

# Document Pack



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**TUESDAY, 15<sup>TH</sup> MAY, 2018**

**TO: ALL MEMBERS OF THE SOCIAL CARE & HEALTH  
SCRUTINY COMMITTEE**

I HEREBY SUMMON YOU TO ATTEND A MEETING OF THE  
**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE** WHICH WILL  
BE HELD IN THE **CHAMBER, COUNTY HALL, CARMARTHEN** AT  
**11.00 A.M. ON MONDAY, 21ST MAY, 2018** FOR THE  
TRANSACTION OF THE BUSINESS OUTLINED ON THE  
ATTACHED AGENDA.

*Mark James* CBE

**CHIEF EXECUTIVE**



PLEASE RECYCLE

Democratic Officer:	Michelle Evans Thomas
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E-Mail:	MEEvansThomas@carmarthenshire.gov.uk
Ref:	AD016-001

# **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

## **14 MEMBERS**

### **PLAID CYMRU GROUP – 7 MEMBERS**

- |    |            |                        |
|----|------------|------------------------|
| 1. | Councillor | Kim Broom              |
| 2. | Councillor | Alun Davies            |
| 3. | Councillor | Tyssul Evans           |
| 4. | Councillor | Jean Lewis             |
| 5. | Councillor | Emlyn Schiavone        |
| 6. | Councillor | Gwyneth Thomas [Chair] |
| 7. | Councillor | Dorian Williams        |

### **LABOUR GROUP – 4 MEMBERS**

- |    |            |                 |
|----|------------|-----------------|
| 1. | Councillor | Ken Lloyd       |
| 2. | Councillor | Andre McPherson |
| 3. | Councillor | Eryl Morgan     |
| 4. | Councillor | Louvain Roberts |

### **INDEPENDENT GROUP – 3 MEMBERS**

- |    |            |                               |
|----|------------|-------------------------------|
| 1. | Councillor | Ieuan Wyn Davies [Vice-Chair] |
| 2. | Councillor | Rob Evans                     |
| 3. | Councillor | Edward Thomas                 |

# AGENDA

1. APOLOGIES FOR ABSENCE
2. DECLARATIONS OF PERSONAL INTERESTS
3. DECLARATION OF PROHIBITED PARTY WHIPS
4. PUBLIC QUESTIONS (NONE RECEIVED)
5. DRAFT REGIONAL STRATEGY "SAFER LIVES, HEALTHIER FAMILIES" TACKLING VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE IN OUR COMMUNITIES 2018-2022. 5 - 102
6. ANNUAL REPORT ON ADULT SAFEGUARDING (2016-2018). 103 - 132
7. ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS REPORT 01/04/17-31/03/18. 133 - 170
8. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE TASK & FINISH GROUP 2018/19 - PLANNING AND SCOPING DOCUMENT. 171 - 180
9. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE ACTIONS & REFERRALS UPDATE. 181 - 188
10. SOCIAL CARE & HEALTH SCRUTINY COMMITTEE FORWARD WORK PROGRAMME 2018/19. 189 - 194
11. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 19TH APRIL, 2018. 195 - 200

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Agenda Item 5

**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**  
**DATE: 21ST MAY, 2018**

**SUBJECT :**

**DRAFT REGIONAL STRATEGY - “SAFER LIVES, HEALTHIER FAMILIES”  
TACKLING VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE & SEXUAL  
VIOLENCE IN OUR COMMUNITIES 2018-2022**

**Purpose:**

This report is intended to provide members with an opportunity to comment on the “Safer Lives, Healthier Families” a draft regional strategy to tackle Violence Against Women, Domestic Abuse & Sexual Violence in our Communities.

**To consider and comment on the following issues:**

This is Mid and West Wales’ first joint strategy to tackle Violence against Women, Domestic Abuse and Sexual Violence and outlines how the region will support victims and survivors, tackle perpetrators, ensure professionals have the tools and knowledge to act, increase awareness of the issues and help children and young people to understand inequality in relationships and that abusive behaviour is always wrong.

The Strategy aims to embed Violence against Women, Domestic Abuse and Sexual Violence as “everyone’s business” and a cross cutting theme that requires all areas of public policy to address and to shape and improve the delivery of services for those affected.

**Reasons:**

To ascertain the committee’s views as part of the strategy consultation which will inform the submission to Welsh Government and publication of the final strategy.

**To be referred to the Executive Board / Council for decision:     NO**

**EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-**

**Cllr. J. Tremlett (Social Care & Health Portfolio Holder)**

**Directorate**

**Communities**

**Name of Head of Service:**

**Avril Bracey**

**Designation:**

Head of Mental Health & Learning  
Disabilities (Chair Mid and West Wales  
VAWDASV Strategic Group)

**Tel Nos.**

**01267 228092**

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# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

DATE: 21<sup>ST</sup> MAY, 2018

## SUBJECT:

### **DRAFT REGIONAL STRATEGY - “SAFER LIVES, HEALTHIER FAMILIES” TACKLING VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE & SEXUAL VIOLENCE IN OUR COMMUNITIES 2018-2022**

The Strategy aims to embed Violence against Women, Domestic Abuse and Sexual Violence as “everyone’s business” and a cross cutting theme that requires all areas of public policy to address and to shape and improve the delivery of services for those affected.

#### **Strategic Priorities**

In developing the strategic priorities consideration has been given to the requirements of the Act and wider Welsh Government legislation and policy, the result of the needs assessments and key priorities already identified in the region and the experiences of survivors and stakeholders.

Based on the rationale detailed in the document the six strategic aims of the National Violence against Women, Domestic Abuse and Sexual Violence Strategy have been adopted as the framework for this regional strategy;

**Strategic Priority 1:** Increase knowledge and awareness and challenge attitudes towards equality and violence against women domestic abuse and sexual violence amongst citizens of Mid and West Wales

**Strategic Priority 2:** Increased awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong

**Strategic Priority 3:** Increased focus on holding perpetrators to account and provide opportunities to change their behaviour based around victim safety

**Strategic Priority 4:** Make early intervention and prevention a priority

**Strategic Priority 5:** Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors

**Strategic Priority 6:** Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services across Wales  
Actions are identified that will enable the region to make the necessary improvements against each of these strategic priorities.

Actions to deliver the strategic priorities will be embedded into an overarching Strategic Delivery Plan which will sit alongside the Strategy. It is envisaged that annual priorities from the Strategic Delivery Plan will be identified by the Strategic Group and reported to the Regional Safeguarding Executive and other key local and regional partnerships to ensure effective discharge of statutory responsibilities under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

**DETAILED REPORT ATTACHED ?**

**YES –**

- Mid and West Wales VAWDASV Strategic Group – Draft Strategy - “Safer Lives, Healthier Families” Tackling Violence Against Women, Domestic Abuse & Sexual Violence in our Communities 2018-2022
- Overview Report of the Draft Strategy – “Safer Lives, Healthier Families” Tackling Violence Against Women, Domestic Abuse & Sexual Violence in our Communities 2018-2022

## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: Avril Bracey

Head of Mental Health & Learning Disabilities  
(Chair Mid and West Wales VAWDASV Strategic Group)

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>NONE</b>	<b>YES</b>	<b>YES</b>	<b>NONE</b>

## 1. Policy, Crime & Disorder and Equalities

The strategy aims to underpin, influence and directly contribute to key regional policy priorities including those set by;

- The four Public Service Boards
- CYSUR Regional Children's Safeguarding Board
- CWMPAS Regional Adult's Safeguarding Board
- The two Regional Partnership Boards
- Dyfed Powys Police and Crime Commissioner
- The Supporting People Regional Collaborative Committee
- Dyfed Powys Criminal Justice Board

An equality impact assessment is being undertaken on the strategy by colleagues in Education in Powys and Hywel Dda Health Boards who are members of the Regional Strategic Group.

The consultation documents will be available on the Authority's website in Welsh, English and easy read versions.

## 2. Legal

The enactment of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (The Act) requires the public sector in Wales to work together in a consistent and cohesive way to improve the outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence.

Section 5 of the Act requires local authorities and Local Health Boards to jointly prepare, publish and implement a Violence against Women, Domestic Abuse and Sexual Violence strategy.

## 3. Finance

The region has received grant funding from Welsh Government of £313,400 which is being utilised in the first year to implement the strategy.

## 5. Risk Management Issues

There is a risk that if partners do not collaborate and prioritise the implementation of this strategy our vision for all individuals to live their lives free from violence, abuse, neglect and exploitation and for their rights to be protected will not be realised.

## 7. Staffing Implications

An element of the Grant funding is being utilised to support a Regional Advisor post and business support. The post will be line managed in the interim by the Senior Safeguarding Manager in Carmarthenshire.



# CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Avril Bracey Head of Mental Health & Learning Disabilities  
(Chair Mid and West Wales VAWDASV Strategic Group)

## 1. Local Member(s)

The consultation document will be available on the Authority's Website.

## 2. Community / Town Council

The consultation document will be available on the Authority's Website.

## 3. Relevant Partners

Engagement and consultation was carried out with survivors, specialist service providers, generic service providers, commissioners, stakeholders and members of the Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group.

To develop regional priorities that accurately reflected local experiences, a series of locality based workshops were held in addition to targeted focus groups and interviews.

The range of engagement activity provided an opportunity for stakeholders, commissioners, providers and survivors to directly contribute to the development of the strategy, identify what works, highlight gaps in current provision and opportunities for improvement. Participants were also provided with an opportunity to articulate their vision for the strategy and to identify priorities for action.

Participants were highly engaged in providing observations of the current and future landscape and the information gathered during this process provided a broad spectrum of opinions which are reflected within our identified strategic priorities.

A public consultation will be undertaken from April to June 2018 across the region.

## 4. Staff Side Representatives and other Organisations

The consultation document will be available on the Authority's Website.

## Section 100D Local Government Act, 1972 – Access to Information List of Background Papers used in the preparation of this report:

**THERE ARE NONE**

Title of Document	File Ref No.	Locations that the papers are available for public inspection

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## **Mid and West Wales VAWDASV Strategic Group**

### **Safer Lives, Healthier Families**

Tackling Violence Against Women, Domestic Abuse & Sexual Violence in our Communities

#### **Foreword**

All forms of violence and abuse are unacceptable and anyone who experiences violence against women, domestic abuse and sexual violence deserves an effective and timely response from all public services.

The enactment of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 requires the public sector in Wales to work together in a consistent and cohesive way to improve the outcomes for individuals and their families subjected to Violence against women, Domestic Abuse or Sexual Violence. The Act sits alongside the Social Services and Well-Being (Wales) Act 2014 which provides a legal framework for transforming social services and improving the well-being of adults and children who need care and support and the Well-being of Future Generations (Wales) Act 2015 which requires public bodies to think about what actions and activities are required to improve the well-being of current and future generations. Collaboration, preventative activity, the involvement of individuals, and long-term incremental improvements in the services delivered are threaded throughout our legislative landscape.

This is Mid and West Wales' first joint strategy to tackle Violence against Women, Domestic Abuse and Sexual Violence and outlines how the region will support victims and survivors, tackle perpetrators, ensure professionals have the tools and knowledge to act, increase awareness of the issues and help children, young people and other vulnerable groups to understand inequality in relationships and that abusive behaviour is always wrong.

We want to ensure that Violence against Women, Domestic Abuse and Sexual Violence is acknowledged as "everyone's business"; a cross cutting theme that requires all areas of public policy to address and shape and improve the delivery of services for those affected.

This strategy will contribute to the National Strategy on Violence against Women, Domestic Abuse and Sexual Violence – 2016 – 2021<sup>1</sup> and the Mid and West Wales Safeguarding Executive has adopted the overarching objectives of the national strategy as drivers for the strategic priorities outlined within this document. This strategy sets out to provide the leadership and direction that will promote consistency and best practice for the way in which violence against women, domestic abuse and sexual violence is prioritised and tackled across the region.

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<sup>1</sup> <http://gov.wales/docs/dsjlg/publications/commsafety/161104-national-strategy-en.pdf>

People do not experience violence against women, domestic abuse and sexual violence in a vacuum and neither can services, nor wider society, tackle such issues in isolation. With a strong focus on preventative, protective and supportive mechanisms we must work in partnership with survivors, stakeholders and communities to ensure the meaningful delivery of this regional strategy.

Our collective vision is for survivors, their children, wider family and communities to know how and where to get the help that they need, to provide that help in a consistent and co-ordinated manner, and to work towards a society in which no form of violence against women, domestic abuse and sexual violence is tolerated.

Strong leadership and accountability is required by us all to ensure that the priorities identified in this strategy are translated into actions that can make a real difference to the well-being and safety of people living in Mid and West Wales, both now and in the future.

### **Mid and West Wales Safeguarding Executive**

## Statement of Intent

Our vision is for all individuals to live their lives free from violence, abuse, neglect and exploitation and for their rights to be protected.

This strategy sets out the integrated regional approach that will deliver a collective vision to stop violence against women, domestic abuse and sexual violence, to improve the health and well-being of individuals and families affected by abuse and hold to account those who perpetrate such abuse.

It aims to provide a framework that will improve the planning, coordination and collaboration of responses and, furthermore, support the integration and transformation of service delivery; enabling a step change in action to achieve a sustainable reduction in violence and abuse, improve outcomes for all individuals and families affected by Violence against Women, Domestic Abuse and Sexual Violence and prevent such abuse from happening in the first place.

It aims to build on existing successful partnerships and collaborative working opportunities in the region, and to further increase public awareness and assist local communities, individuals, family members and agencies to deliver a robust response to violence against women, domestic abuse and sexual violence prevention across Mid and West Wales.

Our aim for this strategy is for it to underpin, influence and directly contribute to key regional priorities. Accordingly, there needs to exist formal lines of reporting from the Violence against Women, Domestic Abuse and Sexual Violence Strategic Group to demonstrate the role that this strategy has in contributing to a number of key regional priorities for:

- The four Public Service Boards
- CYSUR Regional Children's Safeguarding Board
- CWMPAS Regional Adult's Safeguarding Board
- The two Regional Partnership Boards
- The Supporting People Regional Collaborative Committee
- The two Area Planning Boards (Substance Misuse)
- Dyfed Powys Criminal Justice Board

The Strategy aims to embed Violence against Women, Domestic Abuse and Sexual Violence as "everyone's business" and a cross cutting theme that requires all areas of public policy to address and to shape and improve the delivery of services for those affected.

Through clearly defined expectations and agreed reporting arrangements, the strategy will hold agencies accountable in relation to the arrangements for the

protection, prevention, support and safeguarding of all individuals affected by Violence against Women, Domestic Abuse and Sexual Violence.

“The status quo is unacceptable” is how one stakeholder described the current Violence against Women, Domestic Abuse and Sexual Violence landscape in the region. Our first regional strategy provides an opportunity for us to challenge this status quo and to be bold and radical in our approach to driving forward improvements for all individuals affected by Violence against Women, Domestic Abuse and Sexual Violence.

DRAFT

## **A Strategy for who?**

The enactment of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (The Act) requires the public sector in Wales to work together in a consistent and cohesive way to improve the outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence.

Section 5 of the Act requires local authorities and Local Health Boards to jointly prepare, publish and implement a Violence against Women, Domestic Abuse and Sexual Violence strategy.

Our decision to develop a regional, Mid and West Wales approach to Violence against Women, Domestic Abuse and Sexual Violence aligns with the regional approach to safeguarding and the strong partnership and collaborative working culture already established across such a large regional footprint.

Our decision also aligns with the Welsh Government's preferred approach for organisations to collaborate on a regional basis, complementing the direction of travel of the Social Services and Well-being (Wales) Act 2014 and improvements to the delivery arrangements for the Supporting People programme.

We anticipate the move to a regional approach will achieve the key outcomes specified below:

- promote improved effectiveness in service design, procurement and contracting
- contribute to improvements in population outcomes across the region, and reduces the proportion of service users who experience negative outcomes from services
- provide common streamlined commissioning arrangements
- promote effective working relationships, trust and good communication between organisations
- common approaches to encourage better use of data and analysis and promote more effective strategic decision making, ultimately reducing the proportion of service users who receive inappropriate or ineffective services.
- provide a reduction in duplication of commissioning activities
- cost savings and better investment due to pooling of budgets.
- Greater focus on funding to support the direct delivery of services as opposed to general co-ordination.
- Extension of reach of some services, and reduction of duplication of others.

- Strengthening accountability and co-operation of local and regional partnerships by encouraging areas to work together to prioritise their objectives and plan to address priority areas, which will help pave the way for implementation of the Act, in particular in relation to the development of local strategies.
- Enhanced governance and improved strategic leadership

The Mid and West Wales region comprises four local authority areas; Carmarthenshire, Ceredigion, Pembrokeshire and Powys and two local health boards; Hywel Dda University Health Board and Powys Teaching Health Board and it is these authorities that are required, by the Act to jointly publish a Violence against Women, Domestic Abuse and Sexual Violence strategy.

The region has the same geographical footprint as Heddlu Dyfed Powys Police and, other key partners in tackling Violence against Women, Domestic Abuse and Sexual Violence in the region include the Police and Crime Commissioner, National Probation Service, Community Rehabilitation Company, Welsh Ambulance Service NHS Trust, Public Health Wales, Mid and West Wales Fire and Rescue Service, Housing providers, the Specialist Violence against Women, Domestic Abuse and Sexual Violence providers and the wider third sector.

The region of Mid and West Wales is unique in that it covers a very large geographical area spanning almost half of the land mass of Wales, which, in itself, presents challenges within the context of meeting the needs of a wide and diverse mix of communities.

The region has a population of 515,871, according to the latest mid-year estimates<sup>2</sup>, and is predominantly rural with a few centres of dense urban population. Much of the rural areas in mid and west Wales can be characterised as being isolated with poor infrastructure and transportation links.

The Welsh language is spoken widely in the region with communities in Carmarthenshire, Ceredigion and Pembrokeshire being a traditional stronghold of the language.

Demographically, the region's population is aging with a high proportion of residents being in the over 65+ age category<sup>3</sup>. When compared to the rest of Wales the region has a higher than average proportion of older people and this trend is expected to continue over the coming years due to predicted increases in average life expectancy.

Some of the particular challenges identified and explored in the development of this strategy include rurality, accessibility of services, availability of services in the Welsh Language and meeting the needs of an increasing older population and marginalised / minority groups.

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<sup>2</sup> Office of National Statistics, Population Estimates, June 2015 accessed via: RLP Website  
<http://rlp.infobase.cymru.net/IAS/metadata/view/indicator>

<sup>3</sup> Office for National Statistics <http://web.ons.gov.uk/ons/data/web/explorer>



The strategy aims to create a high level, single point of reference for survivors, stakeholders and commissioners across the region;

**For survivors** - A transparent way forward defining their role in the planning, shaping and monitoring of services and the mechanisms by which they can hold us to account for delivery

**For “relevant authorities”** – A framework to support the requirements set out in the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

**For wider stakeholders** – clear, co-produced and collectively agreed priorities and expectations to improve outcomes for all individuals and families experiencing any form of Violence against Women, Domestic Abuse and Sexual Violence

**For commissioners** - Whilst recognising that this is not a commissioning strategy, the content and associated strategic delivery plan should inform and influence Violence against Women, Domestic Abuse and Sexual Violence commissioning decisions and investment of resources across the region.

This is Mid and West Wales’ first joint strategy to be published in line with the Act and outlines how the region will support victims and survivors, tackle perpetrators, ensure professionals have the tools and knowledge to act, increase awareness of the issue and how to access support and help children and young people to understand inequality in relationships and that abusive behaviour is always wrong.

It is intended that this strategic framework, and the associated actions and activities detailed within the accompanying delivery plan, will support the Welsh Government and UK Government legislative, strategic and delivery framework to achieve the prevention of violence and abuse, the protection of victims and the support of all those affected.

## **Violence against Women, Domestic Abuse and Sexual Violence – Prevalence and Scale in Dyfed Powys**

Violence against women, domestic abuse and sexual violence are large scale, pervasive problems which, every year causes needless deaths and damage to thousands of lives across Wales. Whilst the incidence of is high, those who experience these forms of violence and abuse are known to under-report and official data therefore represents an under representation of the problem.

Violence against Women, Domestic Abuse and Sexual Violence has far reaching consequences for families, children, communities and society. The direct harm to the health and well-being of victims is clear, and at its most severe can, and does, result in death. However, impacts are wide-ranging not just on health and wellbeing but include human rights, poverty, unemployment, homelessness and the economy. It is also important to note that this affects not only adults and children exposed to and who experience abuse in the home or in intimate or family relationships but wider family members also and the experience of abuse and violence can often also be perpetrated in public spaces impacting the wider community.

### **Key data**

- An estimated 1.2 million women and 713,000 men adults aged 16 to 59 years experienced domestic abuse in the last year, according to the year ending March 2017<sup>4</sup>
- Younger women aged 16-24 are most at risk and a woman is killed every 2.4 days in the UK, with 148 UK women killed by men in 2014
- Extrapolating this data to Wales shows that 11% women and 5% men a year experience 'any domestic abuse', while rates of 'any sexual assault' in the last year were also higher for women (3.2%) than men (0.7%)
- Approximately 124,000 women, men, boys and girls over the age of 16 in Wales, have been the victim of a sexual offence
- There has been a 26% increase in the number of recorded sexual offences involving children under 16 in Wales in the past year. Figures have more than doubled in the last decade<sup>5</sup>. Last year the rate of recorded sexual offences against children under 16 in Wales was 3.3 per 1000 children
- There were 251 rape prosecutions in Wales, with a conviction rate of 55.4%. This rate is below the average across England and Wales, at 57.6%. In the same year, there were 792 prosecutions for sexual assault, with a conviction rate of 79.2%, comparable to the average across England and Wales at 79.5%

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<sup>4</sup> Crime Survey for England and Wales

<sup>5</sup> Bentley et al, 2016.

- UK Government figures estimate that each adult rape costs society over £96,000 in its emotional and physical impact on the survivor, lost economic output due to convalescence, treatment costs to health services and cost incurred in the Criminal Justice System, with sexual violence costing society in England and Wales an estimated £8.5bn
- In 2011 an estimated 137,000 girls and women were living with consequences of FGM in the UK and in 2011 an estimated 60,000 girls under the age of 15 were living in the UK who were born to mothers from FGM practising countries and therefore could be at risk of FGM. It is estimated there are 140 victims of FGM a year in Wales.
- 80% of cases dealt with by the Forced Marriage Unit involved female victims; 20% involved male victims. It is estimated there are up to 100 victims of forced marriage a year in Wales.
- It is estimated that over 39,000 older people are experiencing domestic abuse in Wales, a proportionately higher figure than the rest of the UK<sup>6</sup>

Domestic Abuse alone costs Wales £303.5m annually. This includes £202.6m in service costs and £100.9m to lost economic output. If the emotional and human cost is factored in there are added costs of £522.9m.

The Home Office Ready Reckoner (a key action in the Violence Against Women and Girls strategy) show the estimated cost of domestic and sexual violence in an area based on population.<sup>7</sup> Estimated costs for Dyfed Powys are provided below based on Census 2011 population data for females 16-59 year old and therefore do not account for males experiencing domestic abuse or sexual violence or those over the age of 59. .

These figures do not include additional costs from stalking, female genital mutilation, "honour based violence" or forced marriage.

	<b>Total costs (not including human &amp; emotional costs)</b>	<b>Physical and mental care costs</b>	<b>Criminal Justice costs</b>	<b>Social services costs</b>	<b>Other costs (including housing, civil, legal and un- employment)</b>	<b>Human and Emotional Costs (not included in total)</b>
<b>Domestic abuse and sexual violence</b>	53,678,869	11,567,035	7,285,678	1,372,034	33,454,122	171,385,720

<sup>6</sup> Prevalence study Department of Health and Comic Relief 2007

<sup>7</sup> The costs of domestic bause is calculated using figures from Walby (2004); The Cost of Domestic Violence and the cost of sexual assault is calcu;ated using figures from Jarvinen et al (2008); Hard Knock Life. The cost figures which are for 2003/2004 have been multiplied by HM Treasury GDP deflation multip;ier of 1.139 to bring in line with 2007/08 costs but other changes in costs have not been accounted for.

In Dyfed Powys it is estimated that:

- 18,000 people aged between 16 - 59 had, on average, been victims of Domestic Abuse each year throughout 2013 – 2016 (note that this does not include individuals 60 years of age or above)
- 6.8% of the local population are estimated to have experienced abuse in the last year, 10.3% of the Female population, 3.3% of the Male population.

In 2016/17, Heddlu Dyfed Powys Police recorded

- 4635 incidents of domestic abuse
- 69 sexual offences crimes including rape
- 405 stalking / harassment crimes

In 2015/16 Dyfed Powys Police recorded one crime of "Honour Based Violence" but no crimes of this nature in 2016/17 and one case of Female Genital Mutilation was reported in the region in 2016/17.

Between March 2013 and April 2017 there have been 9 Domestic Homicides in Dyfed Powys.

During the period July 2016 to June 2017, 1373 cases were discussed in the MARAC meetings in the region. This is 63 MARAC cases discussed per 10,000 adult female population, which is higher than the national average, and higher than the recommendation of 40 cases.

The Live Fear Free helpline received 1760 calls from the Dyfed Powys region in 2016/17, 12.5% of total calls to the helpline for that period and an increase in calls compared to 2015/16 (1507).<sup>8</sup>

In 2016/17 over 2500 individuals accessed specialist Violence against Women, Domestic Abuse and Sexual Violence services in Dyfed Powys

- 601 individuals accessed the Sexual Assault Referral Centres
- 172 adults and 90 children received counselling related to sexual violence and abuse however 273 adults and 63 children remain on the waiting list for this service
- 276 women and 18 men accessed accommodation based services in the region (refuge, safe house, dispersed or supported accommodation)
- 264 children and young people accessed accommodation based services with their non-abusive parent

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<sup>8</sup> Caller location data is subject to callers disclosing this information, and excludes calls from specialist domestic abuse services and out of hours calls from refuges; "2 ring" calls, hang ups, missed and testing calls.

- 1395 women and 100 men accessed community based support

Domestic Abuse was a parental factor in between 13% and 20% of Children in Need cases<sup>9</sup> and a referral factor in between 7% and 34% in Children in Need cases<sup>10</sup>.

It is important we acknowledge that the quality of data collection on the nature and prevalence of Violence against Women, Domestic Abuse and Sexual Violence is problematic both nationally and regionally and further work is required in the region (as in other areas) to ensure regional data collection aligns with the national framework of indicators and outcomes. It is in response to this that one of the “enablers and sustainers” for this strategy is identified as the development of a clear reporting framework to include coordinated, consistent and meaningful data from all relevant agencies.

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<sup>9</sup> <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-in-Need/parentalfactorsofchildreninneed-by-measure-year>

<sup>10</sup> <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-in-Need/referralfactorsofchildreninneed-by-measure-year>

## **POLICY AND LEGISLATIVE CONTEXT**

In Wales, the UK and internationally, Violence against Women is considered to be a violation of human rights and a cause and consequence of inequality between women and men. It happens to women because they are women, and women are disproportionately impacted by all forms of violence in this context.

