs), if safe to do so, and their views are represented by that specialist service, who also reports back from the meeting to the victim.

During the meeting relevant and proportionate information is shared about the current risks that the victim of domestic abuse is facing. This information enables representatives to identify options to increase the safety of the victim and their children. A multi agency action plan is developed at the meeting, the aim of which is to reduce the risk faced by the victim and their children and to tackle the risk posed by the perpetrator of the abuse.

The Home Office's Research Report 55 (2011) found that MARACs (and IDVAs) had the potential to improve victim safety and reduce re-victimisation reported on the effectiveness of MARACs. CAADA's *Saving Lives, Saving Money*[27] reports that early analysis showed that up to 60% of domestic abuse victims reported no further violence.

Partner agencies can access information about their local MARAC through the local domestic abuse coordinator, usually based in the local Community Safety Partnership. Practical tools can be downloaded from the CAADA website: www.caada.org.uk.

Domestic Abuse Conference Call (DACC)

Domestic abuse conference calls are chaired by the police and take place every day to discuss the domestic abuse incidents which were reported overnight. The calls involve a number of relevant professional agencies. The information is posted on a secure web site which can be accessed by statutory partners to share information safely, freely and quickly.

During the call a risk management plan is agreed to protect the victim and the wider family and to address the behaviour of the perpetrator. The aim of the calls is to intervene earlier (before risk escalates), share information efficiently and responsibly for each case across a range of agencies.

Partners find it beneficial to gain information early, increased identification and referral of victims to specialist services. Interventions offered to victims at all levels of risk were smarter, as they were more timely and appropriate to the specific needs of the individuals, agencies were more aware of the serial perpetrators and victims and able to offer more holistic interventions.[28] When agencies engage with victims at lower risk levels, less harm as been caused and the outcomes are expected to be better for the victim and the victim's children. Perpetrators are also identified and held accountable[29].

Benefits of the Domestic Abuse Conference Call (from Gwent police website):

- early intervention opportunities to make victims safer;
- fast and effective information sharing;
- greater scrutiny and supervision;
- shared responsibility and accountability;
- improved referral to SSD;
- raising DA on agenda for all agencies;
- early identification of risk, threat and harm issues;
- cementing the principles of 'working together'; and
- early analysis has shown a 28% drop in repeat victims.

Sex Workers Operational Team (SWOT)

The SWOT undertakes a similar role to the MARACs with a focus on sex workers. The SWOT brings together professionals from Police, Health, Probation, DIP, Housing, Substance Misuse Services and the specialist sector to share information and coordinate work in relation to sex workers.

Multi Agency Safeguarding Hub (MASH)

The MASH is a very recent innovation and the acronym is being used to describe several different models of work.

Most MASHs have a focus on safeguarding children and often provide the physical location for a team of professionals from a range of agencies including police, probation, fire, ambulance, health, education and social care. These professionals

share information to ensure early identification of potential significant harm, and trigger interventions to prevent further harm. In some places the MASH serves a triage function where, with the information gathered from every agency, they determine which agency is in the best position to engage and hold that case. In other places, MASH staff use the gathered information to decide the most appropriate intervention to respond to the child's identified needs. Some models are developing to include adults coming to notice as safeguarding concerns.

Virtual MASHs and MASHs with a specific focus on specialist areas (including domestic abuse) are also functioning.

A study of the impact of MASHs in London in December 2013 reviewed MASHs in 5 London boroughs[30]. The 5 core elements of these MASHs were:

- all notifications relating to safeguarding and promoting the welfare of children to go through the MASH;
- a co-located team of professionals from core agencies (Children's Social Care, Police, Health, Education, Probation, Housing and Youth Offending Service) delivering an integrated service with the aim to research, interpret and determine what is proportionate and relevant to share;
- the hub is fire walled, keeping MASH activity confidential and separate from operational activity and providing a confidential record system of activity to support this;
- an agreed process for analysing and assessing risk, based on the fullest information picture and dissemination of a suitable information product to the most appropriate agency for necessary action; and
- a process to identify potential and actual victims, and emerging harm through research and analysis.

Though the MASHs were very young, or launched in the course of the review, the study found the mean turnaround time for referrals to safeguarding services at all levels of risk was halved or nearly halved. There was evidence that more children were receiving services appropriate to their needs following referrals. There were concerns from those outside the MASH system about information-sharing, the limited contribution that some non-social care staff were invited to make, and the lack of feedback about outcomes to referring agencies.

One-stop shops

One-stop shops gather a group of professionals together to allow a victim of domestic abuse to access a variety of agencies in one place, for instance legal advice, housing information, police contact and specialist advisors and workers.

In some models, the IDVA provides a central resource that provides access to other services that a person might need and becomes a virtual 'one-stop shop'.

Sexual Assault Referral Centre (SARC)

A SARC is a one-stop location where victims of rape, sexual abuse and serious sexual assault, regardless of gender or age can receive medical care and counselling, and have the opportunity to assist a police investigation, including undergoing a forensic examination, if they so choose. As such they contribute to the work of both the NHS and Police. Existing services have developed in a variety of ways over time with different governance arrangements, funding regimes and approaches to service provision.

Wales Anti-Slavery Leadership Group

The Wales Anti-Slavery Leadership Group provides strategic leadership for the delivery of tackling slavery in Wales. This Group coordinates collaboration between devolved and non-devolved partners and NGOs to plan and support delivery in Wales. One of its aims is to provide an evidence base on the scale of slavery in Wales.

The group is chaired by the Welsh Government and includes relevant partners such as ACPO Cymru, National Crime Agency, Wales Regional Intelligence Unit, Gangmasters Licensing Authority, Home Office, Crown Prosecution Service, Wales Probation, Youth Justice Board, Department of Work and Pensions, Welsh Local Health Boards, Local Authorities, Welsh Local Government Association (WLGA), Wales Anti-Slavery NGO Forum, Bawso and the Children's Commissioner for Wales.

Regional Anti Slavery Fora

There are now regional groups established across Wales, in Gwent, South Wales, Dyfed Powys, North Wales and Western Bay. They are composed of relevant partners, including Community Safety, Serious Organised Crime, police, NOMS, Youth Justice Boards, Health Boards, local authorities, and Bawso meet monthly to report progress against the delivery plan and to share information and intelligence[31].

Wales Anti-Slavery NGO Forum

This consists of Barnardos Cymru, Bawso New Pathways, Safer Wales and the Welsh Refugee Council – frontline agencies working together to raise awareness and improve services and support for people who have been trafficked in Wales.

National Crime Agency's UK Human Trafficking Centre (UKHTC).

Partners should have a process, a care pathway, to follow where frontline staff think the client they are talking to may be a potential victim of trafficking (PVoT). There are identified First Responders who have had training to respond to those who may be modern slaves. There is a prescribed National Referral Mechanism with forms and frameworks for decision-making to identify whether a person is a modern slave and routes to resources to help them.

Domestic Homicide Reviews

Since April 2011, local community safety partnerships have been obliged under Section 9 (3) of the *Domestic Violence, Crime and Victims Act 2004* to instigate domestic homicide reviews into deaths where 'a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by (a) a person to whom he was related or with whom he was or had been in an intimate relationship, or (b) a member of the same household as himself, held with a view to identifying the lessons to be learnt from that death.' The agencies required to be part of these reviews are:

- Chief officers of police for police areas in England and Wales;
- Local authorities;
- NHS Wales Commissioning (since April 2012);
- Clinical Commissioning Groups (since April 2012);
- Providers of probation services;
- Local health boards; and
- NHS Trusts

These reviews require partner agencies and those who have had contact with the victim or perpetrator to review the circumstances of a death together to establish what lessons are to be learned regarding the way local professionals and organisations work together to safeguard victims and implement changes to prevent domestic abuse homicides and improve intra and inter-agency service responses for all domestic abuse victims and their children.

Wales Strategic Female Genital Mutilation (FGM) Leadership Group

The Wales Strategic FGM Leadership Group is made up of key strategic decision makers from statutory devolved, and non-statutory devolved organisations and from other organisations including the voluntary sector. It is co-chaired by the police and the Crown Prosecution Service and attended by Welsh Government representatives (Health, Education, Safeguarding Children), the Youth Justice Board, Welsh Local Health Boards, Welsh Local Government Association, Bawso, NSPCC and the Children's Commissioner Wales.

The aim of the Leadership Group is to provide strategic direction for the delivery of tackling FGM in Wales. The Group is in a unique position to add value by co-ordinating collaboration between partners to plan and support delivery in Wales, thereby maximising the opportunities presented by the delivery landscape.

The All Wales FGM Forum

This group provides a forum for statutory, specialist sector and community representatives to work collaboratively to end FGM through education and awareness and through improving policy and practice to protect women and girls.

Its **core membership** includes representatives from BAWSO, NSPCC, Welsh Refugee Council, Children in Wales, Migrant Help, Welsh Migration Partnership, Health (Primary and Secondary care), Public Health Wales (Safeguarding), Community representatives, Social Services, Police, Education, Welsh Government, Welsh Women's Aid, Islamic Social Advisory Network, Henna Foundation and the Welsh Centre for Voluntary Action.

Appendix 2

Resources for building a better multi-agency response

Intervention	Resource	
MARAC	Practical tools for participation in the MARAC: ○ CAADA ACPO DASH risk indicator checklist ○ MARAC referral forms ○ MARAC to MARAC transfer forms ○ Agency-specific guidance ○ Toolkits	www.caada.org.uk
Modern Slavery	Best Practice Guide for working with potential victims of trafficking	www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/best-practice-guide
	National referral forms for potential child and adult victims of trafficking whether First Responder or not.	www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms
Mental health and substance misuse	The Stella Project addresses the overlapping issues of domestic and sexual violence, drug and alcohol use and mental health.	www.avaproject.org.uk
Employers	Calculator for the cost of DA to a business Resources for employers	www.caadv.org.uk
	Guidance for employers and colleagues for supporting victims at work	www.caada.org.uk
Partnership work	Guidance on multi-agency partnership	www.standingtogether.org.uk
Developing service user groups	Welsh Government provided funding and guidance direct to Local Authorities	

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[i] www.standingtogether.org.uk/fileadmin/user_upload/standingUpload/Publications/HOP_-_guidance-_final_July_2011.pdf.

[2] Howarth, E, Stimpson, L., Barran, D., Robinson, A., *Safety in Numbers: A Multi-Site Evaluation of Independent Domestic Violence Advisor Services,* November 2009. http://caada.org.uk/policy/Safety_in_Numbers_full_report.pdf Information was gained from IDVAs in 7 services in urban, suburban and rural locations. Information was gathered from 2567 victims at the point of referral and from 1247 at the close of the casework or after 4 months, whichever came first.

[3] Follow-up was limited to case closure or 4 months after engagement and recorded only on those that remained engaged.

[4] Howarth, *et al*., p. 93.

[5] Howarth, *et al*., p. 10.

[6] *A Place of Greater Safety*, CAADA, 2010. www.caada.org.uk

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[11] Rees, S. et al (2011) 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function, ' *Journal of American Medical Association*, 306/5: 513-521.

[12] Home Office Report, *Domestic Homicide Reviews: Common Themes Identified as Lessons to be Learned.*

[13]Walby, Sylvia. *The Cost of Domestic Violence: Update 2009*, p. 9 – 10.

[14] From the Caledonian System's Women's Services' Framework for Safety Planning[14], part of the Caledonian System, a perpetrator programme in Scotland

[15] Pence and Sadusky's *The Praxis Safety and Accountability Audit Tool Kit*, Praxis International.

[16] Established in February 2013 and made up of key strategic decision makers from statutory devolved and non-statutory devolved organisations and other organisations including the voluntary sector. Its purpose is to provide strategic leadership and inform decision-making and co-ordinate activity aimed at tackling human trafficking.

[17] www.avaproject.org.uk/media/60461/costs%20of%20dv%20by%20local%20authority.pdf

[18] Home Office, *Domestic Homicide Reviews: Common Themes Identified as Lessons to be Learned*, 2013.

[19] See *Responding to Domestic Abuse: Guidance for General Practices*, a joint publication from the Royal College of General Practitioners, the IRIS project, and CAADA at http://www.caada.org.uk/dvservices/CAADA_GP_guidance_manual_FINAL.pdf

[20] Resources: *Responding to colleagues experiencing domestic abuse: Practical guidance for line managers, Human Resources and Employee Assistance Programmes,* a joint publication by the Department of Health and CAADA: www.caada.org.uk/documents/DH_DV_Employers_guidance_FINAL.pdf

[21] For example: *Responding to colleagues experiencing domestic abuse: Practical guidance for line managers Human Resources and Employee Assistance Programmes, and* a joint publication by the Department of Health and CAADA. There is a linked publication for staff called: *Responding to colleagues experiencing domestic abuse: Practical guidance for employees experiencing domestic abuse.* Both are in the Resources section at www.caada.org.uk

[22] www.CAADA.org.uk

[23] The Home Office, *Domestic Homicide Reviews: Common Themes Identified as Lessons to be Learned.*

[24] MAPPA Guidance 2012: www.justice.gov.uk/downloads/offenders/mappa/mappa-guidance-2012-part1.pdf.

[25] www.caada.org.uk

[26] Examples of this include the Outcomes Star (www.outcomesstar.org.uk) and the MARAC measure of reduction in repeat incidents reported to all agencies.

[27] www.caada.org.uk.

[28] Robinson (2012) Task & Finish Group report, p. 46 and 47

[29] Thomas and Allen (2012) Evaluation of the Gwent Domestic Abuse Conference Call.

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EXAMPLE DRAFT: JULY 2014

The Wales National Training Framework

Gender-based violence, domestic abuse and sexual violence

This document lays out the National Training Framework on gender-based violence, domestic abuse and sexual violence[1]. The National Training Framework has been developed to offer proportionate training across the public service on these subject areas to strengthen the response provided across Wales to those experiencing gender-based violence, domestic abuse and sexual violence.

This document provides information on the design of the Framework and an overview of how the Framework will look. It provides detailed explanation of each level of the Framework and its purpose, including the aim of each level, the required audience, the content of the training, delivery style and accreditation options.

The National Training Framework has been developed in close partnership with stakeholders to create a package of training aimed at several different professional groups which will strengthen the response provided to those who experience gender based violence, domestic abuse and sexual violence. It is also the intention the Framework could be of assistance to local authorities and Local Health Boards in preparing and implementing their local strategies as required under the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill. The training of staff who come into contact with persons affected by gender-based violence, domestic abuse and sexual violence could be a key objective in some local strategies.

Within each chapter of the guidance a boxed section indicates the guidance which is intended to be issued under section 12 of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill to relevant authorities.

Under section 12 the Welsh Ministers may issue guidance to a relevant authority on how the authority should exercise its functions with a view to contributing to the pursuit of improving arrangements for the prevention of gender-based violence, domestic abuse and sexual violence, improving arrangements for the protection of victims and improving the support for persons affected by such violence and abuse.

These relevant authorities, by virtue of section 14 of the Bill, must follow this guidance when exercising their functions unless there is good reason for the authority not to follow the guidance. If a relevant authority considers there is good reason not to follow the guidance it must decide on an alternative policy for the exercise of its functions in respect of the subject matter of the guidance. It must then issue a policy statement as to how it intends to exercise its functions and the reasons for not following the guidance.

[1] This guidance should be viewed as an early draft only. Scrutiny and further public consultation will inform the final version of any guidance issued before the Assembly. This guidance is not presented as a final version and should not be read in such a way. Formal consultation on this document is planned and comments on its content will be welcomed through this process.

The rest of the guidance is intended to offer explanatory content and guidance on the purpose of the National training Framework and how it seeks to improve the knowledge and skill set of the public service in relation to gender-based violence, domestic abuse and sexual violence.

The Welsh Government recognises the Framework may be of benefit to organisations other than the relevant authorities under section 12 of the Bill. The Welsh Government will therefore take steps to actively encourage other organisations to consider whether the Framework could be provided within their organisation and which levels of the framework are relevant to them. This document would also be of assistance to any such organisation who are considering if and how to implement the Framework in their organisation.

Gender-based violence, domestic abuse and sexual violence are pervasive issues which have far reaching impacts on the health, wellbeing and safety of those who experience them. It is important all organisations give consideration to how they can raise awareness of these issues and improve the response they offer to victims**.**

The Wales National Training Framework on gender-based violence, domestic abuse and sexual violence.

Contents

Executive summary

Violence and abuse in any form is unacceptable. Anyone who experiences gender-based violence, domestic abuse and sexual violence must be provided with an effective and timely response by relevant authorities. Evidence suggests that women are more likely to experience gender-based violence and as such this guidance acknowledges violence against women is the most prevalent form of gender-based violence.

This acknowledgement, however, by no means suggests any victim of such violence and abuse should be excluded from accessing the help and support they require. Gender-based violence, domestic abuse and sexual violence are experienced within same sex relationships, between family members and by men who are abused by women and, as such, this guidance provides a process which is inclusive of all potential victims of gender-based violence, domestic abuse and sexual violence.

Those who experience gender-based violence, domestic abuse and sexual violence are some of the most vulnerable in our society. They utilise a broad range of public services whose staff must each be skilled to identify the indicators of gender-based violence, domestic abuse and sexual violence, "ask and ask", engage clients effectively and provide services to families.

Those whose profession it is to provide specialist services to victims of gender-based violence, domestic abuse and sexual violence must be expert, offering the highest standard of care and working in services with strong leadership.

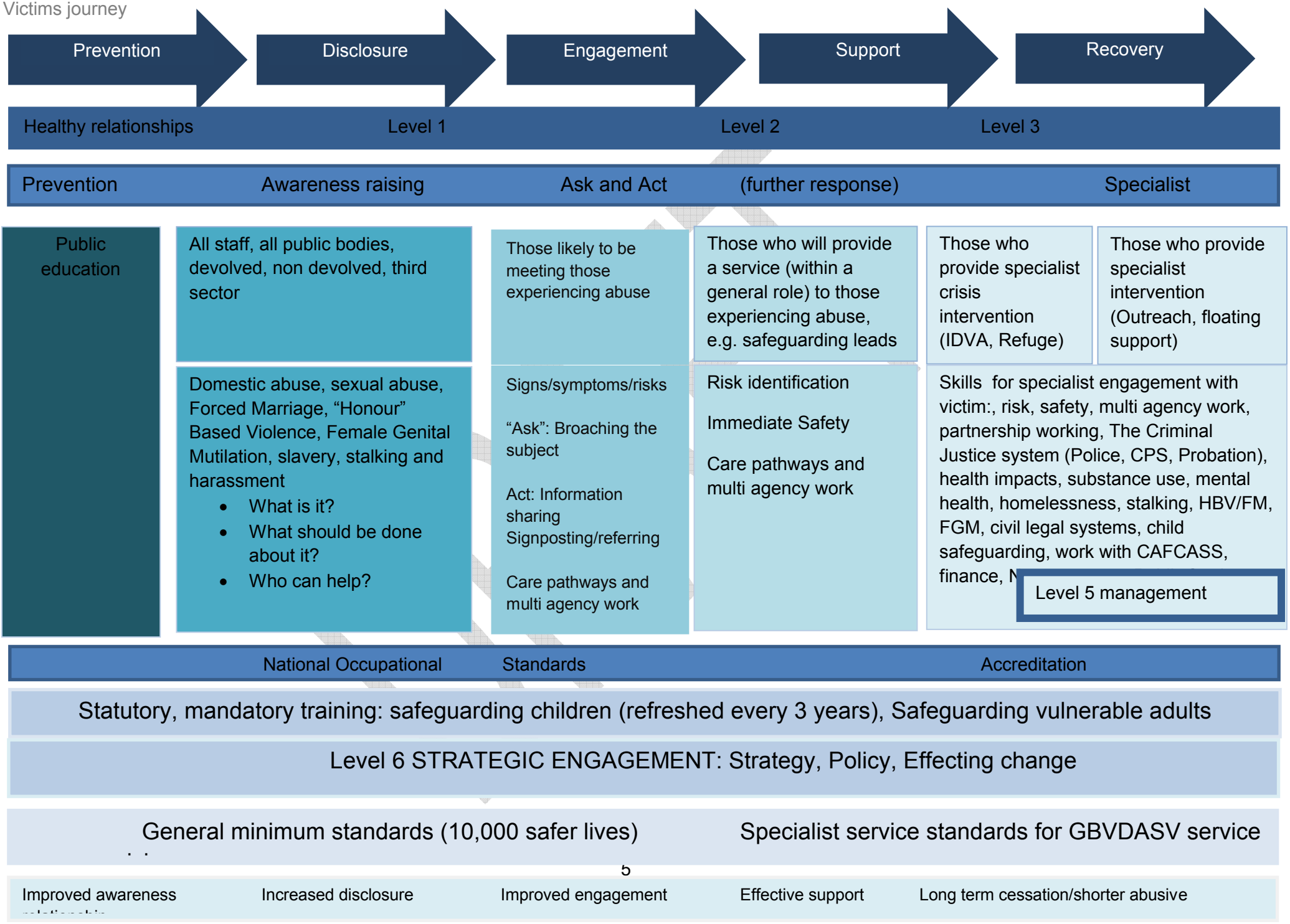
The National Training Framework has been mapped against the "victims journey" to ensure a consistent standard of care for those who experience gender-based violence, domestic abuse and sexual violence and an unfailing standard of service throughout the public service to this client group.

The Framework is in two parts:

1) Consistent, proportionately disseminated training for the relevant authorities to fundamentally improve the understanding of the general workforce and, therefore the response to those who experience gender-based violence, domestic abuse and sexual violence.

2) Alignment of existing specialist training to further professionalise the specialist sector, to improve consistency of specialist subject training provision nationally and to set core requirements of specialist service provision.

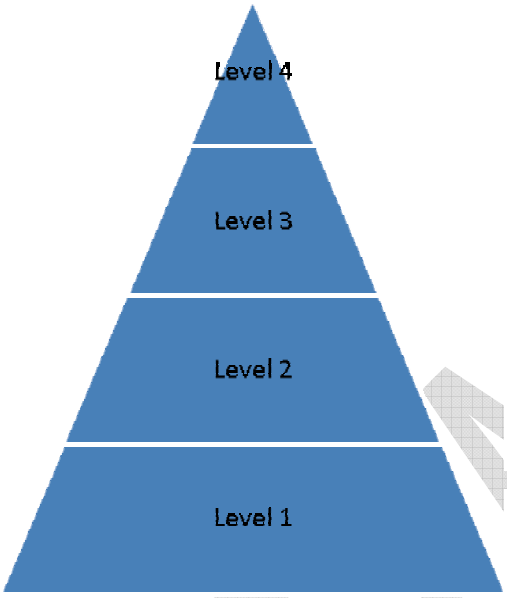
The Victims journey



Introduction

In its White Paper consultation on legislation to end violence against women, domestic abuse and sexual violence, the Welsh Government proposed the introduction of a National Training Framework on these issues. In doing so the Welsh Government aimed to consolidate a variety of training programmes into a single, centrally managed funding resource.

The White Paper presented The National Training Framework in four levels:



Strategic training for leaders and agents of change (e.g. head teachers, lead nurses, local authority leads).

Specialist accredited qualifications for any professional who has a lead responsibility for their profession (e.g. IDVA, ISVA, safeguarding nurses, specialist social. workers).

Training to equip relevant professionals to implement 'ask' and 'act'.

Awareness raising training to a wide audience, delivered via an efficient method, such as eLearning.

The White Paper recognised there was no consistent standard of training for either public sector or third sector specialist service professionals in Wales. The aim was, therefore, to ensure the availability of quality and consistent training to raise awareness, change attitudes and improve the nature and quality of the support provided to victims.

Also, and crucially, there was a clearly identified need to support professionals to feel confident in asking about and acting on gender-based violence, domestic abuse and sexual violence. This lack of confidence and knowledge in recognising such violence or abuse can have a significant impact on professionals' ability to respond appropriately to disclosures, support victims to recover and prevent repeat victimisation.

There was strong support for a National Training Framework as outlined in the White Paper, with the majority of respondents agreeing this would support a consistent approach to training.

Subsequent review of the White Paper and the consultation responses received has led to a revised Framework being developed which is set out in detail in this document.

The Content Development Group

A Content Development group was convened by the Welsh Government in February 2014 to provide practical, expert led advice on the proposed National Training Framework on gender-based violence, domestic abuse and sexual violence and make recommendations on the required content of the Framework.

Membership of the Content Development Group includes those with responsibility for the learning, development and training function of their organisation and subject experts.

Membership comprises representatives from the following organisations:

Police;
Probation Service;
Social Care;
Welsh Local Government Association;
Local Health Boards;
Public Health Wales;
Chartered Institute of Housing;
The violence against women and domestic abuse sector;
The Sexual Violence Sector;
Wales Migration Partnership; and
The NSPCC

The Framework

Relevant authorities are required to:

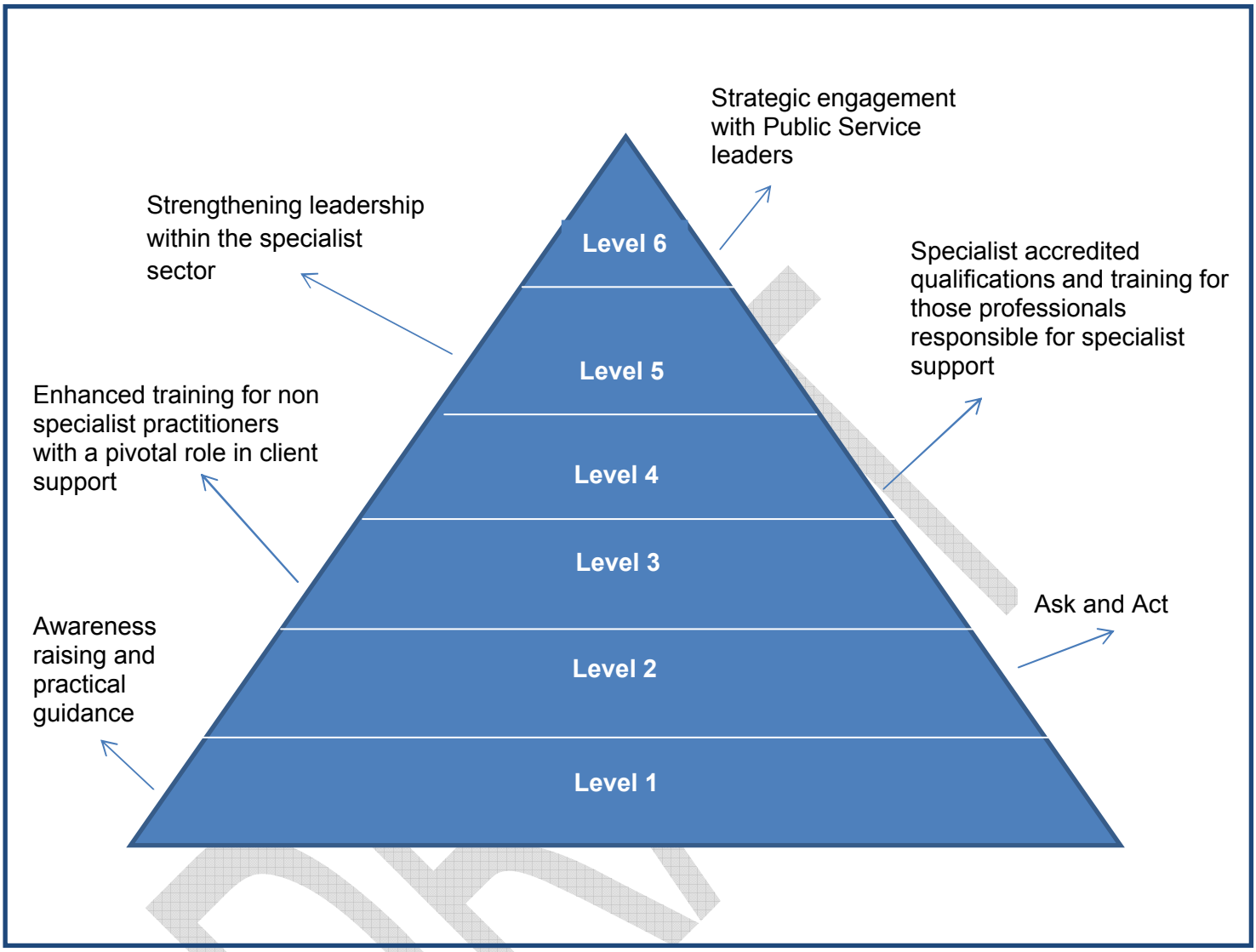
Ensure the required training of all staff under the Framework is considered by local authorities and Local Health Boards in the preparation and implementation of their local strategies

Ensure all relevant training on gender-based violence, domestic abuse and sexual violence, provided to relevant authority staff is endorsed through the National Training Framework

The Welsh Government proposes to introduce a National Training Framework on gender-based violence, domestic abuse and sexual violence to key public and specialist service providers and in doing so aim to consolidate a variety of training programmes into a single, centrally managed resource.

The aim of a National Training Framework for Wales is to create a consistent standard of care for those who experience gender-based violence, domestic abuse and sexual violence and an unfailing standard of service throughout the public service to this client group.

The National Training Framework is formed of six levels:



Content, learning outcomes and required competencies have been developed for each level of the Framework and these have been mapped to proposed audiences and to relevant National Occupation Standards.

The Framework is essentially in two parts:

1) Consistent, proportionately disseminated training for the relevant authorities to fundamentally improve the understanding of the general workforce and, therefore the response to those who experience gender-based violence, domestic abuse and sexual violence.

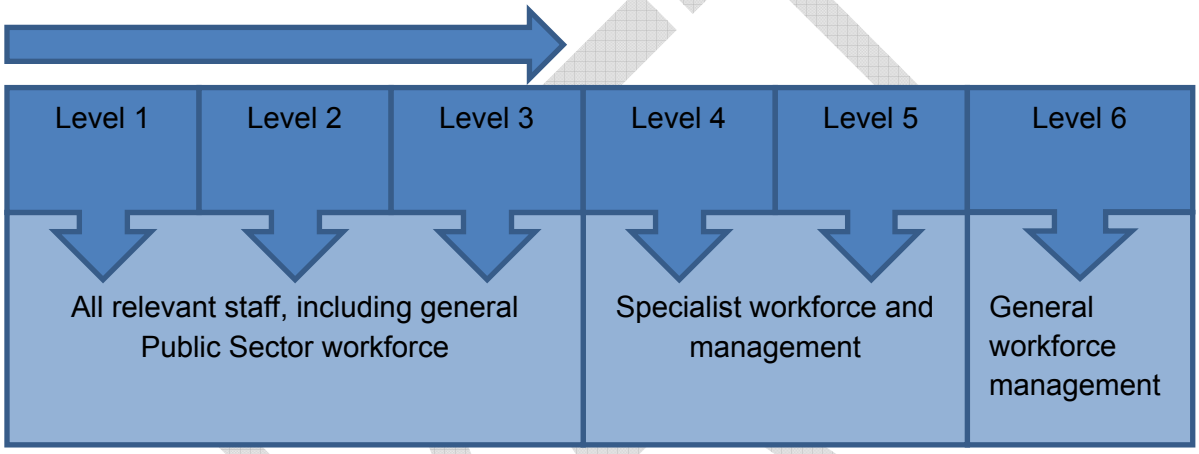
2) Alignment of existing specialist training to further professionalise the specialist sector, to improve consistency of specialist subject training provision nationally and to set core requirements of specialist service provision (Levels 4 and 5).

The content of levels 1, 2 and 3 of the Framework builds on preceding levels, i.e. level 2 requires completion of level 1 and level 3 requires completion of level 2.

Together these levels provide training which supports non-specialist professionals working in relevant authorities to recognise abuse and provide enhanced support to those experiencing gender-based violence, domestic abuse and sexual violence.

Levels 4 and 5 of the Framework relate specifically to those whose specialism is gender-based violence, domestic abuse and sexual violence or to specialist subject areas.

Level 6 relates to relevant authority leadership and will provide input to the most senior staff to support improvement of the organisational response to those experiencing gender-based violence, domestic abuse and sexual violence, either as members of the workforce or as service users.



Audience

This guidance is issued under section 12 of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill and relevant authorities must follow the guidance by virtue of section 14. The Welsh Government will work with other organisations (devolved, non devolved and non statutory) to encourage participation within the Framework and all organisations with an interest in the subjects covered by the Framework will be able to access its resources and courses.

Outcomes

In order to gain the fullest understanding of the effectiveness of any Welsh Government commissioned/endorsed training programmes the following evaluation measures will be utilised[2].

- Reaction criteria

This will gauge how trainees were affected by the training and any resulting attitudinal change.

[2] KirkPatrick (1959, 1976, 1996)

- Learning criteria

This will measure against the learning outcomes of the training. It will consider learner perception of knowledge, confidence and intention to implement.

- Behavioural criteria

This will identify the effects of the training on actual performance. This will involve a follow up measure.

- Results criteria

This will involve consideration of the longer term impact of the training, how useful it is perceived to be by the relevant authorities and how relevance the impact of the training is seen to be on practice change.

All training courses will utilise pre and post course questions. Additional follow up measures of implementation will be considered where appropriate.

	Training aim	Proposed learning outcomes: Following completion of this training participants will:
Level 1	Participants will have heightened awareness of gender-based violence, domestic abuse and sexual violence	Understand what gender-based violence, domestic abuse and sexual violence is. • The learner can describe forms of gender-based violence, domestic abuse and sexual violence Recognise the signs of gender-based violence, domestic abuse and sexual violence • The learner can recognise the types of behaviours linked to gender-based violence, domestic abuse and sexual violence • The learner can recognise some simple signs of the impact of gender-based violence, domestic abuse and sexual violence on those who experience it Understand their role in tackling gender-based violence, domestic abuse and sexual violence • The learner is aware of the helpline number and Live Fear Free website as a professional resource (in addition to a service user resource). • The learner knows they have a workplace policy, its purpose and where to find it.

Level 2	Level 1 + Recognise signs and symptoms, respond appropriately to unprompted disclosure, ask appropriate questions and respond to answer.	Recognise the signs and symptoms of gender-based violence, domestic abuse and sexual violence ▪ The learner can recognise the signs and symptoms of gender-based violence, domestic abuse and sexual violence. ▪ The learner can describe how gender-based violence, domestic abuse and sexual violence can affect anyone and the experience of it is not linked to any particular culture, religion or socio-economic status. Understand the purpose of targeted enquiry and the reasoning for it ▪ The learner can state the reason the targeted enquiry is required and their role in this work. Demonstrate knowledge of information sharing legislation and the duty of confidentiality ▪ The learner can reference information sharing legislation ▪ The learner demonstrates understanding of their duties/ ethical considerations in relation to confidentiality and data sharing. Be able to demonstrate how to broach the subject of gender-based violence, domestic abuse and sexual violence ▪ With client safety as primary concern; the learner can ask questions of those displaying signs and symptoms which relate to their possible experience of gender-based violence, domestic abuse and sexual violence. ▪ The learner displays confidence to ask the question safely. ▪ The learner can respond to the client's response appropriately. ▪ The learner can describe additional diverse and complex needs they will consider as they ask questions.

		Be able to identify risk in appropriate cases of gender-based violence, domestic abuse and sexual violence ▪ The learner understands the purpose of Risk Identification Checklists. ▪ The learner can use a nationally agreed Risk Identification Checklist with the client to identify the level of risk they are facing. ▪ The learner understands the importance of immediate risk identification and can utilise pathways to facilitate this. Be able to implement the targeted enquiry care pathway[i] ▪ The learner is aware of the service choices, referral options and multi agency fora available to those experiencing gender-based violence, domestic abuse and sexual violence. ▪ The learner can explain these to their clients and facilitate referrals based on the choice of the client. Where the client or related person is at risk of serious harm the learner can demonstrate the action they will take to safeguard those at risk, including children.
Level 3	Level 1 and 2 + Consider the risk posed to the client, take appropriate actions for their immediate safety, engage appropriately in multi agency work.	Consider gender-based violence, domestic abuse and sexual violence in the context of a family Have an ability to assess risk in appropriate cases of gender-based violence, domestic abuse and sexual violence, including those faced by the victim, posed by the perpetrator and experienced by children Have an ability to address the immediate safety requirements of family members experiencing gender-based violence, domestic abuse and sexual violence either through action or referral. Understand the role of their agency and that of the agency representative with multi agency operational fora. Understand the link between gender-based violence, domestic abuse and sexual violence and the risk to children and take appropriate actions to minimise his risk

Level 4	Level 1, 2, and 3 + offer specific, expert interventions with those experiencing gender based violence, domestic abuse and sexual violence issues and their children.	Specific, accredited programme with relevant accrediting body for specific role. Framework of subject specific courses, endorsed by the Welsh Government
Level 5	Tier 2: management and strategy: specialist providers	Understand the processes required to operationally manage a service to those affected by gender-based violence, domestic abuse and sexual violence Understand the processes required to strategically manage a services to those affected by gender-based violence, domestic abuse and sexual violence
Level 6	Strategic engagement plan for Public Service leadership	Gender-based violence, domestic abuse and sexual violence are issues both for service users and for the workforce. Cultures need to be created where the work of the remaining levels of the NTF are acknowledged as crucial to the work of relevant public service departments and within the workplace.

Level 1

Relevant authorities are required to:

Ensure all staff complete the level 1 eLearning package within 6 months of the date on which the eLearning package is provided to the relevant authority.

Ensure the level 1 eLearning package forms part of each relevant authority's mandatory induction training to ensure that any newly appointed staff also complete the training.

Monitor completion rates of the eLearning package to ensure all staff complete the training within the specified time period.

Level 1 of the National Training Framework provides core awareness raising of gender-based violence, domestic abuse and sexual violence. It will be aimed at Public Service staff as outlined below.

Aim

Participants will have heightened awareness of gender-based violence, domestic abuse and sexual violence.

Audience

Level 1 of the National Training Framework will capture the widest audience, reaching 284,000[3] public service employees at its launch.

Content

Key questions of training.	**Proposed learning outcomes:** *Following completion of this training participants will:* **Proposed competencies** *Following completion of this training participants will be able to:*	**Potential content**

[3] This is 85% of the total Welsh Public Service employee number and does not include DVLA, HMRC, MoD or Cardiff Bus.

What is gender-based violence, domestic abuse and sexual violence?	**Understand what gender-based violence, domestic abuse and sexual violence is.** • The learner can describe the forms of gender-based violence, domestic abuse, and sexual violence	**Definitions and descriptions of gender-based violence, domestic abuse and sexual violence:** Domestic abuse, Sexual violence, Stalking, forced marriage, "Honour" Based Abuse, Female Genital Mutilation, Sexual exploitation
		Gendered nature of experience, with acknowledgement gender-based violence, domestic abuse and sexual violence can happen to anyone and it is important to acknowledge all forms of abuse.
		Prevalence
How do you recognise gender-based violence, domestic abuse and sexual violence?	**Recognise the signs of gender-based violence, domestic abuse and sexual violence** • The learner can recognise the types of behaviours linked to gender-based violence, domestic abuse and sexual violence • The learner can recognise some simple signs of the impact of gender-based violence, domestic abuse and sexual violence on those who experience it	Breakdown of abusive behaviours: Physical, sexual, psychological, financial and emotional abuse and link to coercive control Types of impact: Safety and risk, health impact, emotional impact, finance, impact on children.

What should you do if you recognise gender-based violence, domestic abuse and sexual violence	**Understand their role in tackling gender-based violence, domestic abuse and sexual violence** • The learner is aware of the All Wales Domestic Abuse and Sexual Violence helpline number and Live Fear Free website as a professional resource (in addition to a service user resource).[4] • The learner knows they have a workplace policy, its purpose, where to find it and how to access support.	Key messages: You have a Workplace policy. Helpline number/Live Fear Free website

Delivery

Level 1 of the Framework will be delivered in two ways:

1) Through an awareness raising campaign highlighting signs and symptoms of gender-based violence, domestic abuse and sexual violence and;

2) Through a short eLearning package aimed at all public facing members of the Public Service.

Awareness raising campaigns

The public awareness raising campaign will be run and funded by the Welsh Government and will provide context for the eLearning package and layer the influences to the audience. The campaign will focus on highlighting the indicators of gender-based violence, domestic abuse and sexual violence. It will involve use of bill boards, bus stops and train stations, washrooms (i.e.– leisure centres, pubs, supermarket toilets, shopping centres) and Doctors, dentists and community health clinics (approximately 25% coverage of GPs in Wales)

Its aims will be:

- to raise awareness of gender-based violence, domestic abuse and sexual violence is a crime and is unacceptable;
- to challenge attitudes and behaviours which can lead to an acceptance of gender-based violence, domestic abuse and sexual violence;

[4] Livefearfree.org.uk
0808 80 10 800

- to raise awareness of the priority given by the Welsh Government to tackling gender-based violence, domestic abuse and sexual violence;
- to highlight different types of abuse – psychological, physical, and financial;
- to raise awareness of gender-based violence, domestic abuse and sexual violence and associated work, in particular to challenge out-dated and unacceptable attitudes about the issue; and
- to inform about services and information available to help those experiencing gender-based violence, domestic abuse and sexual violence.

eLearning

As outlined above the level 1 training audience is vast and in order to reach this number of public service staff eLearning provides an affordable and accessible method of training.

In addition to being cost effective; high quality, online learning offers additional value. Web based tutorials, which encourage active learning practices are a useful and effective tool for providing information. Where constructive feedback is offered through the programme this encourages independent learning. [5]

The eLearning package will be basic in its content with the general aim of raising awareness. It will include interactive exercises, film, sound and some self assessment.

The balance of the eLearning content has been considered carefully by the Content Development Group. The potentially sensitive or distressing content associated with gender-based violence, domestic abuse and sexual violence must be managed carefully to provide an engaging learning experience without triggering distress in those with experience of these issues.

Alongside this careful content management the eLearning programme will also contain welfare checks which acknowledge for some participants, completion of the online training will prompt them to question their own relationships and possibly, recognise the signs and symptoms of abuse in themselves. In order to address this, advice for the participant and a link to the All Wales Domestic Abuse and Sexual Violence Helpline will be provided.

At launch it is aimed the eLearning package will reach a substantial amount of people very quickly. It will be free to access and disseminated via email and linked to the Live Fear Free website. The package will be accompanied by guidance on the desired audience and the required timeframe for completion. Senior Public Service leaders will receive communication about the package ahead of launch in order to offer clear direction to staff in relation to the purpose of the training and the required completion timeframe. Completion rates should be monitored through management feedback and internal reporting.

Thereafter the eLearning package must be included into mandatory induction training to address staff turnover.

[5] Grant MJ, Brettle AK, Developing and evaluating an interactive information skills Tutorial, Salford Centre for Nursing, Midwifery and Collaborative Research, Institute for Health and Social Care Research, University of Salford, Salford UK.

The eLearning package will be strengthened and endorsed by an accompanying series of support resources which will mirror imagery used in the complementary awareness raising package.

These may include the following:

- quick reference materials including leaflets or booklets which summarise the training;
- posters which include the All Wales Domestic Abuse and Sexual Violence Helpline details; and
- Covert information for clients, such as the lip balms already provided through campaigns.

Accreditation

This level of the Framework will not be accredited. It will conform to any relevant National Occupational Standards (NOS) and all reasonable measures will be taken to ensure it is CPD compliant across a range of professions.

Level 2

Relevant authorities are required to:

Nominate local professionals, who meet the criteria for membership of the regional training consortia,

Ensure these nominated professionals are trained on the Train the Trainer programme

Ensure each of these trained trainers is released from their core duties to deliver training up to 6 times per year.

Prioritise the following relevant professional roles for training on "Ask and Act".

Midwives
Health Visitors
General Practitioners
Accident and Emergency staff
Substance misuse staff
Community Psychiatric Nurses
Mental Health Crisis team
District nurses
Paramedics
Child Protection Social Workers
Safeguarding Vulnerable Adults Social Workers
Safeguarding leads in Education
School nurses
Housing, Housing options and Homelessness officers
Youth Offending Team Representatives
All firefighters with community based responsibilities

Ensure these professionals receive the training as offered through the regional training consortia.

Consider the ongoing training needs of the relevant professionals to maintain their skill set and refresh their knowledge.

Level 2 of the National Training Framework will provide training to support the principle of “Ask and Act”. Further detailed guidance on “Ask and Act” has been published separately by the Welsh Government. This section concentrates specifically on the training element of this work.

The Welsh Public Service has a vital role to play in supporting disclosures [by clients] and strengthening the services they receive. A more consistent approach to identifying victims, assessing risk and referring appropriately is required across Wales. The primary objective of “Ask and Act” is to require relevant professionals to “ask” potential victims about the possibility of gender-based violence, domestic abuse and sexual violence in certain circumstances and to “act” so suffering and harm as a result of the violence and abuse is reduced.

“Ask and Act” is a process of targeted enquiry across the Public Service for gender-based violence, domestic abuse and sexual violence. The term targeted enquiry describes the recognition of indicators of gender-based violence, domestic abuse and sexual violence, or the presence of some other information which suggest this experience, as a prompt for a professional to ask their client whether they have been affected by this issue and to facilitate appropriate referral and support for the client, using local and national services and existing referral mechanisms.

Aim

Participants will be skilled, able and confident to undertake “Ask and Act”.

Audience

Level 2 of the Framework is aimed at Public Service staff in “relevant” professional roles.

Relevant authorities should prioritise the following relevant professional roles for training on “Ask and Act”.

Local Health Board
Midwives Health Visitors General Practitioners Accident and Emergency staff Substance misuse Community Psychiatric Nurses Mental Health Crisis team District nurses Paramedics
Local Authority
Child Protection Social Workers Safeguarding Vulnerable Adults Social Workers Safeguarding leads in Education School nurses Housing, Housing options and Homelessness officers Youth Offending Team Representatives
Fire and Rescue Authority
All firefighters with community based responsibilities

This list is not exhaustive and there may be additional roles which require training, based on local need. In order to identify whether a profession should be deemed "priority" the following criteria should be applied:

"Priority" criteria

A priority professional is:

- in a public facing role, coming into regular contact with the general public; and
- in a role where the experience of their client group of gender-based violence, domestic abuse and sexual violence complicates and impacts on the nature of the clients engagement with the service offered in that role.

Content

Proposed learning outcomes **Following completion of this training participants will:**	**Proposed competencies**
Recognise the signs and symptoms of gender based violence, domestic abuse and sexual violence	The learner can recognise the signs and symptoms of gender based violence, domestic abuse and sexual violence. The learner can describe how gender based violence, domestic abuse and sexual violence can affect anyone and that experience of it is not linked to any particular culture, religion or socio-economic status.
Understand the purpose of targeted enquiry and the reasoning for it	The learner can state the reason that targeted enquiry is required and their role in this work.
Demonstrate knowledge of information sharing legislation and the duty of confidentiality	The learner can reference information sharing legislation The learner demonstrates understanding of their duties/ ethical considerations in relation to confidentiality and data sharing.
Be able to demonstrate how to broach the subject of gender based violence, domestic abuse and sexual violence.	With client safety as primary concern; the learner can ask questions of those displaying signs and symptoms that relate to their possible experience of gender-based violence, domestic abuse and sexual violence. The learner displays confidence to ask the question safely. The learner can respond to the client's response appropriately. The learner can describe additional diverse and complex needs they will consider as they ask questions.

Be able to identify risk in cases of gender based violence, domestic abuse and sexual violence.	The learner understands the purpose of Risk Identification Checklists. The learner can use a nationally agreed Risk Identification Checklist with the client to identify the level of risk they are facing. The learner understands the importance of immediate risk identification and can utilise pathways to facilitate this.
Be able to implement the targeted enquiry care pathway[6]	The learner is aware of the service choices, referral options and multi agency fora available to those experiencing gender-based violence, domestic abuse and sexual violence and related experiences. The learner can explain these to their clients and facilitate referrals based on the choice of the client. Where the client or related person is at risk of serious harm the learner can demonstrate the action they will take to safeguard those at risk, including children.

Delivery

Initial delivery of Level 2 of the Framework will be aimed at an audience of approximately 35,000 public service professionals in the priority groups. The delivery mechanism for this training is proposed as classroom training and the initial delivery plan is phased over three years.

All options for integration of this level of the Framework with other frameworks, including the Continued Professional Education and Learning Framework (CPELF) for Social work staff and the Inter Collegiate Document for health, will be considered to avoid duplication of training and to acknowledge relevant prior learning.

Delivery of level 2 of the Framework will be through a regional dissemination model.

A Welsh Government commissioned training programme and package of supporting materials will be procured. The package will contain generic content on core practice related to Ask and Act and tailored materials which are audience specific. This will provide consistent training messages, learning outcomes and required competency for national delivery.