The term "Violence Against Women" which is used internationally refers to the range of crime types which are predominantly, but not exclusively, experienced by women and girls. Such gender-based violence includes domestic abuse, rape and sexual violence, stalking, female genital mutilation, forced marriage, crimes committed in the name of 'honour', trafficking, sexual exploitation, including commercially through the sex industry, and sexual harassment in the workplace and public sphere.

Whilst it is important that this Strategy acknowledges and communicates the disproportionate experience of women and girls this does not, in any way, negate violence and abuse directed towards men and boys, or violence and abuse perpetrated by women. This Strategy recognises that anyone can experience and be affected by domestic abuse, rape and sexual assault, sexual abuse, forced marriage, child sexual abuse, stalking and harassment, sexual harassment and exploitation regardless of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, geography or lifestyle.

At a global, European, UK and national level, legislation and policy acknowledges that Violence against Women, Domestic Abuse and Sexual Violence operates as a means of social control that maintains unequal power relations between women and men and reinforces women's subordinate status. It is explicitly linked to systematic discrimination against women and girls. Failing to make the connections between the different forms of violence women and girls experience, and how this is explicitly linked to the unequal position of women and girls in society, can hinder the effectiveness of interventions and prevention work.

It is also important to recognise that different groups of women experience multiple inequalities which can intersect in ways that lead to further marginalisation.

Violence against Women, Domestic Abuse and Sexual Violence includes the following crime types:

- Sexual violence
- Domestic abuse
- Sexual harassment and stalking
- Trafficking and/or sexual exploitation
- Female genital mutilation (FGM)
- Forced marriage
- So-called 'honour' based violence (HBV) and crimes

## The International Context

This Strategy is intended to align with the **UN Declaration on the Elimination of Violence Against Women** (1993), most recently enshrined within the UN Sustainable Development Goals 2030<sup>11</sup> (2015), and the **Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence** -The Istanbul Convention (2014).

The UN Declaration<sup>12</sup> defines violence against women as:

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

This encompasses, but is not limited to:

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

Article 4 of the Istanbul Convention<sup>13</sup> covers:

Fundamental rights, equality and non-discrimination

1. Parties shall take the necessary legislative measures and other actions to promote and protect the right for everyone, particularly women, to live free from violence in both the public and the private sphere.
2. Parties condemn all forms of discrimination against women and take, without delay, the necessary legislative and other measures to prevent it, in particular by:
  - embodying in their national constitutions or other appropriate legislation the principle of equality between women and men and ensuring the practical realisation of this principle;
  - prohibiting discrimination against women, including through the use of sanctions, where appropriate;
  - abolishing laws and practices which discriminate against women.

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<sup>11</sup> <http://www.un.org/sustainabledevelopment/gender-equality/>

<sup>12</sup> <http://www.un.org/documents/ga/res/48/a48r104.htm>

<sup>13</sup> <http://www.coe.int/en/web/istanbul-convention/home>

3. The implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status.
4. Special measures that are necessary to prevent and protect women from gender-based violence shall not be considered discrimination under the terms of this Convention.

The **European Union Directive on Victims' Rights** which establishes minimum standards and obligations on the rights, support and protection of victims of crime in the UK.

### **The UK Context**

For non-devolved services the Strategy is supported by the Home Office Ending Violence Against Women and Girls Cross Departmental Strategy 2016-2020.

The Mid and West Wales Strategic Violence against Women, Domestic Abuse and Sexual Violence Group members include Dyfed Powys Police, Dyfed Powys Police and Crime Commissioner, Her Majesty's Prison and Probation Services and the Wales Community Rehabilitation Company. These arrangements build on the strong, long standing partnerships across the region between the devolved and non-devolved sector and reflect other strategic regional arrangements in the Public Services Boards, Regional Partnership Boards and Safeguarding Boards.

Associated legislation that supports delivery at a UK level includes:

- Female Genital Mutilation Act 2003 ("the 2003 Act") introduces FGM Protection Orders and an FGM mandatory reporting duty inserted into the 2003 Act by the Serious Crime Act 2015.
- Crime and Security Act 2010 – which introduces Domestic Violence Protection Orders (DVPOs) and the Domestic Violence Disclosure Scheme (DVDS).
- Welfare Reform Act 2012 – A paradigm change to the current social security system which will change the way welfare benefits are claimed and paid throughout the UK.
- Anti-social Behaviour Crime and Policing Act 2014 - which introduces Sexual Harm Prevention Orders (SHPOs) and Sexual Risk Orders (SROs).
- The Modern Slavery Act 2015 - Considers slavery, servitude and forced or compulsory labour and human trafficking, includes provision for the protection of victims.

At the time of writing this strategy we await the UK Government's consultation on the Domestic Violence and Abuse Bill, a Bill expected to consolidate relevant legislation, introduce new measures to help victims and create a Domestic Abuse Commissioner role. The Bill provides an opportunity to introduce measures that



would allow the UK to ratify the Council of Europe's convention on preventing and combating violence against women, "the Istanbul Convention".

**Independent Inquiry into Child Sexual Abuse** – The Inquiry will examine the extent to which institutions in England and Wales have taken seriously their responsibilities to safeguard and protect children. We will monitor the progress of the inquiry and once the findings are made we will look at what actions we can take in Mid and West Wales to address any recommendation.

Guidance that informs the delivery of this Strategy includes:

- The 2014 **National Institute for Clinical Excellence** (NICE) guidelines: "Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively".<sup>14</sup> This guidance, which applies across England and Wales, highlights that domestic abuse is a complex issue requiring sensitive handling collaboratively with health and social care professionals.
- **FGM statutory guidance**<sup>15</sup> issued under section 5C(1) of the Female Genital Mutilation Act 2003 and extends to England and Wales and includes updated procedural information.
- Updated statutory guidance on conducting **Domestic Homicide Reviews** (DHR). This considers the changing landscape and refers to new tools that have been implemented, such as the Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders, as well as the new coercive and controlling offence introduced in the Serious Crime Act 2015. This statutory guidance is accompanied by key findings from analysis undertaken by Home Office researchers on a sample of forty DHRs from across England and Wales completed between 2013 and 2016.<sup>16</sup>
- Updated **Domestic Violence Disclosure Scheme** guidance – often referred to as "Clare's Law" – which sets out procedures that could be used by the police to disclose information about an individual's previous violent and abusive offending behaviour, where this may help protect their partner, or ex-partner, from violence or abuse.

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<sup>14</sup> <https://www.nice.org.uk/Guidance/PH50>

<sup>15</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/573782/FGM\\_Mandatory\\_Reporting\\_-\\_procedural\\_information\\_nov16\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf)

<sup>16</sup> <https://www.gov.uk/government/publications/domestic-homicide-review-lessonslearned>

- The 2016 England and Wales **National Statement of Expectations**<sup>17</sup>, sets out what local commissioners (Police and Crime Commissioners, Local Authorities or health commissioners) need to put in place to ensure their response to violence against women and girls is collaborative, robust and effective.

## The Welsh Context

The Welsh policy and legislative landscape has prioritised Violence against Women, Domestic Abuse and Sexual Violence for a number of years and the objectives and aims of this strategy encompass both the responsibilities and expectations of all partners working to address Violence against Women, Domestic Abuse and Sexual Violence across the region.

In 2010, the Wales “Right to be Safe Strategy” set out an integrated, cross government programme of action to tackle all forms of violence against women and children. This was refreshed in November 2016 and published as the Welsh Government’s National Strategy on Violence against Women, Domestic Abuse and Sexual Violence, 2016 – 2021, itself a requirement of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

This Regional Strategy will also support the delivery of a number of key priorities in the Welsh Government “Taking Wales Forward” five-year plan, as well as the following relevant legislation:

The **Well-Being of Future Generations (Wales) Act 2015** sets out seven wellbeing goals relevant to the prevention of Violence against Women, Domestic Abuse and Sexual Violence and support of survivors. The Act puts in place a “sustainable development principle” which requires public bodies to follow five ways of working to ensure they work collaboratively with people and communities, avoid repeating past mistakes and to tackle some of the long-term challenges being faced. The five ways of working in the context of Violence against Women, Domestic Abuse and Sexual Violence are:

**Prevention:** Understanding and recognising that prevention and early intervention are the overarching principles to tackling violence against women, domestic abuse and sexual violence and improving outcomes victims, survivors and their families

**Integration:** Integrating activity across the statutory and third sector and ensuring the coordination of programmes of work such that they achieve the maximum benefit. Consider how the violence against women domestic abuse and sexual violence objectives impact upon each of the well-being goals, and on the objectives and priorities of other key statutory strategies and priorities.

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<sup>17</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/574665/VAWG\\_National\\_Statement\\_of\\_Expectations\\_-\\_FINAL.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF)

**Collaboration:** Collaborating across the regional and local statutory boards and with partners and survivors to improve the planning and coordination of services and ensuring that the actions and objectives of this strategy are met.

**Involvement:** Listening to victims, survivors and others affected by violence and abuse to better understand their experiences in order to continually review and inform improvements in responses. Recognition that Violence against Women, Domestic Abuse and Sexual Violence is “everyone’s business” and involving all agencies that can make an impact.

**Long Term:** Considering the long-term outcomes for victims, survivors and their families and in particular any children and young people exposed to Violence against Women, Domestic Abuse and Sexual Violence.

The **Social Services and Well-being (Wales) Act 2014** provides a legal framework for improving the well-being of people (adults and children) who need care and support, carers who need support, and for transforming social services in Wales. The Population Needs Assessments<sup>18</sup> for West Wales and Powys set out seven core themes and identifies Violence against Women, Domestic Abuse and Sexual Violence as one of these.

The **Housing (Wales) Act 2014** enshrines in legislation the role of the local authority in preventing and alleviating homelessness.

The Welsh Government guidance which supports the practical delivery of the legislation advises local authorities and their partners that:

“Local authorities should be led by the wishes and feelings of the victim of domestic abuse when determining accommodation arrangements. The first option, where appropriate, should be for the perpetrator to be removed from the property to enable the victim to remain in their home. The Local Authority must also consider improving the security of the applicant’s home to enable them to continue living there safely. Alternatively, the Local Authority must assist the victim in sourcing alternative accommodation, whether on a permanent or temporary basis”.<sup>19</sup>

The **Renting Homes (Wales) Act 2016** - sets out a new approach to joint contracts which will help survivors by enabling perpetrators to be targeted for eviction.

The **Wales Adverse Childhood Experiences (ACE)** study<sup>20</sup> examined the exposure in childhood to a range of ACEs and presented research on the developmental well-being of children growing up in such households. Domestic abuse, emotional, physical and sexual abuse, parental separation, as well as parental incarceration, are all indicators that affect childhood development due to the

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<sup>18</sup> <http://www.wwcp.org.uk/wp-content/uploads/2017/03/West-Wales-Population-Assessment-March-2017.pdf>  
[http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Powys\\_Population\\_Assessment\\_Summary\\_-\\_Final\\_V1.pdf](http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Powys_Population_Assessment_Summary_-_Final_V1.pdf)

<sup>19</sup> Welsh Government 2016. Code of Guidance for Local Authorities on the allocation of housing and homelessness

<sup>20</sup> Public Health Wales (2015) Wales Adverse Childhood Experiences (ACE) study

stressors they cause. In addition, those exposed to four or more ACE's are more likely to adopt health harming behaviour in later life and are more likely to be future victims or perpetrators of crime and violence.

In developing the strategy, we have paid regard to the following as required by the Act;

- the most recently published national Violence against Women, Domestic Abuse and Sexual Violence strategy;
- the most recent assessments for the local authority's area under section 14 of the Social Services and Well-being (Wales) Act 2014 (assessment of needs for care and support, support for carers and preventative services);
- the most recent strategic assessments prepared in accordance with regulations under section 6 of the Crime and Disorder Act 1998 relating to reducing crime and disorder in the local authority area;
- the most recent strategic assessments prepared in accordance with regulations under that section relating to combating substance misuse in the local authority area;
- the most recent strategic assessment prepared in accordance with regulations under that section relating to the reduction of re-offending in the local authority area

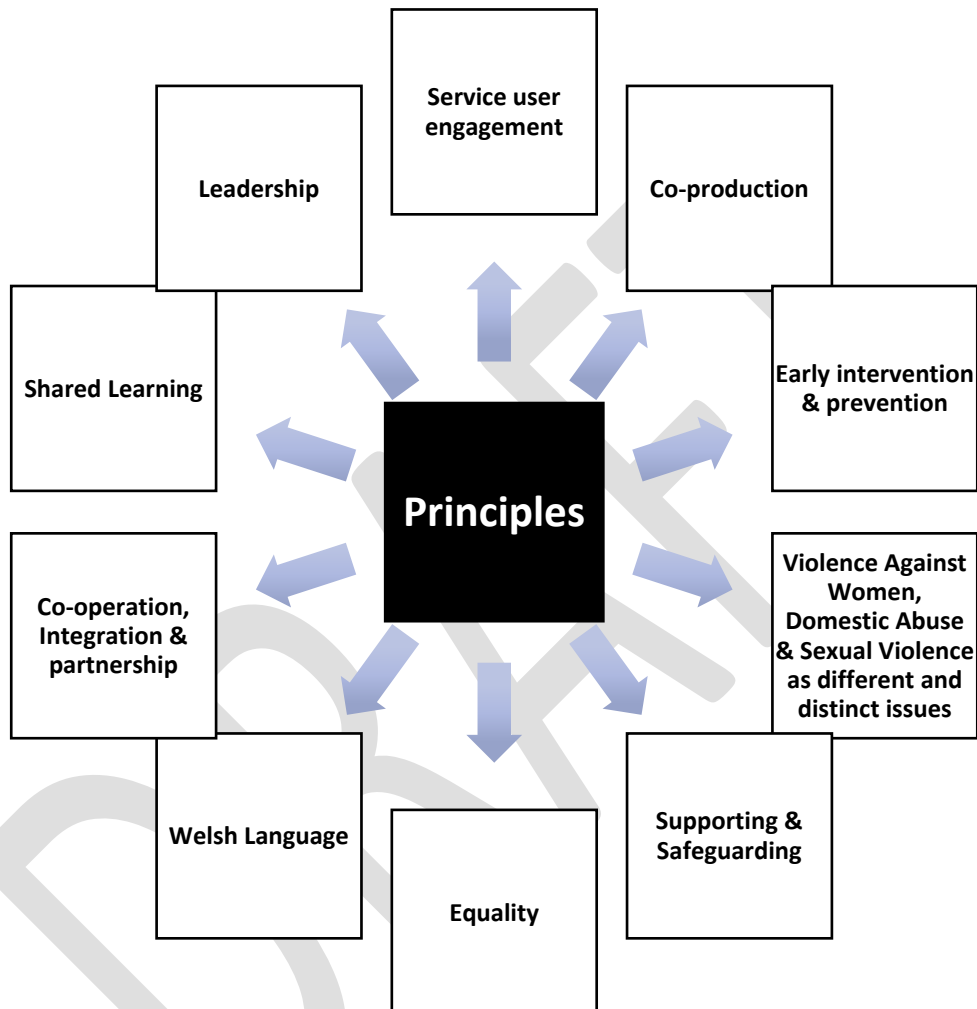
In addition, we have also considered the following regional strategic assessments and plans;

- Assessments of Local Well-Being undertaken to inform Well-Being Plans in line with the Well-Being of Future Generations (Wales) Act 2015
- "Safeguarding our Communities Together" Dyfed Powys Police and Crime Commissioner Police and Crime Plan 2017-2021
- Draft National Community Cohesion Strategy
- Regional Safeguarding Boards' Annual Plans
- Mid and West Wales Regional Collaborative Committee Strategic Plan 2017 - 2020

It is intended that this strategic framework, and the accompanying delivery plan, will, in addition to supporting the Welsh and UK Government legislative and strategic frameworks also underpin, influence and directly contribute to key regional priorities for citizens and communities of Mid and West Wales.

## KEY PRINCIPLES

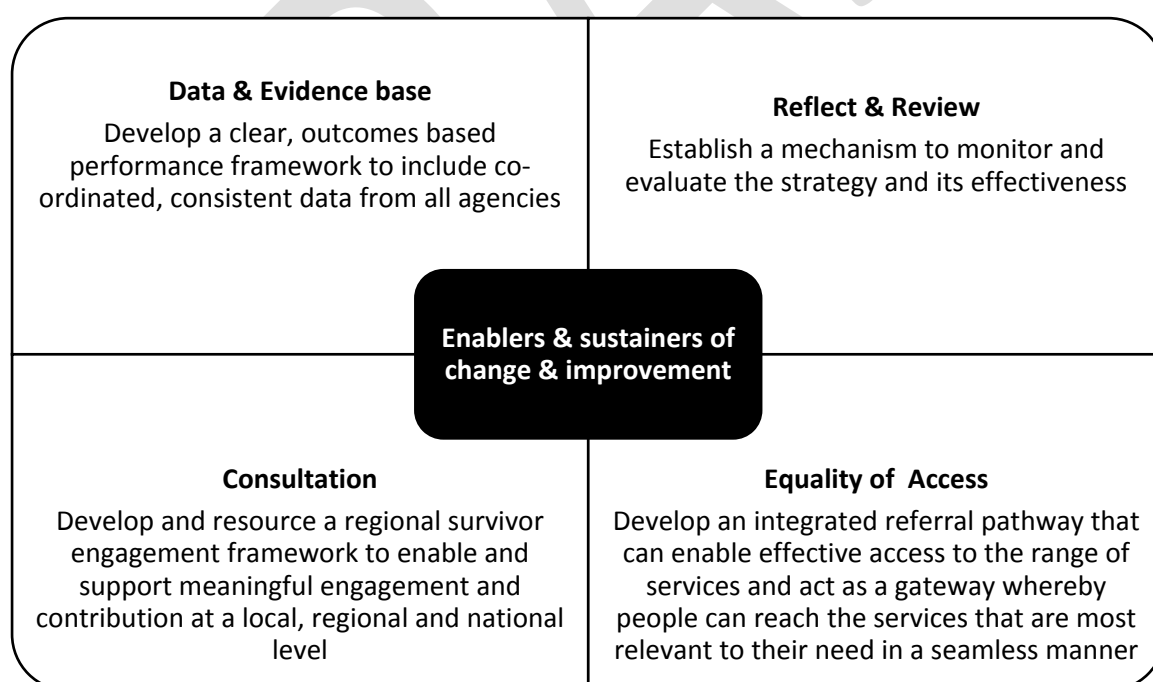
Ten key principles have been identified through consultation and engagement with stakeholders and survivors. These will underpin the priorities set out in this strategy and our approach to delivery.



- **Survivor Engagement** as integral; survivors are involved, heard and are central to why we are making the changes needed
- A commitment to **Co-production**; solution focussed, people given equal status and are meaningfully involved at all stages
- **Early Intervention and Prevention** – the foundation for the effectiveness of the strategy
- Violence against Women, Domestic Abuse and Sexual Violence – a **whole system response** that recognises the different and distinct elements and responses required to meet needs of survivors for all forms of violence against women, sexual violence and domestic abuse.

- **Supporting and Safeguarding;** ensuring that all individuals are safeguarded from violence and abuse, receive an efficient, effective and coordinated response and are supported to access a range of services to meet their needs
- **Equality** - positive approach to diversity, strategy that is responsive to all and equally accessible provision across the region to meet needs
- **Welsh Language** – ensuring the provision of services in Welsh to those who need it
- **Co-operation, Integration & Partnership;** joint endeavour for improvement and innovation, promoting positive change at a community level
- **Shared Learning;** promoting a culture of continuous improvement, reflection and review to improve outcomes for individuals and families
- **Leadership;** a need to ensure regional to local continuum, accountability and clarity of direction

Whilst developing our strategic priorities we identified four components which can be seen as **enablers and sustainers of change and improvement**. They involve improving and integrating core processes to facilitate the development of consistent and cohesive ways to improve outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence. These enablers are;



## ENGAGEMENT AND CONSULTATION

Engagement and consultation was carried out with survivors, specialist service providers, generic service providers, commissioners, stakeholders and members of the Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group.

To develop regional priorities that accurately reflected local experiences, a series of locality based workshops were held in addition to targeted focus groups and interviews.

The range of engagement activity provided an opportunity for stakeholders, commissioners, providers and survivors to directly contribute to the development of the strategy, identify what works, highlight gaps in current provision and opportunities for improvement. Participants were also provided with an opportunity to articulate their vision for the strategy and to identify priorities for action.

Participants were highly engaged in providing observations of the current and future landscape and the information gathered during this process provided a broad spectrum of opinions which are reflected within our identified strategic priorities.

Key themes from the engagement events are outlined below:

- A lack of understanding amongst professionals of the nature, effects and long-term consequences of Violence against Women, Domestic Abuse and Sexual Violence leading to reduced confidence in professional contacts.
- Both recognition and concern over the preventative and pastoral role of education in dealing with issues of Violence against Women, Domestic Abuse and Sexual Violence.
- The lack of consistency and availability of safe interventions across the region aimed at holding perpetrators to account and providing opportunities to change behaviours.
- The lack of specialist provision for children and young people who are experiencing Violence against Women, Domestic Abuse and Sexual Violence
- The persistent challenge to prioritise and resource early intervention and prevention.
- Inconsistency of commissioning practices and sustainability of funding.
- Complexity of current referral pathways resulting in confusion, response “overload” and duplication of services
- The lack of coordinated approaches to service provision and the need for an integrated referral pathway into services
- Lack of awareness amongst individuals experiencing Violence against Women, Domestic Abuse and Sexual Violence, their friends, families and professionals of what services are available and how to access information and support

- The inconsistency of service availability across the region leading to a “postcode lottery” of provision
- The lack of “whole family” approaches across the region
- The critical role of leadership and accountability for Violence against Women, Domestic Abuse and Sexual Violence across the region
- Recognition that what seem like opposing views are often a product of parties with a variety of roles seeing things through a different lens; a need to utilise and harness these ‘differences’ to work creatively and collaboratively cross sector in a solution focussed manner to best meet individual and family needs
- The need to maintain and sustain equal and respectful partnerships with professionals who are experts in their field, in particular agencies in the third sector who have a wealth of specialist knowledge, strategic expertise and operational skills
- The value of involving partners at an early stage and to work in partnership with service providers to co-produce the regional approach to addressing gaps in provision, avoiding duplication and maximising resources



Our strategy recognises the vital importance of collaborating with survivors and service users, who are 'experts by experience' in terms of what has worked for them, their pathways through services and how easy (or difficult) it has been to find the right service and move towards independence and freedom from abuse.

*“Survivors have lived through violence and abuse. They know first-hand what it is like and what may help others in a similar situation”<sup>21</sup>*

To inform the development of this strategy, nine focus groups were held across the region with 56 survivors who have been involved in services. At least one group was held in each local authority area with specific focus groups held for male survivors and individuals who had experienced sexual violence and abuse. The purpose of the focus groups was to better understand the experiences of survivors of domestic abuse, sexual violence and all forms of violence against women in the region when accessing support, their views about preventing Violence against Women, Domestic Abuse and Sexual Violence and priority considerations for the strategy.

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Survivors spoke about the importance of being able to access services at the time you need them, accessible for the most vulnerable groups and for services to be visible and available in local areas.

Survivors expressed concerns about waiting lists for some services in particular counselling for sexual violence and abuse and about the barriers faced by some survivors in accessing services if they were still in a relationship with the perpetrator;

*"don't tell someone to come back to drop in when they are ready to leave and that there's nothing you can do until then"*

Survivors spoke about the need for more community based support, bringing services into communities across the region to address some of the regional challenges presented by rurality and transport infrastructure.

Both male and female survivors supported this priority but emphasised the need for "separate, safe space".

### **3. Improved awareness of and response to domestic abuse, sexual violence and all forms of violence against women by professionals involved in the family justice system (CAFCASS Cymru, judges and court personnel, contact centres)**

Survivors spoke negatively about their experience of the family court system, child contact proceedings and the lack of understanding and consideration given to domestic and sexual abuse. Survivors spoke about their experience of perpetrators using the family court system to continue to abuse and control them and how the courts seemed dismissive of domestic and sexual violence.

### **4. Safe child contact with parents/carers following separation, in cases of domestic abuse and sexual violence.**

### **5. Accessible 'refuge service' support in every area, accompanied by safe, affordable, longer-term housing options for survivors of abuse, that provide flexibility, choice and meet survivors' needs.**

Survivors spoke about the need for a range of safe accommodation options to meet needs of individuals and families and to address barriers currently facing some individuals e.g. larger families, individuals with complex needs, individuals who are working.

### **5. Survivor groups and peer support available in every area, to reduce isolation and maximise independent spaces that increase confidence, esteem, and empowerment.**

Survivors spoke about the need for "safe space" in communities to allow them the opportunity to maintain the positive changes that have been achieved and "grow our own support networks" through peer mentoring and skill sharing. Both male and female survivors supported this priority but emphasised the need for "separate, safe space". Survivors also called for increased opportunities to improve employability through training / qualifications and safe work experiences.

**6. Compulsory, age appropriate, prevention education in all schools and colleges**

**7. Counselling and therapeutic services for survivors that is available, in every area, when needed, is age-appropriate, and helps build resilience and recovery from abuse and trauma.**

**8. Greater focus on stopping perpetrators' behaviour and holding them to account by public services and opportunities to change their behaviour based around victim safety**

**9. Improved training for all services on all aspects of Violence against Women, Domestic Abuse and Sexual Violence, informed by survivors' experiences.**

Survivors spoke about all professionals being able to recognise Violence against Women, Domestic Abuse and Sexual Violence and understand its impact and consequences. One survivor summarised that all professionals should be able to "see it, know what it is and do something"

**10. Challenge attitudes, behaviours and culture towards domestic abuse, sexual violence and all forms of violence against women.**

Survivors spoke about the need to change public perceptions and the availability of visible information for individuals, families and friends.

Survivors spoke about professional's attitudes towards them as victims of violence and abuse and the need to challenge and change perceptions, assumptions and behaviours. Survivors consistently wanted professionals to "Listen, believe and don't judge".

**11. Preventing Violence against Women, Domestic Abuse and Sexual Violence** from happening in the first place, through increasing awareness of the issues and, importantly for survivors, friends and families, increasing awareness of help available in local communities and how to access information, help and support. Survivors spoke about the need for "community contact points" as access routes to information and support.

**12. Support for families as a whole** – survivors wanting to see a "whole family" approach to support and intervention.

Survivors also identified some systemic barriers that prevented them from accessing support and protection;

- The lack of service provision in the Welsh language; a survivor spoke about not being able to access services for themselves and their children in Welsh. Welsh is their first language and the relevant services were not available to them in Welsh
- Survivors feeling that they that they were not believed or taken seriously by public services and as a result the responsibility was on them to prove the violence and abuse

- Survivors spoke about not being able to access Legal Aid and the additional trauma this caused

Survivors spoke about the role of specialist Violence against Women, Domestic Abuse and Sexual Violence Services. They spoke about the importance of simply being listened to, believed and taken seriously;

*"I didn't realise the enormity of my situation"*

*"I was treated like a human being"*

Survivors spoke about the importance of having someone who understood their experience and who could advocate on their behalf.

One survivor simply said that specialist services had

*"saved my life".*

Throughout the engagement events there was consistent feedback from survivors about their ongoing role in the development, delivery and monitoring of the regional strategy. Survivors felt that, often, their voices were not heard and that they, because of their experiences, could and should be part of shaping the solution.

In the region, specialist Violence against Women, Domestic Abuse and Sexual Violence providers have their own survivor engagement mechanisms as a means of shaping and informing their own service development and contribute to wider local, regional and national consultations.

In Carmarthenshire, the Women's Survivors Support Project is a self-supporting group of survivors of domestic abuse and is the only group of its sort in the region.

Initiatives like SEEDS (Survivors Empowering and Educating Services) being piloted by Welsh Women's Aid are providing a means by which survivors in Wales are having their voices heard by those planning and providing services and, more recently, Welsh Government has begun initial work to establish a national survivor engagement framework.

Stakeholders also felt that survivors' voices and experiences should be integrated into decision making across the region and there needed to be a mechanism to support and enable meaningful engagement of any individual who had experienced violence or abuse.

It was further recognised that engagement had to be inclusive and consider any particular needs or issues that may be experienced by people with protected characteristics and who may be marginalised or excluded, including BME people, children and young people, men, older people, migrants, refugees and asylum seekers, disabled people and those who identify as LGBT+.

Whilst recognising existing and developing approaches for engagement there is no consistent or cohesive mechanism for survivors' voices to be heard by decision makers in Mid and West Wales.

**We are committed to hearing and enabling the voices and experiences of survivors to inform decision making and practice improvements in the region.**

**We will develop and resource a regional survivor engagement framework, strengthening and improving existing mechanisms and explore creative ways for individuals to engage and contribute.**

DRAFT

## **NEEDS ASSESSMENT**

This Strategy has been informed by a Violence against Women, Domestic Abuse and Sexual Violence needs assessment which aims to provide a comprehensive understanding of current and future needs of citizens across the region.

The Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group commissioned an independent consultant to undertake the needs assessment, the process of which has collated intelligence and data to inform the nature and scale of need with regards to Violence against Women, Domestic Abuse and Sexual Violence, mapped available resources and the current services being offered locally, regionally and nationally. The needs assessment was completed in collaboration with partners, stakeholders and survivors, ensuring a practical understanding of the specific and varying needs of those affected by Violence against Women, Domestic Abuse and Sexual Violence to inform the strategy development and commissioning to improve outcomes.

The needs assessment has made full use of data from a wide range of sources and has built upon the work already undertaken in the region for the recent well-being and population needs assessments. There is a commitment to ensure that this strategy and its underpinning needs assessment will be used as the basis for forward planning and to inform the Well Being and Area Plans across the region.

We acknowledge that any needs assessment provides only a snap shot in time and this strategy recognises the need to ensure ongoing collation and analysis to continually review the relevance of our identified strategic priorities to meet needs.

## Resources to address Violence against Women, Domestic Abuse and Sexual Violence

A snapshot of funding in relation to specialist service provision in Mid and West Wales 2017/18 is provided below.

In identifying resources committed to violence against women, domestic abuse and sexual violence we recognise that resources committed by statutory authorities in providing universal services to survivors of violence against women, domestic abuse and sexual violence are not disaggregated and therefore cannot be included within this resource summary.

<b>Funding Source</b>	<b>Amount 2017/18</b>	<b>Purpose</b>
Welsh Government Supporting People Programme Grant	£1,621,603	Women experiencing domestic abuse
	£55,522	Men experiencing domestic abuse
Welsh Government – VAWDASV Team	£313,400	To Local Authorities for the implementation of the Violence against Women, Domestic Abuse and Sexual Violence Act
Welsh Government – Families First	£95,300	Via Local Authorities for services for children and young people
Police and Crime Commissioner	£200,000	IDVA Services
	£142,339	Sexual Violence and Abuse Services
Welsh Government - direct funding to providers	£195,000	Direct funding for domestic abuse and sexual violence services
UK Government	£36,799	Sexual violence abuse and exploitation services
Trusts and Foundations	£329,000 approx.	

This table shows a resource of over £2.9 million available in the region to tackle violence against women, domestic abuse and sexual violence.

The information provided highlights the stark disparity between the amount of funding currently allocated for domestic abuse services compared to services to address sexual violence and abuse and other forms of violence against women. This strategy provides an opportunity for all public services to address the balance between the funding available to domestic abuse and wider service provision in the region in order for all survivors to have timely access to appropriate services.



The following information is taken from Welsh Women's Aid's "Report to the National Task and Finish Group to inform the development of a model for sustainable funding for Violence against Women, Domestic Abuse and Sexual Violence Specialist Services in Wales". The regional snapshot is based on the responses of the following services;

BAWSO, Calan DVS, Carmarthen Domestic Abuse Service, Hafan Cymru, West Wales Domestic Abuse Services, Montgomeryshire Family Crisis Centre, New Pathways, Seren, Threshold DAS.

The table demonstrates the reduction or increase in funding nationally and regionally between 2016/17 and 2017/2018 to demonstrate national and regional differences.

<b>% Funding by source into VAWDASV third sector specialist services between 2016/2017 and 2017/18 funding levels</b>	<b>All Wales</b>	<b>Dyfed Powys</b>
	<b>%</b>	<b>%</b>
<b>Total income for the organisation / VAWDASV service</b>	-3.04%	+3.73%
Council grants/contracts	-35.29%	-34.35%
Council grants/contracts- <i>children or families first</i>	-13.56%	-34.98%
Police and Crime Commissioner/Police	-8.84%	-5.73%
Supporting People (VAWDASV support element only)	-3.64%	+4.84%
Refuge rent/service charges for VAWDASV supported housing only (pad by residents/HB/UC)	+2.38%	+1.61%
Regional Health Boards	+0.50%	None
NOMS Cymru / CRC / IOM Cymru Board	-20%	None
Welsh Government direct funding (VAWDASV team)	+8.61%	+30.45%
Welsh Government direct funding (Dept. of Health & Social Services)	-73.52%	-80.34%
Public Health Wales	All funding lost	None
Home Office	None	None
Ministry of Justice	+20.82%	Same level
Dept. for Work and Pensions	+100.00%	None
European funding (EU / Council of Europe)	+149.75%	*+393.33%
Charitable / Trust funders	+6.54%	+3.90%
Others (e.g. private, donations, other income generation)	-5.96%	

\*This figure accounts for increased successful application for the Active Inclusion Programme

- Dyfed Powys had an overall increase in funding for specialist services of 3.73%. Much of this increase comes from one service having secured some additional funding for expanding work areas from several sources
- A reduction in Local Authority funding across the region – with children and young people being impacted in the region more so than other areas in Wales.
- The levels of funding for work with children and young people vary considerably between regions in Wales; the funding for children's services in North Wales for example is three times the amount in Dyfed Powys
- Neither specialist sexual violence or domestic abuse services in Mid and West Wales receive any funding from the regional health boards.

Breakdown of which service areas funding has increased or reduced in 2017/18 compared to 2016/17

<b>Funding by third sector VAWDASV Specialist Services type</b>	<b>All Wales</b>	<b>Dyfed Powys</b>
	<b>%</b>	<b>%</b>
Sexual violence services (rape crisis, advocacy, counselling) – adults (18+)	-16.82%	-42.56%
Sexual violence services (rape crisis, advocacy, counselling) – children and young people (0-17)	1.39%	-33.99%
SARC – ISVA support (adults and children)	-48.81%	-27.85%
Refuge-based support (DVSU) - adults and children	-1.03%	+1.26%
Domestic abuse community support (outreach, advocacy, floating support, groups) – adult survivors (18+)	-7.07%	+1.11%
Domestic abuse outreach, advocacy, floating support – children and young people (0-17)	+6.22%	+4.20%
MARAC – dedicated IDVAs for high risk DA victims	+1.00%	+8.94%
Dedicated support on forced marriage	+63.17%	None
Dedicated support on 'honor-based violence'	None	None
Support for women & girls at risk of FGM	-26.58%	None
Support for survivors in the sex industry	-3.33%	None
Support for child sexual exploitation	+0.55%	-10.94%
Support for survivors of trafficking	+16.95%	None
Perpetrator interventions – adults	-6.23%	-0.48%
Victim safety work to complement perpetrator work	-15.94%	+4.00%
Prevention work in communities	+40.38%	-4.47%
Other	-7.84%	+228.38%

- All sexual violence and abuse related services in the region have seen a significant reduction in funding, disproportionately so compared to other services
- Funding for refuge and community based support in the region has increased contrary to the national trend
- Funding for MARAC and IDVA's has increased more than the national average
- There is no funding in the region for services on forced marriage, FGM or "honour based violence" (See Priority 6)
- Similarly, there is no funding for support for survivors in the sex industry or survivors of trafficking (see Priority 6)
- Dyfed Powys was the only region in Wales where there was a reduction in funding for preventative work. Given the requirements in Welsh legislation to focus on this area and the priorities identified in this strategy it is imperative that commissioners carefully consider how they resource primary and secondary preventative work as integral elements of a "One Public Service" commissioning model.
- The significant increase in "other" funding relates to successful applications to the Active Inclusion Programme

The reductions in funding are explained in a number of ways by providers;

- Loss of Home Office funding for IDVA's / ISVA's where it has not been sustained through mainstream public-sector commissioning as anticipated
- Loss of Welsh Government Health and Social Services funding for the sexual violence specialist sector that has moved from Welsh Government allocation with the intention that Health Services would allocate this; to date this anticipated change has not been realised

From 2018/19 the Welsh Government will allocate a regional budget for violence against women, domestic abuse and sexual violence. The purpose of this funding is to support the delivery of this regional strategy. However this regional allocation cannot be considered in isolation or as the sole contribution of Local Authorities to addressing VAWDASV; instead it should be considered as one element of resource alongside which other regional resources from the public and voluntary sector are required to maximise contribution to the delivery of this strategy.

Given the complex delivery landscape, the provision of services to survivors and perpetrators of violence against women, domestic abuse and sexual violence as part of other generic provision and the fact that violence against women, domestic abuse and sexual violence will often not be a discrete service but part of an element of other case work it is not possible to quantify the total cost of provision across the region.

An understanding of the fragility and precariousness of funding to respond to violence against women, domestic abuse and sexual violence is required across the region. The totality of funding currently allocated by Local Authorities to violence

against women, domestic abuse and sexual violence relies on specific Welsh Government grant funding. With the expected implementation of an Early Intervention and Prevention Grant in 2019/20 it is imperative that the region understands the resource and funding requirements to deliver this strategy and that the priorities are integrated within any planning structures for an early intervention and prevention grant programme.

To ensure that we meet the priorities set out in this strategy, we have to fundamentally change the way we think about the funding of violence against women, domestic abuse and sexual violence, better understand the cross cutting nature and impact across public services and use available resources differently to increase the provision of early intervention and prevention as part of a “One Public Service” commissioning model.

## **COMMISSIONING TO MEET NEEDS**

Whilst it is important to recognise that this is not a commissioning strategy, its content and associated strategic delivery plan will inform the development of regional approach to commissioning Violence against Women, Domestic Abuse and Sexual Violence provision and influence commissioning decisions and investment of resources across the region.

We are committed to developing and implementing a “one public sector” commissioning model rather than commissioning in silo; a consistent, collaborative and integrated approach to the commissioning of Violence against Women, Domestic Abuse and Sexual Violence services across the region; maximising resources available from a range of public service commissioners including Local Authorities, Health, Police and Police and Crime Commissioners and determining who is best placed to lead the commissioning of different service elements as part of an integrated, collaborative commissioning model.

It is important to consider key commissioning principles, drivers and barriers in terms of delivering the strategic priorities.

As a region we will integrate the following core principles into our commissioning framework for Violence against Women, Domestic Abuse and Sexual Violence services:

- An understanding of Violence against Women, Domestic Abuse and Sexual Violence as gendered and both a cause and consequence of women’s inequality. It should recognise the human right to live free from abuse and violence as the underlining principle to commission prevention, protection and support services
- A commitment to provide all survivors, including children and young people, equal access to holistic, appropriately resourced, high quality, needs-led, strengths-based and trauma informed, gender responsive services across the region

- A commitment to engage with and be informed by survivors, including children and young people, to inform needs analysis, service design and whole system responses
- An understanding of the expertise of the specialist Violence against Women, Domestic Abuse and Sexual Violence sector to inform needs analysis, service design and whole system responses
- A commitment to children's rights and recognition of the specific needs of children and young people experiencing or witnessing Violence against Women, Domestic Abuse and Sexual Violence. Similarly, recognition of the rights of children and young people in preventing Violence against Women, Domestic Abuse and Sexual Violence happening to or affecting them in the future
- A commitment to collaborative and equal partnership across appropriate agencies to ensure the effective investment in responses to Violence against Women, Domestic Abuse and Sexual Violence and enable integrated pathways of support that promote prevention and earlier intervention
- Commissioning should be based on the principle that no survivor is turned away from accessing critical support services delivered by refuges, rape support centres and FGM and forced marriage units. This should include better access to integrated pathways of support to meet the needs of survivors experiencing multiple disadvantages
- Commissioning should not be done in silos – it is also about mainstream provision and links with health, education, probation, police etc.
- Where good services are already being delivered, in accordance with recognised standards commissioners should consider how to best facilitate service-continuity, considering the resource implications of tendering so that a proportionate approach is taken to commissioning
- Commissioning should ensure that essential services and the costs of management and overheads should be met through a full cost recover model.

The core principles are based on the following feedback from stakeholders and survivors in relation to the commissioning of services and the stability, consistency and continuity of funding in the region;

- Development of an integrated outcomes framework agreed by all commissioners to ensure consistent, meaningful and comparative reporting
- Adopt commissioning models that allow for flexibility and development to meet changing needs rather than prescriptive funding that limits creativity / innovation and results in services that are restricted in the services they can provide

- Provide stability to the sector in terms of the duration of the contract(s) and funding for the lifetime of the contract for Violence against Women, Domestic Abuse and Sexual Violence services
- Development of a service model whereby any eligibility criteria associated with accessing service provision is based solely on a need to access rather than a level of risk, complexity or the availability of services
- Recognise the full range of funding mechanisms available to commissioners. There are significant resource requirements for regional commissioners and service providers if the full tendering process is followed. Regional commissioners still have the opportunity to grant fund; funding services through providing grants can be a simpler and more straightforward process than working through a complex procurement process.
- Involvement of survivors as integral to the commissioning process
- Recognition and acknowledgement of the expertise of the specialist Violence against Women, Domestic Abuse and Sexual Violence sector as partners in the commissioning process
- Acknowledgement of the opportunities within the specialist Violence against Women, Domestic Abuse and Sexual Violence sector to attract additional funding aligned to the strategy
- The need for increased regional collaboration across the public and third sector to identify and secure additional resources
- All Public Services acknowledging their role as commissioners of services
- Recognition of the need for services and interventions across the continuum of support and developing a sophisticated commissioning model that not only enables a shift in resource allocation but also maximises opportunities to increase investment through alignments with other priorities in the region.
- The need to develop a Regional VAWDASV Resource and Funding Plan (including capital spend) to better understand the short, medium and long term investments required and the risks associated with existing arrangements

In developing this strategy, we recognise the bespoke resources that are available to support the development of our commissioning model including the Lloyds Foundation toolkit, National Statement of Expectations and Welsh Government Commissioning Guidance.

We further recognise that the knowledge and expertise to guide commissioning across the region resides with the partners within the Strategic Group and the establishment of a Commissioning Group will be key to developing and implementing our principles and approach for commissioning Violence against Women, Domestic Abuse and Sexual Violence services.

## CURRENT PROVISION

Current responses to violence against women, domestic abuse and sexual violence are delivered by statutory and specialist violence against women, domestic abuse and sexual violence services.

Statutory duties are organised through criminal and civil justice services, numerous functions of local authorities including housing and homelessness, education and social services, Fire and Rescue Services and health provision including Local Health Boards, the Welsh Ambulance Service Trust and Public Health Wales.

The role of the specialist sector enhances statutory delivery bringing expertise and knowledge that is not possible in the statutory sector and an ability to effectively engage with victims and survivors.

Specialist Violence against Women, Domestic Abuse and Sexual Violence Services are defined by Welsh Government as “a service which is specifically designed to support someone who is, or has been affected by domestic abuse, sexual violence and/or any other form of violence against women”<sup>22</sup>.

There are currently nine providers in the region delivering a range of services that address violence against women, domestic abuse and sexual violence;

CALAN DVS, Carmarthen Domestic Abuse Services, Gwalia, Hafan Cymru, Montgomeryshire Family Crisis Centre, New Pathways, Seren, Threshold DAS and West Wales Domestic Abuse Service

As the specialist sector has historically operated on smaller geographies some services operate in smaller areas than the whole region, others more latterly, provide services across local authority boundaries.

The specialist sector delivers a range of services

- Accommodation based services – Refuges (separate provision for men and women), Safe Houses, Dispersed Units and Supported accommodation
- Community based support – Floating support, outreach, drop in, counselling and mediation services for individuals effected by violence against women, domestic abuse and sexual violence
- Independent Domestic Violence Advisers – 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<sup>23</sup>.
- Services for Children and Young People – including specialist support, play therapy, mediation and counselling

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<sup>22</sup> Welsh Government Draft Commissioning Guidance (2017)

<sup>23</sup> National Definition of IDVA work SafeLives

- Whole family approaches – through the Early Family Intervention Project and Inspiring Families Programme
- Innovative services in response to identified needs e.g. Rural Link workers in Carmarthen and Montgomeryshire, “Be Better at Budgeting”; a Money Coach Project based in Carmarthenshire and the community based initiative “Ask me” in Powys
- Active Inclusion Projects – Accredited activity, skill building and qualifications to improve employability

### Sexual Violence and Abuse Services

- Sexual Assault Referral Centres located in Carmarthen, Aberystwyth and Newtown -providing services to victims/survivors of rape or sexual assault regardless of whether the victims / survivors choose to report to the police or not.
- Independent Sexual Violence Advisers (ISVA) – Essential elements of the ISVA role include providing tailored support to meet the needs of individuals before, during and after the court process, providing impartial and accurate information and ensuring the safety of the victims and survivors and their dependents
- Counselling – for victims of sexual violence and abuse and adult survivors of child sexual abuse

**The Dewis Choice Project** - Delivered by Aberystwyth University, the three and a half-year long *Choice* project runs from 2015 to 2018. Working in partnership with older people, volunteers, local communities and professionals in two pilot areas (Carmarthenshire and Cardiff) the project is aimed at increasing choices for older people who have experienced abuse in the home to access justive opportunities and also explore options that promote wellbeing.

The project has developed from the following evidence

- Many older people who experience abuse within their own homes are often unaware of how to find out what help and support is available to them.
- Many do not want to involve the police or pursue someone through a civil court case – so no other solution is available to them and their case is not taken up by anyone.
- This type of elder abuse is very complex, often involving a family member as the perpetrator, where the older person may be reluctant to try and do anything to stop the abuse because that would impose a strain on the wider family, possibly create a family breakdown and deprive them of family support.



The project aims to provide new options and solutions which reflect the needs of the individual being abused and are more tailored to the local services available in their area.

In each pilot area the intervention and a “wrap around” support service aims to provide a holistic justice package with an emphasis in safety and the provision of a variety of justice options.

**Women’s Pathfinder Project** - an integrated, women-centred, multi-agency approach to working with women who come into contact with the criminal justice system and is currently delivered by Gwalia in Pembrokeshire

**Helplines** – Information, support and signposting to local services is available to survivors, perpetrators, professionals and “concerned others” from a range of National Helplines including the Live Fear Free Helpline, RESPECT, Dyn Project and Survivor’s Trust.

**Men’s Sheds** – There are currently 8 Sheds operating across Mid and West Wales. Men’s Sheds are social groups or enterprises set up in local communities for the benefits of men. The project facilitates support for men to create a safe haven, tackle isolation and supports them to pursue interests. Each group is self governed, self- supported and sustainable.

The information provided describes a range of services operating across Mid and West Wales from primary prevention to recovery and incorporating perpetrator intervention. The range of services demonstrates a comprehensive approach to tackling VAWDASV however many are operating in some but not all Local Authority areas and there is a lack of a consistent or coordinated approach. Many services are at risk of short term funding. Outside of the Supporting People framework and funding commitments of the Police and Crime Commissioner there is limited service planning and access to specialist provision can depend on the locality of the survivor rather than the individual need.

## **Public Sector**

Outside of the specialist sector public services across Mid and West Wales provide support and intervention as part of universal and targeted services.

### **Criminal Justice Response**

The Police, together with Integrated Offender Management (IOM) Cymru and the National Probation Service coordinate a number of specific responses to violence against women, domestic abuse and sexual violence as part of their approach to offender management including WISDOM, Priority Perpetrator Identification Toolkit (PPIT) and MAPPA.

The National Probation Service, through the Her Majesty’s Prison and Probation Service and the Wales Community Rehabilitation Company, provide bespoke interventions and support for offenders with violence against women domestic abuse and sexual violence in their backgrounds.

It is the Police in Mid and West Wales who coordinate the Multi-Agency Risk Assessment Conferences (MARACs), discussing high risk cases referred from all partners to establish what further support is needed and to coordinate that support.

The MARAC's operate in each of the four local authority areas. Chaired by Dyfed Powys Police Detective Inspectors, the frequency of MARAC's in the region vary from fortnightly to monthly.

Goleudy, Heddlu Dyfed Powys Police victims' support service provides victim support services in a centrally managed location so that the most appropriate support can be identified and delivered to victims of crime. Goleudy receive all victim's details electronically direct through Police systems and provide a further coordinating mechanism and pathway to support for victims of violence against women, domestic abuse and sexual violence where consent is given.

There is inconsistency in the delivery of Specialist Domestic Violence Courts across the region. Specialist Domestic Violence Courts (SDVC's) form part of a collaborative approach to tackling the complexities of domestic violence and abuse. The SDVC's should bring together the Crown Prosecution Service, Courts, Police, victim support and specialist services to help ensure the safety of the victim by identifying, tracking and risk assessing the case, support the victim and share information effectively. Effective SDVC's are shown to increase safe outcomes for survivors, increase conviction and reduce attrition and withdrawal rates for cases. SDVC's offer a range of additional measures for victims and witnesses including the option to provide evidence from behind screens or via video link and the role of the Independent Domestic Violence Adviser is critical to the process.

#### The All Wales ACE Project

Funded by the Home Office Police Transformation Fund this 2 year project aims to establish an ACE lens approach across policing and partner agencies. The national project seeks to achieve four objectives;

- A competent and confident workforce to respond more effectively to vulnerability using an ACE informed approach in both fast and slow time policing.
- Organisational capacity and capability which proactively meets changing demands.
- A 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light' welfare and health services.
- A whole system response to vulnerability by implementing ACE informed approaches for operational policing and key partners.

Each Police force in Wales will identify a themed approach and develop an early adopter site to inform the national learning.

#### Social Care

Local Authority Social Care Services provide care and support to adults and children at risk of abuse or neglect and have a range of preventative and support services

which those who have experienced violence against women, domestic abuse and sexual violence can access including; online counselling, school based counselling, youth services.

The Welsh Government's Families First programme has supported the development of the Team around the Family (TAF) model. This model attempts to assess the needs of children, young people and families and draw in a package of co-ordinated, outcomes based support to help them have their needs met and prevent the escalation of difficulties.

For Families with higher levels of need the statutory Children's Social Care Service provides critical services to keep children safe. The nationally developed Integrated Family Support Service, which operates in all authorities, focusses on delivering intensive support for families where substance misuse is a significant factor and where children were at risk of becoming looked after. Substance Misuse and Domestic Abuse are often co-occurring in these complex families and consequently, a number of IFSS teams have extended their remit to include Domestic Abuse.

Local Authorities, in partnership with Health resource specialist practitioners within Flying Start teams and, in Carmarthenshire, two Domestic Abuse Project Workers are located within Children's Services.

Models such as "Signs of Safety" are providing strengths based tools to assess need and support families to make positive change.

The development of the information, advice and assistance services across the region provide an opportunity to embed violence against women, domestic abuse and sexual violence in "core business".

## Health

Violence against Women, Domestic Abuse and Sexual Violence within the two local health boards is given focus through safeguarding structures. Mandated routine enquiry exists through midwifery and health visiting services as well as some sexual health, A+E and women's health services.

Both Health Boards use the All Wales FGM Clinical Pathway in line with the mandatory reporting requirements.

More widely within the health boards the health needs of survivors and perpetrators are met and the links to the effects and longer-term consequences of violence against women, domestic abuse and sexual violence are acutely felt e.g. injury, counselling and therapeutic interventions, medical examinations relating to sexual violence and assault, substance misuse and mental health.

As part of the Hywel Dda Health Board Violence against women, domestic abuse and sexual violence policy a care pathway has been established with the Live Fear Free Helpline; providing a direct referral point for information and pathways to support for staff and patients. It is intended for this pathway to be piloted in 2018.

As a relevant authority for the purpose of the Act, the Welsh Ambulance Service Trust already has an all Wales Care Pathway providing an opportunity for individuals to disclose violence and abuse and access information and support via the Live Fear Free helpline. The Service, in partnership with SafeLives will shortly pilot an initiative in Mid and West Wales to consider how they can best engage with the MARAC process.

### Fire and Rescue Services

Recent DHR's in Wales have highlighted the key role of Fire and Rescue Services in the prevention and protection of individuals experiencing violence against women, Domestic Abuse and Sexual Violence<sup>24</sup>. Mid and West Wales Fire Service provide home safety checks and target hardening equipment to protect individuals from the threat of violence and abuse.

### Housing and Housing Related Support

Across Mid and West Wales, the Supporting People Programme invests approximately £1.7 million in services for women and men who have experienced domestic abuse. These services include refuge provision for men and women, floating support, drop in services, family support and target hardening. In addition, the programme funding across the region enables people to receive other support that reduces their risk of becoming homeless including direct financial support and support for people with needs that often co-occur with violence against women, domestic abuse and sexual violence e.g. mental health, substance misuse, debt etc.

The Supporting People planning framework adopted across the region considers population needs, performance information, stakeholder input, service user feedback, best practice, and legal and policy drivers. Plans exist at the regional level and within Local Commissioning Plans.

Survivors spoke about the need for a range of safe accommodation options to meet needs of individuals and families and to address barriers currently facing some individuals e.g. larger families, individuals with complex needs, individuals who are working.

Survivors spoke about positive experiences of housing services in relocating quickly and safely whilst others explained how they had been offered housing close to the perpetrators of abuse.