The commission to create a training programme and package of supporting materials will also include a separate requirement to write and deliver a “Train the Trainer” programme.

[6] This will be tailored per profession.

Calls for nomination of local professionals, who are representative of region, specialist knowledge and audience will be issued. These nominated professionals will be trained on the Train the Trainer programme which will cover the key messages of the Ask and Act training and support and skills training on how to deliver these messages regionally.

These trained trainers will form the first membership of regional training consortia. These consortia will form part of the delivery model of several levels of the National Training Framework and will allow regions and organisations to take a flexible approach to training local professionals whilst addressing the needs of the targeted priority audiences.

A Welsh Government commissioned training programme and package of supporting materials will be procured. The package will contain generic content on core practice related to Ask and Act and tailored materials which are audience specific. The commission to create a training programme and package of supporting materials will also include a separate requirement to write and deliver a "Train the Trainer" programme.

The consortia will be asked to develop and implement regional training plans, staggered over three years through which to reach an agreed number of professionals. Progress and outcomes will be monitored by the Welsh Government, through the Ministerial Adviser.

Outcomes

In addition to the measures described in "The Framework" section of this guidance, additional outcomes linked to the process of "Ask and Act" will be measured and, as such, will also be considered in follow up studies of the training. These outcomes will include:

- identification rates of gender-based violence, domestic abuse and sexual violence;
- referral rates to specialist services;
- cessation in abuse;
- repeat victimisation;
- earlier intervention; and
- abusive relationship lengths.

Accreditation

This level of the Framework will not be accredited. It will conform to any relevant National Occupational Standards (NOS) and all reasonable measures will be taken to ensure it is CPD compliant across a range of professions.

Level 3

Relevant authorities are required to:

Select regional training consortia who meet enhanced criteria to train at level 3.

Ensure these nominated professionals are trained on the additional Train the Trainer programme

Ensure each of these trained trainers is released from their core duties to deliver training up to 6 times per year.

Select champions from the following professions to receive level 3 training: social work, housing, Youth offending, Substance misuse, and mental health.

Ensure these professionals access the level 3 training as provided through the regional training consortia.

Level 3 of the Framework is aimed at those who will be required to do more than "Ask and Act"; those who will have a clear responsibility within their organisation for providing a service to a client who is affected by gender-based violence, domestic abuse and sexual violence or in supporting team members. These professionals will need a strong understanding of gender-based violence, domestic abuse and sexual violence, the potential impact on the safeguarding of children and risk management of perpetrators.

These professionals will support their organisations to mitigate against risk and protect adult victims and their children. They may also work with perpetrators. It is important to offer appropriate training to lift skill and knowledge and address the lessons of various Serious Case and Domestic Homicide Reviews.

The following professional groups should include professionals with lead roles or those who are working with gender-based violence, domestic abuse and sexual violence.

Social work
Housing
Youth Offending Teams
Substance misuse
Mental Health

In order to ensure a professional with enhanced understanding of gender based violence, domestic abuse and sexual violence is known and available to all those working with these issues, a minimum of 10% of the named professionals should be trained at level 3 in the first three years of roll out.

Aim

Participants will be able to consider the risk and impact of the experience of gender-based violence, domestic abuse and sexual violence on all family members and implement effective practice to mitigate this risk.

Audience

This training will be relevant to any professional who has a lead responsibility for their profession in terms of gender-based violence, domestic abuse and sexual violence (e.g. safeguarding nurses, specialist midwives) or for those who are working with a client group experiencing high prevalence of gender-based violence, domestic abuse and sexual violence (such as social workers, those working in mental health and substance use settings). Its aim is to provide enhanced training for those with a pivotal role in victim and child protection.

Content

Proposed learning outcomes: Following completion of this training participants will:	**Proposed competencies**
Understand the role of their agency and that of the agency representative within multi agency operational fora	The learner can describe the process, purpose and thresholds of each relevant multi agency operational forum and their agency role within these The learner can demonstrate the information sharing remit for each fora The learner can list examples of actions required through multi agency fora
Understand the link between gender-based violence, domestic abuse and sexual violence and the risk to children and take appropriate actions to minimise his risk	The learner has a detailed understanding of the relationship between gender-based violence, domestic abuse and sexual violence and child abuse/maltreatment and can apply their knowledge to appropriate and robust safeguarding processes
Understand the implications for work with families where the perpetrator remains in the family home	The learner understands the risks of family engagement in relation to gender-based violence, domestic abuse and sexual violence

Delivery

At this level of specialism, with the additional practice implications for the work, direct, classroom training is proposed as the most appropriate delivery method.

Accreditation

Formal assessment and accreditation will be considered at this level.

Level 4

Relevant authorities are required to:

Ensure any employee currently working as an Independent Domestic Violence Advisor, Independent Sexual Violence Advisor, outreach worker, project worker, case worker, floating support worker, refuge worker, key worker, crisis worker, advocacy support worker or any other role which provides specialist support to those experiencing gender-based violence, domestic abuse and sexual violence is trained in an appropriate course (as outlined in this guidance).

Ensure any employee recruited to work as an Independent Domestic Violence Advisor, Independent Sexual Violence Advisor, outreach worker, project worker, case worker, floating support worker, refuge worker, key worker, crisis worker , advocacy support worker is trained in an appropriate course within 12 months of the commencement of their employment.*

*It is acknowledged the majority of specialist professions are situated outside of the relevant authorities, within the specialist charity sector. The Welsh Government encourages all specialist workers to access appropriate training, regardless of the host organisation.

There are a significant amount of training courses already available across Wales. Some of these courses are offered as part of a national drive to professionalising the response to those who experience gender-based violence, domestic abuse and sexual violence, whilst others are borne of local initiatives to address emerging need.

Level 4 of the Framework sets out those professional qualifications recommended for particular specialist roles and seeks to consolidate a variety of training programmes on other specialist subjects into a single, centrally managed resource which offers consistency and assurance of quality, regardless of locality.

It is not the intention for those training courses which are developed to meet identified need to be stifled by the Framework. It is recognised these often have a valuable role in responding to local circumstances but it is important nonetheless they align with the Framework's aims of consistency and quality assurance.

Aim

To offer comprehensive, professional qualifications to those who deliver specialist services in relation to gender-based violence, domestic abuse and sexual violence, in order to ensure clients have access to expert practitioners at the point at which they seek help; and

to compile gender-based violence, domestic abuse and sexual violence content, learning outcomes and competences into a centrally managed syllabus which offers

consistency and assurance of quality, regardless of locality, resulting in uniformity in the resulting practice of the trained professional and improved services to those who experience gender-based violence, domestic abuse and sexual violence.

Audience

The audience at level 4 is formed of two groups:

1) Those who require specialist accredited qualifications in order to practice in specific roles. These roles include Independent Domestic Violence Advisors, Outreach Workers, Case Workers, Floating Support Workers, Refuge/Key Workers, Independent Sexual Violence Advisors and Crisis Workers.

2) Those who are not in specialist job roles but who require education on specific subject matters in order to respond to emerging client need. This may include a health visitor who would benefit from training in Female Genital Mutilation in order to identify the risks of this abuse taking place and respond effectively.

The remainder of this chapter is set out in two parts to reflect the difference in the audience group.

1) Those who require specialist accredited qualifications.

Content

Several roles are utilised within the specialist sector to provide services to those who have experienced gender-based violence, domestic abuse and sexual violence.

The title, descriptions and commissioned purpose of such roles vary locally. However many of the roles vary more in title than in function and therefore require the same skill set. It is not possible in this guidance to provide a comprehensive list of all local roles. The table below categorises the roles into subject area, provides typical job titles linked to these and a brief summary of purpose.

The roles included here relate to practical and advocacy based support. Counselling services are not covered within this framework and should conform to the requirements of the relevant regulatory body.

The courses listed below provide similar content but with variances in detail and structure.

It is recommended the domestic abuse focussed courses provide content on:

- role definitions, remit and purpose;
- the stages of change and motivational interviewing;
- self care and vicarious trauma;
- understanding planning for and responding to the diverse needs of clients;
- risk identification, assessment and management;
- multi Agency collaboration;

- the Criminal Justice System (working with the police, Crown Prosecution Service and Probation);
- case management;
- information sharing;
- accessing civil law remedies;
- safeguarding children;
- mental health;
- substance use;
- homelessness and Housing options;
- honour based violence, forced marriage, female genital mutilation and no recourse to public funds;
- sexual violence;
- the impact on health;
- stalking and harassment; and
- perpetrator characteristics.

The sexual violence focussed courses should provide relevant content as above plus additional content on:

- the human response to trauma;
- sexual health;
- sexual violence needs assessment; and
- the layout and function of the Sexual Assault Referral Centre.

Specific courses for specialist roles					
	Role	**Role purpose**	**Service provided to those who have experienced:**	**Client group for whom service provided**	**Training requirement**
Domestic abuse	Independent Domestic Violence Advisor (IDVA)	To offer crisis and medium term support to those at the highest risk and to co-ordinate client centred, multi agency collaboration.	Domestic abuse, sexual violence within intimate relationships, "Honour" based abuse, female genital mutilation, forced marriage, stalking and harassment within intimate relationships.	All client groups served.	The CAADA IDVA training[7]
	Outreach Workers/Case Workers	To offer crisis and medium term support to those who are not at high risk.		May be women only, depending on host organisation	The CAADA IDVA training WWA certificate
	Floating Support Workers	To provide emotional and practical support in a clients own home. May include tenancy support		May be women only, depending on host organisation	The CAADA IDVA training WWA certificate
	Refuge/Key Workers	To provide practical and emotional support to residents within a refuge.		Most refuges are single sex only and the majority in Wales provide services to women (although some male only units	The CAADA IDVA training WWA certificate

[7] The Welsh Government part funds IDVA provision across Wales and this qualification is a requirement of the funding from 2014-15.

				are available).	
Sexual violence	Independent Sexual Violence Advisors (ISVA)	To offer needs led support and expertise on the criminal justice process and forensic DNA retrieval.	Sexual violence within intimate relationships and where perpetrator is a stranger or acquaintance Historic sexual abuse.	All client groups served.	The Survivors Trust ISVA training Lime Culture ISVA training CAADA IDVA-ISVA conversion course
	Crisis Workers/Advocacy workers	To offer immediate support at the time of report and through any forensic or medical examination following sexual violence.	Sexual violence within intimate relationships and where the perpetrator is a stranger or acquaintance	All client groups served.	The Survivors Trust ISVA training Lime Culture ISVA training CAADA IDVA-ISVA conversion course

Delivery

The courses outlined above are currently on offer to professionals working in Wales. Each of the courses is offered by a national provider and it is intended such an arrangement would remain. Currently Home Office funding is available for both the IDVA and ISVA training and this is likely to be available until at least March 2015.

All new specialist workers should be trained within 12 months of taking up employment.

Accreditation

Each of the professional courses outlined in this chapter are accredited at either level 3 or Level 4 with the Open College Network or at certificate level on the Qualification and Credit Framework. All specific courses for specialist roles should be accredited at such levels.

2) Those who are not in specialist job roles but who require education on specific subject matters in order to respond to emerging client need.

Content

Level 2 and 3 of the Framework will provide the fundamental content to enable non-specialist professionals to provide an effective response to those experiencing gender-based violence, domestic abuse and sexual violence. Thereafter, as part of ongoing Continuous Professional Development these professionals may identify specific areas in which they would benefit from improved knowledge. The professional qualifications offered at level 4 are unlikely to be appropriate due to cost and time requirements but shorter, more focussed courses may be suitable.

This type of training has been offered in many parts of Wales for several years and is often offered by specialist service providers or through partnerships such as the Local Safeguarding Children's Board.

According to a short survey of Domestic Abuse Coordinators[8], the following courses are currently available in Wales:

- domestic abuse awareness – 1 and ½ day courses;
- domestic abuse and the effects on children;
- risk assessment and multi agency working;
- understanding perpetrators of domestic abuse;
- sexual abuse awareness;
- honour based abuse and forced marriage;
- Female Genital Mutilation; and
- violence against women, domestic abuse and sexual violence: the experience of young people

[8] Welsh Government survey 2014 - 18 of the 22 Domestic Abuse Coordinators responded in time for inclusion in this guidance.

However, with the exception of domestic abuse awareness training, which is offered in all localities, there in no national coverage of training on these subjects. Many of the subjects listed are only available in one or two Local Authority areas and the structure of the courses is disparate.

Level 4 of the Framework will compile a list of essential courses, relevant to the Continuous Professional Development of all professionals. It will also set out the learning outcomes and competences required of such courses in order to create consistency of content and quality.

As a priority the following courses will be compiled:

- a 1 day domestic abuse awareness course;
- a half day course on modern slavery;
- a course on stalking and harassment
- a 1 day course on sexual violence
- sessions on Honour based abuse, forced marriage, No Recourse to Public Funds and Female Genital Mutilation;
- a 1 day course on gender based violence, domestic abuse and sexual violence: the experience of young people.

Delivery

The collation of the level 4 syllabus will outline the following requirements of subject specific courses to provide the required consistency and quality assurance:

- the required learning outcomes, evaluation outcomes and competences;
- the intended practice implications resulting from the course;
- the standard of materials;
- the trainer criteria for this subject (to include practice and training experience);
- the course set up (learner numbers, training method); and
- relevant National Occupational Standards (NOS).

Pre existing courses

Pre existing courses (i.e. those listed above) will be mapped against one another in order to agree a set of learning outcomes which represent the quality of the course required for Wales. These learning outcomes will be agreed by The Content Development Group who provide a balanced, audience representative panel. The Group will also be asked to consider the additional requirements above.

These learning outcomes and requirements will form the basis of a Welsh Government endorsed course on the relevant subject and therefore the recommended model of training on this subject. The recommended learning outcomes and requirements will be made available on the Live Fear Free website and local training providers will be encouraged to use these models to form the basis of training on this subject.

Useful materials and resources will also be listed with the requirements to support consistency of training, as will an evaluation form. The results of this monitoring and evaluation will be monitored by the Ministerial Adviser to assess the impact of the recommended model of training and address any shortcomings on an annual basis.

New subjects or courses

Where the need for a new course is identified locally, the following steps will be required to list this course on the National Training Framework and therefore receive the Welsh Government's endorsement of quality.

The course details should be submitted to the Content Development Group for consideration.

These details should include:

- the training needs analysis which demonstrates the need for this course;
- the trainer criteria for this course (to include practice and training experience);
- the proposed audience for the course;
- the course set up (learner numbers, training method);
- learning outcomes, evaluation outcomes and materials; and
- how it maps to reliant National Occupational Standards (NOS).

The Content Delivery Group will provide a quality control process for the submission of training courses at level 4. They will consider whether the course is of sufficient quality for listing on the Framework, whether the course overlaps with other listed courses, the suitability of the course for multi agency audiences and whether it links in appropriately with national referral pathways linked to specialist provision and Ask and Act.

Where a course is approved for inclusion on the Framework it becomes Welsh Government endorsed and therefore the recommended model of training on a particular subject.

Accreditation

The subject specific courses at level 4 will be offered to a varied audience. Courses should conform to any relevant National Occupational Standards (NOS) and all reasonable measures will be taken to ensure CPD compliance across a range of professions. Formal accreditation of courses will also be considered as an option for the learner, as will integration of all courses into an accredited package of learning, accessible over time.

Level 5

Relevant authorities are required to:

Ensure any employee currently working as a community based service manager, refuge manager, team leader or in a lead/Senior role is trained at level 5 of the Framework upon launch of this training.

Ensure any employee recruited to work as a community based service manager, refuge manager, team leader or in a lead/Senior role is trained in an appropriate course within 12 months of the commencement of their employment.*

*It is acknowledged the majority of specialist professions are situated outside of the relevant authorities, within the specialist charity sector. The Welsh Government encourages all specialist workers to access appropriate training, regardless of the host organisation.

Level 5 of the Framework is aimed at those who manage specialist advocacy and support services for those experiencing gender-based violence, domestic abuse and sexual violence. These services are often small and rely on effective management in order to offer high quality, sustainable service provision.

The training will aim to equip service managers, senior or lead professionals to implement effective case management structures, provide appropriate performance management data and consider staff welfare. It will also equip them to lead their service through commissioning frameworks, fundraising, Domestic Homicide Reviews and Serious Case Reviews

Aim

This training will equip participants to understand the processes required to manage a service to those affected by gender-based violence, domestic abuse and sexual violence and to enhance the performance of frontline workers through strong management and leadership.

Audience

The posts targeted by this training would include community based service managers, refuge managers, team leaders and senior staff such as lead/Senior IDVAs.

Content

Proposed learning outcomes **Following completion of this training participants will:**	**Proposed competencies**
Understand the management and leadership qualities required of those who deliver gender-based violence, domestic abuse and sexual violence services.	The learner can guide their staff to maintain effective case management processes that are safe, legal and robust. The learner understands their management role in supporting a workforce providing services to those experiencing gender-based violence, domestic abuse and sexual violence and ensuring effective care processes at individual and organisation levels.
Understand the Co-ordinated Community Response and work effectively within this.	The learner can demonstrate formal and informal collaborative working. The learner is equipped to lead their team through Domestic Homicide Reviews and Serious Case Reviews and understands the role of their service within this process.
Understand and be able to plan the strategic direction of the service.	The learner can create effective fundraising strategies. The learner understands the commissioning framework and is aware of how to prepare for commissioning processes and engage effectively in them.
Understands the importance of monitoring and evaluation in relation to service provision to those affected by gender-based violence, domestic abuse and sexual violence.	The learner can measure the impact of service provision in outcomes. The learner can demonstrate effective data management and use this to improve service delivery.

Delivery

Level 5 of the Framework will be delivered through classroom training, workshops and action learning sets. These will bring together service managers from across Wales, providing networking opportunities and opportunities for peer support across the wider sector

Accreditation

This course will be accredited and offered at a higher level than courses at level 4 of the Framework. This design provides academic progression between level 4 and 5 of the Framework which will further professionalise the specialist sector and offer opportunities which contribute to the retention of skilled staff.

Level 6

Level 6 of the Framework will create a culture and infrastructure which provides leadership and management support to introduce and implement the knowledge and practice direction gained through levels 1 to 5. Level 6 combines an annually reviewed Strategic Engagement Plan supplemented by relevant supporting materials.

Level 1 and 6 of the National Training Framework will be launched together.

Aims

To engage Public Service leadership through awareness raising and education on gender-based violence, domestic abuse and sexual violence as both a workforce and service delivery issue.

To create a culture and infrastructure which support the aims of the National Training Framework on gender-based violence, domestic abuse and sexual violence.

Audience

Level 6 of the Framework will focus on the Senior Leadership of the Public Service. This includes (but is not limited to) Chief Executive Officers, Council Leaders, Personnel Directors, Workforce Directors, Training & Development Managers, Trade Unions, Chief Constables, Fire and Rescue Authority Chiefs and relevant commissioners.

Content

The content of level 6 of the Framework will evolve depending on strategic priorities and identified implementation challenges. In the first instance it will focus on the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill.

Over time level 6 will provide content on:

- the relevant authority's responsibilities arising from the Bill which seeks to improve arrangements for the prevention of gender-based violence, domestic abuse and sexual violence,
- as a workplace issue - the importance of having an aware and informed workforce;
- "Ask and Act"-its purpose, its rationale, its importance;
- leadership in increasingly complex situations[9];
- partnership working between specialist and public services;
- conducting and participating in robust needs assessments
- reviewing and monitoring Workplace polices; and
- subject specific information led by expert stakeholders.

Where appropriate, level 6 of the Framework will include feedback, case studies and, if suitable and safe, direct testimonials from service users.

[9] Such as managing "troubled families" or those who require multiple, cross cutting interventions.

Delivery

Delivery of level 6 of the Framework will be taken forward in two work streams.

1) A Strategic Engagement Plan

2) The Strengthening Leadership Series

1) A Strategic Engagement Plan

The Strategic Engagement Plan will involve direct intervention to engage Public Service leadership and gain commitment to particular courses of action, to raise awareness and to inform on policy and legislative updates.

The Strategic Engagement Plan consists of a timetable of relevant events which are aimed at Public Service Leadership, which already influence strategy and direction and which Leadership already engage with. A summary of the type of events this will include is below:

Forum type	**Specified activity**
Boards/meetings/ partnerships	Reform Delivery Group (RDG) Effective Services for Vulnerable Groups Board Meeting of the Main Delivery Group (G42) Right to be Safe Implementation Board Fire and Rescue Services Personnel and Organisation Development Group (PODG-Fire and Rescue) Workforce Partnership Council Local Authority Counsellor Leads WLGA Directors of Human Resources Group Meeting of NHS Workforce Directors NHS confederation Domestic Abuse Co-ordinators Forum Ministerial meeting with PCCs. Police Services across Wales
Welsh Government meetings	Business Group
Events	WLGA Conference National Conference for Counsellors Specific Bill related conference/events
Publications	Councillor Connect Municipal Journal Staff newsletters
Letters/ communication	Ministerial letters CEO letters – Welsh Government Sponsored Bodies

It is intended Ministerial presentations, the presence of senior Government officials and, in time, attendance of the Ministerial Adviser, at these events will offer information and the opportunity to influence Public Service leadership, in the company of their peers, without making unnecessary additional demands on their time. This is likely to result in stronger engagement and wider reach.

A specific conference, aimed at Public Service leaders is also proposed, to take place around Royal Assent for the Bill in order to strengthen awareness of the legislation, clarify required duties and create impetus for practice following enactment.

2) The Strengthening Leadership Series

The Strengthening Leadership Series will be published to support the messages disseminated through the Strategic Engagement Plan. The series will convey Ministerial commitment and leadership, share the expertise of the specialist sector and provide implementation guidance on Bill and Policy content to offer regular communication on gender-based violence, domestic abuse and sexual violence issues.

This series will contain content presented through a variety of formats, designed for quick access and maximum engagement. These formats will include:

Video clips: Short vignettes which provide specific information on a topic. This may include a message from the Minister on the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill or a subject expert talking to a related issue.

Webinars: These may be recorded or live streamed and provide detailed consideration of a subject or area of implementation. They may involve peer to peer learning and the sharing of best practice. Live stream webinars would be interactive, providing for questions, answers and discussion.

Briefings: Video clips and webinars would be accompanied by briefings which would provide additional guidance. These can used to support delegation of related tasks such as review of the workplace policy or creation of referral pathways.

Live streaming: Where possible live events and conferences would be recorded for virtual access. Moreover, recorded clips of such events would be made available subsequently.

The pilot delivery plan of the Information Provision Series is outlined below:

	July	August	September	October	November	January	February
Video clip	Ministerial message linked to Bill introduction		Workplace policies – 1 year on				
Webinar					Expert led presentation: Vicarious Trauma.		Acknowledging the risk: Non specialist work with those who perpetrate violence.
Briefing			Monitoring the effectiveness of Workplace policies		Vicarious trauma		Perpetrators as employees- the responsibility of the Public Service.
Live streaming							Linked to Bill conference

Outcomes

In addition to the measures described in “The Framework” section of this guidance, additional outcomes linked to culture changes and strengthened infrastructure will be considered. These outcomes will include:

- ✓ Improved awareness of gender-based violence, domestic abuse and sexual violence amongst senior Public Service leadership
- ✓ Reach of events
- ✓ The number of White Ribbon organisations and Ambassadors in Wales
- ✓ Workplace policy monitoring
- ✓ Written commitment to specific areas of work

Accreditation

This level of the Framework will not be accredited. It will conform to any relevant National Occupational Standards (NOS) and all reasonable measures will be taken to ensure it is CPD compliant across a range of professions.

Delivery plan and dissemination

	2014-2015	2015-2016	2016-2017	2017-2018
Level 1	Design eLearning package and launch	eLearning package forms part of mandatory induction training	eLearning package forms part of mandatory induction training	eLearning package forms part of mandatory induction training
Level 2		Launch year 1 tranche of Ask and Act training	Launch year 2 tranche of Ask and Act training	Launch year 3 tranche of Ask and Act training
Level 3			Launch year 1 training programme	Launch year 2 training programme
Level 4	Encourage Welsh participation of Home Office funded training for IDVAs and ISVAs. [10]	Encourage Welsh participation of Home Office funded training for IDVAs and ISVAs.	Specific Welsh specialist training	Specific Welsh specialist training
Level 5	Launch specialist service management support course			
Level 6	Conference Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series

[10] Relevant specialist subjects will be funded where possible based on identified need.

Definitions

Abuse (as defined by the Bill): Physical, sexual, psychological, emotional or financial abuse.