Older survivors emphasised the lack of safe, appropriate housing to meet their needs with the alternative being staying in the abusive situation;

“nowhere to go”

“having to live together until financial settlement”

“living in a nightmare until court hearing”

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<sup>24</sup> See Bridgend DHR 0213 and Torfaen DHR into the death of Mrs B

## **Services for Perpetrators of Violence against Women, Domestic Abuse and Sexual Violence**

The Police, together with Integrated Offender Management (IOM) Cymru and the National Probation Service coordinate a number of specific responses to perpetrators of violence against women, domestic abuse and sexual violence as part of their approach to offender management including WISDOM, Priority Perpetrator Identification Toolkit (PPIT) and MAPPA.

The National Probation Service, through the Her Majesty's Prison and Probation Service and the Wales Community Rehabilitation Company, provide bespoke interventions and support for offenders with violence against women domestic abuse and sexual violence in their backgrounds.

In addition to these there is one community based, domestic abuse focused, perpetrator programme working towards the Respect quality and accreditation standards for safe and effective perpetrator programmes.

The Choices Perpetrator Programme, part of the wider Early Family Intervention Project (E-FIP) is delivered by Threshold DAS in Llanelli and is for males over 18 who want to change their abusive behaviours and beliefs. The programme, delivered over 34 weeks and consisting of 60 hours of highly structured interventions is delivered in a group setting / one to one. It is designed specially to challenge men's understanding of abuse and relationships and reduce domestic violence, teaching ways of being non-abusive and supporting positive change over time.

The "Respect" programme run in Pembrokeshire by the Team around the Family works with perpetrators of abuse but is not accredited.

### **Training**

A suite of multi-agency training is delivered by the specialist sector across the region raising awareness on violence against women, domestic abuse and sexual violence.

In addition to this, relevant authorities including all Local Authorities, Health Boards and NHS Trusts and Fire and Rescue Services are required to implement the Welsh Government's Violence against Women, Domestic Abuse and Sexual Violence National Training Framework with training plans and annual reporting to Welsh Government on implementation.

### **Healthy Relationships Education**

Across the region there are a range of universal programmes being delivered to children and young people including Incredible Years, KiVA and the All Wales Core Liaison Programme delivered by Police and partners.

Within schools, healthy relationship sessions are predominantly delivered as part of the Hafan Cymru Spectrum Programme or via Welsh Women's Aid STAR (Safety Trust and Respect) programme. The STAR programme is also used by Youth Services and Youth Offending Teams in the region.

In 2016/17 533 SPECTRUM sessions were delivered across the region to over 6700 pupils and 516 staff.

In addition, schools across Mid and West Wales have their own Personal and Social Education and Sex and Relationships provision and online resources around respectful and healthy relationships that they can access at their own pace.

The Mid and West Wales Education Safeguarding Leads are key in promoting and monitoring approaches to the implementation of the Welsh Government's "Violence against Women, Domestic Abuse and Sexual Violence – A Whole Education Approach" through Education Safeguarding Audits.

The regional approach to Healthy Relationships education is explored further in Strategic Priority 2.

### **Services for Children and Young People**

Stakeholders spoke about the inconsistency of specialist provision for children and young people experiencing violence against women, domestic abuse and sexual violence in the region, with funding and resources varying significantly between local authority areas.

Programmes have been developed in the region aimed at working with young people demonstrating abusive behaviours. The A2P programme (Carmarthenshire County Council) and the Purple Heart Project (Threshold DAS) focus on a mixture of intimate and adolescent inter-familial abuse.

The overview of current provision combined with the experiences of survivors and stakeholders highlight the following;

- Despite a range of services operating in Mid and West Wales across the continuum of need there is a lack of a consistent, coordinated approach to the planning, commissioning or delivery leading to a "postcode lottery" of provision
- Sexual Violence services in the region cannot meet the current demand and are operating significant waiting lists
- There are significant gaps in the provision of specialist support services for children and young people who have experienced violence against women, domestic abuse and sexual violence
- There are no services for individuals who have experienced so called "honour based violence", FGM or forced marriage
- A lack of consistency and availability of safe interventions across the region aimed at holding perpetrators to account and providing opportunities to change behaviours
- Need to focus more on the principles of the services rather than eligibility criteria based on risk, complexity or availability of services.
- Uncoordinated public service and specialist sector approaches resulting in confusion, response "overload" and duplication of services in some areas

## **Responses to all survivors of violence against women, domestic abuse and sexual violence<sup>25</sup>**

Our communities in Mid and West Wales are diverse and the Public-Sector Equality Duty ensures that equality considerations are built into everything that we do. When considering who is experiencing violence against women, domestic abuse and sexual violence we will ensure that services can appropriately respond to different population groups and that, where appropriate, specialist provision is available.

### **Women**

There is a legal requirement on all public authorities, when carrying out all their functions, to have due regard to the need to eliminate unlawful discrimination and harassment on the grounds of sex, and to promote equality of opportunity between women and men. This requires public authorities to recognise that the two groups are not starting from an equal footing and identical treatment will not always be appropriate. Single sex services are lawful where there is a clear need and equality duties do not mean that single sex services should be cut, or that services should necessarily be provided on the same scale for both men and women, in recognition that women make up the majority of victims of domestic violence and rape and sexual abuse.

### **Children and young people**

Since 2004 Local authorities and their partners are required to have regard to the United Nations Convention on the Rights of the Child (UNCRC) as the basis of its work for children and young people.

Violence against women and children, including domestic abuse or sexual violence in any family unit is a child protection issue and should be dealt with using the relevant safeguarding procedures. Many survivors have children, and ensuring the well-being of those children must be a priority for both public services and the victim.

We need to ensure that all partner agencies can identify children who are at risk so that appropriate action can be taken.

It will be crucial to ensure that age appropriate services and support are consistently available for children who need them.

### **Men**

- An estimated 1.2 million women and 713,000 men adults aged 16 to 59 years experienced domestic abuse in the last year, according to the year ending March 2017<sup>26</sup>
- Extrapolating this data to Wales shows that 11% women and 5% men a year experience 'any domestic abuse'

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<sup>25</sup> Extracts from Welsh Government National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-20 pg. 12-15

<sup>26</sup> Crime Survey for England and Wales

It is often hard for men to get help in these situations because of fears about being ridiculed, not being believed or being treated unfairly by agencies.

Whilst recognising that there are services in Mid and West Wales accessible to men, male survivors spoke about the need for separate, distinct and safe places to access information and support as male survivors.

Men spoke about the

*"difficulty accessing services" and "hitting brick walls when trying to access services"*

One man said

*"Men become victims – they're not given anything to become survivors"*

In a recent survey<sup>27</sup>, when asked how they would like to access help, respondents from Mid and West Wales wanted dedicated space for drop in, information and support separate from services for women. The priorities identified in the Section "Survivors as Experts" include the priorities identified by male survivors including; support to recover from trauma e.g. counselling and mental health services, practical support, a place of safety, advocacy, peer mentoring and support and support to keep their children safe.

## **Older People**

There is sometimes confusion between the experience of domestic abuse in later life and "elder abuse" (a term which encompasses all forms of violence, abuse and neglect experienced by older people). Such confusion can result in victims of abuse falling between the systems which are designed to offer them protection and consequently do not receive appropriate support to help them to stop the abuse or make them safe.

Statistics bear this out; the latest Home Office data indicates that 28 older people (aged 60+) in England and Wales were killed by a family member<sup>28</sup>. This represented 24% of all victims. However, the reporting of domestic abuse incidents involving older people represented less than 4% of all reported incidences. In Wales older people represented 33% of domestic homicides.

As we work towards enhancing and strengthening the role of our Public Service in preventing these issues, it is crucial that we work to overcome such confusion and, instead, ensure our systems and working relationships are integrated and the knowledge and skill set of our employees is geared towards identifying potential abuse as early as possible and providing tailored, effective support as soon as possible. It is crucial that those working with older people can recognise signs of abuse and are able to offer appropriate advice.

The experience of violence against women, domestic abuse and sexual violence can be even more damaging to victims where it is experienced alongside other complex

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<sup>27</sup> Insert survey details

<sup>28</sup> Homicide Index, Home Office, 2011/12 to 2014/15 14



needs or vulnerabilities. Whilst it is wrong to homogenise older people as “vulnerable” or “frail” it is important that Public Services and specialist providers are prepared and able to link safeguarding systems to offer a suite of support which addresses all the issues which may be faced by an older person experiencing violence and abuse.

In considering whether services are meeting the needs of older people we will consider the key findings of the Dewis Choice project to date namely;

- That older people are falling through the gaps of two pieces of legislation Violence against Women, Domestic Abuse and Sexual Violence and the Social Services and Well-Being Acts
- Older people are not accessing services and are the least likely group to report the abuse
- That existing services are not suitable for older people
- The need for Healthy Relationships in later life
- The need for “whole family” holistic services, establishing positive networks and increasing survivors space for action

### **Black and minority communities**

Research has found that:

“BME women are disproportionately affected by different forms of abuse e.g. forced marriage, “honour based” violence, FGM, sexual exploitation in the form of commercial sex work, trafficking etc. the multiple vulnerabilities from these overlapping contexts makes it harder for women to flee violence” <sup>29</sup>

Survivors may face additional barriers to seeking help, such as racial discrimination, religious stereotyping, fear of community dishonour and rejection, and an insecure immigration status, all of which may prevent them from accessing protection. Additionally, survivors from ethnic minority communities are likely to have barriers to receiving, or asking for, services, including:

- Lack of information and awareness about services and options due to language barrier and lack of familiar community networks.
- Insecure immigration status and no recourse to public funds
- Involvement of family members in interpretation and support to access services that defeats the purpose of confidentiality and elevates risks of harm.
- Pressures of socialisation and from family on the pretext of honour and shame. In such cases, women fear that their experiences will not be validated in an alien, mainstream context.

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<sup>29</sup> Roy. S and Ravi.T (2012 Vital Statistics Key finding report on black, minority ethnic and refugee women’s and children’s experiences of gender based violence (London) Imkaan

- Concerns around suitable cultural environment for praying, specific socio-religious food habits and familiar environment for children in temporary accommodation. BME women not only fear the perpetrator, but racism and marginalisation in society that undermines their confidence to lead an independent life.
- Fear of isolation and racism within a mainstream service.
- Increased likelihood that perpetrators use other forms as part of the abuse e.g. threats of deportation and abandonment, isolation, entrapment, multiple interested parties and violence condoned by family and community.

The BME population for Mid and West Wales is 4.6% and 3.4% of referrals to MARAC are from BME cases, however, there is no specialist BME funded service in the region to respond to the needs of BME communities.

### **Migrant, refugee and asylum-seeking women**

Providers spoke about their ability to assist migrant, refugee and asylum-seeking women who have suffered, or are suffering violence against women and who have no recourse to public funds. This group can often be subject to issues such as FGM, so called 'honour' based violence and forced marriage, as well as the already complex issues of domestic abuse and sexual violence. Visa issues, cultural, language and communication barriers can further complicate and isolate these women.

With the region's commitment to the resettlement of 100 Refugee families we need to ensure that information is accessible to migrant, refugee and asylum seeking communities and pathways to appropriate support are identified.

### **Disabled people**

Disabled people experience disproportionately higher rates of domestic abuse and also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people. Disabled women are twice as likely to experience domestic violence as non-disabled women and they are likely to experience abuse over a longer period and to suffer more abuse and injuries as result of abuse than disabled men.<sup>30</sup>

### **Abuse and the Workplace**

Employees who suffer from violence against women, domestic abuse, or sexual violence often have related performance issues or are absent from work, and perpetrators can often target their victims in the workplace or seek to limit their access to work. A recent report found that 52% of women had experienced sexual harassment at work including inappropriate comments, unwanted behaviour or sexual advances<sup>31</sup>. This has an impact on the employer's business activity as well as

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<sup>30</sup> Welsh Women's Aid, Disability Wales and University of Glamorgan (2011) Domestic Abuse of Disabled Women in Wales

<sup>31</sup> TUC and Everyday Sexism Report 2016

the employee's wellbeing. Employers can therefore play an important role in addressing these issues in their own workforce.

## **Sex Industry, Exploitation and Trafficking**

People involved in sex work can be particularly vulnerable to sexual and other violent crime and may in fact be victims of child sexual exploitation or modern slavery. Our priority in this context is ensuring appropriate protection and access to support services for this often-vulnerable group.

## **LGBT+**

The Welsh Government funded research in 2014 which highlighted the barriers faced by lesbian, gay, bisexual and trans people when accessing domestic abuse and sexual violence services. The report highlighted individual, interpersonal, structural and cultural barriers and made a series of recommendations to improve accessibility to services, including flexibility, confidential access and inclusivity.

## **Female survivors who commit offences**

We know that many victims of sexual, physical and emotional abuse can also be drawn into offending behaviour. Statistically it is shown that women involved in the criminal justice system are more likely to have experienced some form of abuse during their childhood, and many also report that their offending was to support their partner or someone else's substance misuse. Women tend to have shorter sentences than men and they are more likely to self-harm in custody. The Integrated Offender Management(IOM) Cymru partnership's Women's pathfinder Scheme offers an opportunity for a more effective joined-up approach to addressing these women's complex needs.

## **Gypsy and Travellers<sup>32</sup>**

No reliable statistics are available regarding the prevalence of violence against women, domestic abuse and sexual violence in Gypsy and Traveller Communities however a 2007 study in Wrexham found that 61% of married English Gypsy women and 81% of married Irish Gypsy women interviewed had experienced domestic abuse.

Gypsy and Traveller women face barriers to leaving an abusive relationship and seeking help and further challenges when help is sought including;

- The Gypsy Traveller community as a barrier to seeking help
- Accessibility issues e.g. low literacy rates, contacting services
- Cultural and social taboos
- Experiences of inequality and racism

In the Gypsy and Traveller Caravan Count report published in September 2017 there were a total of 237 Gypsy and Traveller Caravans in Mid and West Wales.

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<sup>32</sup> Welsh Library Equality and Human Rights Commission Wales Domestic Abuse and Gypsy Travellers

We have recognised that engagement with survivors to continually improve our understanding of need and inform the development of services must be inclusive. In developing our regional survivor engagement framework, we will consider existing mechanisms that could enable us to strengthen our engagement with these identified groups e.g. Community Cohesion networks, regional and local Junior Safeguarding Boards, Community groups and Academic partners and explore creative ways for individuals to engage and contribute.

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## GOVERNANCE AND LEADERSHIP

Strong leadership is required to embed Violence against Women, Domestic Abuse and Sexual Violence as “everyone’s business” that requires all areas of public policy to address. Subsequently, ownership of this strategy must sit at the highest level to secure robust strategic buy in from partners and ensure a significant contribution to shape and improve the delivery of services for those affected.

The strategic direction and oversight of this strategy sits with the Mid and West Wales Safeguarding Executive.

A Violence against Women, Domestic Abuse and Sexual Violence Strategic Group, accountable to the regional Safeguarding Executive has been established to provide a governance structure to develop, approve and monitor Violence against Women, Domestic Abuse and Sexual Violence regional working. A key role of the Group is the development of the Strategy which is a statutory requirement placed on Local Authorities and Local Health Boards under Section 5 the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

In recognition that effective responses to Violence against Women, Domestic Abuse and Sexual Violence must, by necessity, involve the full range of partners including devolved and non-devolved organisations and third sector specialist organisations, the membership of the Strategic Group aims to reflect the widest possible perspective and range of information including membership able to provide national context. We recognise that there is an opportunity to further strengthen the membership of the Group ensuring that all relevant stakeholders and survivors are appropriately represented.

The establishment of the Mid and West Wales Strategic Group presents a further opportunity to consider how best the four localities contribute to the regional agenda and ensure effective communication both operationally and strategically at a regional, local and organisational level.

The Strategic Group reports to the regional Safeguarding Executive however, there are currently no formal links with other key regional and local Boards. For this strategy to underpin, influence and directly contribute to key regional priorities there needs to exist formal lines of reporting from the Violence against Women, Domestic Abuse and Sexual Violence Strategic Group to the following:

- The four Public Service Boards
- CYSUR Regional Children’s Safeguarding Board
- CWMPAS Regional Adult’s Safeguarding Board
- The two Regional Partnership Boards
- The Supporting People Regional Collaborative Committee
- The two Area Planning Boards (Substance Misuse)
- The Dyfed Powys Criminal Justice Board

Closer alignment and formal reporting between these Boards will strengthen effective partnerships and present opportunities to align future work plans around early intervention and preventative services.

Ensuring that the Strategic Group informs and contributes to other regional and local plans / strategies is critical if we are to embed violence against women, domestic abuse and sexual violence as “core business” and we will identify and create links with relevant workstreams e.g. Suicide and Self Harm.

Effective governance arrangements are critical to the scrutiny of the strategy, its delivery and the difference it makes to individuals and families in Mid and West Wales and we recognise the need to establish a mechanism to monitor and evaluate the strategy and its effectiveness.

The strategy and its accompanying delivery plan present an opportunity to develop a governance structure that can drive forward implementation. We recognise an opportunity to establish a small number of focused groups, with appropriate representation who can support the Strategic Group in the implementation of priorities.

Whilst the Strategic Group is responsible for the implementation and monitoring of the Delivery Plan we recognise the need for a “lead” role in the region; a role that will provide strategic leadership for Violence against Women, Domestic Abuse and Sexual Violence, drive and coordinate implementation and harness the contributions of all partners to the strategic vision.

We recognise the need to strengthen existing arrangements for the governance, accountability and leadership of Violence against Women, Domestic Abuse and Sexual Violence; ensuring that we have a coherent structure providing clarity and direction for the region and we will do this by;

- Reviewing existing governance arrangements including membership and representation, alignment and reporting structures to other key regional and local boards and strengthening violence against women, domestic abuse and sexual violence as a cross cutting theme of the Safeguarding Executive
- Appointing a Regional Violence against Women, Domestic Abuse and Sexual Violence Adviser

## HOW WE WILL ACT TOGETHER TO TACKLE VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE: OUR STRATEGIC PRIORITIES

Violence against women, domestic abuse and sexual violence impacts upon all services, not least adult and children's social services, housing, criminal justice, education, the police, health services, and voluntary and community organisations. This strategy will further enable a coordinated community response across Mid and West Wales in order to reduce the prevalence and impact of violence against women, domestic abuse and sexual violence and increase the awareness and ability to act swiftly and effectively in response to individuals and families experiencing these forms of violence and abuse.

The Strategic Group want to ensure that all agencies and organisations within the region respond effectively to the challenges and issues both within their own organisations and in collaboration with partners to prevent harm, reduce risk and increase the immediate and long-term safety of people living within the region.

In line with The Well-being of Future Generations (Wales) Act 2015, we intend to deliver on the actions within this strategy using the "sustainable development principle" and follow five ways of working to ensure we work collaboratively with people and communities, avoid repeating past mistakes and tackle some of the long terms challenges we face.

Accordingly, we will achieve this by:

**Prevention:** Understanding and recognising that prevention and early intervention are the overarching principles to tackling violence against women, domestic abuse and sexual violence and improving outcomes victims, survivors and their families

**Integration:** Integrating activity across the statutory and third sector and ensuring the coordination of programmes of work such that they achieve the maximum benefit. Consider how the violence against women domestic abuse and sexual violence objectives impact upon each of the well-being goals, and on the objectives and priorities of other key statutory strategies and priorities.

**Collaboration:** Collaborating across the regional and local statutory boards and with partners and survivors to improve the planning and coordination of services and ensuring that the actions and objectives of this strategy are met.

**Involvement:** Listening to victims, survivors and others affected by violence and abuse to better understand their experiences in order to continually review and inform improvements in responses. Recognition that Violence against Women, Domestic Abuse and Sexual Violence is "everyone's business" and involving all agencies that can make an impact.

**Long Term:** Considering the long-term outcomes for victims, survivors and their families and in particular any children and young people exposed to Violence against Women, Domestic Abuse and Sexual Violence.

The seven well-being goals contained within the Well-being of Future Generations (Wales) Act 2015 underpin the objectives which are enshrined within the key thematic purposes of the Violence Against Women, Domestic Abuse and Sexual

Violence (Wales) Act 2015 (the Act) which are to improve the arrangements for the prevention, protection and support of individuals affected by all forms of violence against women, domestic abuse and sexual violence.

## **Prevention**

Violence against women and girls has been described as 'perhaps the most pervasive violation of human rights across the globe' yet it is entirely preventable.

The priorities identified within this strategy and accompanying Strategic Delivery Plan will ensure that the Strategic Group develops a collaborative approach to preventing violence against women, domestic abuse and sexual violence from happening in the first place by challenging the attitude and behaviours which foster it, intervening early, where possible, to prevent its recurrence, reducing its impact and working toward a future where it is eliminated.

## **Protection**

Protection of survivors is a critical aspect of the coordinated response to violence against women, domestic abuse and sexual violence and the Strategic Group is committed to working collaboratively to protect and safeguard those who are experiencing violence against women, domestic abuse and sexual violence from suffering further harm, including any children within the family.

## **Support**

Providing effective support services for people who have been affected by violence against women, domestic abuse and sexual violence is complex, as people's experiences and needs can be vastly different.

Survivors will choose to engage with services in a variety of ways and there needs to be a range of services that are accessible and can respond effectively and universally to these needs. Public services, community organisations and independent specialist services all have a key role to play.

We want survivors to be able to access the service that they need, delivered in the right place and at the right time on their recovery journey.

## **Strategic Priorities**

In developing the strategy, we have considered the requirements of the Act and wider Welsh Government policy, the result of the needs assessments of the region and the experiences of survivors and stakeholders.

Our priorities are based on the information available to us at a specific point in time and we recognise that, during the lifetime of this strategy, we may identify changing or emerging themes that require a response. Our annual report and strategic delivery plan provides us with an opportunity to dynamically respond to any identified change in need.

Based on the rationale detailed below we have used the six strategic aims of the National Violence against Women, Domestic Abuse and Sexual Violence Strategy 2016-2021 to inform our regional priorities.



## **Strategic Priority 1: Increase knowledge and awareness and challenge attitudes towards equality and violence against women domestic abuse and sexual violence amongst citizens of Mid and West Wales**

We need to increase the awareness and understanding of violence against women, domestic abuse and sexual violence across Mid and West Wales for individuals experiencing violence and abuse, their friends and families, our communities, employers and professionals.

Alongside this we must also promote equality; both gender equality and equality in its widest sense and challenge gender stereotypes. Violence against women and girls is both a cause and consequence of inequality between women and men. It happens to women because they are women, and women are disproportionately impacted by all forms of violence in this context. Violence against women, domestic abuse and sexual violence won't end until gender equality is a reality and promoting gender equality is therefore a critical to the prevention of violence against women, domestic abuse and sexual violence and the reason why it is a key underpinning principle for this strategy.

Survivors told us

*"I didn't realise it was an abusive relationship"*

*"Even I had a preconceived idea of domestic abuse and I didn't recognise it happening to me"*

Survivors spoke about the need to challenge bias and assumptions of professionals and how they felt some communities were "complicit" in the abuse; knowing but not wanting to acknowledge or challenge what was happening within their own communities.

Survivors recognised that people feel uncomfortable in talking about domestic abuse let alone sexual violence or wider forms of violence against women and supported community based responses like the "Ask Me" scheme in Powys that is working to change attitudes and behaviours through Ambassadors having conversations with others in the community and creating safe disclosure points to access services.

Survivors recognised the value of initiatives like the White Ribbon Campaign involving men and boys and Welsh Government TV adverts e.g. "Cross the Line" and "This is Me" as ways to increase awareness and public consciousness but felt that campaigns needed to be better coordinated at a regional level with consistent messages and clearly identified routes to accessible support.

The recent global social media campaigns #metoo' #timesup #countmein and #breakthesilence have embedded sexual harassment, violence and abuse into the public consciousness.

We also recognise the role of the media in promoting equality, challenging gender norms and accurately reporting cases of violence against women, domestic abuse and sexual violence and we will work with media partners.

The regional communication plan must have the flexibility to engage with emerging campaigns and maximise opportunities to engage with media outlets to ensure accurate reporting and signpost individuals to appropriate services.

Survivors and stakeholders recognised the role of family, friends and employers in identifying violence and abuse and how these “concerned others” should be able to access resources and practical information that could enable them to best support the individual survivor and facilitate safe access to information and support.

The need to challenge perceptions of “who” experiences violence and abuse was a constant theme from survivors and stakeholders across the region; the need for communities to understand that anyone can be a victim and for awareness raising to reflect experiences of older people, women, men, children and young people, BME, LGBT and other minority and marginalised groups. There was also widespread support for messages that focused on coercive control and other forms of non-physical abuse.

Survivors and stakeholders spoke about a lack of clarity and awareness of support services in the region;

*“I had no idea who or where to go and access help”*

*“not a clue where to start...didn’t know where to go...not sure what help was available”*

*“why don’t organisations know where to go in a crisis – this should be bread and butter to them”*

When discussing how the region should address some of these issues stakeholders and survivors consistently spoke about two critical factors;

**Language** – neither stakeholders nor survivors felt that the terminology “violence against women, domestic abuse and sexual violence” was helpful. Many did not identify with the language and felt that it was disconnected from their own experiences, whilst stakeholders questioned its ability to relate to professionals. Survivors felt that language and messaging grounded in “lived experiences” was critical to the effectiveness of campaigns and male survivors suggested that in reframing the language some of the barriers faced by men would be addressed. Stakeholders recommended integrating violence against women domestic abuse and sexual violence into “safeguarding” language for it to be mainstreamed.

**Visibility** - Survivors spoke about the need for up to date information to be visible in all communities utilising community buildings, supermarkets, schools and colleges, health settings, sports venues and public services as well as effective online platforms enabling victims, survivors and others to access information, help and pathways to support. Survivors spoke about one, consistent “unique” number as a first point of contact for information.

## **What actions will we take to address this priority?**

We will

- Develop a clear communication strategy for Equality and Violence against Women, Domestic Abuse and Sexual Violence, informed by survivors and stakeholders that will support a coordinated and consistent approach across the region
- Improve access to high quality, up to date information on violence against women, domestic abuse and sexual violence, help available and routes to support both in public spaces and online
- Support and develop information and resources for friends, families and concerned others to enable them to help survivors seek help
- Increase focus in communications on promoting gender equality and challenging attitudes and behaviours that tolerate abuse
- Actively promote Live Fear Free, Respect and Dyn helpline as a source of specialist support for survivors, perpetrators, professionals and concerned individuals
- Encourage and support local employers to develop and implement workplace policies providing information and routes to support

## **Strategic Priority 2: Increase awareness of children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong**

*"Evidenced based SRE programmes play a vital role in working with children, young people, parents/carers and communities; exploring the information and values about sexuality and relationships that children are already exposed to and often struggling to navigate for themselves. By building upon children and young people's own informal learning and experience, offline and online, schools have the potential to create safe and empowering environments that enable children and young people to express their views and feelings on SRE issues. Indeed, schools are key sites for learning from and responding to children and young people's questions and needs (e.g. from sexism to sexual consent)"<sup>33</sup>*

This extract, taken from the "The Future of Sex and Relationships Education in Wales" Report published in December 2017 highlights the key role of schools and sex and relationship programmes in developing resilience to violence against women, domestic abuse and sexual violence, sustaining healthy relationships and addressing gender norms and attitudes.

The report describes SRE in Wales as being in need of significant reform if it is to meet the needs of children and young people. Drawing upon the available research in Wales, international research and Estyn's (2017) recent thematic review on Healthy Relationships, there were found to be significant gaps between the lived experiences of children and young people and the SRE they receive in school. While there is some promising practice, especially when schools collaborate with SRE experts and external service providers, the quality and quantity of SRE provision was found to vary widely.<sup>34</sup>

The report mirrors the feedback received from stakeholders in the region relating to the provision of SRE and Personal and Social Education (PSE). Stakeholders highlighted the lack of a consistent approach within education to healthy relationships and wider issues violence against women, domestic abuse and sexual violence. Stakeholders felt that approaches to PSE in the region were varied with limited time and different degrees of importance being placed on violence against women, domestic abuse and sexual violence and healthy relationships.

Stakeholders also recognised that this responsibility was wider than schools and there was a need to work in partnership to ensure that all children and young people have the opportunity to participate in a programme to develop resilience to violence against women, domestic abuse and sexual violence and to sustain healthy relationships e.g. NEET, Elective Home Education, Pupil Referral Units, Private Schools, Colleges and community groups.

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<sup>33</sup> Renold, E. and McGeeney, E. (2017) *Informing the Future Sex and Relationships Education Curriculum in Wales*. Cardiff University. ISBN 978-1-908469-12-0

<sup>34</sup> Renold, E. and McGeeney, E. (2017) *Informing the Future Sex and Relationships Education Curriculum in Wales*. Cardiff University. ISBN 978-1-908469-12-0

Survivors felt that there was not enough education about healthy relationships and gender equality to prevent future abusive behaviour particularly where children had already been subjected to violence and abuse in their own homes.

Survivors felt that schools played a critical role in providing children and young people with age appropriate information relating to equality and healthy, respectful relationships enabling them to differentiate between what is acceptable and unacceptable behaviour.

Survivors also recognised education settings as a safe place for children, young people and parents to access support. This, again, is reflected in the recent "The Future of Sex and Relationships Education in Wales" Report;

*"(Schools) are places that can support children and young people to gradually develop their confidence to know where and how to seek advice and support in relation to, for example, prejudice, discrimination, abuse and violence".*

In recognising schools as opportunities to access support it is essential that integrated referral pathways are implemented and appropriate, dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, FGM, forced marriage, sexual exploitation or harassment are available in every area. Furthermore, that children and young people know what help is available as well as how to access that support.

Both stakeholders and survivors recognise schools as important, safe places for the prevention of violence against women, domestic abuse and sexual violence and the protection and support of children and young people.

CADW, the regional Junior Safeguarding Board has identified "how to build healthy relationships" as one of their current priorities and make the following recommendations as to how to achieve this;

- An enhanced PSE curriculum
- National and local up-to-date information on where to go for help and advice to be made available in school
- Greater resourcing to allow teaching staff time to also take on pastoral care roles
- Resilience being integral to Safeguarding — greater recognition and support for family and social circles was identified as the way to build resilience.

We have developed our actions considering the following national, regional and local contexts;

- "Successful Futures" – Independent Review of Curriculum and Assessment Arrangements in Wales; Professor Graham Donaldson (February 2015)

- “Qualified for Life – A Curriculum for Wales, A Curriculum for Life”<sup>35</sup> – October 2015, taking forward the recommendations within “Successful Futures” and outlining plans for the development of the new curriculum for Wales
- “The Future of Sex and Relationships Education in Wales”; Recommendations of the Sex and Relationships Expert Panel (December 2017)
- “A Review of Healthy Relationships Education” Estyn June 2017
- Estyn Inspection Framework relating to Care, Support and Guidance
- Safeguarding in Education Audits as required by Welsh Government and Estyn
- Welsh Government Good Practice Guide “Whole Education Approach to Violence against Women, Domestic Abuse and Sexual Violence in Wales”
- Existing education-based universal provision being delivered in different local authority areas across the region including the All Wales Police Core Liaison Programme, Incredible Years; an evidenced based programme to promote social, emotional and academic competency and KiVA; a research based anti-bullying programme
- Roll out of Operation Encompass in Pembrokeshire – an early intervention safeguarding partnership between Pembrokeshire County Council and Dyfed Powys Police which supports children and young people exposed to Domestic Abuse
- Existing specialist healthy, respectful relationships programmes delivered across the region including Hafan Cymru’s SPECTRUM and Welsh Women’s Aid S.T.A.R (Safety Trust and Respect) programme
- The Sparrow Project, a bespoke healthy relationships programme for children and young people written for Threshold DAS to be delivered in schools and community settings.
- Adverse Childhood Experiences (ACEs) – how best to integrate responses to violence against women, domestic abuse and sexual violence within education based, ACEs focused initiatives

### **What actions will we take to address this priority?**

We will

- Conduct a full analysis of healthy relationships education in formal / non-formal educational establishments across the region
- Work in partnership with CYSUR (Children’s Safeguarding Board), CADW, Youth Services, Schools, Elective Home Education groups, Youth Offending Teams, Colleges, Pupil Referral Units, Safeguarding in Education leads, Parents and community groups and the specialist violence against women, domestic abuse and sexual violence sector to ensure that all school aged children and young people participate in an age appropriate programme to

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<sup>35</sup> <http://gov.wales/docs/dcells/publications/151021-a-curriculum-for-wales-a-curriculum-for-life-en.pdf>

develop resilience to violence against women, domestic abuse and sexual violence and to sustain healthy relationships

- Agree a suite of appropriate resources for professionals and elective home education groups to draw upon and provide a platform to ensure accessibility
- Ensure that all education establishments adopt a suitable programme in line with the Welsh Government Good Practice Guide “Whole Education Approach to Violence against Women, Domestic Abuse and Sexual Violence in Wales”
- Agree a monitoring framework that will enable the region to meet reporting requirements contained within the Act
- Ensure support services for children and young people experiencing violence and abuse are available across the region and that pathways to appropriate support are accessible and timely

### **Strategic Priority 3: Increase focus on holding perpetrators to account and provide opportunities to change their behaviour based around victim safety**

If we do not hold perpetrators to account, we give them no incentive to change their behaviours. Survivors and stakeholders consistently stated that greater focus needed to be placed on holding perpetrators to account for their behaviours.

Survivors felt that professionals did not recognise abusive behaviours and as a result did not challenge or “call out” the behaviours;

*“he would pull the wool over the professional’s eyes”*

*“professionals were manipulated by my ex-partner”*

Instead of focusing on the perpetrators abusive behaviours survivors explained time and time again how professionals placed the responsibility on them to safeguard and protect themselves and any children e.g. move from the home, manage conflict situations, leave the abusive relationship and how they were the ones to experience the consequences rather than the abusive partner. This systemic response further demonstrates the lack of understanding amongst professionals of the nature, effects and long-term consequences of Violence against Women, Domestic Abuse and Sexual Violence which is leading to reduced confidence in professional contacts.

Survivors and stakeholders both highlighted the lack of opportunities for perpetrators to change their behaviours in the region

*“nowhere for perpetrators to access support to change”*

*“need to develop services to change behaviours”*

Stakeholders further emphasised the importance to them that any intervention with perpetrators must prioritise the safety of the non-abusive partner and any children and be working towards, or have achieved standards developed by recognised

organisations providing accreditation for 'Domestic Violence Perpetrator Programmes' (DVPPs) e.g. Respect.

Both survivors and stakeholders further identified a gap in provision for "a whole family approach" and for families who wanted to stay together.

One stakeholder described the current landscape of provision for perpetrators as being driven by where additional resources had been successfully applied for rather than where there was an identified need.

### **Current response**

Much of the current response to perpetrators of violence against women, domestic abuse and sexual violence sits with the criminal justice system.

Heddlu Dyfed Powys Police are, in many incidents, the first responders to reports of violence against women, domestic abuse and sexual violence. Since 2015 they have been piloting the Priority Perpetrator Identification Toolkit "PPIT" – an evidence based method for identifying the most dangerous domestic abuse perpetrators with the aim of more effectively focussing multi agency resources to reduce their behaviours.

An evaluation of the pilot was published in November 2017 and the key recommendation arising from the report was for the three pilot sites, including Dyfed Powys to continue to operate the pilots for a minimum of two years to enable a robust evaluation of outcomes to be undertaken.<sup>36</sup>

In Dyfed Powys, priority perpetrators, when identified, are the focus of targeted monitoring and management and are referred to the MARAC Co-ordinator located in the offender management hub for referral to MAPPA/WISDOM/IOM screening panel (comprising the MAPPA, IOM and WISDOM Co-ordinators, MARAC Co-ordinator, Police and Probation) as appropriate. Priority perpetrators are then subject to ongoing monthly reviews and multi-agency data sharing with NPS/CRC.

Interviewees in the evaluation saw the pilot as representing a shift from a reactive, largely victim-centric approach to dealing with domestic abuse to a more preventative and proactive form of policing the issue which targeted the perpetrators specifically.

Stakeholders identified that a commitment to a further two years of PPIT provides an opportunity to widen the scope of the pilot and improve partnerships with stakeholders specifically the specialist sector, Local Authorities and Health who have key roles to play in the management of offenders, pathways to reduce re-offending and the safeguarding of adults and children.

Opportunities were also identified to increase the role and voice of the survivors in the management of offenders through the PPIT.

The National Probation Service, through the Her Majesty's Prison and Probation Service and the Wales Community Rehabilitation Company, accredit interventions for

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<sup>36</sup> Robinson, A. L. and Clancy, A. (2017). New initiatives to tackle domestic violence using the Priority Perpetrator Identification Tool (PPIT).



convicted offenders attending programmes in custody or in the community where violence against women, domestic abuse or sexual violence is in the offending history. Representatives from both organisations recognise however the small cohort of eligible individuals in Mid and West Wales due to the fact that these programmes are only available to those convicted of offences and qualifying sentences resulting in being managed in the community. By these thresholds alone the number of individuals accessing these programmes are low.

The Early Family Intervention Project (E-FIP) delivered by Threshold DAS in Llanelli for Carmarthenshire offers a whole family approach by providing one to one work for the woman, her partner and any children who are involved. The project offers a perpetrator programme working towards RESPECT accreditation and a mediation service that works with the whole family.

As part of E-FIP, the Choices perpetrator programme is for males over 18 who want to change their abusive behaviours and beliefs. The programme, delivered over 60 hours (34 weeks) of highly structured interventions is delivered in a group setting/ one to one. It is designed specially to challenge men's understanding of abuse and relationships and reduce domestic violence, teaching ways of being non-abusive and supporting positive change over time.

Based on nationally established research a recent evaluation of a Respect accredited perpetrator programme estimated that for every individual who received the intervention the saving to the public purse was as follows; £63,937 per abusive partner (in this case it was a male perpetrator programme) £35,058 per partner and £1,172 per child.<sup>37</sup>

RESPECT accreditation / standards for domestic abuse perpetrator interventions (individual and group) are recognised as the UK standards for working with perpetrators of domestic abuse. Welsh Government are also expected to develop standards for specialist VAWDASV specialist services acknowledging that there is currently not a set of standards that fit all of the intervention services provided to address the full range of violence against women, domestic abuse and sexual violence offences and associated perpetrators.<sup>38</sup>

The Inspiring Families Programme is an innovative intervention and assessment of families where domestic abuse is an identified component and the families have chosen to stay together.

It is a programme that can strengthen and stabilise families and provides professionals with a robust framework to assess the parent's behaviour, including any coercive control, disguised compliance and the level of current and the likelihood of future risk.

The programme also assesses the potential for change and reduction of risk within the family, or indeed, whether the risk is too high or the potential for change too low to make working with the family a viable option.

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<sup>37</sup> Inpact Report Intervening in Partner Abuse Change for tomorrow (Report April 2013 – March 2014)

<sup>38</sup> Welsh Government Draft Guidance Commissioning of VAWDASV Services in Wales

Whilst Inspiring Families, to be rolled out in Powys and Carmarthenshire in 2018 is not a perpetrator intervention it does provide families who want to stay together a different option.

The current landscape and engagement with stakeholders and survivors lead to a number of conclusions that should inform regional thinking;

- The current community based interventions delivered by Threshold DAS and Pembrokeshire Team around the Family are focused on male perpetrators of domestic abuse against female victims. Wider consideration is needed of appropriate interventions for other forms of violence against women and sexual violence and for interventions suitable for female perpetrators and perpetrators within a same sex relationships and non-intimate / familial relationships.
- Working with children who are demonstrating abusive behaviours – in the earlier chapter looking at current provision we reference the A2P programme (Carmarthenshire County Council) and the Purple Heart Project (Threshold DAS), programmes which focus on working with young people demonstrating abusive behaviours in a mixture of intimate and adolescent inter-familial abuse. Whilst recognising that there are children and young people who are demonstrating abusive behaviours we feel that it is unhelpful to label as “perpetrators” and we would wish to place our responses to such behaviours within “services for children and young people”.
- A shift in thinking in relation to risk - the need to focus on the perpetrator of violence against women, domestic abuse and sexual violence as the cause of “risk” and repeat victimisation
- Work with perpetrators cannot happen in isolation and needs to be rooted in victim and family safety and prevention.
- To effectively address Violence against Women, Domestic Abuse and Sexual Violence, high quality specialist services for perpetrators (that meet relevant services standards) need to be commissioned in addition to services for survivors.
- The case for commissioning and delivering community based perpetrator programmes has been set out by Respect<sup>39</sup> and the largest UK research into programme effectiveness was published in 2015<sup>40</sup>
- In commissioning specialist services for perpetrators, related resources need to be appropriately ‘ring-fenced’ so that perpetrator services are not seen to be allocated resources intended for survivors, or that perpetrator services are not cut in order to increase services to survivors.

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<sup>39</sup> Domestic Violence Perpetrators; Working with the cause of the problem” Respect 2010

<sup>40</sup> <https://www.dur.ac.uk/resource/criva/ProjectMirabelfinalreport.pdf>

- It must be recognised that perpetrator services should not be commissioned in isolation and should be considered as part of a whole system approach, alongside survivor and other related services.
- The role of public services working with perpetrators, most likely in relation to issues indirectly related to their abusive behaviour, and the importance of a consistent approach to effectively identify such individuals and signpost specialist services. Just as for survivors, it should be recognised that every point of interaction with a perpetrator is an opportunity for accessing support to address their abusive behaviour
- Opportunities to improve the coordination of responses of the Criminal System to survivors of violence against women, domestic abuse and sexual violence e.g. effectiveness of the SDVC arrangements in the region and the potential of SDVC's to consider cases across all aspects of VAWDASV
- Stakeholders believe that there are opportunities both within the Criminal Justice System and within wider public services for earlier intervention and preventative work with perpetrators and those demonstrating abusive behaviours
- Positioning offender management within the "safeguarding" sphere; the best way to safeguard a victim and any children is to address the behaviours of the perpetrator. By re-positioning offender management within the wider safeguarding agenda opportunities can be created for increased partnership working and improved multi agency responses to reducing re-offending

### **What actions will we take to address this priority?**

We will ensure effective, safe responses to perpetrators of violence against women, domestic abuse and sexual violence by;

- Establishing a task and finish group to
  - Consider learning and effectiveness of approaches and interventions operating in the region
  - Better understand how existing approaches are linking together and opportunities for improved partnership working by positioning responses to perpetrators as "safeguarding"
  - Consider wider public service responses to perpetrators of violence against women, domestic abuse and sexual violence
  - Identify opportunities for earlier intervention with perpetrators and those demonstrating abuse behaviours
  - Develop a pathway out of re-offending for perpetrators of violence against women, domestic abuse and sexual violence
- Agree a regional model of intervention which will be used as the basis for commissioning services which prioritise victim and children's safety and provide a pathway into services for perpetrators

- Work with partners to identify and refocus funding in line with the agreed model

#### **Strategic Priority 4: Make early intervention and prevention an integrated priority in Mid and West Wales**

Early intervention and prevention of violence against women, domestic abuse and sexual violence is a fundamental building block for this strategy and underpins all other strategic priorities. There remains a persistent challenge however to define, prioritise and resource early intervention and prevention alongside other competing priorities for public services.

Given the requirements in Welsh legislation to focus on early intervention and prevention it is imperative that commissioners carefully consider how they resource early intervention and primary / secondary preventative work as integral elements of a “One Public Service” commissioning model. A sophisticated model is required to consider how services across the continuum of support, including early intervention and prevention, are appropriately resourced and opportunities identified to align priorities across the region and increase resources to maximise early intervention and prevention.

Existing innovative approaches for early intervention and prevention of Violence against Women, Domestic Abuse and Sexual Violence in Mid and West Wales include;

**Operation Encompass** – an early intervention safeguarding partnership between Pembrokeshire County Council and Dyfed Powys Police, Operation Encompass is intended to safeguard and support children and young people who are affected by domestic abuse by ensuring that appropriate services are made aware of an incident at the earliest possible opportunity. Already, in the first stages of implementation awareness of the operation is being raised with children and their families and Safeguarding Leads are receiving early notifications of police incidents enabling them to strengthen safeguarding arrangements and offer routes to support at the earliest opportunity.

**Early Family Intervention Project** – Delivered by Threshold DAS E-FIP offers a whole family approach by providing one to one work for the woman, their partner and any children who are involved. The project offers a perpetrator programme working towards Respect accreditation and a mediation service that works with the whole family.

**Inspiring Families** - designed as an assessment tool to help strengthen and stabilise families this is a structured 10-week programme for families affected by domestic abuse who wish to stay together as a family unit. The programme provides professionals with a robust framework to assess the current level of risk within the home and will be rolled out by Calan DVS in Powys and Carmarthenshire in 2018.

Slough Children Services Trust published a Cost Benefit Analysis of the pilot Inspiring Families programme in December 2016. The headline findings from this report demonstrate that the Programme saves the taxpayer an estimated £2.62 for every £1 spent in the first 6 months after the start of intervention.

There was an average saving of £4,114 for every family who attended the Programme, compared to an average cost of £1,572 per family.

**Ask Me scheme** – a community based initiative creating safe spaces in the local community where women experiencing domestic abuse can safely tell someone about their experience. The scheme recruits members of the local community as “Ask me Ambassadors” who are trained to know how to ask the right questions, respond appropriately to disclosures of abuse and know where to signpost for further help.

**Women’s Pathfinder** - an integrated, women-centred, multi-agency approach to working with women who come into contact with the criminal justice system and is currently delivered by Gwalia in Pembrokeshire

**Bystander Initiative** – Aberystwyth University, in partnership with Welsh Women’s Aid has recently piloted the Bystander Intervention Training. The Bystander Intervention is designed to help male and female students recognise sexual harassment and abuse, and give them the skills and confidence to respond appropriately. It also looks at changing cultural norms that condone sexism and harassment.

The concept of the Bystander Initiative, providing skills and confidence to individuals to recognise and respond to any form of violence and abuse is one that could be further developed in the region in response to this and other priorities and also as a mechanism for early disclosure and access to appropriate support and information.

To ensure that early intervention and prevention becomes “everyone’s business” greater coordination and consistency of approach is required to ensure that every contact is an opportunity for an effective and preventative intervention.

The provision of Information, Assistance and Advice Services across the region in line with Section 17 of the Social Services and Wellbeing (Wales) Act 2014 provides an opportunity to embed early identification and intervention into the development of these mainstream services.

Survivors spoke about the need for professionals to recognise signs of violence against women, domestic abuse and sexual violence, to safely ask questions and take appropriate action.

Integration of violence against women, domestic abuse and sexual violence into regional safeguarding thresholds presents an opportunity improve the consistency of professional responses and address some of the complexities and overlapping of existing processes and systems.

The introduction of “Ask and Act” as part of the Welsh Government’s National Training Framework is key to developing a more consistent approach to identifying violence against women, domestic abuse and sexual violence. ‘Ask and Act’ is a

principles based approach to targeted enquiry and its aim is to increase identification and support for those who experience violence against women, domestic abuse and sexual violence.

Guidance on the delivery of “Ask and Act” was published in December 2017<sup>41</sup> and relevant authorities are expected to implement this approach as part of the wider delivery of the National Training Framework.

There is evidence to show that early identification in healthcare and social care settings, leading to referral routes to specialist services, improves disclosures and referrals to support amongst survivors. In GP settings for example where indicators trigger targeted enquiry about domestic abuse, this leads to improved discussion and disclosure. There is moderate evidence that universal screening for domestic abuse in pregnancy, when supported by staff training and support, improves practices, disclosure and documentation of domestic abuse. This evidence was further supported by a number of survivors who had first disclosed their abuse within a healthcare setting e.g. GP practice or Health Visitor.

The IRIS programme of intervention (Identification and Referral to Improve Safety) is an evaluated service model that can be effectively jointly commissioned by health providers.

IRIS is a general practice-based domestic violence and abuse training, support and referral programme aimed at improving the health care response to violence against women and domestic abuse. Core areas of the programme are training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist support services. It is aimed at individuals who are experiencing domestic abuse and also provides information and signposting for perpetrators.

IRIS is a collaboration between primary care and third sector organisations specialising in violence against women, domestic abuse and sexual violence. An advocate educator is linked to general practices and based in a local specialist support service. The advocate educator works in partnership with a local clinical lead to co-deliver the training to practices ensuring that health professionals are skilled in early identification which enables an immediate response for survivors that links them to a specialist service.

In terms of invest to save principles the cost benefit analysis of IRIS showed that the intervention saved an average of £37 per female patient registered per practice<sup>42</sup> and the recent pilots in Cardiff and Vale and Cwm Taff Health Boards evidenced a significant increase in disclosures and opportunities for early intervention, protection and pathways to support.

An online app developed by Registered Social Landlords in Gwent is providing all frontline housing practitioners with information relating to violence against women, domestic abuse and sexual violence enabling them to identify potential violence and abuse, intervene earlier and provide pathways to the most appropriate local services.

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<sup>41</sup> <http://livefearfree.gov.wales/policies-and-guidance/ask-and-act?lang=en>

<sup>42</sup> Cost effectiveness BMJ, Devibe.A Spencer. A Eldridge.S Norman,R Feder.G June 2012

Innovative approaches within the housing sector across the UK are improving responses to violence and abuse and the introduction of an established set of standards and accreditation process by the Domestic Abuse Housing Alliance (DAHA) aims to support and embed best practice across the sector.

Domestic Violence Protection Orders and Notices and the Domestic Violence Disclosure Scheme offer opportunities for the Police to intervene earlier by putting in place protective measures in the immediate aftermath of a domestic violence incident or disclosing information about an individual's previous violent and abusive offending behaviour, where this may help protect their partner, or ex-partner, from violence or abuse.

The numbers of DVPN's issued by Dyfed Powys Police between 2015/16 and 2016/17 nearly halved, from 48 to 25. Considering the high percentage of DVPO's granted in response to the notices and the relatively low rate of order breaches we want to better understand how these mechanisms are being used as a preventative and protective measure for individuals.

Dyfed Powys has a 19% repeat rate of cases being discussed at MARAC which is lower than the national average but still represents over 260 individuals and families in the region.

We want to further reduce repeat incidents of violence and abuse by strengthening the use of preventative remedies available to public services and considering their effectiveness.

There have been two Domestic Homicide Reviews published in the region since they were established on a statutory basis under the Domestic Violence, Crime and Victims Act 2004 and there are currently three DHR's ongoing at different stages.

One purpose of the DHR is to;

"prevent domestic violence and homicide and improve service responses for all domestic violence and abuse victims and their children by developing a co-ordinated multi agency approach to ensure that domestic abuse is identified and responded to effectively at the earliest opportunity"<sup>43</sup>

The Statutory Guidance for DHR's is published by the Home Office and places the overall responsibility for establishing the review with local Community Safety Partnerships. This has effectively resulted in locality focused approaches to DHR's and missed opportunities to share learning and inform practice on a wider footprint.

With the existing governance structures for violence against women, domestic abuse and sexual violence sitting with the Regional Safeguarding Executive and an acknowledgement within their Annual Plan of the need to improve the interface between Child and Adult Practice Reviews and Domestic Homicide Reviews; this strategy further recognises the need to review the current governance, accountability and scrutiny arrangements for DHR's with a view to aligning closer

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<sup>43</sup> Section 7 d) Domestic Violence, Crime and Victims Act 2004

with existing safeguarding review structures. A review will also present an opportunity to consider current funding arrangements for DHR's and the opportunity to align again with arrangements for other safeguarding reviews ensuring that violence against women, domestic abuse and sexual violence is embedded within the safeguarding agenda.

### **What actions will we take to address this priority?**

We will

- Consider learning and effectiveness of EIP models operating in the region
- Agree an integrated and coordinated EIP model which will be used as a basis for re-modelling and commissioning services
- Work with Local Authorities, Welsh Government, Health, Police, Police and Crime Commissioner and the Specialist Sector to re-focus funding in line with the agreed service model
- Identify funding opportunities to support expansion of the EIP model
- Support GP's to pilot IRIS in identified clusters in each Health Board area
- Support and deliver community approaches to prevention
- Improve earlier identification of violence against women, domestic abuse and sexual violence by public service professionals through effective implementation of "Ask and Act"
- Work with partners to review and strengthen the MARAC process including referral pathways, partner engagement, data recording and reporting and maximise access to holistic support to increase victim safety and interventions with perpetrators to prevent further abuse and reduce the risk they pose
- Monitor effective use of preventative tools e.g. DVPO's / DVPN's, Disclosure Scheme and target hardening
- Review governance, accountability and scrutiny arrangements for Domestic Abuse Homicide Reviews
- Embedding violence against women, domestic abuse and sexual violence into regional safeguarding thresholds ensuring a consistent response to violence against women, domestic abuse and sexual violence across the region



## **Strategic Priority 5: Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors**

Survivors felt that there were people in all services who lacked the necessary knowledge, understanding and empathetic attitude to encourage confidence to disclose violence against women, domestic abuse and sexual violence.

Survivors felt that staff in both statutory and other professional services were not trained and/or did not have the confidence to pick up on issues raised, albeit that this may be indirect.

Male survivors in particular felt that professionals made assumptions and were biased in their understanding of domestic abuse and this resulted in reduced confidence in professional contacts.

Survivors consistently reported that professionals lacked knowledge and understanding of non-physical abuse including coercive and controlling behaviours and stalking and harassment resulting in incidents not being taken seriously and survivors feeling that they were responsible for proving the ongoing abuse.