Accreditation: For the purposes of this guidance the term "accreditation" describes authority or sanction to a training course provided by an official body when recognised standards have been met.

"Ask and Act": A process of targeted enquiry across the Welsh Public Service in relation to gender-based violence, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services mental health and child maltreatment settings.

Client: Client is used here as a term to describe a person experiencing gender-based violence, domestic abuse and sexual violence. The term encompasses the terms "victim", "survivor", "service user" and "patient". Different partners use different words to define their relationship to the person at risk and so the guidance reflects this.

In practical terms it is suggested a person experiencing gender-based violence, domestic abuse and sexual violence selects the term they prefer, where a term is required. It should generally be possible to use a client's name rather than other descriptive terms.

Domestic abuse (as defined by the Bill): Abuse where the victim of it is or has been associated with the abuser

A person is associated with another person for the purpose of the definition of "domestic abuse" if they fall within the definition in section 21(2) or (3) of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill.

Female Genital Mutilation (as defined in the Bill): An act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003 (c. 31).

"Gender-based Violence" (as defined in the Bill)
(a) violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
(b) female genital mutilation;
(c) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);

Harassment (as defined in the Bill)
A course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:

> (a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information

would think the course of conduct amounted to or involved harassment of another person, and

(b) "conduct" includes speech;

Independent Domestic Violence Adviser: Trained specialist worker who provides short to medium-term casework support for high risk victims of domestic abuse.

Independent Sexual Violence Adviser: Trained specialist worker who provides short to medium-term casework support for victims of sexual abuse

Local Authority (as defined in the Bill): A county or county borough council.

Public service: Public services are services delivered for the benefit of the public. This can include services delivered through the third sector, through social enterprise or through services that are contracted out.

In the context of the National Training Framework the public service is defined based on an estimate of 'devolved public sector workers' in Wales – this includes the devolved civil service, local authorities, health, education authorities and WGSBs. Although not devolved, Police Authorities are included as they are partly funded by WG. 'Devolved public sector workers' excludes non-devolved civil servants (such as those working for HMRC and the DVLA), military personnel and people employed by Public Corporations (such as S4C and Cardiff Bus etc.) in Wales.

Relevant authorities (as defined by the Bill): The Bill defines relevant authorities as county and county borough councils, Local Health Boards, fire and rescue authorities and NHS trusts.

Sexual Violence (as defined by the Bill)
Sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

Sexual exploitation (as defined by the Bill)
Something that is done to or in respect of a person which

(a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales, or

(b) would involve the commission of such an offence if it were done in England and Wales.

Violence against women: The experience of gender based violence (as defined in the Bill) by women.

[i] This will be tailored per profession.

EXAMPLE AND DRAFT JULY 2014

"Ask and Act"

Guidance to support the proposal for key public sector professionals to "Ask and Act" in relation to gender-based violence, domestic abuse and sexual violence

Welsh Government

This guidance provides an example of the type of guidance which will be issued to support a process of “Ask and Act”- a process of targeted enquiry which will identify gender-based violence, domestic abuse and sexual violence earlier and offer an effective, early intervention to victims.

This guidance should be viewed as an early draft only. It is expected to change and grow through further consultation. It is hoped by publishing the guidance alongside the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill it provides detail of what is meant by “Ask and Act”, the intricacies of such an approach and the value of implementation. This guidance is not presented as a final version and should not be read in such a way. Formal consultation on this document is planned and comments on its content will be welcomed through this process.

The guidance provides information on the types of activities which should be undertaken to support robust implementation of “Ask and Ask”, including the required training, welfare and support and monitoring. It also provides a step by step process which outlines the key considerations required when practicing “Ask and Act” including setting, client confidentiality and asking sensitive questions. It is the intention of the Welsh Government to eventually issue guidance on “Ask and Act” under section 12 of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill.

Under section 12 the Welsh Ministers may issue guidance to a relevant authority on how the authority should exercise its functions with a view to contributing to the pursuit of improving arrangements for the prevention of gender-based violence, domestic abuse and sexual violence, improving arrangements for the protection of victims and improving the support for persons affected by such violence and abuse. A relevant authority includes local authorities, Local Health Boards, fire and rescue authorities and NHS trusts.

These relevant authorities, by virtue of section 14 of the Bill, must follow this guidance when exercising their functions unless there is good reason for the authority not to follow the guidance. If a relevant authority considers there is good reason not to follow the guidance it must decide on an alternative policy for the exercise of its functions in respect of the subject matter of the guidance. It must then issue a policy statement as to how it intends to exercise its functions and the reasons for not following the guidance.

Section 13 of the Bill requires the Welsh Ministers to consult on the guidance prior to publication. The Welsh Government acknowledges the value in a detailed consultation prior to finalising draft guidance under section 12 and subsequently being laid before the Assembly as per the requirement in section 13. There are several reasons for this:

The Welsh Government wishes to consult directly with appropriate councils, regulatory bodies and Royal Colleges to identify processes and requirements which are relevant to the varied roles within relevant authorities, For example, the work of a local authority based housing officer differs in structure, context and activity to the role of a nurse working in a triage unit within an accident and emergency department. One size will not fit all in relation to “Ask and Act” and it is likely the requirements on local authorities will be specified to departments or professional groups. We want to do this in partnership with these professional groups.

Recognition of, and responses to, gender-based violence, domestic abuse and sexual violence will be requirements in future guidance. However, we acknowledge the processes through which to ensure these requirements are met are varied and can be structured in various ways, involving different structures and staff roles. The Welsh Government wish to promote flexibility in applying a process of "Ask and Act" to allow relevant authorities to utilise existing skill sets, structures and partnerships in its development, whilst ensuring confident staff are equipped and ready to identify gender-based violence, domestic abuse and sexual violence, know how to respond and are supported to do so within each organisation.

The Welsh Government acknowledges information sharing and decision making in relation to gender-based violence, domestic abuse and sexual violence remains a challenge across relevant authorities. Whilst it is a challenge which is being tackled at a local level, the difference in views across Wales remains an obstacle to consistent implementation of a process of "Ask and Act". Further partnership work across the relevant authorities is required to provide guidance which can be applied consistently across Wales.

The selection of the priority professionals who will be prioritised for training in how to "Ask and Act" is a matter for further consultation. Prior to requiring a list of professionals who must be trained, the Welsh Government wishes to seek the views of the relevant authorities and other relevant bodies to agree an approach.

Some practice is already underway in Wales which goes some way towards a process of "Ask and Act" as defined herein. It is likely these processes and the professionals who practice them will need refined input to further develop these processes to reflect the additional requirements of "Ask and Act", and to avoid unnecessary burden or duplication we wish to explore the overlap between such processes further.

Contents

Executive summary

Violence and abuse in any form is unacceptable. Anyone who experiences gender-based violence, domestic abuse and sexual violence must be provided with an effective and timely response by relevant authorities. Evidence suggests women are more likely to experience gender-based violence and as such this guidance acknowledges violence against women is the most prevalent example of gender-based violence.

This acknowledgement, however, by no means suggests any victim of such violence and abuse should be excluded from accessing the help and support they require. Gender- based violence, domestic abuse and sexual violence are experienced within same sex relationships, between family members and by men who are abused by women and, as such, this guidance provides a process which is inclusive of all potential victims of such gender-based violence, domestic abuse and sexual violence.

"Ask and Act" is a process of targeted enquiry to be practiced across the public service for gender-based violence, domestic abuse and sexual violence. The term targeted enquiry describes the recognition of indicators of gender-based violence, domestic abuse and sexual violence as a prompt for a professional to ask their client whether they have been affected by any of these issues.

The aims of "Ask and Act" are:

- to increase identification of those experiencing gender-based violence, domestic abuse and sexual violence;
- to offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client;
- to begin to create a culture across the public service where the experience of gender-based violence, domestic abuse and sexual violence is an accepted area of business and where disclosure is expected supported, accepted and facilitated;
- to improve the response to those who experience gender-based violence, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health; and
- to pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.

The working practices through which to offer a process of "Ask and Act" will differ depending on organisational structure, client group and professional roles. However, one fundamental statement must support every variation of process:

Gender-based violence, domestic abuse and sexual violence require a public service response. Professional confidence to identify these issues, to ask about them and to respond effectively is fundamental for good clinical and social care practice.

The National Institute of Health and Care Excellence (NICE) and the World Health Organisation recommend a system of targeted (or clinical) enquiry across Health and Social Care to better identify and therefore respond to domestic abuse.[1] [2]

The Welsh Government takes this recommendation and identified good practice further by supporting the use of such enquiry across the public service (to include those in a safeguarding roles, education, Fire and Rescue and those within housing services). It also proposes a slightly wider focus on gender-based violence, domestic abuse and sexual violence.

The 10 principles of "Ask and Act"

1) **Gender-based violence, domestic abuse and sexual violence require a Public Service response. Professional confidence to identify these issues, to ask about them and to respond effectively is fundamental for good clinical and social care practice.**

2) **Those who disclose gender-based violence, domestic abuse and sexual violence should mirror the diversity of the population of the locality.**

3) **The Welsh Public Service has an important role to play in addressing these issues, by supporting clients and strengthening the services they receive. A more consistent approach to identifying those who experience gender-based violence, domestic abuse and sexual violence, assessing risk and referring appropriately is required across Wales.**

4) **Clients will not always tell professionals about their experience without being prompted. It is the professional's role to consider whether it would be appropriate to ask direct and sensitive questions within a safe, confidential environment.**

5) **Clients require clarity of how their confidentiality will be treated.**

6) **Whilst never an interrogation, "Ask and Act" is not a single intervention. Every question is an opportunity to offer support. A process of targeted enquiry should include follow-up with victims beyond identification and repeat questions**

7) **Having a conversation with a client is preferable to use of a screening tool. A general question about someone's experience of abuse may lead to a disclosure of several forms of abuse.**

8) **Partnerships between public service providers and local specialist providers should be solidified in order to provide more comprehensive delivery of policy and practice.**

9) **Implementation of a process of "Ask and Act" must be accompanied and supported by training and leadership.**

10) **Missed opportunities to identify gender-based violence, domestic abuse and sexual violence are missed opportunities to prevent further abuse, identify risk to children and save lives.**

Introduction

Gender-based violence, domestic abuse and sexual violence are large scale, pervasive problems, which every year causes needless deaths and damage to thousands of lives across Wales.

- Domestic Abuse affects 11% of women and 5% of men each year in Wales. This equates to approximately 140,000 victims per year. [3]

- Sexual violence affects 3.2% of women and 0.7% of men.[4] This equates to approximately 34,000 victims per year.

- 1% of cases handled by the Forced Marriage Unit originate from Wales.[5]

- Estimates from FORWARD show around 66,000 women resident in England and Wales had been subjected to female genital mutilation (FGM)**[6].**

- Around 0.4% of all births in Wales are to women with FGM. This equates to approximately 140 cases per year.

Whilst the incidence of these issues is alarmingly high, those who experience gender-based violence, domestic abuse and sexual violence are known to under report and all prevalence figures must be treated as under-estimates.

There is also a major overlap between direct harm to children and domestic abuse. 62% of children are also directly harmed. Moreover only half of the children exposed to domestic abuse and two thirds of those living with severe domestic abuse were known to local authority children's social care. Two thirds of these children were also directly harmed, 91% by the same perpetrator who was abusing the adult victim.[7]

In addition to the physical risk of harm, children living in households where gender-based violence, domestic abuse and sexual violence is ongoing are known to experience negative impacts on their emotional wellbeing, social and relationship development and school adjustment.[8]

Missed opportunities to identify gender- based violence, domestic abuse and sexual violence are therefore missed opportunities to identify risk to children.

The experience of gender-based violence, domestic abuse and sexual violence has serious and negative social impacts on the health of adult victims, with known consequences for mental health, pregnancy, eating disorders, reproductive health and physical wellbeing; it is also linked to homelessness and substance abuse.[9] [10]

Gender-based violence, domestic abuse and sexual violence can cause physical harm and, in the most serious cases, death. Two women a week are killed by a partner or ex partner and a third of those who experience domestic abuse have considered suicide.[11] [12]

Given its prevalence and its varied, direct and indirect consequences, many Public Services are already offering a response to those experiencing these issues.

- Over a third of women attending general practitioners have experienced physical violence from a partner or former partner and the issue of domestic abuse has been made a clinical priority by the Royal College of General Practitioners.[13]

- *Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting* recognises the required Health response to ensure that young girls at risk of undergoing Female Genital Mutilation (FGM) are protected[14]

- 30% of domestic violence starts in pregnancy and is associated with low birth weight and pregnancy complications including miscarriage and still-birth[15] [16].

- Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs and 52% of child protection cases involve domestic violence.[17]

- 22% of all homelessness applications in Wales are due to domestic abuse.[18]

The Welsh Public Service has an important role to play in addressing these issues, by supporting clients and strengthening the services they receive. A more consistent approach to identifying those who experience gender-based violence, domestic abuse and sexual violence assessing risk and referring appropriately is required across Wales.

The purpose of this guidance

This guidance is written for leaders and practitioners working across the Public Service who will have responsibility for the implementation, management and practice related to “Ask and Ask”.

The term “Ask and Act” is used to describe a process of targeted enquiry for use across the Public Service related to gender-based violence, domestic abuse and sexual violence.

This document is split into four parts:

1. an introduction;
2. a summary of the aims and evidence base for this policy (the rationale);
3. guidance to Public Service leaders; and
4. process models and practical guidance to support the implementation of targeted enquiry across the Public Service.

Why is a process of "Ask and Act" necessary?

Whilst some of the health and social care impacts of gender-based violence, domestic abuse and sexual violence are apparent and the prevalence and impacts of these issues alarmingly high, it is also well acknowledged those who experience these issues are known to under report and all prevalence figures must be treated as under-estimates.

Many of those who experience gender-based violence, domestic abuse and sexual violence feel in some way responsible for what has happened to them and a sense of shame and stigma. This can limit how able they feel to disclose their experiences without professional reassurance and support.

It is also common for those who experience these issues to fear the impact of disclosing the experience. In many cases threats will have been made of consequences for disclosing abuse or leaving the relationship to further close down reporting options for the client. These threats should be taken seriously; in relation to domestic abuse, attempts to end a relationship are strongly linked to homicide and research suggests women are particularly at risk within the first two months of leaving an abusive relationship.[19] [20]

Currently Public Services in Wales do not adhere to routine or consistent protocols to better identify incidents of gender-based violence, domestic abuse and sexual violence, respond appropriately to the risks those who experience them face, the health impact, the experience of their children or to refer to specialist support. As such, victims are often not identified and are not receiving vital services available to them through the Welsh Public Service and specialist sector.

Traditionally responsibility for the identification of, and response to, gender-based violence, domestic abuse and sexual violence has lain with the Criminal Justice System. These are public protection issues and in this regard, it is right criminal justice agencies take a leading role in the work.

However, evidence shows many of those who experience gender-based violence, domestic abuse and sexual violence do not choose to report to the police at all or only report the most serious incidents or when the violence and abuse they experience escalates.[21] The client group may, however, seek help for the consequences of their experiences through health services or by citing relationship breakdown, due to abuse, in a homelessness application.

Professional confidence to identify gender-based violence, domestic abuse and sexual violence, to ask about these issues and to ensure an appropriate response is fundamental for good clinical and social care practice.

The rationale

What is "Ask and Act"?

"Ask and Act" is a process of targeted enquiry across the Public Service for gender-based violence, domestic abuse and sexual violence. The primary objective of "Ask and Act" is:

- to encourage relevant professionals to "Ask" potential victims about the possibility of gender-based violence, domestic abuse and sexual violence in certain circumstances; and
- to "Act" so suffering and harm as a result of the violence and abuse is reduced.

"Ask and Act" should apply at an organisational rather than individual level and take the form of targeted, rather than routine, enquiry.

The term targeted enquiry describes the recognition of indicators of gender-based violence, domestic abuse and sexual violence as a prompt for a professional to consider asking their client whether they have been affected by any of these issues.

The aims of "Ask and Act"

Asking patients about abuse in some specialised health care settings is considered good practice by professionals in those fields[22]. The National Institute of Health and Care Excellence (NICE) and the World Health Organisation[23] recommend a system of targeted (or clinical) enquiry across health and social care to better identify and therefore respond to domestic abuse.

The Welsh Government takes this recommendation and identified good practice further by supporting the use of such enquiry across the Welsh Public Service (to include those in safeguarding roles, Fire and Rescue Authorities, education and housing services). It also proposes a wider focus on gender-based violence, domestic abuse and sexual violence.

A full list of definitions is provided in the definitions appendix of this guidance. In summary: domestic abuse includes physical, sexual, psychological, emotional or financial abuse where the victim of it is or has been "associated" with the abuser. Gender-based violence includes violence, threats of violence or harassment arising from values, beliefs or customs relating to gender or sexual orientation.
Sexual violence includes sexual exploitation (which includes offences under Part 1 of the Sexual Offences Act 2003), sexual harassment, or threats of violence of a sexual nature.

This approach has been taken in consultation with specialist service providers on the basis that where a general question is asked about someone's experience of abuse it may lead to a disclosure of several forms of abuse. It is expected these forms of abuse could include:

- Domestic abuse
- Sexual violence (within and not within relationships)
- Female Genital Mutilation
- Forced marriage
- "Honour" based abuse
- Stalking and harassment (within and not within relationships)
- Sexual exploitation

The aims of such an approach are to:

- increase identification of those experiencing gender-based violence, domestic abuse and sexual violence;

- offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client;

- begin to create a culture across the Welsh Public Service where the experience of gender-based violence, domestic abuse and sexual violence is an accepted area of business and where disclosure is supported, accepted and facilitated;

- improve the response to those who experience gender-based violence, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health; and

- pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only re-actively engaging with those who are in crisis or at imminent risk of serious harm.

Increasing identification of those experiencing gender-based violence, domestic abuse and sexual violence

The majority of research into the effectiveness of types of screening for gender-based violence, domestic abuse and sexual violence has focussed on healthcare settings and primarily relate to domestic abuse. Although there is less data available outside of health, similar, innovative projects indicate the effectiveness of such an approach across the Public Service.[24]

Where routine enquiry takes place a greater proportion of abused women are identified by healthcare professionals than where screening does not take place, although not necessarily more than would be identified by clinical enquiry.[25] Enquiry typically results in a doubling of identification rates of domestic abuse and it increases referrals to outside agencies.[26]

Where specialist training and support for the clinician is provided to use a low threshold for clinical enquiry, primary health care clinicians are three times more likely to secure a disclosure of domestic violence than those where no enquiry is made.[27]

Where information about a client is provided or gathered by a professional, which "cues" them to investigate issues of domestic abuse, this improves rates of identification and disclosures of domestic abuse.[28]

Enquiry for domestic abuse in pregnancy, when supported by staff training and organisational support, improves screening practices and documentation of domestic abuse.

Offering referrals and interventions for those identified which provide specialist support based on the risk and need of the client

Professionals who are not trained to identify gender-based violence, domestic abuse and sexual violence may overlook, mislabel and misdiagnose people's problems, leading to inappropriate plans or ineffective remedies.[29][30] Where the primary issue for seeking treatment is identified as gender-based violence, domestic abuse and sexual violence, the services offered can relate to this primary issue, rather than the symptoms caused by it.

Referrals to external resources (e.g. police, specialist services and social care) increase as a result of enquiry and this presents an opportunity for advocacy intervention, a strategy linked to decreased violence and isolation, increased safety practices and a cost benefit.[31] The evaluation of the IRIS project (Identification and Referral to Improve Safety) found individuals in the intervention were 22 times more likely to be referred to advocacy services than those in general practices which did not receive the programme.

Studies which have measured rates of domestic abuse as outcomes detect a reduction of physical and non-physical abuse with counselling and advocacy support for women identified in antenatal clinics.[32]

The Independent Domestic Violence Advisor (IDVA) advocacy model (in use across Wales) as a service for those at high risk of serious harm due to their experience of domestic abuse has been found to be effective in improving the lives of those who have been abused and in terms of value for money.[33]

The IDVA forms a crucial element of the Multi Agency Risk Assessment Conference (MARAC) approach which is also well evidenced as an effective means of addressing high risk domestic abuse. The majority of adult victims who engage with these services report improved safety and wellbeing outcomes after receiving support, including a cessation of abuse, feeling safer and an improved quality of life.

- 63% of the victims who engage with IDVAs report a total cessation of abuse at case closure.

- For every £1 spent on MARACs and IDVAs, at least £2.90 of public money can be saved annually on direct costs to agencies such as the police and health services.

Beginning to create a culture across the Welsh Public Service where the experience of gender-based violence, domestic abuse and sexual violence is an accepted area of business and where disclosure is supported, accepted and facilitated

Being asked about abuse can go some way to remove the shame and stigma some associate with the experience. Those who have experienced gender-based violence, domestic abuse and sexual violence also see being asked as a means of increasing knowledge, developing a sense of self-validation and getting support.[34] Adopting a clear process of targeted enquiry can remove this sense of stigma by demonstrating the service has an awareness of gender-based violence, domestic abuse and sexual violence and showing professionals are open to having these discussions as part of routine areas of work which can be a conduit for specialist services.

Research into the acceptability of targeted enquiry has focussed on the experience of women; the majority of whom are in favour of a process of enquiry about domestic abuse in maternity settings, provided it is conducted in a safe confidential environment.[35]

Improving the response to those who experience gender-based violence, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health

The co-occurrence of domestic abuse, mental health and substance misuse has been referred to as the "toxic trio". Where a parent experiences the three issues they are viewed as indicators of increased risk of harm to children and young people. The combined experience of these issues by a parent can create a "toxic" care giving environment.

Providing and selecting services for these three issues when experienced in combination or as part of a dual diagnosis is challenging for practitioners and can hamper client engagement. Practice based reports emphasise the importance of addressing each issue separately and utilising the expertise of each related profession but also of providing treatment or services in partnership to acknowledge the complexity of the clients situation. In order to do this effectively, each issue must first be identified.

The risk of developing depression, post-traumatic stress disorder (PTSD), substance use issues or becoming suicidal is 3 to 5 times higher for women who have experienced violence in their relationships compared to those who [have] not.[36] 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse and child sexual abuse is associated with an increased rate of mental disorders in adulthood for men and women. [37] [38]

Whilst substance misuse by either perpetrator or victims of gender-based violence, domestic abuse and sexual violence is not a causative factor, the two issues do frequently co-occur; requiring knowledge and identification by the professional. 44% of domestic violence offenders are under the influence of alcohol and 12% are affected by drugs when they commit acts of physical violence. A number of studies have found the perpetrators' use of alcohol, particularly heavy drinking, is likely to result in more serious injury to their partners than if they had been sober.[39] [40] Moreover two thirds of those experiencing abuse began misusing substances following this experience.[41]

At least half of all women in touch with mental health services have experienced violence and abuse, yet the level of awareness amongst mental health professionals appears low and, despite guidance to the contrary, women are rarely asked about their experience of violence or sexual abuse.[42]

Screening protocols for domestic abuse within screening/entry assessment for alcohol or substance misuse have been found to improve rates of identification of the issue.[43] The Wales In-Depth Integrated Substance Misuse Assessment Toolkit (WIISMAT) includes indirect and direct questions on violence and abuse and encourages use of the All Wales helpline. However, it should be noted, use of WIISMAT is not fully mandated and is not always applied in its entirety.

Undertaking a risk assessment is part of the Mental Health Measure guidance to support developing a care and treatment plan.[44] Asking about violence forms part of all risk assessments in Mental Health services in England and Wales, however this relates to all forms of violence, not gender-based violence, domestic abuse and sexual violence specifically. Currently this would be explored as appropriate if people admitted to a history or thoughts of violence.

Pro-actively engaging with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm

Early identification and prevention may also help stop gender-based violence, domestic abuse and sexual violence from escalating and, therefore, reduce future support and criminal justice costs.

Evidence suggests an improved response through non-criminal justice agencies identifies a client group who are not engaging with other services and are therefore hidden from other agencies.[45]

Evidence collected from specialist services which have been situated in acute or maternal health services indicates there is a group of clients, experiencing domestic abuse who make fewer reports to the police than other victims but who attend emergency health services regularly[46].

In identifying gender-based violence, domestic abuse and sexual violence through health and co-locating hospital based specialists within clinical settings, a more vulnerable group of younger victims are being identified. These clients are experiencing higher severity abuse with additional complex needs, e.g. substance misuse, mental health issues. They tend to still be in a relationship or living with the perpetrator and have been in relationships for shorter periods of time than the client group who access community based services.[47]

In many settings, co-location of gender-based violence, domestic abuse and sexual violence specialists is not realistic. In those settings, it is essential to have explicit referral pathways between clinicians and these specialists, often based in third sector organisations.