Survivors spoke about the attitudes they had experienced from public services and how these impacted on them;

*"I was made to feel like I was to blame"*

*"A police sergeant told me to "Man up" (male survivor)*

*A victim of sexual assault "felt like I was a tick box"*

Survivors consistently spoke about not being listened to or believed by professionals in public services

*"When I had the strength to leave I was victimised again by service who took over"*

Survivors expect professionals to

*"see it, know what it is and do something"*

and to respond to individuals by

*"sitting down, listening, believing and asking us how you can help"*

One survivor simply asked

*"don't treat us differently because we're in an abusive situation – we didn't ask for it"*

Survivors raised particular concerns relating to their experiences in the Family Courts and prioritised the need for improved awareness of and response to domestic abuse, sexual violence and all forms of violence against women by professionals involved in the family justice system (CAFCASS Cymru, judges and court personnel, contact centres).

We want to be confident that all professionals within our area are equipped with the knowledge to respond effectively to any disclosures of violence against women, domestic abuse and sexual violence.

The National Training Framework aims to strengthen the response amongst those offering specialist or universal services. It aims to bring quality assurance and consistency with respect to training professionals around violence against women, domestic abuse and sexual violence issues. Through the National Training Framework, we will improve responses across public services, promoting early intervention and providing a gateway for victims to access appropriate forms of help and support.

Some stakeholders however are frustrated about the delay in implementing the National Training Framework in the region whilst others spoke of a lack of clarity in terms of expectations relating to the Framework. We also heard how the approach towards, and communications relating to the Framework could be improved to better explain expectations and relevance for frontline professionals.

The National Training Framework relates to “relevant authorities”; the four Local Authorities, Hywel Dda University Health Board and Powys Teaching Health Board, Public Health Wales and Mid and West Wales Fire and Rescue Service.

CAFCASS CYMRU also fall within the remit of the National Training Framework.

Housing Associations, Police, Criminal and Civil Justice partners and the Family Court system fall outside of the remit of the Framework and there is a need to ensure that training provided to these agencies fully encompass wider elements of sexual violence and abuse, violence against women alongside domestic abuse and that their responses are informed by models of good practice with the specialist sector and survivors as key contributors e.g. Safe Lives “DA Matters” programme, College of Policing approved Controlling and Coercive Control and Stalking and Harassment training, DAHA (Domestic Abuse Housing Alliance – standards and accreditation).

It is in response to survivors and specialist’s experiences with the criminal and civil justice system that Threshold DAS have secured funding to develop and deliver a training programme for legal professionals across the criminal and civil justice system with a view to improving understanding, awareness and opportunities to refer individuals for appropriate support.

The National Training Framework also applies to our specialist violence against women, domestic abuse and sexual violence services ensuring that professionals working with those affected by violence against women, domestic abuse and sexual violence are professional, expert and appropriately qualified and enhancing professional standards to support the delivery and leadership of services.

Specialist services report however limited availability and resource implications of existing training compatible with the National Training Framework. To address this and respond to the demand from specialist services, Threshold DAS is in the process of developing a Wales specific qualification for professionals working within domestic abuse specialist services.

Oversight of the Framework's implementation sits with the Training and Development Group, accountable to the Safeguarding Executive and the development of this strategy provides an opportunity to ensure that there is appropriate representation and partnerships to support effective implementation of the Framework in the region.

This strategic priority aligns with workforce development priorities set by the Regional Safeguarding Boards and Regional Partnership Boards, providing an opportunity for a regionalised, mainstreamed approach to implementation.

### **What actions will we take to address this priority?**

We will

- Embed the National Training Framework into regional strategic workforce development planning
- Oversee, monitor and review regional implementation of the Framework ensuring compliance by professionals in relevant authorities and supporting the specialist sector to achieve Groups 4/5
- Identify opportunities to pilot elements of the Framework to inform wider regional roll out
- Ensure a programme of multi-agency training available regionally for all professionals relating to all forms of violence against women, domestic abuse and sexual violence
- Ensure appropriate strategic and operational partnerships to support effective implementation of the Framework

**Strategic Priority 6: Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services throughout the region.**

Providing support to people affected by VAWDASV can be complex and people's experience and needs can be vastly different. Survivors will choose to engage with services in a variety of ways and there needs to be a range of services that are accessible and can respond effectively and universally to these needs. Public services, community organisations and independent specialist services all have a key role to play.

We want survivors to be able to access the service that they need, delivered in the right place and at the right time on their recovery journey.

We recognise the need for different and distinct service responses for survivors who have experienced sexual violence and abuse, FGM, Forced Marriage and so called "Honour Based Violence" and furthermore it is clear that a pluralist response is required to meet the diverse needs of our communities. No one group covered in the Act constitutes a homogenous group and therefore responses will need to be complex, sophisticated, diverse and locality sensitive to respond to needs.

Throughout this document we have aimed to reflect survivor experiences and highlighted some of the gaps, capacity issues and opportunities for remodelling of services which contribute to this strategic priority.

Stakeholders spoke about existing provision being fragmented and inconsistent with survivors facing a "postcode lottery" in terms of provision across the region. It was felt that current provision was reactive and focused on crisis rather than services that provided earlier intervention and preventative approaches.

Stakeholders also spoke about a lack of clarity in terms of what services were available across the region, eligibility criteria and appropriateness to meet the needs of individuals.

There was much discussion during the engagement events about the complexity of current referral pathways, which were felt to present barriers to disclosures and were dependent on an individual's ability to negotiate the relevant service information. Where professional's identified violence against women, domestic abuse and sexual violence they wanted a clear, consistent referral pathway that facilitated a quicker, better coordinated route to services best placed to meet needs.

Engagement events determined that the region needed to get to a position where there was a suite of services, ranging from primary prevention through to protection and longer-term support and recovery that take into consideration the spectrum of violence against women, domestic abuse and sexual violence and the diverse needs of our communities. To further illustrate this a continuum of services document has been developed and is included overleaf.

Stakeholders and survivors both recognised the need to identify the likely nature of future demand for services. Many of the factors within this strategy e.g. "Ask and Act", the National Training Framework, increased awareness and information and

early intervention and prevention initiatives are likely to increase identification and demand for services and, as a region we have to ensure that the right service models are in place to respond. We have seen in recent years how media reporting of sexual abuse and exploitation has resulted in increased demand for specialist sexual violence services, a demand that isn't currently being met in the region and must be considered as part of the strategic service planning.

It was felt that eligibility for services should be “**requiring services associated with violence against women, domestic abuse and sexual violence**”, focussing more on the principles of the services rather than eligibility based on risk, complexity or availability of services. This was considered to be an immediate priority for the Strategic Group.

Specialist Violence against Women, Domestic Abuse and Sexual Violence services operate within a framework of accredited quality service standards which provide benchmarks for service providers, funders and commissioners about the extent and mix of services that should be available, who should provide them and the principles and practice base from which they should operate.

These standards and accreditation frameworks are referenced and endorsed by the Home Office in their “Supporting Local Commissioning Guidance” which states that

“it is important to align the quality of service with the National Shared Core Standards....Services should be commissioned based on the relevant national service standards for that service.....The shared standards support commissioners to ensure the independent standards can be used both nationally and locally for joint commissioning purposes. They are not intended to stand alone but have been agreed as designated core standards, namely the minimum standards common to all member organisations”.<sup>44</sup>

Services available in the Welsh Language

This is an important consideration for our region as the proportion of Welsh speakers is considerably higher in Carmarthenshire and Ceredigion than in Wales as a whole. This is not the case in Pembrokeshire and Powys, although it is still vital that services are available in Welsh for people within the community for whom Welsh is the language of choice.

Local, Regional or National provision

In developing this strategy we have been mindful of balancing the regional strategic approach and local delivery. We are committed to ensuring that wherever people live in Mid and West Wales they can be assured of consistent responses and access to high quality services to meet their needs.

To achieve consistency and economies of scale we will work regionally to achieve sustainability in the commissioning and delivery of specialist services. However, this does not mean that all services will look exactly the same in all areas. Our respective

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<sup>44</sup> Refer to pages 68-74 of Wales commissioning toolkit for the shared core standards across accrediting bodies IMKAAN, Rape Crisis England and Wales, Respect, Safelives and Women's Aid. Each national body has its own Quality standards covering its specialist work.

Population Needs Assessments recognise the diversity of our region, which includes post-industrial areas with significant social deprivation, rural and coastal communities. The way in which services are delivered and accessed must reflect the particular needs of such communities.

Welsh Government recognise that many specialist services will be provided by small third sector organisations and there is a risk within regional commissioning approaches that such providers can be significantly disadvantaged in large scale procurement exercises. It is therefore important that commissioners seek to safeguard and enhance the strengths and expertise of small community based specialist service providers when considering procurement approaches across their region.<sup>45</sup>

As a region we will, as part of developing our commissioning strategy, ask ourselves whether elements of the continuum of services are best commissioned locally, regionally or nationally. An example of such consideration could be specialist services for FGM, Forced Marriage and so called "Honour based violence". Based on the needs-related information available it may not be feasible to commission a service to support individuals at a local or regional level however, in cases where it is identified that individuals require specialist support we require a clear referral pathway to the national specialist organisation, BAWSO to support the individual and family and work alongside the professionals involved.

As a region we have recently commissioned a regional Mid and West Wales IDVA service, recognising the need for regional consistency of standards and service delivery whilst still requiring the locality focused accessibility and delivery of services.

Local, regional and national consideration will shape our response to the continuum of services ensuring that survivors of all forms of violence against women, domestic abuse and sexual violence can access appropriately resourced, high quality, needs led, strength based, gender responsive services throughout the region.

### **What actions will we take to address this priority?**

We will

- Develop an integrated referral pathway that can enable effective access to a range of services and act as a gateway whereby people can reach the services that are most relevant to their need in a seamless manner
- Adopt the Continuum of Services as a model to develop efficient integration of services so that victims, survivors and perpetrators receive a continuum of preventive, safe and supportive services, according to their needs that is consistent throughout the region

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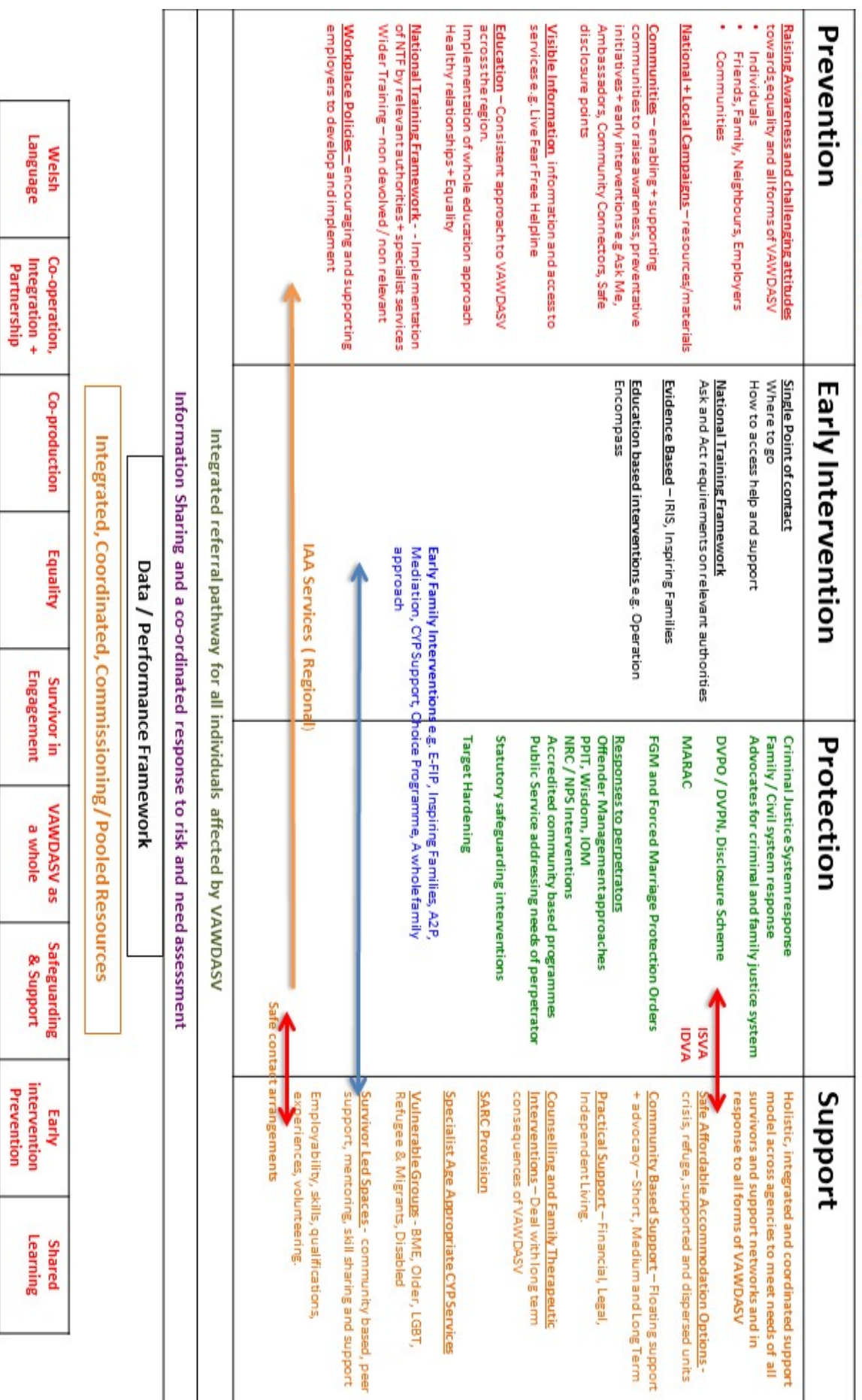
<sup>45</sup> Welsh Government Draft Commissioning Guidance 2018

- Establish an integrated, coordinated and multi-agency referral and assessment hub where violence against women, domestic abuse and sexual violence takes an “everyone’s business” approach and is considered within a wider safeguarding focus; enabling earlier intervention with victims and perpetrators.
- Review existing commissioning arrangements and prepare a joint, integrated “one public service” commissioning strategy based on the principles outlined in this documents in line with the continuum of services.

DRAFT

# An Integrated Response to VAWDASV

## A Continuum of support





## **HOW WE WILL MONITOR OUR PROGRESS: OUR STRATEGIC DELIVERY PLAN**

The strategic direction and oversight of this strategy sits with the Mid and West Wales Safeguarding Executive.

The Violence against Women, Domestic Abuse and Sexual Violence Strategic Group, accountable to the regional Safeguarding Executive has been established to provide a governance structure to develop, approve and monitor Violence against Women, Domestic Abuse and Sexual Violence regional working.

It is intended for this strategy to underpin and directly contribute to key regional priorities identified in the Well-Being, Area, Safeguarding and Policing and Crime Plans. For this strategy to be aligned with these wider plans, there is a need to develop formal lines of reporting from the Strategic Group into the four Public Services Boards, the CYSUR and CWMPAS regional Safeguarding Boards, Regional Partnership Boards and other regional structures, with opportunities identified to influence and inform regional strategic planning.

### **Measuring the progress of the Strategy**

Welsh Ministers are required to publish annual reports of the progress made towards achieving both the objectives in the National Strategy and achievement towards the purpose of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Section 11 of the Act also requires Welsh Ministers to 'publish national indicators that may be applied for the purpose of measuring progress towards the achievement of the purpose of this Act.' The national indicators will measure collective national progress in achieving the purpose of the Act.

The National Indicators, alongside the National Outcomes Framework, Well-Being Indicators and Supporting People Outcomes present agencies and partnerships in Mid and West Wales with a renewed opportunity to work towards a coordinated and coherent measurement framework and to mainstream Violence against Women, Domestic Abuse and Sexual Violence data across wider policy areas, in a way that aligns with these national indicators.

In developing this strategy we have identified four components which can be seen as enablers and sustainers of change and improvement. They involve improving and integrating core processes to facilitate the development of consistent and cohesive ways to improve outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence.

Two of these enablers are key to monitoring and measuring the impact of this strategy;

- The development of a clear outcomes based performance framework that collates coordinated and consistent data from across organisations and policy areas and;
- A mechanism to monitor and evaluate the strategy and it's effect

The Strategic Group will identify regional outcomes and indicators to measure progress and success in delivering this Strategy which will help public bodies, other stakeholders and communities to understand the difference our strategy is making to individuals and families and the extent to which our priorities are being achieved.

The performance framework, to include outcomes and indicators to measure and monitor progress in delivering this strategy will be developed by the Strategic Group. This performance framework which will complement other regional and national frameworks will enable robust scrutiny of delivery and be supported by a comprehensive data set through which we will look to standardise data across wider policy areas, services and population.

### **The Strategic Delivery Plan**

Through its Strategic Delivery Plan the Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group has set clear objectives that address each of its priorities and contribute to the prevention of violence and abuse and the protection and support of all individuals affected by these issues and how to achieve these. The Strategic Delivery Plan is a working document that outlines the Strategic Group's commitment to the next 12 months activity and will be reviewed annually to reflect the priorities agreed by the Strategic Group.

The Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group will be responsible for the implementation and monitoring of the Strategic Delivery Plan reporting to the Regional Safeguarding Executive and other key local and regional partnerships to ensure effective discharge of statutory responsibilities under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

### **Closing remarks**

In developing this strategy, the focus and direction for the work of the Safeguarding Executive and the Strategic Group has been defined and a framework for action set out in the strategic delivery plan.

As a partnership we are committed to strengthening and improving our collective responses to violence against women, domestic abuse and sexual violence so that that the priorities identified in this strategy are translated into actions that can make a real difference to the well-being and safety of people living in Mid and West Wales, both now and in the future.

This, our first regional strategy provides an opportunity for us to challenge the status quo identified by survivors and stakeholders and embed a culture where violence against women, domestic abuse and sexual violence will not be tolerated in our communities and where all individuals can live free from violence and abuse.

## **APPENDIX 1**

### **UNDERSTANDING THE LANGUAGE USED**

1. **Definitions of abuse** (Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group Terms of Reference).

#### **Violence Against Women**

The United Nations defines "Violence against Women" as a "form of discrimination against women and a violation of human rights and shall mean all acts of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

#### **Domestic Abuse**

According to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 domestic abuse means 'abuse where the victim of it is or has been associated with the abuser. This can be committed by an intimate partner, ex-partner, spouse, civil partner or family relative' (a full definition of intimate and familial relations can be accessed within the Act).

The abuse can be physical, sexual, psychological, emotional or financial abuse.

This is in line with the Home Office's definition of domestic abuse as 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality'.

The Serious Crime Act 2015 legally defines the offence of coercive and controlling behaviour within intimate or familial relations as domestic abuse. 'Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim'.

#### **Rape and sexual violence**

Sexual violence is any unwanted sexual act or activity. According to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 sexual violence means sexual exploitation, sexual harassment, or threats of violence of a sexual nature. The act further defines sexual exploitation as something that is done to or in respect of a person which warrants an offence under Part 1 of the Sexual Offences Act 2003. This includes the following definitions:

- Rape is when a person intentionally penetrates the vagina, anus or mouth of another person with his penis when that other person does not consent to the penetration, and/or he does not reasonably believe that the other person consents.
- Assault by penetration is the intentional sexual penetration of the vagina or anus of another person with a part of the person's body or anything else, when that other person does not consent to the penetration, and/or he does not reasonably believe that the other person consents.
- Sexual assault is a person intentionally touching another person sexually in a manner to which the other person does not consent to the touching, and/or the person does not reasonably believe that the other person consents.
- Child sex offences including rape or any sexual activity with a child, familial child sex offences and meeting a child following sexual grooming.

### **Sexual harassment**

According to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 harassment means a course of conduct (including speech) by a person which he or she knows or ought to know amounts to harassment of the other. For incidents that took place after 1st October 2005 there are two types of sexual harassment – unwanted contact on the grounds of your sex and unwanted physical verbal or non-verbal conduct of a sexual nature.

### **Gender Based Violence**

According to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 gender-based violence means:

Violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation.

This includes 'Honour based violence' which can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Examples may include murder, unexplained death (suicide), fear of or actual forced marriage, controlling sexual activity, domestic abuse (including psychological, physical, sexual, financial or emotional abuse), child abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion. This list is not exhaustive.

- Female genital mutilation which is an act that is an offence under sections 1, 2 or 3 of the Female Genital Mutilation Act 2003.
- FGM also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons" as defined by the World Health Organisation (WHO).
- 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). This is commonly known as Forced Marriage. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

## 2. Glossary

**Victim/Survivor:** The term used to describe the person who is potentially experiencing Violence against Women, Domestic Abuse and Sexual Violence. Other terms encompassed may include; 'service user' 'client' and 'patient' and reflect the terms used by different organisations to define their relationship to the person at risk. In practical terms it is suggested that the person experiencing these issues selects the term they prefer, where a term is required.

**Public Service:** Public services are services delivered for the benefit of the public, supported via government, to serve people in a particular society or community. This can include services delivered through the third sector, through social enterprise or through services that are contracted out.

**Local Authority:** A county council or county borough council

**Relevant authorities:** county councils and county borough councils, Local Health Boards, fire and rescue authorities and NHS trusts

**Violence against Women, Domestic Abuse and Sexual Violence specialist sector:** Third sector organisations whose core business is Violence against Women, Domestic Abuse and Sexual Violence.

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

**Independent Sexual Violence Adviser (ISVA):** Trained specialist worker who provides support to victims/survivors of rape and sexual assault.

**BME/BAME – Black and Minority Ethnic or Black, Asian and Minority Ethnic** is the terminology used to describe people of non-white descent.

**Ask and Act:** A process of targeted enquiry across the Welsh Public Service in relation to Violence against Women, Domestic Abuse and Sexual Violence.

**Specialist Violence against Women, Domestic Abuse and Sexual Violence Services:** A service which is specifically designed to support someone who is, or has been affected by domestic abuse, sexual violence and/or any other form of violence against women.

**Target Hardening:** Target hardening is a means with which to make a property safer for the resident and reduce the risk of attack in this case by the perpetrator of domestic abuse. (It should be part of a 'spectrum' of services made available to help

to protect victims of domestic abuse alongside support in the community, access to refuge provision, involvement of the police or other statutory services and programmes for perpetrators of domestic abuse - Domestic Abuse and Housing in Wales Factsheet (CIH Cymru 2013)

Avril Bracey Chair Mid and West Wales VAWDASV Strategic Group

26<sup>th</sup> March 2018

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**“Safer Lives, Healthier Families” an overview of the draft regional strategy to tackle Violence Against Women, Domestic Abuse & Sexual Violence in our Communities**

This report is intended to provide an overview of the draft regional Violence against Women, Domestic Abuse and Sexual Violence Strategy to inform relevant scrutiny and sign off processes across Mid and West Wales.

**In light of the statutory requirements placed on Local Authorities and Health Boards to jointly prepare, publish and implement a violence against women, domestic abuse and sexual violence strategy, sign off for this regional strategy is required by the four Local Authorities; Carmarthenshire, Ceredigion, Pembrokeshire and Powys and by the two Local Health Boards; Hywel Dda University Health Board and Powys Teaching Health Board.**

The report may also be used to present the Strategy within organisational structures e.g. Police, Police and Crime Commissioner and wider strategic forums both locally and regionally e.g. Public Service Boards, Regional Partnership Boards to ensure that there is strategic awareness and opportunities for alignment of programmes of work identified.

## **Context**

The enactment of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (The Act) requires the public sector in Wales to work together in a consistent and cohesive way to improve the outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence.

Section 5 of the Act requires local authorities and Local Health Boards to jointly prepare, publish and implement a Violence against Women, Domestic Abuse and Sexual Violence strategy.

This is Mid and West Wales’ first joint strategy to tackle Violence against Women, Domestic Abuse and Sexual Violence and outlines how the region will support victims and survivors, tackle perpetrators, ensure professionals have the tools and knowledge to act, increase awareness of the issues and help children and young people to understand inequality in relationships and that abusive behaviour is always wrong.

The strategy aims to underpin, influence and directly contribute to key regional policy priorities including those set by;

- The four Public Service Boards
- CYSUR Regional Children’s Safeguarding Board
- CWMPAS Regional Adult’s Safeguarding Board
- The two Regional Partnership Boards
- Dyfed Powys Police and Crime Commissioner
- The Supporting People Regional Collaborative Committee

- Dyfed Powys Criminal Justice Board

The Strategy aims to embed Violence against Women, Domestic Abuse and Sexual Violence as “everyone’s business” and a cross cutting theme that requires all areas of public policy to address and to shape and improve the delivery of services for those affected.

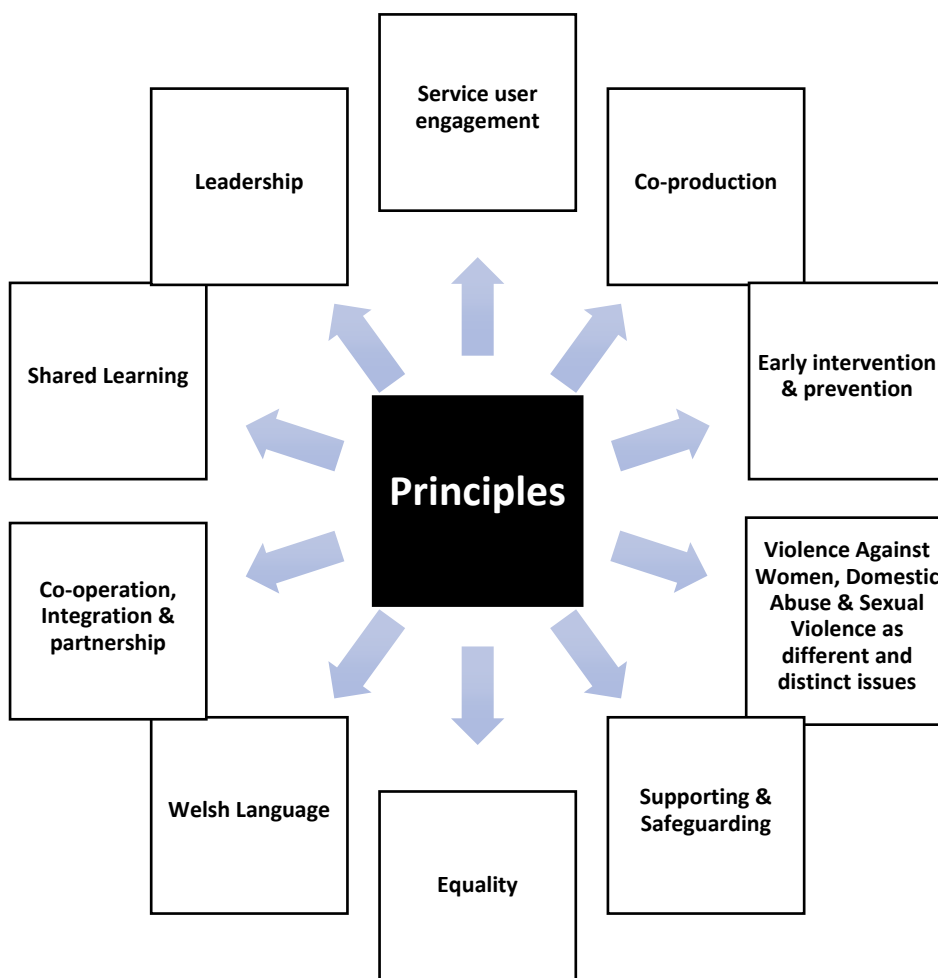
## Engagement and Consultation

In drafting the Strategy, engagement and consultation was carried out with survivors, specialist service providers, generic service providers, commissioners, stakeholders and members of the Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group.