Earlier identification of these issues, through non-traditional methods of engagement, can facilitate an awareness of service availability at the earliest opportunity and safeguard vulnerable people immediately, rather than just at the point of crisis.

Managing the “Ask and Act” process - the role of the organisation

The key requirements of "Ask and Act"

It is the role of the entire Welsh Public Service to provide an effective response to those experiencing gender-based violence, domestic abuse and sexual violence. This involves collaboration in its broadest sense to create consistency and standardisation of response, no matter which gateway (housing, health, social care etc.) a client uses to access service provision. Leadership and strategic co-ordination are key in establishing a process which is suitable to the workforce, the organisation and above all, the client

This guidance provides a detailed process of "Ask and Act" to support implementation. However, the working practices through which to offer a consistent response will, of course, differ depending on organisational structure and client group. **It is not expected the same process of "Ask and Act" be implemented by each organisation but each organisation considers how best to offer "Ask and Act" within their varying functions and professional roles**.

In doing so, any proposed model of work should be tested against the following four key requirements. **No matter how a process of "Ask and Act" is operationalised it must address each of these key requirements**.

1. Culture and leadership
2. Clarity and confidence
3. Recognition and response
4. Follow up and monitoring

As long as these four key requirements are followed, **how** targeted enquiry is implemented is not the issue of greatest significance within this guidance. Whether the process herein or local, bespoke processes are adopted this principle is of greatest importance:

Gender-based violence, domestic abuse and sexual violence require a Public Service response. Professional confidence to identify these issues, to ask about them and to respond effectively is fundamental for good clinical and social care practice.

Culture and leadership

Aim: A working culture which acknowledges “Ask and Act” as core to the organisational purpose.

Requirements:

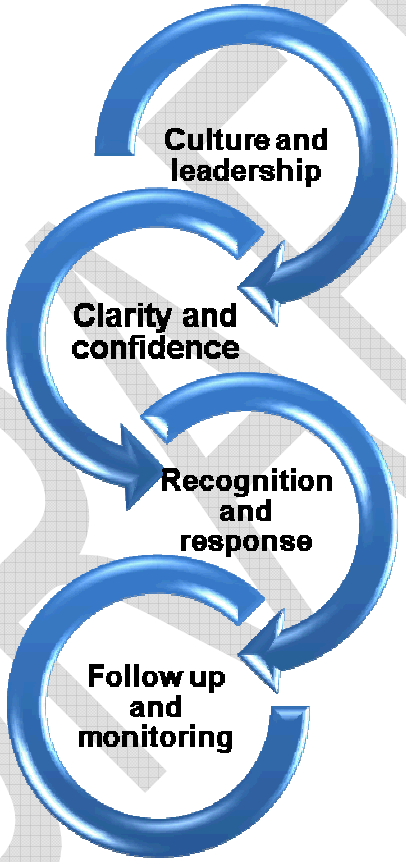
- Identification of leadership and strong management
- Potential barriers to the implementation of “Ask and Act” considered and addressed
- Potential impact to staff recognised and addressed

Clarity and confidence

Aim: A well equipped workforce; confident and accountable, supported by clear policies and procedures.

Requirements:

- Confidentiality and information sharing policies which are fit for purpose
- Clear lines of accountability between staff, management and leaders
- “Relevant” staff identified, trained, with clarity of responsibility



Recognition and response

Aim: An organisationally tailored process involving recognition, targeted enquiry and intervention to those who are experiencing gender-based violence, domestic abuse and sexual violence.

Requirements:

- Staff aware of the indicators of gender-based violence, domestic abuse and sexual violence
- A clear internal process which follows recognition and includes targeted enquiry
- A response which ensures efficient, positive intervention for the client
- Partnership and collaborative processes which offer efficient client access to specialist support

Follow up and monitoring

Aim: Strategic oversight and evaluation of a process which maps disclosure to population and uses local data and collaboration to further develop.

Requirements:

- Clear record keeping guidance for disclosure
- The establishment of baseline data from which to monitor disclosure
- Strategic oversight of the process and regular monitoring
- Consideration of process application in relation to equality and diversity

Relevant professionals

Relevant authorities should consider the following professional roles to be priorities in the function of "Ask and Act". Relevant authorities, as employers of these professionals, should:

- ensure they are adequately trained (through the National Training Framework);
- supported to implement "Ask and Act" in an empathic and safe way; and
- ensure practice is monitored to ensure the client's safety and wellbeing is central to all work.

Local Health Board
Midwives Health Visitors General Practitioners Accident and Emergency staff Substance misuse Community Psychiatric Nurses Mental Health Crisis team District nurses Paramedics
Local Authority
Child Protection Social Workers Safeguarding Vulnerable Adults Social Workers Safeguarding leads in Education School nurses Housing, Housing options and Homelessness officers Youth Offending Team Representatives
Fire and Rescue Authority
All firefighters with community based responsibilities

This list is not exhaustive and there will be additional roles which require training, based on local need. In order to identify whether a profession should be deemed "priority" the following criteria should be applied:

"Priority" criteria

A priority professional is:

- in a public facing role, coming into regular contact with the general public; and

- in a role where the experience of their client group of gender-based violence, domestic abuse and sexual violence complicates and impacts on the nature of the clients engagement with the service offered in that role.

Client confidentiality, data protection and information sharing[48]

A process of "Ask and Act" will inevitably lead to disclosures of personal and sensitive information and, in turn, a requirement of a professional to decide whether this information should be shared further. These can be challenging decisions, which require clear leadership, managerial support, overarching protocol and a good understanding of the Data Protection Act 1998.

The managerial requirement in relation to client confidentiality, data protection and information sharing is twofold;

1. creating an environment where the legal framework and decision making requirements are clarified in process, protocol and guidance; and

2. providing "on the spot" management support to those practicing "Ask and Act" and considering individual decisions.

Creating an environment where the legal framework and decision making requirements are clarified in process, protocol and guidance.

Organisational policies on data protection, information sharing and confidentiality should be up to date, reflect the relevant legal framework and be reviewed regularly. The requirements of these policies should be communicated clearly to staff to ensure they understand the duty of confidentiality and its limitations. Close liaison with legal and information sharing teams will be required to ensure appropriate processes are in place to manage personal data safely and legally.

Systems and processes should be implemented to ensure data is processed in accordance with the Data Protection Act 1998.

It is important leadership and management teams within the public service recognise gender-based violence, domestic abuse and sexual violence as an issue affecting the workforce as well as the client group. Each Local Authority, Local Health Board and Fire and Rescue Authority have established workplace policies and procedures for staff who have been affected by gender-based violence, domestic abuse and sexual violence. These policies should ensure staff have the opportunity to address issues relating to their own personal experiences, as well as those which may arise after contact with clients and colleagues.

Relevant authorities should develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of experiencing, or perpetrating gender-based violence, domestic abuse and sexual violence. These should clearly define the range of information which can be shared and with whom.

The Information Sharing framework

Relevant authorities must process information in accordance with the relevant legal framework. In addition, relevant authorities may wish to consider any sector specific documentation (E.g. the Caldicott guardian principles) which may provide assistance in understanding the legal requirements relating to processing information.

The Wales Accord on the Sharing of Personal Information (WASPI) is a framework designed to facilitate the lawful sharing of personal information. It does this by establishing agreed requirements and mechanisms for the exchange of personal information between all relevant agencies.

The WASPI framework provides two core outputs; a common set of principles and standards under which organisations will share information (known as the Accord), and the creation of Information Sharing Protocols (ISPs) which can be accessed and utilised for specific purposes.

The WASPI framework is compliant with the Information Commissioner's Data Sharing Code of Practice and with other legislative requirements, standards and policies. Significant work has taken place in relation to gender-based violence, domestic abuse and sexual violence and the framework therefore provides a useful resource for leadership across the public sector.

Providing “on the spot” management support to those practicing “Ask and Act” and considering individual decisions.

Those with line management or supervision responsibilities may be called upon to support professional decision making in individual cases. In these cases, the relevant legal requirements must be followed and should be reflected in organisational policy and procedure. Managers and supervisors should be on hand to support a colleague through a decision making process in accordance with the law, particularly the Data Protection Act 1998.

Risk assessment and care pathways

Specialist services for those who are experiencing gender-based violence, domestic abuse and sexual violence are often offered based on risk thresholds and cases are prioritised by those who face the highest, most imminent risk of serious and significant harm. A client's risk, and that of their children, is also something which must be considered alongside a professional's duty of confidentiality.

Risk assessment is a "process of looking at what possible outcomes might be from any identified hazard or threat, using a combination of known information and judgment.[49] This is also referred to as making 'a structured clinical judgment" of the client's situation[50] or "actuarial assessment" and professional judgement.

A Risk Identification Checklist enables identification and recording of commonly recognised risks, rather than a thorough assessment of the client's individual situation. The purpose of the Checklist is to give a consistent and simple tool to practitioners who work with victims in order to help them to begin to identify the risk faced by their client and offer appropriate, relevant services. Professionals who practice "Ask and Act" should be able to use the tool in a skilful way to offer a service based on risk at the earliest opportunity.

Consistent use of a Risk Identification Checklist across a locality increases the likelihood of the victim being responded to appropriately and therefore of addressing the risks they face through the use of common criteria and a common language of risk. The Risk Identification Checklist also forms the referral tool which supports the Multi Agency Risk Assessment Conference (MARAC) process for those at high risk of serious harm as a result of domestic abuse.

Addressing the immediate safety of the client and any risk generated by the disclosure and subsequent involvement of services must be addressed either by the professional to whom the disclosure is made or by appropriate colleagues.

It is important for the client to be offered the opportunity to participate in detailed assessment of the risk posed to them by their abuser. This opportunity should be provided to the client efficiently and immediately if possible, to utilise client engagement most effectively.

Relevant authority leaders should consider whether they plan for their staff teams to incorporate risk identification into their internal process of "Ask and Act" (i.e. the person who undertakes targeted enquiry also completes the Risk Identification Checklist) or to establish a referral pathway to specialist services who can offer this service with accompanying risk management planning.

Options to consider within such pathways should include:

- co-location of services to include specialist professionals within non specialist teams;
- a "champion" or "lead" role within teams who has received enhanced training in gender-based violence, domestic abuse and sexual violence and has time set aside to support colleagues in risk identification;

- local specialist agencies providing drop in services, clinics or surgeries within Public Service organisations;
- clear referral processes to local specialist services, with outlined expectations of contact parameters (e.g. guaranteed contact attempted within 24 hours); and
- utilisation of the All-Wales Domestic Abuse and Sexual Violence Helpline – either through providing immediate access to a phone in order to call or arranging for convenient call back to client.

The referral pathway should include age-appropriate options and options which support those who may have difficulties accessing services, or are reluctant to do so. In many cases this will require assertive and pro-active engagement with clients.

Safeguarding Children

The All Wales Child Protection Procedures provide common standards for child protection practice in Wales, whilst the All Wales Practice Guidance on Safeguarding Children and Young People Affected by Domestic Abuse talks specifically to child protection linked to concerns of direct or witnessed domestic abuse.

The procedures reflect the duties under the Children Act 1989 which impose a duty on county and county borough councils to safeguard and promote the welfare of children in need by providing a range and level of services appropriate to those children's needs and where they have cause to believe that the child is suffering, or is at risk of suffering, significant harm, to provide an initial assessment of risk and need. Local Health Boards and NHS trusts must also under the Children Act 2004 make arrangements for ensuring that their functions are discharges having regard to the need to safeguard and promote the welfare of children in their area.

The Practice Guidance also outlines the four central imperatives of any intervention for children living with domestic abuse:

- protect the child/ren;
- support the non-abusive parent to protect themselves and their child/ren;
- hold the abusive partner accountable for their actions and provide them with opportunities to change; and
- promote resilience in children by nurturing the relationship between the non-abusive partner and the child.

These imperatives should be considered as part of all services' interaction with children and staff should be trained and skilled to provide for these, this includes child protection training to a level commensurate with their role and responsibilities.

Young people in abusive relationships

"Partner violence" has been identified as a significant concern for young people's wellbeing. A substantial number of young people will experience some form of violence from their partner before they reach adulthood.

- Three-quarters of girls in a relationship experience emotional violence;
- a third report sexual violence;
- a quarter experience physical violence;
- Half of boys in a relationship report emotional violence;
- 18 per cent experience physical violence; and
- 16 per cent report sexual violence.

Thus, a substantial number of young people will experience some form of violence from their partner before they reach adulthood and for a significant number of young women, this abuse is severe.[51]

Young women aged 16 to 24 years are most at risk of being victims of domestic abuse, one in six girls report some form of severe partner violence. Those young women who are under eighteen are legally defined as children and as such fall within the support, care and protection that are provided by local authorities under the Children Act 1989. However, these young women will be in relationships which are likely to be "adult" in nature - they may be in an intimate relationship, they may be mothers and they may be living with their partner. Moreover, research suggests the severity and escalation of the abuse they experience will be severe.[52]

These young people may therefore need coordinated support from a wide range of local agencies. Joint intervention between Children's Services and the specialist sector can provide an effective means of addressing the potentially complex needs of the young person and meeting their statutory duty to protect them. This should be considered when adopting a process of "Ask and Act". Specifically relevant authorities' leaders should:

- consider the needs of young people in strategic needs assessments and planning;
- formalise close and effective joint working between the collaborative fora on gender-based violence, domestic abuse and sexual violence and those which safeguard children;
- include young people's services in gender-based violence, domestic abuse and sexual violence based partnerships and forums to include expertise on the behaviour and needs of this separate client group and to engage consideration of wider issues which disproportionately affect young people, such as gangs, sexual exploitation, cyber based abuse and 'honour'-based violence; and
- ensure care pathways focussed on gender-based violence, domestic abuse and sexual violence include services specific to young people.

Vicarious Trauma

It is well acknowledged working with traumatised people, even if this is sporadic, can impact on those in a "helper" role. This impact is often termed Vicarious Trauma/tisation or compassion fatigue.[53]

Vicarious Trauma describes helper distress arising from emotional stressors at work; it is a transformation in the self of a trauma worker or helper.[54] Central to the experience is the empathic relationship between the professional and client. Over time and cumulatively, professional empathy with another person's experience can blur emotional boundaries and lead to changes in a professionals' own cognitive perspective and belief system.[55] This can lead to feelings of:

- being overwhelmed or exhausted;
- isolation and alienation;
- pessimism and negativity;
- anger and sadness;
- becoming over-involved with a client;
- self-doubt and concerns about competence and guilt; and
- hyper vigilance - an over stimulated sense of threat.

For a period of time these feelings may persist and tend to parallel those of direct trauma.

Some experience of Vicarious Trauma due to work with victims of abuse is inevitable although the symptoms will not always be the same.[56] A number of contributing factors to the development of Vicarious Trauma have been identified:

Organisational	Personal
Lack of resources, time, personnel and overwork **Lack of workplace support (peer support, supervision)** **Professional isolation** **Differing ethos of agencies/culture clashes**	Lack of experience/junior position Personal trauma history Current personal stress Unrealistic expectations of role and 'making good'

Many Public Service workers will already be in roles which increase susceptibility to Vicarious Trauma (Social Workers, Police Officers etc.) and relevant authorities have a responsibility to limit the impact of this difficult work on professionals.

The implementation of a process of "Ask and Act" is likely to lead to more of those in the relevant authorities working with clients who have been open about their experience of gender-based violence, domestic abuse and sexual violence.

There is no expectation for relevant authorities' employees to develop a specialist working role in relation to gender-based violence, domestic abuse and sexual violence. However, it is inevitable a disclosed experience of abuse will impact on the working relationship and therefore the professional. As an employer, therefore, relevant authorities' leaders should ensure (if they are yet to implement such practice) a series of mitigating factors to limit the impact of Vicarious Trauma on staff.

As leaders:

- acknowledge Vicarious trauma and make clear the experience is not a sign of poor professional practice;
- ensure less experienced staff have more support;
- formalise a buddy/safety net provision;
- ensure team meetings address the emotional consequences of work, and spend time reviewing particularly difficult cases/processes;
- consider clinical supervision for staff;
- advocate good self-care and maintenance of professional networks; and
- encourage staff to self-assess their levels of stress as part of case management[57]

As employees:

- acknowledge distress, see it as normal, consider further support if it persists;
- review coping strategies/ask for support/obtain supervision;
- review your workload;
- give yourself permission to have a break; and
- ensure time for social activities, relaxation, sleep[58].

The majority of staff who experience Vicarious Trauma will experience factors which are uncomfortable but perfectly manageable and which will generally resolve over time.

Active workplace acknowledgment of the potentially distressing nature of the work and provision for those who find it more troubling, can lead to greater awareness of potential for distress and the activation of coping strategies which increase resilience.

Vicarious trauma is not an endpoint or an inevitable negative experience and should not be presented as such within the workplace. Whilst the potential impact of work with troubled, abused and vulnerable people should be acknowledged, where this is managed well, with strong staff support, Vicarious trauma can lead to Vicarious Transformation; a process of transforming vicarious trauma into professional development. Vicarious transformation is a process of active engagement with the negative changes which come about through trauma work and can lead to deepened commitment to work and to vulnerable client groups.[59]

Monitoring and Review

A process of "Ask and Act" should be evaluated against the aims outlined in the Rationale chapter of this guidance. This will involve monitoring relevant data and reviewing wider outcomes and outputs.

Identification of any issue of gender-based violence, domestic abuse and sexual violence must result in appropriate interventions and levels of support and, over a longer period of time, decrease further cases of violence and abuse and associated health consequences.

In the immediate term, strengthening the response of frontline professionals within relevant authorities to "Ask and Act" should achieve the following:

- **To Increase identification of those experiencing gender-based violence, domestic abuse and sexual violence.**

  Monitoring considerations

  - ✓ Can baseline data on disclosures of this type be established?
  - ✓ Does each organisation have a suitable case management system through which to record disclosure, count how often indicators are recognised, how often targeted enquiry is implemented and what percentage of questions result in disclosure?

- **To offer referrals and interventions for those identified which provide specialist support based on the risk and need of the client.**

  Monitoring considerations

  - ✓ How is action taken following disclosure recorded
  - ✓ Are referral options taken monitored and how will outcomes for the client be monitored thereafter?
  - ✓ How can local Multi Agency Risk Assessment Conferences (MARAC), and any other local fora, data be used to assess whether referrals into the process are increasing from all Public Sector organisations?

- **To begin to create a culture across the Welsh Public Service where the experience of gender-based violence, domestic abuse and sexual violence is an accepted area of business and where disclosure is supported, accepted and facilitated.**

  Monitoring considerations

  - ✓ Do all local services have a workplace policy on gender-based violence, domestic abuse and sexual violence?
  - ✓ Is anonymised data of disclosures made under these policies being monitored?

- **To improve the response to those who experience gender-based violence, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health.**

  Monitoring considerations

  - ✓ At the point of disclosure is any co-occurrence of gender-based violence, domestic abuse and sexual violence with substance misuse and mental health issues noted?
  - ✓ Is the engagement of substance misuse and mental health agencies within multi agency fora and referrals from such agencies to fora monitored?

- **To pro-actively engage with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.**

  Monitoring considerations

  - ✓ Is the length of relationship at point of disclosure being noted?
  - ✓ Is the risk level at point of disclosure being noted?
  - ✓ Is repeat access to service related to gender-based violence, domestic abuse and sexual violence being monitored?

Equality and diversity

The collection of demographic information will also be important to inform future planning.

It is important data related to disclosures is monitored carefully to ensure it is representative of the local population. Consider gaps in disclosure- for example, in relation to minority groups, and implement support measures for the workforce to increase reporting of these issues within identified groups.

Training

The Welsh Government will introduce a National Training Framework on gender-based violence, domestic abuse and sexual violence. Guidance will be issued under section 12 of the Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Bill to assist relevant authorities to access and fully benefit from the National Training Framework. “Ask and Act” training is offered through level 2 of the National Training Framework.

Aim

The aim of the training is to support the learner to:

- recognise indicators of gender-based violence, domestic abuse and sexual violence;
- respond appropriately to unprompted disclosure;
- ask appropriate questions; and
- respond effectively to the answer.

Delivery

“Ask and Act” training will be funded and offered to approximately 35,000 priority professionals between 2015 and 2018.

Welsh Government funded training will be offered through a regional dissemination model which utilises the skill and expertise of local practitioners and provides a sustainable model for ongoing provision.

A Welsh Government commissioned training programme and package of supporting materials will be procured. The package will contain generic content on core practice related to “Ask and Act” and tailored materials which are audience specific. The commission to create a training programme and package of supporting materials will also include a separate requirement to write and deliver a “Train the Trainer” programme.

Calls for nomination of local professionals, who are representative of region, specialist knowledge and audience will be issued. These nominated professionals will be trained on the Train the Trainer programme which will cover the key messages of the “Ask and Act” training and support and skills training on how to deliver these messages regionally.

These trained trainers will form the first membership of regional training consortia. These consortia will form part of the delivery model of several levels of the National Training Framework and will allow regions and organisations to take a flexible approach to training local professionals whilst addressing the needs of the targeted priority audiences.

The consortia will be asked to develop and implement regional training plans, staggered over three years through which to reach an agreed number of professionals. Progress and outcomes will be monitored by the Welsh Government, through the Ministerial Adviser.

Separate guidance on the National Training Framework has been published by the Welsh Government. Please refer to this for further information on the training on "Ask and Act".

Content

Following completion of this training participants will:	Proposed assessment criteria
Recognise the signs and symptoms of gender-based violence, domestic abuse and sexual violence	The learner can recognise the signs and symptoms of gender-based violence, domestic abuse and sexual violence The learner can describe how gender-based violence, domestic abuse and sexual violence can affect anyone and the experience of it is not linked to any particular culture, religion or socio-economic status.
Understand the purpose of targeted enquiry and the reasoning for it	The learner can state the reason the targeted enquiry is required and their role in this work.
Demonstrate knowledge of information sharing legislation and the duty of confidentiality	The learner can reference information sharing legislation The learner demonstrates understanding of their duties/ ethical considerations in relation to confidentiality and data sharing.
Be able to demonstrate how to broach the subject of gender-based violence, domestic abuse and sexual violence.	With client safety as primary concern; the learner can ask questions of those displaying signs and symptoms which relate to their possible experience of gender-based violence, domestic abuse and sexual violence. The learner displays confidence to ask the question safely. The learner can respond to the client's response appropriately. The learner can describe additional diverse and complex needs they will consider as they ask questions.
Be able to identify risk in appropriate cases of gender-based violence, domestic abuse and sexual violence	The learner understands the purpose of Risk Identification Checklists. The learner can use a nationally agreed Risk Identification Checklist with the client to identify the level of risk they are facing. The learner understands the importance of immediate risk identification and can utilise pathways to facilitate this.

Be able to implement the targeted enquiry care pathway[60]	The learner is aware of the service choices, referral options and multi agency fora available to those experiencing gender-based violence, domestic abuse and sexual violence The learner can explain these to their clients and facilitate referrals based on the choice of the client. Where the client or related person is at risk of serious harm the learner can demonstrate the action they will take to safeguard those at risk, including children.

Cost benefit

The costs of domestic abuse in Wales are estimated to be £303.5 million annually - £202.6m for service costs and £100.9m in lost economic input.[61]

It is likely "Ask and Act" will initially see an increase in referrals to specialist services including the Independent Domestic Violence Advisor (IDVA) service. This model, integrated within Multi Agency Risk Assessment Conferences provides evidenced cost saving of at least £2.90 for every £1 of public, direct costs.