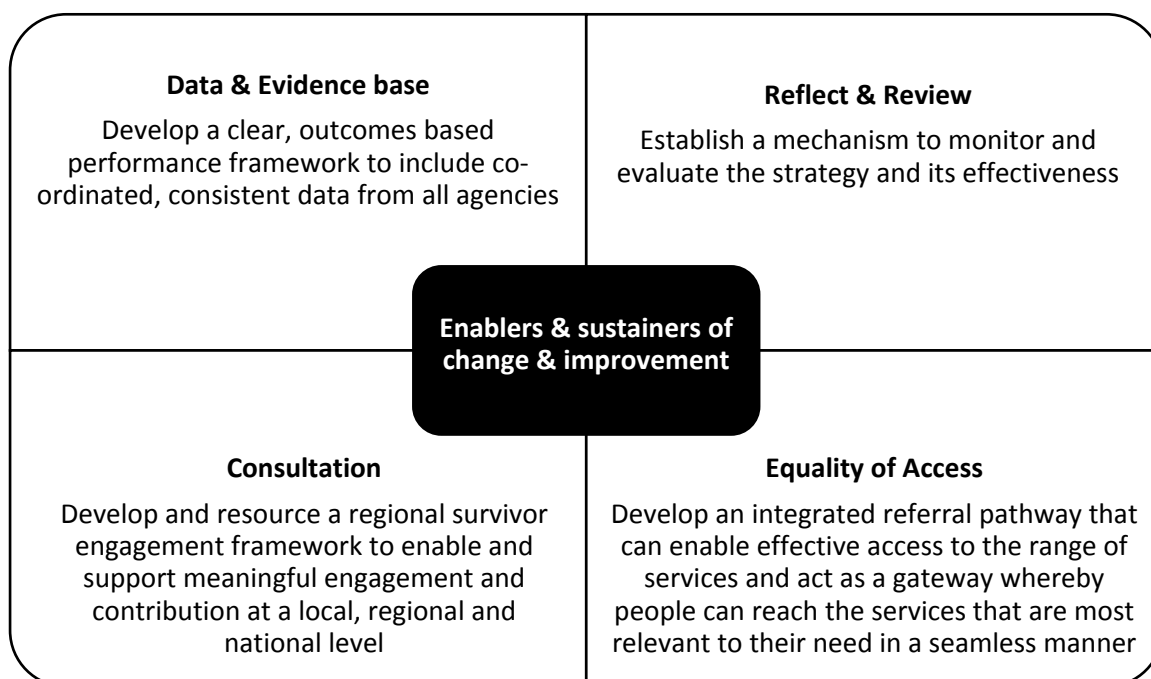
Participants were highly engaged in providing both positive and negative observations of the current and future landscape and the information gathered during this process provided a broad spectrum of opinions which are reflected within the identified strategic priorities.

## Principles

Ten key principles have been identified through consultation and engagement with stakeholders and survivors. These principles underpin the priorities set out in the strategy and the approach to implementation and delivery



Four components, which can be seen as **enablers and sustainers of change and improvement** have also been identified. They involve improving and integrating core processes to facilitate the development of consistent and cohesive ways to improve outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence.



## Strategic Priorities

In developing the strategic priorities consideration has been given to the requirements of the Act and wider Welsh Government legislation and policy, the result of the needs assessments and key priorities already identified in the region and the experiences of survivors and stakeholders.

Based on the rationale detailed in the document the six strategic aims of the National Violence against Women, Domestic Abuse and Sexual Violence Strategy have been adopted as the framework for this regional strategy;

**Strategic Priority 1:** Increase knowledge and awareness and challenge attitudes towards equality and violence against women domestic abuse and sexual violence amongst citizens of Mid and West Wales

**Strategic Priority 2:** Increased awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong

**Strategic Priority 3:** Increased focus on holding perpetrators to account and provide opportunities to change their behaviour based around victim safety

**Strategic Priority 4:** Make early intervention and prevention a priority

**Strategic Priority 5:** Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors

**Strategic Priority 6:** Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services across Wales

Actions are identified that will enable the region to make the necessary improvements against each of these strategic priorities.

Additional actions are identified in relation to the Governance and Leadership of VAWDASV in the region and those required to deliver the enablers and sustainers of change and improvement critical to the effectiveness of the strategy.

Actions to deliver the strategic priorities will be embedded into an overarching Strategic Delivery Plan which will sit alongside the Strategy. It is envisaged that annual priorities from the Strategic Delivery Plan will be identified by the Strategic Group and reported to the Regional Safeguarding Executive and other key local and regional partnerships to ensure effective discharge of statutory responsibilities under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

### **Translation**

The draft Strategy will be translated prior to public consultation and individuals given the choice to respond in Welsh.

A Welsh Language Impact Assessment will be completed to be published alongside the final Strategy.

### **Impact Assessments**

Equality and Children's Rights Assessments will also be completed to be published alongside the Strategy.

### **Consultation**

The Act does not define a set period or the type of consultation but states at Section 6 (6) *"A Local authority and Local Health Board must consult such persons as they consider appropriate"*.

The VAWDASV Strategic Group has agreed a 12 week public consultation period during which a series of face to face engagement events will be facilitated across the region with survivors and stakeholders alongside opportunities to feedback online.

A Consultation Plan has been drafted and will be managed by the VAWDASV Strategic Group to ensure meaningful and inclusive engagement opportunities.

Consultation will run April – June 2018.

### **Publication**

The Act requires publication of the strategy by 4<sup>th</sup> May 2018.

A copy of the consultation draft has been provided to Welsh Government with an explanatory note of progress made and the agreed timeline to ensure meaningful engagement and appropriate scrutiny.

The Strategy will be published by 31<sup>st</sup> July 2018.

The Strategy will also be made available in easy read / accessible formats.

### **Monitoring of the Strategy**

The strategic direction and oversight of this strategy sits with the Mid and West Wales Safeguarding Executive.

The Violence against Women, Domestic Abuse and Sexual Violence Strategic Group, accountable to the regional Safeguarding Executive has been established to provide a governance structure to develop, approve and monitor Violence against Women, Domestic Abuse and Sexual Violence regional working.

The Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategic Group will be responsible for the implementation and monitoring of the Strategic Delivery Plan reporting to the Regional Safeguarding Executive and other key local and regional partnerships to ensure effective discharge of statutory responsibilities under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

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# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

DATE: 21<sup>ST</sup> MAY, 2018

## SUBJECT

### Annual Report on Adult Safeguarding (2016-18)

## PURPOSE:

To receive the Annual Report and note its findings.

## To consider and comment on the following issues:

The Committee is asked to consider and comment on the Authority's Annual Report relating to Adult Safeguarding. This Report relates to last financial year and summarises the national policy context of adult safeguarding at that time including the implications of the Social Services and Well Being (Wales) Act 2014 and provides a variety of information including:

- Regional strategic position
- Operational arrangements
- Key achievements and significant events
- Key challenges and issues
- Quality assurance
- Partnership reports
- Performance and Activity Information

At the time of presenting this report, the Social Services and Wellbeing (Wales) Act is being implemented and the Regional Safeguarding Adults Board is well established. This Board, chaired by the Director of Social Services, Pembrokeshire County Council, is the lead body responsible for setting the strategic direction and governance arrangements for adult safeguarding in the County. The Board benefits from good strategic leadership and strong partnership arrangements. The Board has a zero tolerance approach to abuse. Every person has the right to live a life free from abuse and neglect, and it is everyone's business to ensure that we work together as a community to support and safeguard the most vulnerable in society. We also consider that in revising and improving our safeguarding processes over the last year, this will provide a solid foundation to respond to the new legislation and the regional focus that the Act requires.

## REASONS:

For the Committee's Information.

To be referred to the Executive Board / Council for decision: **NO**

EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:- Cllr. Jane Tremlett (Social Care & Health Portfolio Holder)

<b>Directorate</b> <b>Community Services</b> <b>Name of Head of Service:</b> <b>Avril Bracey</b>  <b>Report Author:</b> <b>Cathy Richards</b>	<b>Designations:</b>  <b>Head of Mental Health &amp; Learning Disabilities</b>  <b>Senior Safeguarding Manager</b>	<b>Tel Nos.</b> <b>(01267) 242492</b> <b>(01267)228995</b>  <b>E Mail Addresses:</b> <b>Abracey@carmarthenshire.gov.uk</b> <b>CRichards@carmarthenshire.gov.uk</b>
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**EXECUTIVE SUMMARY**  
**SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**  
**DATE: 21ST MAY, 2018**

**SUBJECT**  
**Annual Report on Adult Safeguarding (2016-18)**

The purpose of this report is to provide information on the role and functions and activities undertaken by the Authority in regard to Adult Safeguarding.

The Report explains the changing policy context of adult safeguarding and details the arrangements the Authority established to prioritise adult safeguarding. As the lead organisation responsible for adult safeguarding, the Authority is required to have effective arrangements to ensure vulnerable adults are protected from harm. The Authority undertakes its role in close partnership with Dyfed Powys Police, Hywel Dda University Health Board and local Advocacy organisations. The report itemises some of the key performance activity as well as challenges for the future.

With the implementation of the Social Services and Well Being Act in April 2016 safeguarding adults has for the first time been placed on a statutory footing. With well-established governance and scrutiny arrangements, Carmarthenshire is well placed to implement the duties and principles of the Act.

**DETAILED REPORT ATTACHED ?**

**YES**

**IMPLICATIONS**

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

**Signed:**          **Avril Bracey**          **Head of Mental Health & Learning Disabilities**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
<b>NONE</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>



## **2. Legal**

We have reviewed our processes to ensure compliance with the requirements of the Social Services and Wellbeing (Wales) Act 2014.

## **5. Risk Management**

We have identified that there are risks associated with the waiting list for Deprivation of Liberty Safeguards authorisations. Over the last year, steps have been taken to reduce this waiting list as outlined in the report. Although the financial and reputational risks remain, we are introducing robust processes to mitigate these risks.

## **CONSULTATIONS**

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed:           Avril Bracey   Head of Mental Health & Learning Disabilities

(Please specify the outcomes of consultations undertaken where they arise against the following headings)

**1. Local Member(s) - Not appropriate**

**2. Community / Town Council - Not appropriate**

**3. Relevant Partners - Not appropriate**

**4. Staff Side Representatives and other Organisations - Not appropriate**

**Section 100D Local Government Act, 1972 – Access to Information**

**List of Background Papers used in the preparation of this report:**

**THERE ARE NONE.**

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# Carmarthenshire Safeguarding Annual Report 2016-2018



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**Foreword by Jake Morgan, Director of Community Services, Carmarthenshire County Council.**



Thank you for your interest in Safeguarding Adults in Carmarthenshire. I am very pleased to share the Carmarthenshire Safeguarding Adults Report for 2016-18 which demonstrates how we have embraced a new era of Adult Safeguarding both locally and regionally.

The Social Services and Wellbeing (Wales) Act 2014 came into force in April 2016. This placed Adult Safeguarding on a statutory footing and shifted the strategic oversight of safeguarding to a regional footprint, in our case, Mid and West Wales. The new Regional Boards for Adults (CWMPAS) and Children (CYSUR) are guided and supported by a National Independent Safeguarding Board comprised of experts in the field who are now two years into a four year tenure.

The new arrangements support and strengthen Carmarthenshire's ongoing commitment to developing a culture that does not tolerate abuse and to embedding an "everybody's business" approach to keeping people safe.

As well as making a difference locally, Carmarthenshire Council has made a significant contribution to the work of the Regional Safeguarding Adults Board and has led on a number of key improvement activities. Working collaboratively and consistently across a region which comprises of four Local Authority's, two Local Health Boards and one large Police force is inevitably challenging however, the advantages of doing so are clearly evident and significant.

The establishment of the Carmarthenshire Local Safeguarding Operational Group further evidences the continued commitment of partner agencies to work together to effectively safeguard our citizens at a local level.

I would like to take this opportunity to thank the residents of Carmarthenshire and staff across our organisations for their vigilance and efforts in reporting and preventing abuse.

**Jake Morgan**  
**Director of Community Services**

## Introduction

### What do we mean by Safeguarding Adults?

Safeguarding is about protecting a person's right to live their life in safety and free from abuse and neglect.

### National Context

The [Social Services and Well-being Act \(Wales\) 2014](#) was introduced in 2016 and provides a sound legislative basis for protecting Adults at Risk of abuse or neglect. Part 7 of the Act introduced a number of significant changes to previous Adult Safeguarding legislation, including:

1. A New definition - Adult at Risk of Abuse or Neglect (previously Vulnerable Adult)
2. A New duty for relevant partners to report to the Local Authority ( if they have reasonable cause to suspect adult is at risk)
3. A New duty for Local Authority to make enquiries (within 7 days)
4. The Introduction of Adult Protection Support Orders (APSO's)- replaces section 47 of the National Assistance Act 1948
5. Introduction of Regional Safeguarding Boards (strategic oversight, awareness raising, achieving best practice, Adult Practice Reviews)
6. Introduction of National Independent Safeguarding Board (Review areas of good/poor practice, make recommendations to ministers)

### Definition of an Adult at Risk

The Social Services and Well Being Act defines an “adult at risk of abuse and or neglect” as an adult who:

- Is experiencing or is at risk of abuse or neglect.
- Has needs for Care & Support (whether or not the Local Authority is meeting any of those needs).
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk thereof.

Care and Support is not explicitly defined in the Act.

The inclusion of ‘at risk’ within the new Welsh Government definition enables **early intervention** to protect an adult at risk and prevent escalation. The decision to act therefore does not require actual abuse or neglect to have taken place. The aim is to support individuals to prevent the risk of abuse or neglect from happening/ escalating and to appropriately protect if harm has occurred.

The Social Services and Well Being (Wales) Act 2014 removed “significant harm” as a threshold for safeguarding action. This emphasises the need to move away from formal process driven procedures to a more person centered, outcome focused approach in which the individual and all professionals have a role to play.

### **Definition of Abuse or Neglect**

Abuse means physical, sexual, psychological, emotional or financial abuse. Neglect means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being.

**Physical Abuse** – includes but is not limited to: hitting, slapping, over or misuse of medication, undue restraint or inappropriate sanctions

**Neglect** – includes but is not limited to: a failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.

**Financial Abuse** – includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property or having money or other property misused. Examples of such can include: unexpected change to their will; sudden sale or transfer of the home; unusual activity in a bank account; sudden inclusion of additional names on a bank account; signature does not resemble the person’s normal signature; reluctance or anxiety by the person when discussing their financial affairs; giving a substantial gift to a Carer or third party; a sudden interest by a relative or other third party in the welfare of the person; bills remaining unpaid; complaints that personal property is missing.

**Psychological Abuse** – includes but is not limited to: threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks; coercive control is an act or pattern of acts of assault, threats, humiliation, intimidation or other abuse that is used to harm, punish or frighten the victim.

**Sexual Abuse** – includes but is not limited to: rape and sexual assaults or sexual acts to which the adult at risk has not or could not consent and/or was pressurised into consenting.

## **Partner Agency Duty to Report**

Whilst all agencies are expected to report concerns to the Local Authority if they have reasonable cause to suspect that an adult is at risk of abuse or neglect, as defined in the Social Services and Well Being Act, our Partner Agencies have a **legal duty** to do so.

## **Local Authority Duty (to enquire)**

When a safeguarding referral is made to the Local Authority it has a legal duty to make (or cause to be made) enquiries, adequately protect individuals and investigate in cases where abuse or neglect has occurred or there is a risk thereof. The purpose of a safeguarding enquiry is for the Local Authority to clarify matters and decide what course of action (if any) is required in order to protect the adult in question from abuse and or neglect. If any action is necessary, then it is for the Local Authority to take the lead in coordinating what action is appropriate and by whom.

Issues of Human Trafficking, Domestic Abuse including Forced Marriage, Honor Based Crime, Female Genital Mutilation, Sexual Exploitation and Hate/Mate crime will often be referred to the Police who will lead the investigations and manage the multi-agency response. However, if care and support needs are identified, the local authority should be contacted so that initial enquiries can be made regarding the well-being of the individual concerned.

## **Adult Protection Support Orders**

Section 127 of the [Social Services and Well-being \(Wales\) Act 2014](#) enables applications to be made to magistrates' courts for adult protection and support orders. The purpose of such orders is to enable an authorised officer to speak in private to a person suspected of being an adult at risk to establish whether he or she can make decisions freely, to assess whether the person is an adult at risk and to establish whether any action should be taken, and if so, what action.

Applications for such orders may be made by an authorised officer who is an individual authorised by the local authority to perform functions under this section. Carmarthenshire County Council has identified and trained its authorised officers for this role. However, since the introduction of the Act in 2016, no Local Authority in Wales has, as yet applied to the court for such an order.

When an adult protection and support order is in force the authorised officer, a police constable (if considered necessary) and any other person specified in the order has the power to enter the premises where the suspected adult at risk is living, for the purposes of the order. The constable may use reasonable force (for example, to gain access to the premises where the adult at risk lives) if such force is necessary to enable the purposes of the order to be fulfilled.



## **National Independent Safeguarding Board**

The National Independent Safeguarding Board was set up under the Social Services and Well-being (Wales) Act 2014. Specifically, the National Board has three primary duties. These are:

- 1. To provide support and advice to Safeguarding Boards with a view to ensuring that they are effective**
- 2. To report on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales**
- 3. To make recommendations to the Welsh Ministers as to how those arrangements could be improved (S.132 (2)).**

The regulations made under the 2014 Act set out the way in which the National Board must exercise its functions. An important function is the requirement to consult with those who may be affected by arrangements to safeguard children and adults in Wales.

The National Board works on a part-time basis. Its six members are expected to work at least a day a month on National Board matters.

<http://safeguardingboard.wales/>

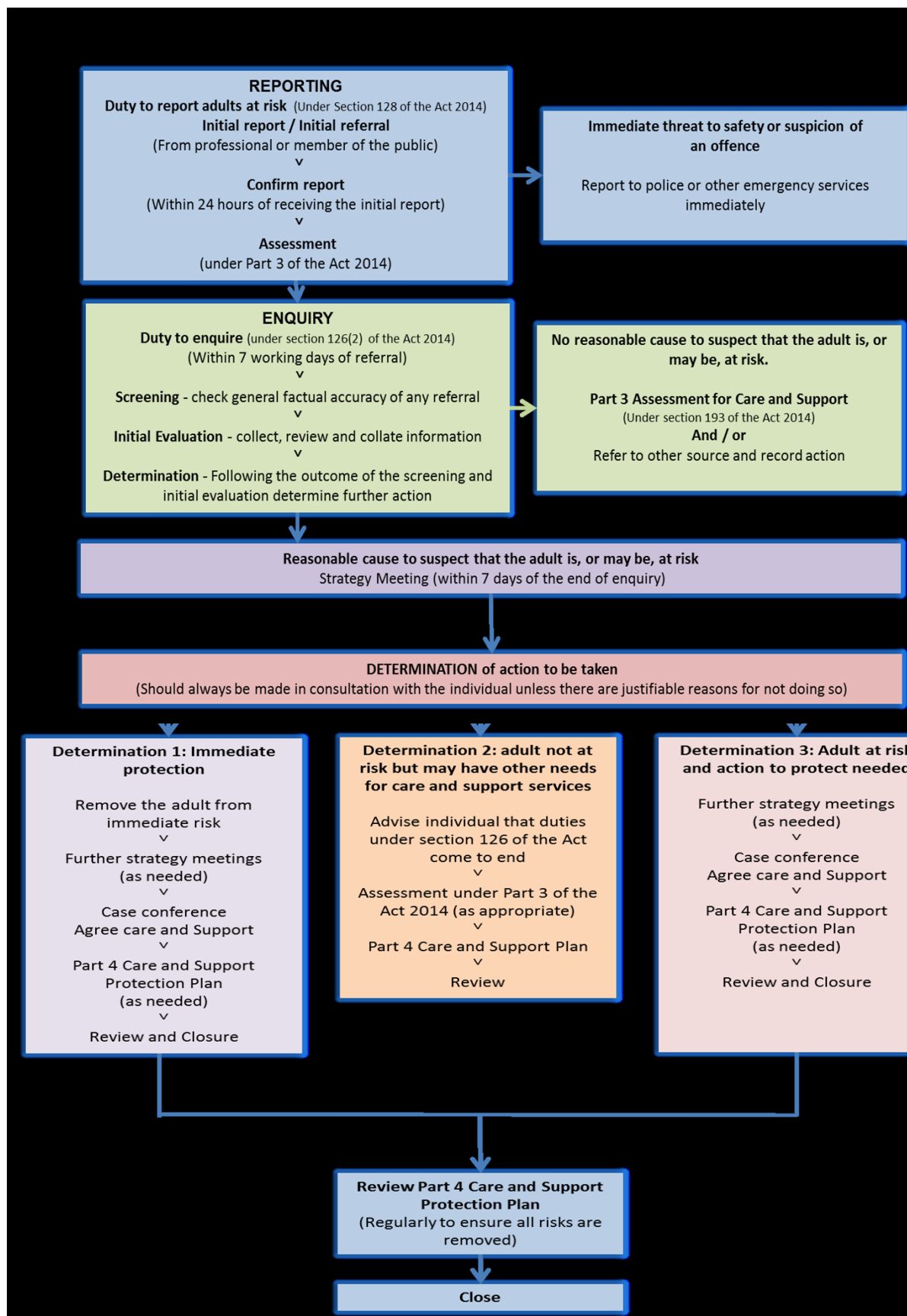
## **Safeguarding Policies and Procedures**

The Social Services and Well Being act brought new statutory duties and timescales, however it has yet to produce any final associated Policies, Procedures or guidance documents to support these functions. As a result Local Authorities and Partner agencies are working with outdated and somewhat irrelevant policies and procedures. This has led to a lack of clarity and inconsistencies in interpretation across Wales. This has also led to inconsistencies in performance data recording.

Cardiff and Vale Local Authority has been commissioned to produce the new Policies and Procedures which are expected to be completed in 2019. Initial consultation events have already taken place across Wales and a draft introduction to the Policies and Procedures has recently been circulated.

In the interim, the regional safeguarding adults leads meet regularly and have worked collaboratively to agree regional consistencies in practice and performance data recording. This group has identified a number of improvement opportunities and implemented new procedures to address these. They have developed a draft safeguarding threshold guidance document which is currently circulating for consultation.

The draft Welsh Government “Handling Individual Cases” guidance document includes a flowchart for managing safeguarding enquiries. This is detailed below:



## **Regional Safeguarding Adults Board (CWMPAS)**

Strategic oversight for safeguarding Adults and Children in Wales now sits with Regional Safeguarding Boards.

Regional Safeguarding Boards function under Part 7 of the Social Services and Wellbeing (Wales) Act 2014. The wellbeing of its citizens is central to current Welsh Government policy and legislation. Within the Social Services and Wellbeing (Wales) Act, the Welsh Government seeks to define and measure the wellbeing of its citizens in a variety of ways. This includes physical and mental health, emotional wellbeing, social and economic wellbeing, education training and recreation as well as how well its citizens are prevented and protected from experiencing abuse, neglect and other kinds of harm.

The need to ensure the citizens of Mid & West Wales are adequately prevented and protected from experiencing abuse, neglect and other kinds of harm is therefore a core function and responsibility of the Mid & West Wales Adult Safeguarding Board (CWMPAS).

CWMPAS was launched in April 2016 and has already developed a very strong partnership and collaborative working culture across its large regional footprint. It is committed to strengthening and consolidating the progress already made to safeguard and protect the most vulnerable members of our communities.

The region of Mid & West Wales is unique in that it covers a very large geographical area spanning almost half of the land mass of Wales, which in itself presents challenges within the context of meeting the needs of a wide and diverse mix of communities. It serves the communities of Pembrokeshire, Carmarthenshire, Ceredigion and Powys, working together collaboratively and in partnership within a multi-agency setting.

Membership of the board comprises of Directors and Heads of Service from the associated Local Authorities, Local Health Boards, Welsh Ambulance Service, Probation and Offender Management Service, Dyfed Powys Police, Wales Community Rehabilitation Company and a Third Sector Representative.

The Board aims to raise awareness of safeguarding issues with members of the public and provide support, advice and guidance to professionals working in our local communities who deliver a range of voluntary and statutory services. This includes people who give their time voluntarily, in places like youth clubs, community centres and sports clubs as well as professionals such as nurses, health visitors, teachers, police officers, social workers and probation officers.

Below is a link to the Mid and West Wales Regional Safeguarding Board Website/ Annual Report:

<http://cysur.wales/home/about-us/our-annual-report-2016-17/>

## **Adult Practice Reviews (APR's)**

Safeguarding Adult Practice Reviews are carried out on behalf of the Mid and West Wales Regional Safeguarding Board. They are a way for all partner agencies to identify the lessons that can be learned from particularly complex or difficult Safeguarding Adults cases and to implement changes to improve services in the light of these lessons.

### **APR's – The Purpose:**

Reviews must be considered where an adult at risk:

- dies (including death by probable suicide) or
- sustains a potentially life-threatening injury or serious long standing or permanent impairment of health or
- has been subjected to serious sexual abuse
- either abuse or neglect are known or are suspected to be a contributory factor

Carmarthenshire County Council are currently considering two cases for referral. The Senior Safeguarding Manager is trained to undertake reviews on behalf of other counties.