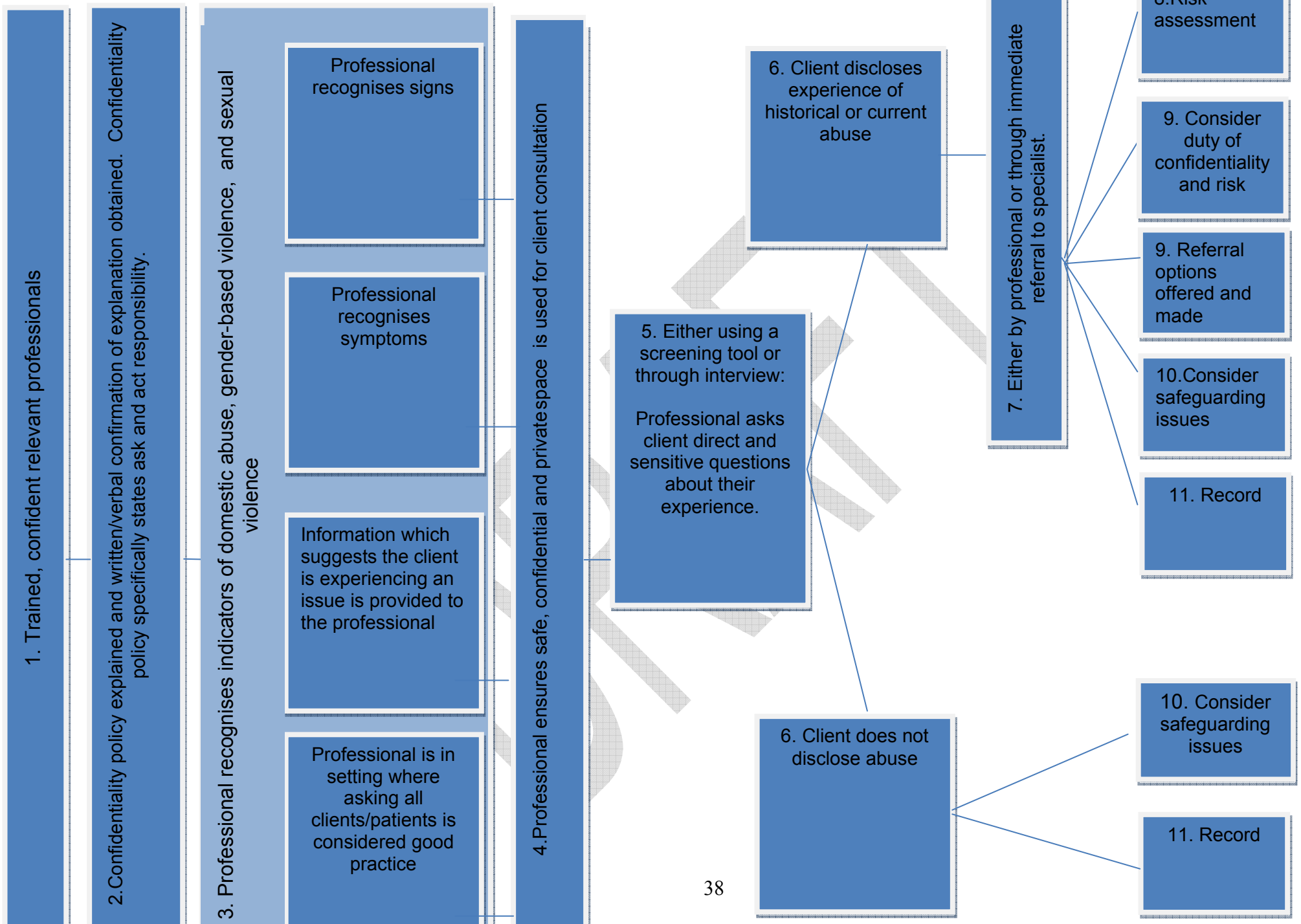
If a process of "Ask and Act" is fully implemented it should be expected more people who experience gender-based violence, domestic abuse and sexual violence will be identified and provided with support. This may increase short-term costs, in terms of existing workforce capacity and support services. However, it may also lead to longer term savings for a range of organisations.

It is difficult to accurately describe these savings as local practice varies significantly and such savings will be tied to the characteristics of local service provision and process. Walby's research on the costs of domestic violence suggest increased utilisation of Public Services in tackling these issues does increase the cost of services. However she also links the development of and increased utilisation of Public Services with a decrease in domestic violence, as a result of which, the costs for business and the wider society of domestic violence have declined.[62]

Therefore, expectations of the cost effectiveness of the "Ask and Act" model include additional savings associated with reduced costs to the criminal justice system, the economy and in relation to the additional quality-adjusted-life-years for those affected by gender-based violence, domestic abuse and sexual violence. Small scale pilots of similar processes to "Ask and Act" indicate the cost, in both human and economic terms, is so significant that to take any action to intervene will be cost effective.[63]

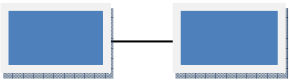
Delivering “Ask and Act” – the role of the frontline practitioner

Ask and Act: The process



The following chapter provides practice based information for each stage of this process. Supported by the organisational guidance in the previous section of this document it supports the implementation of a process of "Ask and Act".

As outlined at the beginning of this document, amended processes may be implemented to suit organisational need, utilise partnerships and specialist support. However a process is implemented, each stage here will still require careful consideration. This chapter provides general process implementation advice and specific guidance for professionals.



Trained, confident relevant professionals

To "Ask and Act" requires listening skills, an ability to respond calmly and empathically to a client who may be distressed and a basic knowledge of local services accessed via agreed local pathways.

For those professions who already work with a client group, where these skills have been taught as part of pre-qualifying education and honed through client relationships, completing the actions required by a process of "Ask and Act" should not differ greatly from those already undertaken as part of their role. These professionals will be expected to practice "Ask and Act" and be prioritised for access to "Ask and Act" training in order to formalise what should already be good practice.

There are other professions within relevant authorities who do not work consistently with a client group and who may find the process of "Ask and Act" new and perhaps intimidating. The process of "Ask and Act" should, however, be simple and evidence suggests undertaking such a process is acceptable to service users.

The "Ask and Act" process is not aimed at those professions who are not in existing client facing roles or in a role where the experience of their client group of gender-based violence, domestic abuse and sexual violence complicates and impacts on the nature of the client's engagement with the service offered in the role.

Through a regional training programme delivered through the National Training Framework on gender-based violence, domestic abuse and sexual violence, there will be an intensive offer of Welsh Government funded "Ask and Act" training between 2015-2016 and 2017-2018. This will be offered initially to the priority professional groups outlined in the previous chapter. Thereafter, it is intended "Ask and Act" training forms an ongoing part of regional training plans to meet locally identified needs, to sustain staff turnover within trained professions and to allow flexibility to meet local and organisational need.

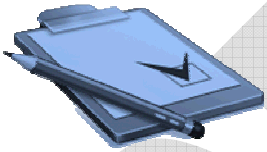
The confidentiality policy

The confidentiality of an individual's information is not absolute and there may come occasions where disclosures are made, as a result of targeted enquiry, where a professional will have to make a judgement about whether to share information and if so, what information to share.

In some cases, such as those where a local authority believes a child is likely to suffer harm, and that child lives or proposes to live in the area of another authority, there is a duty on local authority to inform the other authority. In other cases, such as where a single adult with no additional vulnerability is potentially at risk, it is not mandatory to share this information.

It is imperative each client is aware of the confidentiality policy of the organisation with which they are engaging and is therefore able to make informed decisions about what information they choose to share with the professional they are working with and have reasonable expectations of how this information will be treated.

Those from minority backgrounds, with diverse needs stress the importance of transparent and clear information on how their personal information will be treated in order to improve their experience of services.[64]



In practice

Confidence to apply local information sharing protocols and specifically, the Data Protection Act 1998 is key in relation to "Ask and Act".

Recognition of indicators of gender-based violence, domestic abuse and sexual violence

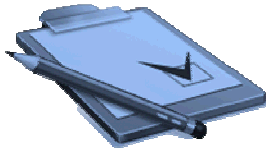
“Ask and Act” is a form of targeted rather than routine enquiry.

Routine enquiry refers to asking all service users about their experience of gender-based violence, domestic abuse and sexual violence regardless of whether or not there are any signs of abuse, or whether abuse is suspected.

Targeted enquiry involves relevant professionals applying a "low threshold for asking" whether the client is experiencing domestic abuse when the client presents certain indicators of abuse. “Indicators” is used to describe all of the signs, symptoms, cues or situations through which gender-based violence, domestic abuse and sexual violence can be identified.

Gender-based violence, domestic abuse and sexual violence takes place in heterosexual, lesbian, gay, bi-sexual and transgender relationships and can involve other family members, including adolescents, young people and children. Whilst some groups are more vulnerable to experiencing gender-based violence, domestic abuse and sexual violence than others, anyone can experience it, regardless of race, ethnic or religious group, social economic status, or lifestyle. Evidence would indicate however, some forms of gender-based violence, domestic abuse and sexual violence are more prevalent within some communities and the professional should pay due regard to this, whilst avoiding un-informed or partial judgments based on stereotyping or myth.

It is crucial the process of “Ask and Act” is based on consistent application of known indicators of gender-based violence, domestic abuse and sexual violence, rather than judgments, personal perspectives or any form of stereotyping. The recognition of known indicators requires the application of informed, open minded discretion on the part of the professional and as such, training to recognise the indicators of abuse and to respond appropriately is vital. “Ask and Act” training will be provided through the National Training Framework.



In practice

Anyone can be a victim of gender-based violence, domestic abuse and sexual violence and a process of “Ask and Act” should reflect this; ultimately each person experiencing any form of abuse should gain access to the services they require, whether accessed via public or specialist services and the indicators of these experiences should be monitored across the entire client group.

For the purposes of this guidance the term indicators is used to encompass four triggers for enquiry with clients about their experience of gender-based violence, domestic abuse and sexual violence; signs, symptoms, cues and settings.

Whilst clients will manage their experience of gender-based violence, domestic abuse and sexual violence differently these are commonly recognisable indicators of the issue which professionals should be aware of and which should prompt further enquiry.

These indicators could reflect a range of issues and also prompt safeguarding concerns for children or associated vulnerable adults. As such, acknowledgment and exploration of them should already be an integral part of good practice.

No matter the other characteristics of the client, where one of the four indicators is observed, this is an indicator of the potential experience of gender-based violence, domestic abuse and sexual violence and the professional should follow the continued stages of the process of “Ask and Act” as outlined below.

The four types of indicator

Signs:

The potential outward and physical signs someone is experiencing gender-based violence, domestic abuse and sexual violence will be both physical and linked to the demeanour and behaviour of the client. They may include attitudinal change.

Socio cultural signs	Physical signs
Changes in attitude or behaviour: becoming very quiet, anxious, frightened, tearful, aggressive, distracted, depressed etc. Constant accompaniment by partner, even where this seems supportive and attentive Partner exerting unusual amount of control or demands over interactions with service, including constant accompaniment Reliance on partner for decision making-lack of free will and independence Obsession with timekeeping Secretive regarding home life Worried about leaving children at home with partner or family Partner or ex-partner exerting unusual amount of control or demands over clients schedule Social isolation from family/friends	Unexplained injuries Change in the pattern or amount of make-up used Change in the manner of dress: for example, clothes which do not suit the climate which may be used to hide injuries Substance use/misuse Fatigue/sleep disorders

Symptoms:

As the term would indicate it is expected the identification and subsequent enquiry based on symptoms will be rooted within clinical and medical practice. Symptoms which should trigger an enquiry include:

- Depression
- Anxiety
- Chronic pain (unexplained)
- Tiredness
- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Gynaecological problems[65]
- Unexplained genitourinary symptoms, including frequent
- Alcohol or other substance use
- Self harm
- Suicide attempts
- Eating disorders
  bladder or kidney infections or other
- Repeated vaginal bleeding and sexually transmitted infections
- Problems with the central nervous system – headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner in consultations

Cues:

A cue describes either a piece of information or pattern of behaviour which merits enquiry. This could include taking an overview of a client's engagement with services over time and querying the reasons behind sporadic or crisis based engagement. It might also include information provided by a partner agency, based on referral or shared via use of local Information Sharing Protocols which indicates concern, suspicion or unsubstantiated intelligence the client might be experiencing gender-based violence, domestic abuse and sexual violence.

To "Ask and Act" is not to interrogate, but where a cue is observed or received a professional should make appropriate enquiry.

Settings:

There is evidence which suggests in some settings routine enquiry is appropriate as the reason for the clients engagement within the setting is also a trigger for enquiry in relation to gender-based violence, domestic abuse and sexual violence.

Professionals working in the following settings should routinely ask all clients whether they are experiencing gender-based violence, domestic abuse and sexual violence due to the known co-occurrence of domestic abuse with the core purpose of the service they provide (mental health issues, pregnancy, child maltreatment):

- **Mental health**

The risk of developing depression, post-traumatic stress disorder (PTSD), substance use issues or becoming suicidal is 3 to 5 times higher for women who have experienced violence in their relationships compared to those who [have] not.[66]

- **Maternal and post partum settings**

30% of domestic violence starts in pregnancy and is associated with low birth weight and pregnancy complications including miscarriage and still-birth[67] [68].

A process of “Ask and Act”, with additional training will further strengthen the existing maternity care pathway which uses an evidence based approach to asking all women about domestic abuse in the antenatal period.

- **Concerns about child maltreatment**

Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs and 52% of child protection cases involve domestic violence.[69]

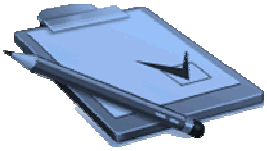
62% of children exposed to domestic abuse are also directly harmed. Missed opportunities to identify gender-based violence, domestic abuse and sexual violence are missed opportunities to identify risk to children.

In addition to the four types of indicator, it is also well evidenced some groups of people are more vulnerable to the experience of gender-based violence, domestic abuse and sexual violence than others and they form part of a wider experience of gender based abuse; acts of violence committed against women expressly because they are women, or as a result of gender based constructs.

Provision of a safe, confidential and private space for client consultation

The process of “Ask and Act” must be implemented within a culture and environment where the confidentiality, privacy and data of the client group is respected and treated very carefully. Essentially this will require:

- the creation of a service which promotes the safety of the client as a priority and provides transparency in relation to confidentiality; and
- the creation of internal processes whereby private spaces can be utilised efficiently to ask required questions in settings which the client deems safe and confidential.



In practice

The professional should address two important considerations prior to asking the question:

- the environment; and
- their rapport with the client.

Environment

The space you provide in which to ask the client about their experience gender-based violence, domestic abuse and sexual violence must be safe and whether it is safe is down to the judgment of the client. Ensure they feel safe in the space you provide and ask them what would make them feel safer to have the discussion.

Do not broach the subject if other people are around or if your conversation can be overheard. The client must be completely alone.

Clearly display information in waiting, communal areas and other suitable places about the support on offer for those affected by domestic violence and abuse. This should include contact details of relevant local and national helplines.

Ensure materials are displayed which indicate inclusivity of those clients who may identify as minority or with diverse needs (see **Applying “Ask and Act” to those with additional diverse needs).**

Ensure the information on where to get support is available in a range of formats and locally used languages. The former could include Braille and audio versions and the use of large font sizes. There may also be more discreet ways of conveying information, for example, by providing pens or key rings with a helpline number.

Do not assume anyone is a “safe” family member or friend. Some forms of gender-based violence, domestic abuse and sexual violence involve multiple perpetrators including family members of all genders and extended social networks. This may be particularly true in relation to “Honour” based abuse and within tight knit communities such as those of travellers. **It is not appropriate to use a family member or friend as an interpreter.**

A client is less likely to disclose if their children are present as they may try and protect them from this information, minimise the violence and will be aware their children are being used by a perpetrator to keep a tab on their action.

Do not assume the sex or gender of the client or the client’s partner and avoid using labels wherever possible.

LGBT clients may not be “out” to the person accompanying them and may be reluctant to disclose anything about their private life.

The client must feel they have the full attention of the professional.

Rapport

It is important to normalise the process of “asking the question”. The best way to encourage the individual to open up to you is to adopt a considerate questioning approach. Try to avoid “shutting down” disclosure through adopting either an apologetic approach or being too forthright.

Talking about gender-based violence, domestic abuse and sexual violence can be an emotionally charged event for both the person being abused and the confidante and needs to be handled sensitively.

The professional must appear confident to ask the question. A professional who appears nervous to ask may convey to the client they are not able to deal with the answer.

The professional should be aware of their non verbal communication to ensure they appear “open” to receiving the answer to their question.

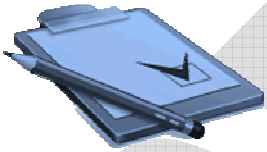
The professional should use their active listening skills to ensure the client feels they are being given their full attention.

The questioning style

The indicators of gender-based violence, domestic abuse and sexual violence could reflect a range of issues and also prompt safeguarding concerns for children or associated vulnerable adults. As such, acknowledgment and exploration of them should already be an integral part of good practice.

Targeted enquiry typically results in a doubling of identification rates of domestic abuse and it increases referrals to outside agencies.[70] As such it has the potential to provide a positive impact on the lives of many victims of gender-based violence, domestic abuse and sexual violence and those of their children. The priority of all services engaged with "Ask and Act" should be to address the needs and the safety of these victims.

The majority of women are in favour of a process of enquiry about domestic violence, provided it is conducted in a safe, confidential environment.[71] Practice based feedback indicates those who experience gender-based violence, domestic abuse and sexual violence want professionals to ask them about their experience and it is easier for a client to respond to a direct question than to offer the information up independently.



In practice

Screening techniques should be adapted to best suit the needs of the professional setting and client group. If tools are used, these should be brief, yet comprehensive and tested across a diverse population. Partnerships between healthcare providers and local specialist organisations should be solidified in order to provide more comprehensive delivery of policy and practice.[72]

Screening tools should not be confused with risk identification or assessment tools which serve a different purpose than the identification of the issue and provide a subsequent step in a process of "Ask and Act".

The question

The information below provides guidance for relevant professionals on how to begin a conversation with a client where they observe indicators they are experiencing gender-based violence, domestic abuse and sexual violence.

- explain to the client what you have observed;

- explain to the client you are concerned about what the observation/s you have made could be linked to.

Indirect questions

Given the indicators of gender-based violence, domestic abuse and sexual violence could also be indicators of wider social and public health issues, the professional may wish to approach targeted enquiry through a conversation involving indirect questions. This will further establish the rapport with the client.

These questions may include an explanation of why they are being asked such as:

> *"I have noticed these signs/symptoms"*
>
> *"I have been provided with this piece of information"*

Which are then followed with an indirect question such as:

> *Are there any problems or reasons which may be contributing to these signs and symptoms?*
>
> *Is there anything going on for you which are causing these signs and symptoms?*

These questions may prompt disclosures of gender-based violence, domestic abuse and sexual violence or of other issues requiring support and in such cases provide a gentle, conversation based approach to targeted enquiry.

However, for some clients, such an approach will lack the required clarity for understanding or will not be enough to overcome their personal barriers to disclosure. It is therefore important professionals also follow up indirect questioning with direct questioning where necessary. The professional must be certain they have asked the question required of "Ask and Act" and this question has been understood by the client.

Direct questions

Whilst direct questions must be clear and concise they must also be asked with great sensitivity and care. It is important the professional practices and thinks through the questions which can be asked comfortably and clearly in a way which normalises the process for the client.

The following are some examples of direct questions to begin the development of professional practice in this area but this should not be used as a script.

> *"Abuse at home is very common and can sometimes result in people behaving or feeling the way you have described today. Abuse is a term used to describe a partner or family member hurting or upsetting you - this might mean physically hurting you, it might mean controlling finances or it might*

mean calling you names or being hurtful through the things they say. It might also mean pushing you to do things you don't want to sexually. Is this happening to you"?

Some of the things you have told me today have worried me and I am concerned about what you might be experiencing in your personal life. Is somebody hurting you in any way or are you afraid somebody might hurt you in the future?

"Some of the things you have described are indicators a person is suffering harm or abuse by a partner or family member. Is it happening to you"?

Many of those who experience gender-based violence, domestic abuse and sexual violence do not recognise it in this way. As such it is important the professional is able to explore what this term means and to break it down into questions on behaviour, rather than terminology. This will be particularly true for younger people who tend to normalise the experience of intimate partner violence.

Below are some examples of behaviour based questions:

Does your partner/ family member(s) get jealous of you seeing friends, talking to other people, going out? If so, what happens?

Does your partner/ family member lose their temper with you? If so, what happens to you as a result?

Has anyone in your family threatened to hurt you or make you do anything you don't want to do?

Do you feel frightened of anyone in your life?

Who makes decisions in your family/about what you can and can't do?

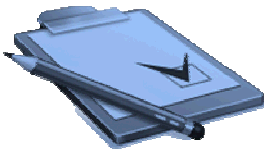
Do you have access to your own money and free choice about how to spend it?

It is important the professional does not over-focus on physical violence to the detriment of emotional, psychological, financial and other aspects of gender-based violence, domestic abuse and sexual violence, all of which are damaging and harmful and should be taken seriously.

Where a client makes some reference to gender-based violence, domestic abuse and sexual violence or partly acknowledges their experience, it is important the professional does not pressurise them to fully disclose if the client is uncomfortable with this.

Dealing with disclosure

The response which is provided by the professional is as important as the question which is asked. This may be the first time the client has disclosed and they are likely be fearful for the implications of doing so. The professionals response will be crucial in reassuring the client.



In practice

Client discloses experience of current or historical abuse

Where a client discloses the experience of abuse, it is important the professional believes and validates the information the client provides. Many clients will fear they won't be believed and it is important the professional validates the experience, acknowledges gender-based violence, domestic abuse and sexual violence are serious issues and taken very seriously by the organisation.

Validating statements must be congruent to professional demeanour and therefore should not be scripted, however, some examples of validating statements are:

> *"It takes huge strength to share what you have today"*
>
> "*No-one deserves to be abused. There is no excuse for violence and you deserve better"*
>
> *"I am concerned about your safety and well-being but there are options and resources available to you"*
>
> *"You are not alone"*
>
> *"The abuse / violence is not your fault"*

Reassure the client the organisation has an understanding of how abuse and violence may affect them and the support which can be offered.

It is also important the professional considers the following:

- the immediate safety of the client and of any associated people;
- whether immediate medical attention is required for any injury;

- the safety of the client to return home and what can be offered to mitigate risk; and
- how the disclosure will be addressed, either within the organisation or using partnerships (see the remaining stages of the process for additional information).
- Options for continuity of care

Client does not disclose abuse

There will be cases where an indicator of gender-based violence, domestic abuse and sexual violence is observed where a client does not disclose abuse. In this case it is important to consider the following:

"Ask and Act" is not an interrogation

A professional may still be concerned for the client but challenging them on their answer is unlikely to improve their engagement. A client should always have choice about what they choose to disclose and they may not be ready to share information.

Do not dismiss your professional judgement

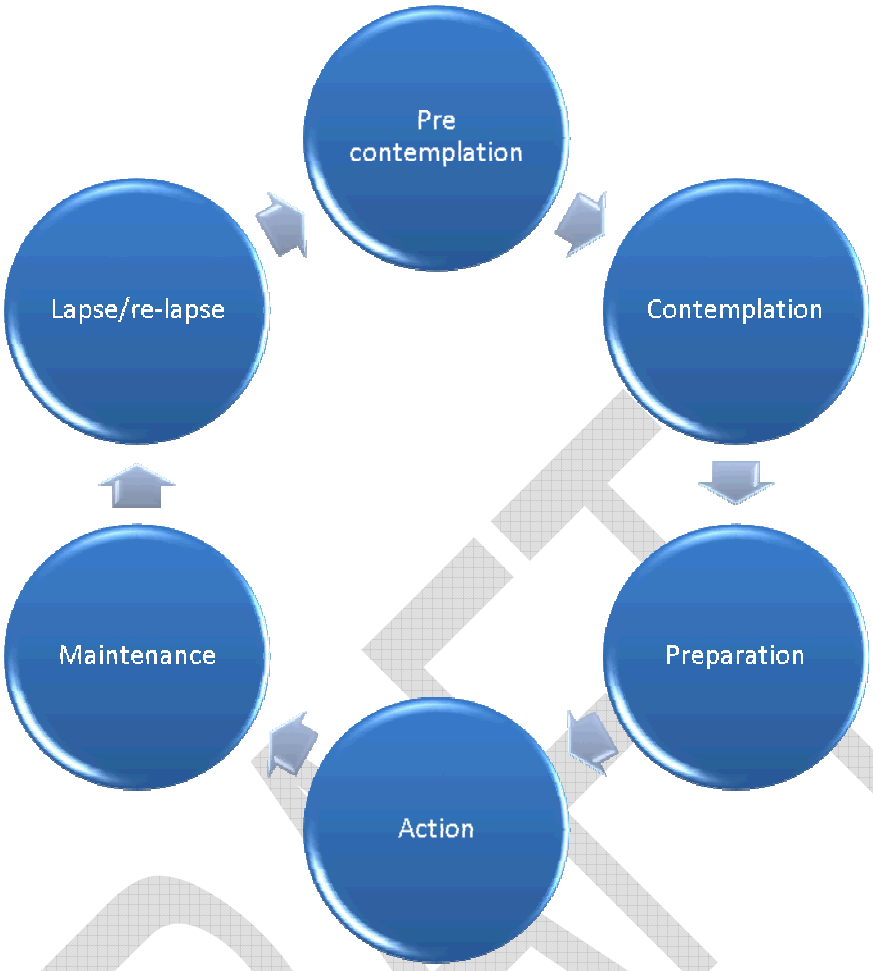
There will be cases where a client does not disclose but where a professional remains concerned for their safety and wellbeing. A professional's intuition can be one of their greatest skills and as such should not be dismissed. A professional should consider what their concerns are and what evidence they have for their concern. This should be further raised with a manager to consider whether the concern would satisfy legal criteria to share information and what actions can be taken to safeguard the client.

Indicators of gender-based violence, domestic abuse and sexual violence are also indicators of other vulnerabilities and concerning behaviour.

It is important to remember the experience of the client may not relate to gender-based violence, domestic abuse and sexual violence, but could be a sign of another vulnerability. A follow up question as to whether there is anything else the client would like to share could be effective as will a general service directory linked to other complex needs such as substance misuse, mental health or self harm.

All organisations should have basic awareness raising materials for local services which can be handed to clients (if safe to do so) should they wish to use them in the future.

Above all, it is crucial "Ask and Act" is not considered a single intervention. Those who experience gender-based violence, domestic abuse and sexual violence are often described as moving through **Stages of Change** in their view of their situation.[73] The stages determine how able and ready a client feels to make a change in their life, in relation to gender-based violence, domestic abuse and sexual violence this may mean their readiness to recognise their situation, to disclose information or to take action to escape the abuse they are experiencing.



Examples of **Stages of Change** in relation to the experience of gender-based violence, domestic abuse and sexual violence involve the following:

Pre contemplation: A client not recognising their experience as abuse or not recognising why services have concerns.

Contemplation: A client recognising an issue in their relationship, having some concerns but not necessarily wishing to do anything about it or not knowing what to do.

Preparation: : A client recognising abuse, wanting things to change and considering what could make the difference-this may involve reading leaflets, thinking about options to leave or identify help.

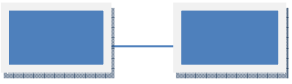
Action: A client makes a change. This may involve calling the helpline or calling the police for the first time.

Maintenance: A client has made a change, for example leaving an abusive partner and is maintaining the change by refraining from contact and reporting ongoing incidents.

Lapse/relapse: A client has previously made a change and maintained it for a period of time. However they have now either reverted slightly back to their old

situation, for example by answering phone calls form an abuser or completely reverted to previous behaviour, for example by returning to the family home to restart a relationship with the abuser.

It is important for the relevant authority to offer services and apply targeted enquiry at **every relevant opportunity**. In doing so opportunity is increased to offer services at the point in time when they are most likely to be accepted or to ask questions when the client is ready to answer them. Whilst a client who is pre-contemplative may not disclose abuse, one who is in contemplation or preparation may be receptive to the question and in asking it, a professional can offer a raft of services which can further stabilise the change the client wishes to make and improve their safety.



Risk Identification

The aims of "Ask and Act" include identification of gender-based violence, domestic abuse and sexual violence. As outlined in the rationale and the definitions sections of this guidance this includes a wide variety of behaviours, perpetrated by partners, ex partners and family members or strangers and acquaintances including:

- Domestic abuse
- Sexual violence (within and not within relationships)
- Female Genital Mutilation (FGM)
- Forced marriage
- "Honour" based abuse
- Stalking and harassment (within and not within relationships)
- Sexual exploitation

For a number of these experiences a process of risk identification has been established. **This process does not identify who is most likely or at risk of experiencing these issues, it is to be used when <u>it is known</u> someone is experiencing these issues**. The risk being assessed relates to particular types of behaviour which are linked to serious harm and death and the escalation of abuse.

There are a number of risk identification tools in existence internationally and they all apply to a combination of domestic abuse, sexual abuse (within relationships), forced marriage, honour based abuse and stalking and harassment. They are not linked to the specific experience of Female Genital Mutilation, sexual violence committed by a stranger or acquaintance or other forms of gender based violence.

Female Genital Mutilation

Whilst there is no formal model of risk assessment for FGM it is crucial that professionals are alert to what might increase a young woman's risk of being subjected to this abuse.

The All Wales Protocol on Female Genital Mutilation should be adhered to.

Professionals should particularly consider:

- any girl born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;

- any girl who has a sister who has already have undergone FGM must be considered to be at risk, as must other female children in the extended family; and

- the family comes from a community that is known to practice FGM e.g., Somalian, Sudanese and other African countries where FGM is practised widely. It may be possible that they will practice FGM if a female family elder is around.

Where a disclosure of the experience of Female Genital Mutilation or threat to mutilate is disclosed, this must be reported to the police as a crime. Where experienced by an under eighteen year old, FGM constitutes child abuse.

Across Wales, in relation to domestic abuse, sexual abuse (within relationships), forced marriage, honour based abuse and stalking and harassment, one risk assessment tool is used by the majority of criminal justice agencies, specialist and some relevant authorities.

This tool is known as the DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Identification Checklist. It is published by the charity Co-ordinated Action Against Domestic Abuse (CAADA) and was developed in partnership with Laura Richards on behalf of the Association of Chief Police Officers and in consultation with CAFCASS, Respect and independent subject experts.[74]

Aim of the DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence) Risk Identification Checklist:

- To help frontline professionals to identify risk in cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to the Multi Agency Risk Assessment Conference (MARAC) and what other support might be required. A completed form becomes an active record which can be referred to in future for case management.
- To offer a common tool to agencies which are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based abuse.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

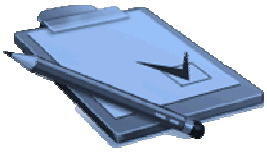
For the reasons set out below, it is this tool the Welsh Government recommends for use in the public service in Wales.

The DASH Checklist was introduced as a multi agency risk assessment tool in 2009 and **combines a number of pre-existing risk assessment models,** including the integrated tool used by the police.

The Checklist has been designed **for use by both domestic abuse specialists and practitioners working across the public service**. The Welsh Government is keen to see consistency of use of an agreed Checklist across Wales.

The DASH Checklist is **evidence based**. The risk factors included are drawn from extensive research by leading academics in the field into domestic homicides and 'near misses'. The research base for each factor can be found in the tool's practice guidance, a link to which is provided in the useful links section of this guidance. The listed indicators can be organised into factors relating to the behaviour and circumstances of the alleged perpetrator(s) and to the circumstances of the victim. Most of the available research evidence, upon which the risk factors are based, is

focused on male abusers and female victims in a current or previous intimate relationship. Generally the risk factors refer to the risk of further assault, although some are also linked to the risk of homicide.



In practice

When to use the checklist

- **The Checklist should be used with every client who discloses current domestic abuse, stalking and 'honour'-based violence to a professional**.

Someone is a victim of 'current' abuse where there has been any form of abuse (including psychological, financial, sexual and physical abuse) occurring within the last three months. However this is not an absolute; risk can change and each client's situation will differ. Therefore it is essential professionals consider each case based on its own circumstances.

The checklist includes questions about static and dynamic risk factors:

- the static risk factors are those which will not change. For example, if the perpetrator has *ever* threatened to kill the victim or someone else or have they *ever* threatened or attempted suicide.
- the dynamic risk factors, such as pregnancy, financial issues or sexual abuse.

Where the questions on the checklist refer to 'current' (e.g. "has the current incident resulted in injury" as outlined above) a timeframe of up to three months should be used to define this term. For this reason, in practice the checklist will not easily apply to historical cases, i.e. if the abuse has ceased and the client is in need of general support to recover from a historical trauma.

Who should the checklist be used with?

The checklist is designed for use with adult victims of domestic abuse, stalking and 'honour'-based violence (those who are over eighteen). A specific, amended form for use with young people is also available.[75]

How to use the checklist:

- ✓ It is very important to ask **all** of the questions on the checklist to get a comprehensive view of the risks somebody is experiencing. If a question is missed there is a danger something significant could be missed, resulting in an inadequate response to a client.

- ✓ The professional should be familiar with the checklist before they use it with their first client to feel confident about the relevance and implications of each question.
- ✓ The professional should be sure they have an awareness of the risk management and service safety measures they can offer and must be familiar with local and national resources for the client.

Applying the Risk Identification Checklist in practice.

Confidentiality policy of organisation explained

Policy to “Ask and Act” explained

Indicator of abuse identified

Safe space provided

Question asked

Disclosure made

Prior to completing the checklist a professional should establish:

How much time the client has to talk to them.

The safe contact details of the client in case the call is terminated or they have to leave in an emergency.

Whether the perpetrator is around, due back or expected back at a certain time.

If this is a telephone call, whether it is safe for them to talk right now.

And:

Introduce the concept of risk to your client and explain why you are asking these questions.

Where possible complete the checklist on your first contact with the client.

Introduce and explain the Risk Identification Checklist

Ask client if questions on the form can be asked

Go through form

Explain results of form

Consider service options with client

Explain service which can be offered by specialist service

Arrange for immediate contact with a specialist service provider for initial risk identification and service options explanation

This can be facilitated in a number of ways, depending on the circumstances of the organisation:

- ✓ Through a co-located service
- ✓ Through effective local referral pathways
- ✓ Through use of the national Domestic and Sexual Abuse helpline

Explain service which can be offered through Public service

Specialist service provision

Professional judgment and escalation

9 ticks or less*	10 ticks or more	14 ticks or more
Specialist services	IDVA services Specialist services	IDVA and MARAC

*It is up to each individual service to take a decision on thresholds for service provision and for local partnerships to agree threshold for multi agency fora.

The Risk Identification Checklist can be used to set thresholds which can form the basis of how local services are structured and to create the gateway for local multi agency fora. Agreeing appropriate thresholds which meet local need is a matter for local partnerships, however an outline (based on CAADAs recommended threshold) is provided below:

Professional judgment

The practitioner's professional judgment is crucial in all cases; the results from a checklist are not a definitive assessment of risk. The results provide a structure to inform judgment and act as prompts to further questioning, analysis and risk management. The checklist does not demonstrate any scale of risk.[76]

If a professional has serious concerns about a victim's situation, they should refer the case to MARAC and to the Independent Domestic Violence Advisor service attached to MARAC.

There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information which might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence. This judgment would be based on the professional's experience and/or the victim's perception of their risk even if visible risk factors and escalation are not observed.

'Visible high risk': the number of 'ticks' on the checklist. If 10 or more 'yes' boxes are ticked, the case should be considered "high risk". However, the majority of local MARACs set their criteria higher than this, at 14 ticks, to provide for a workable, appropriate threshold for this forum.

The 'don't know' option is included on the form where the victim does not know the answer to a specific question. It should be used when ticking 'no' would give a misleadingly low risk level.

Potential escalation: the number of known incidents of abuse experienced by a victim as a result of domestic abuse in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information.

Most MARACs set their thresholds at three or more incidents taking place in a 12 month period but this will need to be reviewed depending on local volume and level of police reporting.

Service generated risk

The term "Service generated risk" is used in the Caledonian System's Women's Services' Framework for Safety Planning as part of this perpetrator programme in Scotland.[77] The term is used to name the scenario in which systems or practice of professionals creates or increases the perpetrator's risk to the client, or creates additional obstacles for the client.

By working together and including a step in planning which asks whether the actions intended will increase the perpetrator's risk or difficulties the client faces, the professional (and subsequent multi agency fora) can ensure they are working to mitigate risks as they become clear.

Identifying a service-generated risk is not a reason to step back from action, but a requirement to safety plan further in an individual case and to address and alter any structures which regularly generate such risks.

Explaining risk identification to clients and explaining the results of the risk identification work

Explaining risk and confidentiality

A professional should remind their client of their organisation's confidentiality policy prior to completion of the checklist. This will create transparency and clarity for the client about how and when the information they disclose might be used and shared. It can also be useful to explain completion of the checklist will help to understand their situation better and make decisions on the most appropriate services to offer them.

Before you begin the checklist it may be useful to also gather:

- ✓ How much time the client has to talk to you.
- ✓ The safe contact details of the client in case they have to leave in an emergency.
- ✓ Whether the perpetrator is around, due back or expected back at a certain time.
- ✓ If a telephone call, whether it is safe for them to talk right now.

Explaining the results of risk identification

It is important this is handled in a sensitive and careful manner to ensure the client doesn't become frightened or overwhelmed at the outcome of the risk assessment or, conversely feel like their situation is being minimised. It is imperative the client does not feel embarrassed for seeking help or unsupported in dealing with the outcome.

Consider the following principles as you explain the result of the form to the client:

Provide your evidence

It is important you state what your concerns are exactly by using the answers the client gave to you and by explaining your professional judgement.

Be clear about the action you will take

It is important you explain what the next steps are to be, i.e. risk management, safety plans, referrals to MARAC and child protection agencies.

Ensure you address the client's immediate safety concerns

In many cases, the victim will need reassurances there are systems in place to ensure family members or the wider community will not be contacted or informed. Such contact may put the victim at greater risk.

Using the tool with different forms of gender-based violence, domestic abuse and sexual violence

The Risk Identification Checklist is based on the experience of domestic abuse, stalking and harassment and "Honour" based violence in all of its forms. As stated above the evidence base for the form is made up primarily of female victims of male perpetrators, as such professionals should make additional considerations when using it with clients whose situation is different from the primary evidence base.

The form is not suitable in cases of slavery, sexual violence perpetrated by a stranger or acquaintance or for Female Genital Mutilation. No equivalent risk assessment exists for these forms of abuse. However it will provide use for domestic abuse, sexual violence within family or intimate relationships, "honour based abuse, and stalking and harassment.

'Honour' based violence

The questions on the Risk Identification Checklist include the possibility a client is at risk from more than one perpetrator as it is common for multiple perpetrators to be present in cases of honour based abuse. Further, there are direct questions about 'honour' based violence in the guidance for the checklist which will help practitioners to identify these cases.

A professional's judgement will be crucial in identifying risks in relation to 'honour'-based violence as many of the questions in the checklist cover wider criminal behaviour which may be absent in these cases. In such cases the score on the checklist is unlikely to meet the actuarial threshold for referral to MARAC despite the situation being gravely serious. In such cases professional judgement should still prompt a referral to MARAC.

The security issues around information sharing are particularly relevant in cases of 'honour'-based violence.

Stalking

The checklist is designed for use in cases of intimate partner and wider family violence and thus is not appropriate for use in cases where stalking occurs and there has been no previous relationship.

In cases where stalking is identified as part of the domestic abuse, this should be taken very seriously. The Checklist guidance also lists additional questions to consider where stalking is identified and specialist services will utilise additional stalking risk assessment tools upon receipt of referral.

LGBT victims

Lesbian, Gay, Bisexual or Transgender (LGBT) individuals accessing services will have to disclose both their experience of gender-based violence, domestic abuse and sexual violence and their sexual orientation or gender identity. Creating a safe and accessible environment where victims feel they can do this and by using gender neutral terms such as partner/ex-partner is essential.

Some questions on the Risk Identification Checklist relate only to the experience of women, for example the question on pregnancy. Male clients should not be asked this question and the client should personalise the completion of the checklist as far as possible to facilitate conversation rather than as a question-answer exercise.

However, the professional should also be aware this removes a question (and therefore a score) on the checklist and makes the professional judgment of the practitioner crucial.

Family violence

As risk, identified through use of the Risk Identification Checklist, relates to the risk faced by an adult victim, based, in part, on their perception of the risk posed by their abuser, the checklist is suitable for use in cases of inter-generational violence where the victim is over 18 (even if the person using the abusive behaviour is under 18). The form should be completed and assessed in the same way as for an intimate partner case.

The local Safeguarding Children team should be involved where a child is identified as using abusive behaviour.

Young people and children

This form will provide valuable information about the risks children are living with but it is **not** a full risk assessment for young people and children. The presence of children increases the wider risks of domestic violence and step-children are particularly at risk. If risk towards children is highlighted you should make a safeguarding referral to obtain a full assessment of the children's situation.

Specific tools are available to understand the risk faced by young people who are the direct victims of abuse within their own relationships. Where a young person is identified as in this situation, their risk should be taken very seriously and specialist services should be alerted immediately.[78]

Consider whether risk requires the sharing of client information

Sharing information is essential when working with victims of gender-based violence, domestic abuse and sexual violence. All professionals must be able to demonstrate defensible decision making which means information shared and actions taken are lawful, necessary and proportionate in protecting the safety of the client and, in many cases, their children.

General guidance on information sharing is that data should generally only be shared with the consent of the client. However, 'consent' is just one of the methods under the Data Protection Act 1998 by which personal data may be shared and the Act recognises and allows for situations where data may be legitimately shared where a professional does not have the explicit consent of the client.

The Welsh Government will publish separate guidance on information sharing. This guidance, local protocol and the legislative framework should be considered by the practitioner in relation to data protection and information sharing.

In practice

There are three possible scenarios following the disclosure of the experience of gender-based violence, domestic abuse and sexual violence:

1. Risk identification indicates high risk to an adult victim, child or other.
    - The client consents to their information being shared
    - The client does not consent to their information being shared

2. Risk identification does not indicate high risk and the client consents to their information being shared.

3. Risk identification does not indicate high risk and the client does not consent to their information being shared, or consent cannot be obtained for their information being shared.

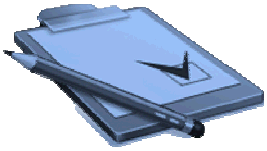
Each of these scenarios will require different considerations and each decision must be based on the detail of the individual case. Consider the forthcoming Welsh Government guidance, alongside the legislative framework in your decision making.

Referral options offered and made

Public and specialist services at a local level should be integrated so as to provide:

- robust identification of those who are experiencing gender-based violence, domestic abuse and sexual violence;
- clear and efficient referral pathways (within organisations or externally); and
- interventions at all stages of a client's experience and to manage those who perpetrate abuse.

These referral pathways should also ensure people who misuse alcohol or drugs or who have mental health problems and are affected by gender-based violence, domestic abuse and sexual violence are also referred to the relevant public and specialist services.



In practice

Professionals who "Ask and Act" must have knowledge of both local and national services who can offer support to those who experience gender-based violence, domestic abuse and sexual violence and their employing organisations should be part of working agreements which facilitate swift access to such services.

A list of the types of service available across Wales is provided below. A directory of local contact details is available at www.livefearfree.org.uk

Floating support

Domestic violence service providers have developed a range of services to reach out and offer support and help to women whether or not they are staying in refuge accommodation. Floating support is a specific type of outreach service which is designed to support women who wish to remain in their own homes (regardless of the type of tenancy they have), or who are in emergency or other temporary accommodation.

Independent Domestic Violence Advisors

The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at **high risk** of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients **from the point of crisis** to assess the level of risk, discuss the range of suitable options and develop safety plans.

They are **pro-active** in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. IDVAs support and work over the short- to medium-term to put them on the path to **long-term safety.** They receive specialist accredited training and hold a nationally recognised qualification.

Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.

Studies have shown when high risk clients engage with an IDVA, there are **clear and measurable improvements in safety**, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse[79].

Outreach support

Outreach services provide a range of new initiatives including information services in rural areas, and specialist outreach services for women from minority ethnic communities.

Refuge

A refuge is a safe house where those who are experiencing domestic abuse can stay. Refuge addresses (and sometimes telephone numbers) are confidential. There are over 50 refuges and support services in Wales, the majority of which are women only. A small proportion of the available units are accessible to men.

Some refuges are specifically for women from particular ethnic or cultural backgrounds (for example, Black or Asian women). Many refuges have disabled access and staff and volunteers who can assist women and children who have special needs.

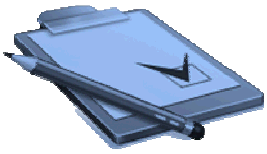
Sexual Assault Referral Centre

Sexual Assault Referral Centres provide specially trained, experienced professionals to support and advise men, women, children and young people who have experienced sexual violence. SARCs have been developed in partnership with the police, health and voluntary services.

The SARC often employs **Independent Sexual Violence Advisors (ISVAs)** who can offer specialist support and advocacy to those who have experienced sexual violence from anyone. They offer expertise in the Criminal Justice System and can support those whose perpetrators are prosecuted support through the Court process.

Consider safeguarding issues

Children who live in households where there is domestic abuse are exposed to a significant risk of harm (Working Together Under the Children's Act 2004). Section 120 of the Adoption and Children Act 2002 expands the definition of harm in section 31 of the Children Act 1989 (care and supervision orders) to include 'for example, impairment suffered from seeing or hearing the ill treatment of another'.



In practice

Every professional with a responsibility to "Ask and Act" should:

- Understand their role and responsibilities to safeguard and promote the welfare of children;
- Be familiar with and follow their organisation's procedures and protocols for safeguarding and promoting the welfare of children and know who to contact in their organisation to express concerns about a child's welfare;
- Be alert to indicators of abuse and neglect;
- Have access to and comply with the *All Wales Child Protection Procedures;*
- Understand the principles and practice contained in *Safeguarding Children: Working Together under the Children Act 2004;*
- Know when and how to refer any concerns about child abuse and neglect to social services or the police;
- Know a child, parent, caregiver, relative or member of the public who expresses concerns about a child's welfare to a professional and /or agency employee must never be asked to make a self referral to social services or the police. The professional and/or agency employee must make the referral.

If any person has knowledge, concerns or suspicions a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure the concerns are referred to social services or the police, who have statutory duties and powers to make enquiries and intervene when necessary.

This is not a matter for individual choice.[80]

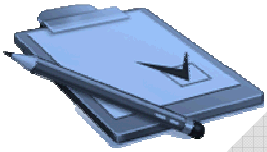
Recording

All professionals must record the questions they ask the client and the response accurately in relevant case notes. Clients have a general right of access to their own personal data under the Data Protection Act 1998 so it's vital that the records are relevant and accurate.

These records should be:

- ✓ Concise yet detailed enough for it to be useful to manage and progress the case
- ✓ Legible so others within the team can access them in your absence or in emergencies.
- ✓ Accurate distinguishing between fact and opinion
- ✓ Relevant to your case work[81]

It is particularly important decisions made following a client's disclosure are recorded, principally where a decision to share their information without their consent is deemed necessary in improving their safety.



In practice

As outlined in the section above there are three possible responses to a question on the experience of gender-based violence, domestic abuse and sexual violence.

1. **Risk identification indicates high risk to an adult victim, child or other.**

   The client consents to their information being shared

   The client does not consent to their information being shared

Where a client is identified as being at high risk it is likely a multi agency response will be required to improve their safety and to protect their children. In order to co-ordinate this response it is likely the professional will need to share the client's information with relevant partners to initiate a response.

Where children are involved this may not be a decision where individual choice is required: If any person has knowledge, concerns or suspicions a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure the concerns are referred to social services or the police.

However the decision is more complex where child protection is not a factor, in cases such as these, to share information is not mandatory but "permitted.[82] In these cases a professional will need to make a judgment about whether, and what information can be shared legally, and with whom. However it is important to remember:

"It cannot be ethically justified if we hold information that we know could prevent serious harm to others and yet knowingly decide not to share it."[83]

Should a professional choose not to share information based on a disclosure they should:

- Record the decision, including the reasons it was made
- Consider ways to reduce the risk to the client and their children
- Consider proactive way to assist the client to access help from other agencies.

Should a professional choose to share information based on a disclosure they should:

- Record their decision and their reasons for it
- Make decisions/enquiries about the information to disclose, how and to whom
- Discuss with the client, if appropriate and safe
- Note when and whether the client was informed and reasons why, if not.

2. Risk identification does not indicate high risk and the client consents to their information being shared.

Where a client provides explicit consent to share their information it is important a record of this is kept on file, stating which information is to be shared, with whom and for what purpose.

3. Risk identification does not indicate high risk and the client does not consent to their information being shared or consent cannot be obtained for their information being shared.

Where there is no clear and legitimate purpose for sharing clients' information this information should not be shared. In such cases:

- A professional should record actions on file
- Reassure client of ongoing offer of services.
- Mark/flag file to ensure sensitive, heightened response provided, should client return to service.

Applying "Ask and Act" to those with additional diverse needs

An organisational process of "Ask and Act" must take account of the diversity of the population it serves and the known research on gender-based violence, domestic abuse and sexual violence. Acknowledgement of this diversity should be woven into all areas of practice and form part of a response to each client.

Training on "Ask and Act" must include consideration of a multitude of client groups which mirrors the population of Wales and which draws out any specialist needs and responses required (this will be included in the National Training Framework).

Partnership between specialist and public services offers can offer an effective response to minority communities.

Consideration of the diverse needs of a client should not be an "add on" to service provision, nor should assumptions be made as to the experience of any client-each should be treated individually. However in order to ensure the typical considerations required by professionals are set out, this chapter summarises some of the barriers individuals may experience to disclosing an experience of abuse. The content is not exhaustive, nor is their any suggestion the experience of these barriers will be inevitable. It is hoped the observation of them will influence a professional's likelihood to trigger enquiry:

Those at risk of "honour" based abuse[84]

The terms "Honour" or "izzat" relate to issues of family honour, reputations and personal reputations. One could bring shame to one's family through behaviour which is judged by one's family or community to damage reputation.

Remaining true to one's culture and maintaining family reputation within society is central to "honour" or "izzat". Maintenance of family honour has been linked to personal shame. Those who are brought up in cultures where "honour" is prioritised can feel trapped in difficult or abusive relationships. Moreover, fear of reflected shame and loss of izzat are regarded as key reasons why those who feel responsible to uphold family "honour" do not seek help.

An additional barrier for those who are at risk of "honour" based abuse is fear professionals will not keep confidentiality or records are kept securely enough to maintain confidentiality.[85]

Black, Asian, Minority Ethnic, Refugee individuals[86]

There is under-reporting of gender-based violence, domestic abuse and sexual violence by people from Black and Minority Ethnic, Refugee (BAMER) communities in the general population. Some of the additional barriers to reporting faced by them could be:

- language barriers - interpretation;
- immigration status and no recourse to public funds;

- racism (either a perception or fear of a racist response or an actual racist response from a service provider);
- cultural beliefs and practices; fear of rejection by their community; and
- mistrust of authorities.

Violence in the country of origin - Asylum-seeking and refugee people may have experienced abuse or violence prior to their arrival in the UK.

The asylum system has been frequently criticised for a lack of sensitivity towards, and understanding of, women's claims for asylum within a system which has historically been geared towards male experiences. A lack of confidence in and dissatisfaction with the asylum system in relation to gender based violence are frequently raised.

The asylum interview can be a traumatic experience for those who have experienced gender-based violence, domestic abuse and sexual violence which is material to their claim, and some may not feel able to disclose information, particularly around sexual violence, due to cultural taboos and a lack of preparation and support.

Older people from ethnic minority communities may be less likely than younger people to speak or understand English, and/or may have been kept from learning about availability of sources of help and support.

Divorce or separation may seem impossible to contemplate and concern about family "honour" may particularly influence some people from BAMER communities.

Male victims

Male victims of gender-based violence, domestic abuse and sexual violence may be reluctant to disclose their experience due to fear of being ridiculed, not being believed or being treated unfairly by agencies. They may have misguided notions of masculinity which cause additional feelings of shame and embarrassment at experiencing gender-based violence, domestic abuse and sexual violence.

Much of the imagery and public information on gender-based violence, domestic abuse and sexual violence presents it as a problem of heterosexual relationships with the woman as the victim. Male victims of either male or female abusers may be less likely to identify themselves as experiencing abuse if the imagery used to describe the experience does not include them.

Young people at risk of forced marriage

The age of 16 is a high risk trigger point for forced marriage due to the ending of formal education and the age of consent in the UK. It is not the only age of risk and professionals should be vigilant towards all young people.

In cases where the concept of 'honour' is at stake, there is a significantly increased potential for multiple perpetrators. The client may be frightened of a range of people, including both male and female relatives, as well as others from the wider community or figures of authority, and they may find it extremely difficult to trust anyone. As a

result, social isolation becomes one of the biggest problems for young people at risk of forced marriage.

Older people[87]

Older people may find it particularly difficult to disclose given a traditional notion people should keep quiet about their problems, particularly if they involve family members.[88] Some older people will be experiencing abuse by their children for example. This dynamic may make it harder to speak out and ask for help.

The choices and options available to those experiencing gender-based violence, domestic abuse and sexual violence in the past were limited in comparison to the spectrum of services available currently. Older people may have limited knowledge and expectations of the help available to them and be less likely to seek help as a result.

Older people are, however, more likely to be involved with public services and reliant on these for support. Their reliance on these services and the carers who provide them may increase their risk of abuse and make them less likely to disclose abuse of any form.

A "public story" of gender-based violence, domestic abuse and sexual violence is also applicable to older people; images portrayed in the media frequently feature younger people and may convey the impression gender-based violence, domestic abuse and sexual violence is not expected to affect those in later life.

Young people

Younger women (aged 16-24 years or under) are most likely to experience physical abuse from an intimate partner.[89]

A person is most likely to experience domestic abuse in their first relationship and the majority of these will occur during teenage years. There is also a high level of normalisation of abuse, violence and controlling behaviour amongst young people. A young client may not recognise the abuse and may minimise the harm they are experiencing.

There can also be overlaps between gang involvement and sexual exploitation and these disproportionately affect young people. These experiences may broaden the number of potential perpetrators and have links to organised crime. As such young people may fear speaking out due to the experience of facing multiple threats.

Young people are more likely than others to be using social media. Social networking sites provide those using abuse with additional opportunities for control and online tracking. Young people's use of new technologies makes young victims more vulnerable to being controlled, e.g. through threats to circulate humiliating visual images. This may prove a further barrier to disclosure.

Lesbian, Gay, Bisexual and Trans individuals

Much of the imagery and public information on gender-based violence, domestic abuse and sexual violence presents it as a problem of heterosexual relationships; physical violence perpetrated by the bigger, 'stronger' heterosexual man against the smaller, 'weaker' heterosexual woman. LGB and T individuals may be less likely to label themselves as experiencing abuse if they are unable to identify with the characteristics this "public story" presents.[90] Although 80% of respondents to the Scottish Survey of Transgender People's Experiences of Domestic Abuse identified having experienced some form of abusive behaviour from a partner or ex-partner, only 60% of respondents recognised the behaviour as domestic abuse.[91]

Assumptions women are not violent, or violence taking place between two women or two men is less serious than in heterosexual relationships or is likely to be mutual abuse can result in practitioners misunderstanding or minimising the risk experienced by LGB and T victims.

Research into the experience of abuse for LGB and T people describes a "gap of trust" between those in same-sex relationships and public services. This is typically based on a fear these agencies may be homophobic or transphobic, will not be sympathetic or will not understand the experiences of the client.[92] For some clients, this will arise from previous experience of real or perceived trans or homophobia from service providers. Moreover, some services may appear heterosexist (i.e. they assume all clients are heterosexual) and, as such, inadvertently exclude LGB and T individuals.

In order to disclose the experience of abuse an LGB or T person will be required to 'out' themselves to services. This can also lead to concerns around confidentiality if the client is not 'out' in every part of their life (e.g. to colleagues or family). This may be information they are not yet prepared to share, or they may fear repercussions if the 'wrong' people hear about their sexuality or gender identity.[93]

Trans people commonly describe their gender identify being used as part of their experience of gender-based violence, domestic abuse and sexual violence. The type of abuse most frequently experienced by trans people is transphobic emotional abuse, with 73% of the respondents experiencing at least one type of transphobic emotionally abusive behaviour from a partner or ex-partner.[94]

Disabled people

Disabled people are more likely to be physically vulnerable than a non-disabled people and less able to remove themselves from an abusive situations.

Disabled women are twice as likely to experience domestic abuse as non-disabled women.[95] They are also likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence.

Threats to withhold care or remove mobility or sensory devices required for independence limit disabled people's ability to disclose, further compounding the social isolation of some disabled people.

Examples of current practice

Wales will be the first part of the UK to take steps to actively encourage a national process of targeted enquiry across the public service. However, smaller scale, similar projects are running which meet the key requirements of ""Ask and Act".

Depending on budget and aim, these projects may provide examples of models for local adoption.

Identification and Referral to Improve Safety- IRIS

IRIS is a General Practice-based domestic violence training, support and referral programme for primary care staff. It is a targeted intervention for female patients aged 16 and above experiencing current or former domestic abuse from a partner, ex-partner or adult family member.

The model rests on one full-time advocate educator working with 25 GP practices. The advocate educator is a specialist worker who is linked to the practices and based in a local, specialist domestic abuse service.

At each practice a lead professional is identified to be the IRIS practice champion. This person is the main point of contact for the advocate educator and can be any member of the practice team and is not limited to one professional.

Practices also utilise an electronic prompt in the medical record called HARKS (Humiliate, Afraid, Rape, Kick and Safety) and is linked to health symptoms of domestic abuse. This pop up is installed centrally via the practice's existing electronic medical record system and provides a practical reminder to ask about abuse, a safety tool based on risk and a mechanism for recording disclosures of abuse.[96]

The Peabody model

Peabody, one of London's oldest and largest housing charities, is leading the way in improving how housing providers respond to domestic abuse. Over the last 5 years it has introduced domestic abuse training for frontline staff, and members of associated trades (for example gas inspectors, maintenance contractors) to raise their awareness of the issue and improve their response. It has also developed a more efficient case management system, strengthened links with local authorities and added two qualified independent domestic abuse advisers to its community safety team.

This work has been driven by analysis of existing provision, improving policy and practice and rolling the approach out to other housing associations and councils. So far, Peabody has trained 552 housing professionals and has seen a notable increase in identification and referrals. Since 2009 on average, a quarter of the Community Safety Team case load has been domestic abuse. Between 2006 and 2009 an average 7 cases of domestic abuse a year were identified within Peabody. Following implementation of the training and support programme an average of 81 cases per year are now identified.

Definitions

Abuse (as defined by the Bill): Physical, sexual, psychological, emotional or financial abuse

Act: A term used to describe the process followed by the relevant professional depending on the response of the client to being asked.

Ask and Act": A process of targeted enquiry by relevant authorities in relation to gender-based violence, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services.

Ask: A term used to describe the recognition of potential indicators of gender-based violence, domestic abuse and sexual violence and subsequent enquiry with the client by this professional.

Association (as defined by the Bill): A person is associated with another person for the purpose of the definition of "domestic abuse" if they fall within the definition set out in section 21(2) and (3) of the Bill.

Domestic abuse (as defined by the Bill): abuse where the victim of it is or has been associated with the abuser

Gender-based Violence (as defined by the Bill):

(a) violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
(b) female genital mutilation;
(c) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding)

Female Genital Mutilation: an act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003 (c. 31)

Harassment: A course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:

(a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information would think the course of conduct amounted to or involved harassment of another person, and
(b) "conduct" includes speech;

Indicators: For the purposes of this guidance the term indicators is used to describe all of the signs, symptoms, cues or situations through which gender-based violence, domestic abuse and sexual violence can be identified. In this respect it does not refer to indicators as measurements of performance.

Cues: The presence of some other information which suggest the experience of abuse.

Signs: The potential outward and physical signs someone is experiencing domestic abuse.

Situations: Such as when there are concerns about child maltreatment or in mental health settings where asking all clients/patients would be considered good practice.

Symptoms: Symptoms of abuse or of associated impacts (such as anxiety or depression).

Local Authority (as defined in the Bill): a county or county borough council.

Relative (as defined by the Bill): in relation to a person, means that person's parent, grandparent, child, grandchild, brother, half-brother, sister, half-sister, uncle, aunt, nephew, niece (including any person who is or has been in that relationship by virtue of a marriage or civil partnership or an enduring family relationship).

Sexual Violence (as defined by the Bill) : sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

Sexual exploitation (as defined by the Bill): something that is done to or in respect of a person which:

(a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales, or
(b) would involve the commission of such an offence if it were done in England and Wales;

The public service: Public Services are services delivered for the benefit of the public. This can include services delivered through the third sector, through social enterprise or through services that are contracted out.

Relevant authorities: Local Authorities, Local Health Boards, Fire and Rescue Authorities and NHS trusts.

Screening tools: A short focussed questionnaire which aids professional identification of the occurrence of gender-based violence, domestic abuse and sexual violence.

Violence against women: The experience of gender based violence (as defined in the bill) by women.

Screening tools

There are many screening tools for various forms of gender-based violence, domestic abuse and sexual violence available. These tools have been tested in various settings (although these are primarily clinical settings) and evaluated in various ways.

This chapter lists a small selection of such tools which have been selected as they are known to be in use within UK based settings or have been subjected to multiple evaluations.[97] Inclusion on this list should not be taken as endorsement or preference by the Welsh Government.

HITS[98] Tool for Intimate Partner Violence Screening:

This tool is a short instrument, designed in the US for "domestic violence screening". It purposeful brevity is such that it can be easily remembered and administered by family physicians. It is a four-item questionnaire which asks respondents how often their partner physically Hurt, Insulted, Threatened with harm, and Screamed at them. These four items make the acronym HITS.

The HITS tool has been evaluated through a two phase study which compared the verbal and physical aggression items of the Conflict Tactics Scale (CTS) with the HITS tool. The conclusion of this evaluation suggests the HITS tool is promising as a domestic violence screening mnemonic for family practice physicians. The HITS tool has been found to also be sensitive and useful in relation to abuse experienced by men.[99]

The tool includes 4 questions: How often does your partner?

1. Physically hurt you
2. Insult or talk down to you
3. Threaten you with harm
4. Scream or curse at you

Those responding to the questions are asked to respond with either "never", "rarely", "sometimes", "fairly often" or " frequently". Each of these responses is scored from 1-5. A score of greater than 10 is considered to be a disclosure of abuse.

The HARK screening tool[100]

The HARK screening tool is commonly used as an electronic prompt within medical records. It is a mnemonic for Humiliate, Afraid, Rape, Kick and Safety and is linked to health symptoms of domestic violence and abuse.

The aim of HARK is to provide a practical reminder to clinicians to ask about domestic violence and abuse, to flag the requirement to any of the behaviours on the patient record, to link to safety and the assessment of immediate risk. One point is given for every yes answer.

The four HARK questions have been found to accurately identify women who have experienced Intimate Partner Violence within in the past year. The most straightforward way of using HARK is as a simple test with a cut off score of 1 or less. A score of 1 has been found to identify 81% of women affected by Intimate Partner Violence. There is an 83% probability a woman with this score has experienced Intimate Partner Violence in the past year and she is 16 times more likely to have been affected by Intimate Partner Violence in the last year than some-one with a score of 0.[101]

The tool contains 4 questions:

HUMILIATION: Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?

AFRAID: Within the last year, have you been afraid of your partner or ex-partner?

RAPE: Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

KICK: Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?

The Woman Abuse Screening Tool (WAST)[102]

The eight-item WAST was originally developed for General Practice and has also been tested in emergency care settings. The WAST has been found to have good internal reliability to differentiate the experience of abused and non-abused women.

No fixed scoring is assigned to this tool-relying on professional judgement. However, the tool is often used by asking the first two questions which ask general relationship questions as opposed to specific questions about violence. Where a respondent answers with "a lot of tension" and "great difficulty" to these questions, they should be followed with completion of the remaining questions. The WAST has been found to be a reliable and valid measure of abuse in family practice settings, with both patients and family physicians reporting comfort with it being part of the clinical encounter.[103]

1. In general, how would you describe your relationship?
    - A lot of tension
    - Some tension
    - No tension

2. Do you and your partner work out arguments with:
    - Great difficulty?
    - Some difficulty?
    - No difficulty?

3. Do arguments ever result in you feeling down or bad about yourse1f?
    - Often
    - Sometimes
    - Never

4. Do arguments ever result in hitting, kicking or pushing?
    - Often
    - Sometimes
    - Never

5. Do you ever feel frightened by what your partner says or does?
    - Often
    - Sometimes
    - Never

6. Has your partner ever abused you physically?
    - Often
    - Sometimes
    - Never

7. Has your partner ever abused you emotionally?
    - Often
    - Sometimes
    - Never

8. Has your partner ever abused you sexually?
    - Often
    - Sometimes
    - Never

Related documents and useful links

This guidance should be read in conjunction with additional Welsh Government published guidance on Multi Agency fora, the National Training Framework and Information Sharing.

Information sharing and data protection

Caldicott guidelines

http://www.wales.nhs.uk/sites3/page.cfm?orgid=950&pid=51917

Wales Accord on the Sharing of Personal Information Framework

http://www.waspi.org/

Policy and guidance

National Institute for Health and Care Excellence (NICE) guidelines on Domestic Violence and Abuse – How services can respond effectively

http://guidance.nice.org.uk/PHG/44

Responding to Intimate partner violence and sexual violence against women. World Health Organisation clinical and policy guidelines (2013)

http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/

Building effective responses: An independent review of violence against women, domestic abuse and sexual violence services services in Wales (2014)

http://wales.gov.uk/statistics-and-research/building-effective-responses-independent-review-violence-against-women/?lang=en

Practitioner resources

Live Fear Free

http://livefearfree.org.uk/splash?orig=/

The CAADA DASH Risk Identification Checklist

http://www.caada.org.uk/marac/RIC_for_MARAC.html

Safeguarding children

All Wales Child Protection Procedures

All Wales Protocol: Safeguarding Children and Young People Affected by Domestic Abuse

All Wales Protocol: Female Genital Mutilation

http://www.awcpp.org.uk/home/wales-protocols/

HM Government Multi-Agency Practice Guidelines: Female Genital Mutilation (Foreign & Commonwealth Office 2011)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124588.pdf

Appendices

Appendix 1: Evidence base for screening

Research into the variety of screening techniques is limited in its number, by the variation of practice and the lack of longer term work. As with many areas of work to tackle gender-based violence, domestic abuse and sexual violence, additional work in this area would be useful in refining future practice.

Overall, the majority of studies relate to both routine and targeted enquiry and are before and after studies. Data on medium to longer term outcomes is often missing.

The majority of studies also focused on abuse of women by a male partner. Very few studies examined the impact of identification interventions or approaches for diverse sub-populations of women or screening for: perpetrators, children who witness violence, 'honour' based violence, and elders.

The majority of the evidence originates within health based practice, there is a lack of research examining the identification of the issues within social care settings, education, housing or within integrated approaches to identification across various health and social care settings.

Much of the evidence for processes of targeted and routine enquiry relate to domestic abuse, often termed Intimate Partner Violence (IPV). There are some descriptive accounts which relate to identification of sexual violence but there are no existing evaluations which specifically relate to the identification of sexual violence, forced marriage, Female Genital Mutilation (FGM), slavery or prostitution. It is reasonable, however to assume many of the evidenced-based interventions for identifying and referring domestic abuse, discussed could be applied to other forms of violence.[104]

Most of the studies did not measure rates beyond initial implementation.

Further research is required to examine and address the barriers providers face in identifying and responding to gender-based violence, domestic abuse and sexual violence. Furthermore, interventions are required which include a post-identification intervention and which measure health outcomes for participants.

Appendix 2: Potential barriers to "Ask and Act"

The benefits of implementation of a process of "Ask and Act" are outlined throughout this guidance.

Whilst recognition of the indicators of gender-based violence, domestic abuse and sexual violence should form part of good clinical and social care practice already, it is acknowledged the introduction of a formal process to support this could be met with challenges. This chapter outlines the barriers to effective implementation of targeted enquiry and proposals through which to mitigate for them.

Barriers to implementation can relate to professional attitude, organisational structure and the clients feelings and fears.

Professional attitude		
Concern	**Response**	**Mitigation**
Targeted enquiry may offend the client or cause emotional distress and discomfort	In general minimal adverse effects of screening have been identified[105] Practice in this area suggests those who are asked about their experience of violence or abuse are generally supportive of the process.[106] This is particularly true of those who have experienced violence and abuse. Research also suggests women were much more likely than professional to support screening practices. Practice based feedback includes several examples of clients who experienced domestic abuse for decades but who didn't seek help due to lack of knowledge of fear but who would have if they had been asked.	Training on "Ask and Act" will best be co-delivered by a professional with strong audience knowledge (working in the same or similar field) and by a professional with strong knowledge of the experience and impact of gender-based violence, domestic abuse and sexual violence. The aim of such a delivery style will be to offer expert and practice based feedback to the training audience to increase their confident to practice targeted enquiry.
Targeted enquiry might further endanger the	It is first important to recognise, **if it is done privately and safely**, asking about the experience of violence of abuse	As above - the co-delivery by audience and subject experts will assist in increasing

client.	will not make it happen. Moreover all clients have a choice as to whether or not to disclose. The choice ultimately lies with them. However, a process of targeted enquiry may generate risks where it is not practiced properly or where it is not followed up appropriately with action.	professional confidence. Be aware of service generated risks and ensure staffs have the skills and tools through which to mitigate them. Ensure the organisation is signed up to a relevant Information Sharing Protocol which outlines a professionals duty of confidentiality and when and why this ma be breached. Ensure the organisation is working to clear referral pathways through which to offer options/take action to safeguard adults and children.
Organisational structure		
Lack of capacity within client facing time to ask the client questions or respond adequately.	Targeted enquiry should be supported through the implementation of policy and organisational changes which facilitate the process.	Relevant authorities should work with staff teams and external partners to agree the process of ""Ask and Act"" which is most appropriate to their service function.
Lack of training/education/experience leads to: Staff feeling under-skilled and unconfident A lack of knowledge of available resources	Evidence shows comprehensive programs – those which support a process of targeted enquiry at different levels; through practitioner training, institutional support and infrastructure and investment reach higher levels of intimate partner violence identification than non-comprehensive ones.	Welsh Government funded training on the process of "Ask and Act" will be offered through the National Training Framework on gender-based violence, domestic abuse and sexual violence. Leaders in relevant authorities will also be offered support through this framework to demonstrate leadership on this issue and to develop infrastructures to support the practice.
Lack of access to effective interventions for VAWDASV	No agency can tackle gender-based violence, domestic abuse and sexual violence effectively alone. All work should be rooted within a multi agency response.	Ensure the organisation is working to clear referral pathways through which to offer options/take action to safeguard adults and children.

	It is not the role of relevant professionals to become experts on the issues of gender-based violence, domestic abuse and sexual violence, or to become specialist workers. These roles will exist locally and effective practice will involve robust and sustainable partnerships between the Public services and the specialist sector.	These referral pathways may involve co-location, although for many this will be unrealistic. Consideration should also be given to drop in clinics, direct, efficient referrals to local services and utilisation of the National Helpline.
Difficulty in providing a safe space	Targeted enquiry should be supported through the implementation of policy and organisational changes which facilitate the process. A safe space is a setting in which complete privacy can be assured. This will never be the case in a public waiting room or in a space which is only shielded by a curtain.	Organisation leaders should consider the accommodation resources available which offer private and safe spaces for client consultation. This may involve the use of interview rooms or creative use of other space. For some professional groups this may involve ensuring conversations which take place in client's homes or in public places cannot be overheard.
The clients feelings and fears		
Fear of reprisals, of response, of not being believed or response of organisation/professional.	An empathic, strong response to a client's disclosure which conveys belief and validates their experience will offer immediate reassurance to a client.	
Concern over a loss of privacy	It is imperative each client is aware of the confidentiality policy of the organisation with which they are engaging and is therefore able to make informed decisions about what information they choose to share with the professional they are working with and have reasonable expectations of how this information will be treated.	Ensure organisational policies on data protection, information sharing and confidentiality are up to date, legal and reviewed regularly. Ensure all staff understand the duty of confidentiality and can explain it clearly to their clients.

Concern disclosing may make situation worse	**The safety of the client and their children must be held central to any process of "Ask and Act".** No action should ever be taken which will knowingly put the client at risk and professionals should raise any concerns with their supervisor or manager if this is the case. Clients will often have been managing their own safety for some time prior to disclosing the abuse.[107] Professionals should hold in mind the client will know the person abusing them better than anyone and their own judgment of their situation must be taken very seriously. **A client is more likely to under estimate their risk than over state it.** Whilst seeking permission to share information on a client's situation should not be sought when they or their children are at risk, it is good practice to work with consent and to be led by client choice, wishes and feelings wherever possible.	Ensure opportunity is provided to identify risk shortly following disclosure (either through internal or external pathways). Ensure all staff understand the duty of confidentiality and can explain it clearly to their clients.
Lack of awareness of services	Relevant professions should not be part of a process of "Ask and Act" unless they have been sufficiently trained in the availability of local services. To "act" will invariably require an explanation of or referral to local and national specialist services.	Training on "Ask and Act" must include information on the availability of specialist services, thresholds and referral processes.

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