## **Carmarthenshire Local Safeguarding Operational Group (LOG)**

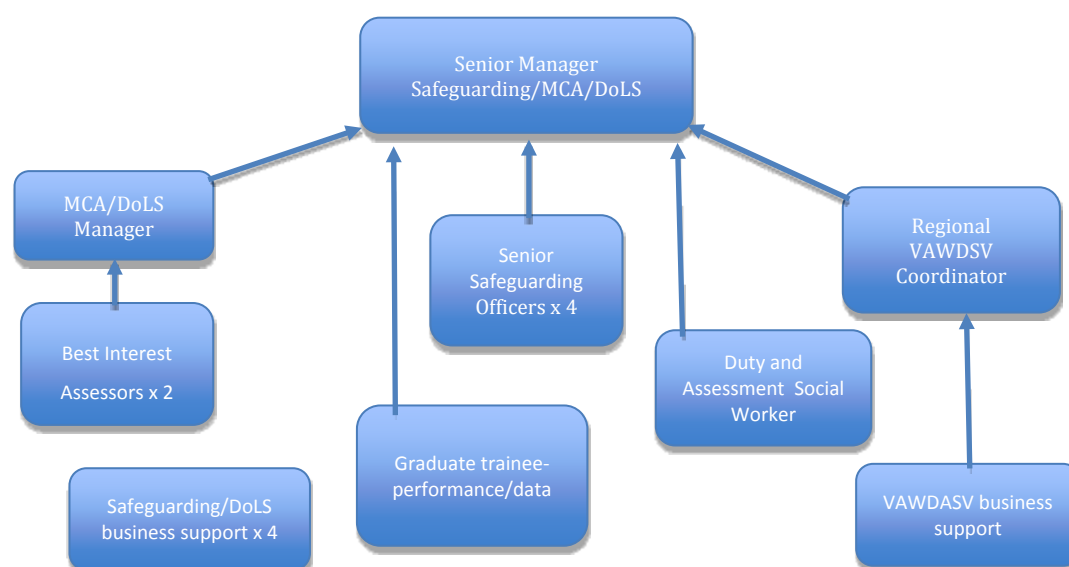
Carmarthenshire local Operational Group is a multi-agency group which consists of appropriate operational representatives from partner agencies and third sector organisations. It has been established since April 2016 and is well attended. This group is now working closely with Children Services to establish a joint Local Operational Group, the first of which was held in March 2018. This approach is in line with good practice and has proved successful in other parts of the region.

Organisations attending are aware of their responsibilities and accountabilities within this context and all make valid contribution to the discussion which is supported by an environment where organisations can safely test and challenge each other in relation to their safeguarding arrangements.

The operational group meet on a quarterly basis and discuss a number of core agenda items. Agencies will share information existing, new or emerging or trends in safeguarding activity. They will consider requests for Adult Practice Reviews and work together to resolve operational challenges. It reports to the Regional Safeguarding Board.

## **Carmarthenshire Safeguarding/MCA DoLS Team**

Carmarthenshire County Council continues to operate with a central safeguarding Team based in 5 Spilman Street Carmarthen however this location will change at the end of 2018 as part the Local Authority's agile working arrangements.



The Head of Service for Mental Health, Learning Disabilities and Safeguarding provides overall strategic leadership to the Safeguarding and Deprivation of Liberty Teams. As well as leading the teams locally she is a member of the Regional Safeguarding Board and chair of the Adult Practice Review Sub group, VAWDASV Strategic Group and the Local Safeguarding Operational Group

The Senior Safeguarding Manager was appointed in October 2016 and has worked closely with the teams to improve processes, performance and more importantly outcomes for individuals. She has led on the regional safeguarding threshold document which will be implemented in the summer of 2018. She is also Chair of the regional Safeguarding Leads Improvement Group as well as the regional Deprivation of Liberty Group both of which are identifying and implementing positive changes. Carmarthenshire County Council are also well represented at all the Regional board sub groups and make a significant contribution to the work undertaken by these groups.

The Safeguarding team comprises of four senior safeguarding officers, a safeguarding duty officer and a Senior Safeguarding/DoLS Manager with dedicated business support. Since the last report one member of staff has achieved a Master's Degree in Safeguarding whilst a further two members of staff are continuing with their experienced practitioner CPEL awards. Another team member was recently recognised at the National BASW awards for her long service and continued contribution to the social work profession. The team have also supported a first year social work student from Swansea University.

The DoLS team is led by a manager who acts as the Supervisory Body for the Local Authority. This responsible role must scrutinize and legally authorise, where appropriate,

the deprivation of liberty of any individuals who is eligible and entitled to the safeguards afforded to them by the Mental Capacity Act and Cheshire West judgement.

The most recent MCA/DoLS Manager post holder retired in June 2017. This post will therefore be redesigned to ensure ongoing effective operational management across both the Safeguarding and MCA/DoLS teams.

The enactment of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV). The Act requires the public sector in Wales to work together in a consistent and cohesive way to improve the outcomes for individuals and their families subjected to Violence against Women, Domestic Abuse or Sexual Violence.

Section 5 of the Act requires local authorities and Local Health Boards to jointly prepare, publish and implement a Violence against Women, Domestic Abuse and Sexual Violence strategy. Carmarthenshire is part of the Mid and West Wales region and has led on the development of the strategy. We will also host the VAWDASV Regional Adviser post which has been created to oversee the implementation of the regional VAWDASV strategy and delivery plan.

### **Compliance with Legal Duties**

In order to effectively manage safeguarding referrals and ensure local authority compliance with the Social Services and Well-being Act duties, the safeguarding team roles have evolved. A dedicated safeguarding duty officer post has been created and is located within the Dewis Sir Gar Information, Advice and Assistance team.

This dedicated post has responsibility for the timely screening and evaluation of all safeguarding referrals received by the Local Authority. This role ensures an appropriate response by the right people at the right time as well as compliance with the Local Authority legal duty to make enquiries within 7 days. Being located at Dewis Sir Gar means that she is part of a multi-disciplinary team and therefore easy access to other professionals. The post holder has also provided essential advice, guidance and training to the Dewis Sir Gar team. This role has had a positive impact on the number of relevant referrals progressing through to the safeguarding team.

The Senior Safeguarding Officers take ownership of a safeguarding case after it has been screened by the duty officer and a decision made that there is reasonable cause to suspect the adult is at risk of abuse or neglect. The officers act as Designated Lead Managers (DLM), with responsibility for managing each case throughout the formal safeguarding procedures.

The Officers regularly chair multi agency strategy meetings and act as Investigating Officers for Non-Criminal Investigations. These Investigations continue to be an important but time consuming piece of work for obvious reasons. Whilst a number of staff members outside the safeguarding team are trained as investigating officers, our Care Management Teams (social work teams) and others find it increasingly difficult to release staff members from their establishments to undertake this work due to competing priorities.

The safeguarding team continue to work closely with Dyfed Powys Police, Hywel Dda University Health Board, The Mental Capacity Act & Deprivation of Liberty Safeguards

team, Commissioning and Contracting colleagues as well as Care Inspectorate Wales and other relevant agencies

Detailed records on the progress of individual cases are kept by the team and these have recently been incorporated in the Care First system. This makes safeguarding recordings consistent with care management teams across the Local authority and has enhanced the ability to extract performance data.

The safeguarding team meet regularly to discuss referrals and resource allocations. These meetings may also include colleagues from Hywel Dda University Health Board Safeguarding Team and others as appropriate. The team also meet with contracting and commissioning colleagues to address matters relating to commissioned providers such as residential care homes and domiciliary care providers.

Staff regularly attend the local Multi Agency Risk Assessment Conference (MARAC) for domestic abuse victims. The forum which is led by the Police, will discuss high risk domestic abuse cases so that a collaborative plan of action and support can be implemented. Specialist Domestic Abuse Agencies are fundamental to the discussion and subsequent interventions.

The Senior Safeguarding Manager holds regular development days with the team to share national, regional and local good practice, identify practice concerns and improvement opportunities. The team work together to enhance and improve safeguarding arrangements in Carmarthenshire ensuring the service user is at the heart of any intervention.

### **Case Study**

The case study below provides a snapshot of the type of referral that the Safeguarding team manage

#### **Mrs X.**

Mrs X is a 97 year old lady who lives alone. Mrs X is registered blind, and has no relatives living locally to offer daily support. Mrs X strives to remain independent and organises her own support on a private basis. Mrs X has full mental capacity and manages her own finances. A safeguarding referral was made by her relative who lives away expressing concern that the manager of the domestic agency that Mrs X was employing had coerced her into changing her will so that she would become the sole beneficiary.

Outcome:

- Mrs X visited to ascertain her wishes and feelings
- Multi agency strategy meeting held
- Relative supported Mrs X to amend her will as she wished
- Domestic arrangement ceased immediately and a new provider sought
- CIW commenced immediate inspection of the provider
- Police investigation commenced
- Provider agency ceased trading
- Alternative arrangements sought for all other service users

## Training and Development

The Social Care Wales Workforce Development team within Carmarthenshire County Council Organisational Development is currently commissioning delivery of both Essential Safeguarding Awareness and the more advanced Safeguarding courses aimed at care provider services.

In addition to this, training dates for DoLS, Mental Capacity Act and Suicide Intervention courses have been confirmed and relevant details will be circulated/advertised via the team's website portal by the 1<sup>st</sup> of June 2018. The team has also developed an essential awareness e-learning module that should also be available in June 2018.

Additional courses will be commissioned and delivered pending approval of the new All-Age Regional Safeguarding Training Strategy, which outlines the relevance of specific course themes to identified target audiences. It is anticipated that training on the new regional Adult Safeguarding threshold guidance document will be delivered on a regional footprint when approved.

## Carmarthenshire Corporate Safeguarding Governance Group

Carmarthenshire Council has established a Corporate Safeguarding Governance Group to oversee its cross cutting safeguarding arrangements. The group is chaired by the Director of Communities and attended by senior managers across all directorates.

The group has developed a suite of relevant performance measures which identify potential risk factors. Poor performance in these areas will prompt remedial action. The group also considers the impact of national and regional strategies and ensures all departments work together to safeguard the citizens and visitors of Carmarthenshire.

These measures include:

- Number of staff who have undertaken safeguarding training
- Number of staff with DBS checks

## **Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards came into force in Wales and England in April 2009. These safeguarding procedures aim to protect individuals who lack the mental capacity to consent to care or treatment in care home and hospital settings and may be deprived of their liberty.

In March 2014, a landmark Judgment was handed down by the UK Supreme Court as to what constitutes a deprivation of liberty and since that time, referrals under these procedures have increased sixteen-fold across Wales. As a result inevitable backlogs have accrued across Wales.



In October 2017 a line was drawn under the assessment backlog and this is being addressed as a separate piece of work. Since this time the backlog list has reduced from **650** to **373** in April 2018. This figure continues to reduce on a monthly basis.

Carmarthenshire Council continues to receive an average of 30 to 40 appropriate DoLS applications each month. To manage this ongoing demand the local authority commissioned further training for 15 Social Workers as Best Interest Assessors (BIA's) to meet its statutory obligations. In November 2017 the local authority commissioned further Best Interest Assessor training for an additional 7 social workers.

As a result of the training investment, Carmarthenshire Council are able to report a significant increase in the number of new DoLS applications allocated and assessed within the 7 or 21 day timescales.

As part of the Council's own risk management arrangements, the Safeguarding Adults and Deprivation of Liberty safeguards Team are co-located and are operationally managed within one Division of the Council Adult Services.

The Law Commission review of the current DoLS system has described it as "unsustainable and not fit for purpose." Although recommendations have been made to the Department of Health the recommended improvements are not expected to be implemented for some time. The current system together with its challenges and risks will therefore remain until the legislation is revised.

## **Key Achievements, forthcoming Challenges and Priorities**

We have appointed a Safeguarding Officer within the Information, Advice and Assistance service which has enabled us to improve our 7 day enquiry timescales and reduce the number of enquiries to the safeguarding team. Capacity in the safeguarding team has increased to progress more timely investigations. However, this is still an area which needs to improve.

CIW have undertaken a thematic review of safeguarding and have commented positively on the new systems and structures in place to improve performance and in particular timescales. Feedback provided to the Regional Safeguarding Board is consistent with the improvement opportunities and priorities already identified by local safeguarding managers.

The Regional Safeguarding Adult Board and subgroups for training, Policy and Practice and Adult Practice Reviews. The Local Operational Group is working well, is well attended by all partners and relationships have developed between key agencies. As a result, there is greater confidence in the multi-disciplinary approach to safeguarding.

Safeguarding systems and processes have been redesigned so that data and performance can be monitored more effectively. Safeguarding activity is now recorded within the Care First system making it safer and more consistent. Enhancements have also been made to the referral form to enable staff to make more informed and timely decisions.

Partners have collaborated to agree a threshold document which will be consulted upon and implemented during 2018. This work has been led by Carmarthenshire's Senior Safeguarding Manager. The local safeguarding Leads are working closely to ensure consistency in safeguarding arrangements across the region.

The DoLS team have made significant progress in achieving statutory timescales for assessments and reducing the backlog by 40%. Care management teams have made a huge contribution to this improvement. However, this area remains volatile due the continued volume of applications and the competing demands of other statutory assessments.

There has been an extensive range of learning and development opportunities both within and between organisations. This includes "Train the Trainer" capacity from within the council to implement the SSWB Act (including the safeguarding specific elements) and joint training with Dyfed Powys Police on the new (SSWBA) Adult Protection Support Orders. Safeguarding and Mental Capacity Act training continues to be delivered regularly and are always well attended.

There are well established processes for monitoring provider performance both in terms of the care home sector and domiciliary provision. A number of providers have been subject to Escalating Concerns during 2017/18. In these circumstances, commissioning, safeguarding and care management staff have collaborated to ensure individuals have been safeguarded.

We continue to deliver good outcomes for individuals and remain focused on involving the person in all aspects of safeguarding and aim to see real progress in this area this year. At every opportunity the adult at risk must be involved in making decisions about their lives. If a person does not have the capacity to make these decisions then an appropriate advocate must be sought.

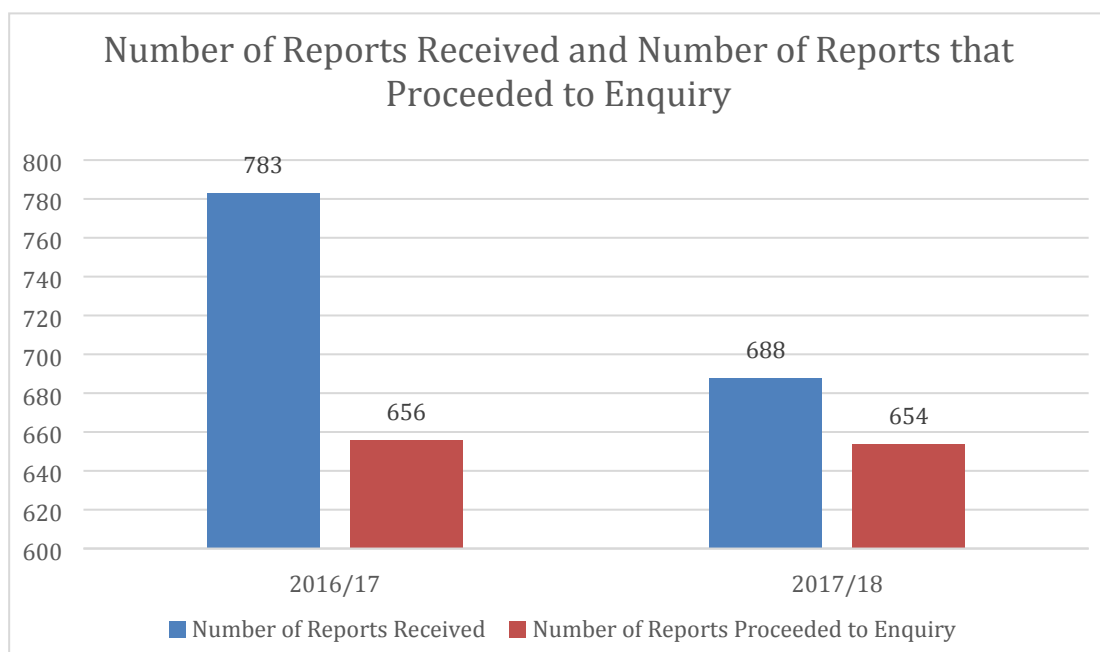
### **What are our key priorities for 2018/2019**

- Embed a person-centred approach to safeguarding which ensures the service user is heard and central in decision making
- Embed an “everybody’s business” approach to safeguarding where professionals “own” the risk and take appropriate action
- Continue to Improve on Investigation timescales (criminal and non-criminal)
- Learn from cases by undertaking regular audits and where appropriate Adult Practice Reviews/Multi Agency Practice Forums
- To improve compliance with statutory timescales for DoLS applications and reduce the associated backlog of assessments unallocated
- To collate and analyse more detailed performance data

## **Safeguarding/ DoLS Activity and Performance Data 2017/18**

### **Number of Safeguarding referrals received**

The graph below details the total number of Safeguarding concerns managed by the local authority during 2016/17 and 2017/18

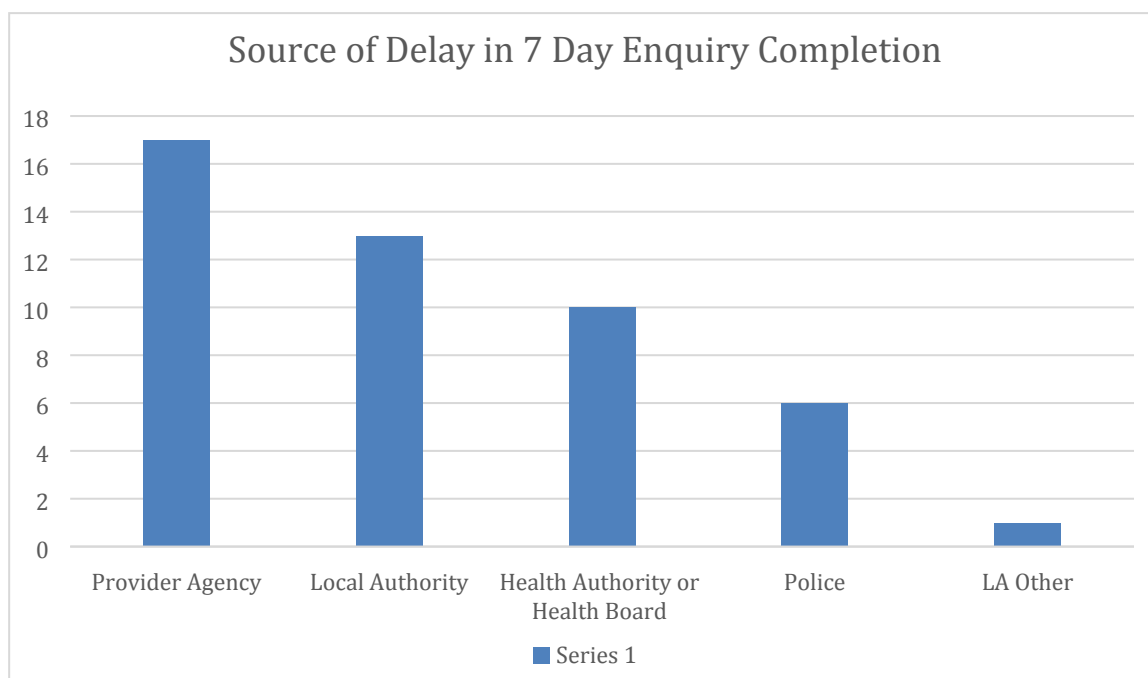


This data shows a large volume of referrals received by Local Authority in 2016/2017. This coincides with the introduction of the Social Services and Well- Being Act and its associated duty to report. Since that time, partner agencies have come to recognise what is relevant for a safeguarding referral and what is not. This has also been supported by the introduction of dedicated Information Advice and Assistance teams and dedicated screening of referrals.

### **Duty to make enquiries within 7 days**

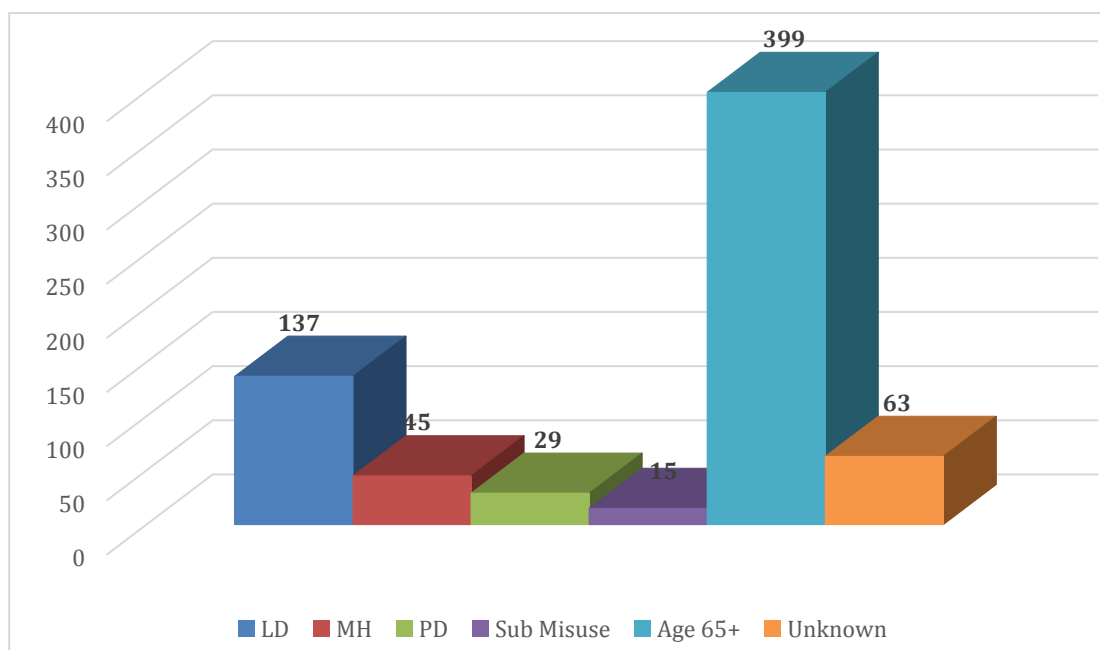
The percentage of adult at risk enquiries completed within 7 days in 2017/18 was **92.48%**, this has increased from **75.3%** in the previous year.

In 2017/18 **7.52%** of enquiries were not completed within 7 days and the chart below depicts the sources of the delays. Delays are largely attributable to difficulties obtaining information. As a result of a dedicated duty officer and further clarity on the definition of “an enquiry” this figure should improve further in 2018/19.



## Main Category of Vulnerability

The chart below shows the main client categories of adult at risk referrals received between 01/04/17 and 31/3/2018.

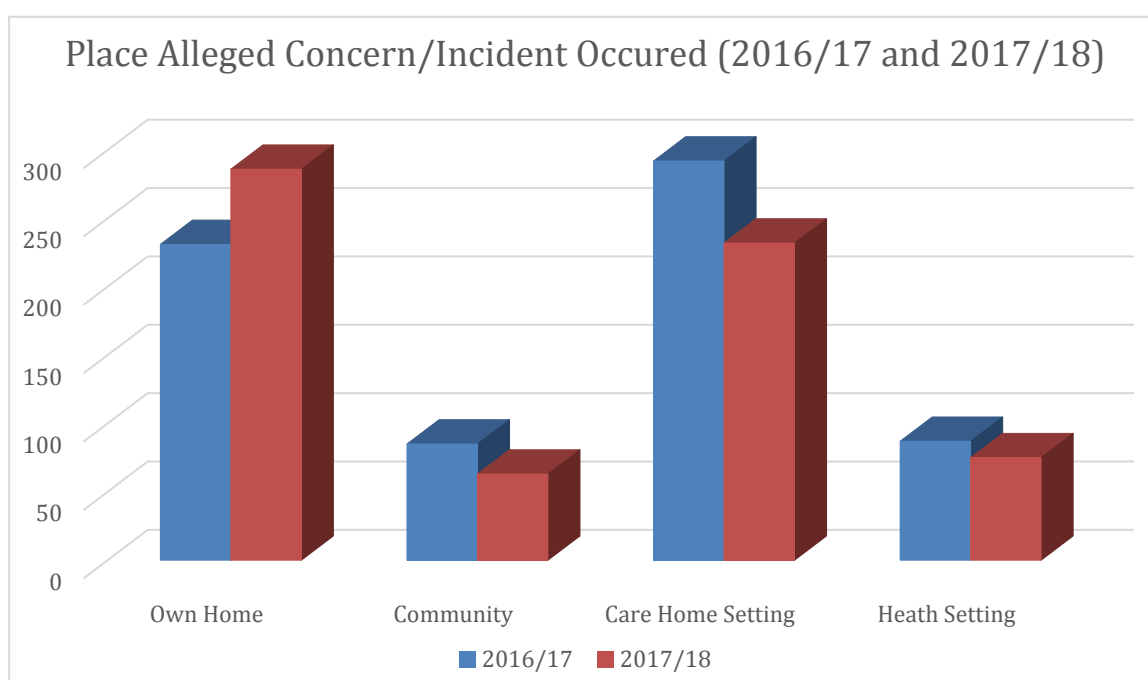


The majority of completed adult at risk referrals relate to people over the age of 65 years. This is a continuation of the trend from the previous year. In 48 cases the category of need was recorded as unknown and 15 cases were recorded as Substance Misuse Problems.

## Place Where the Alleged Concern/ Incident Occurred

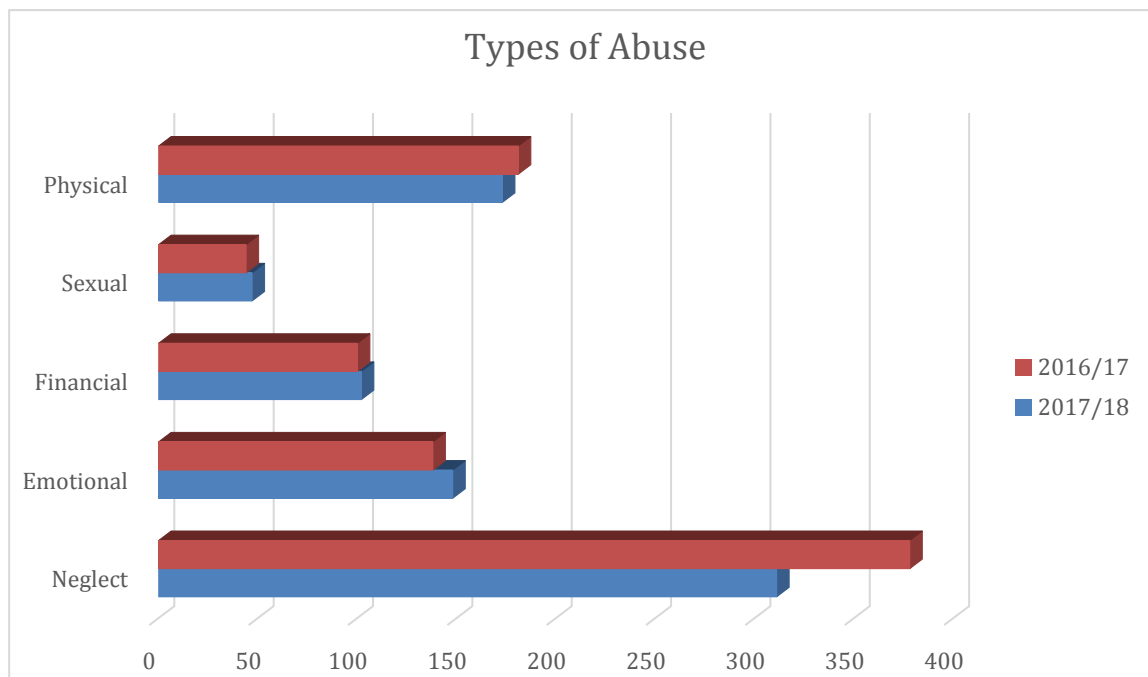
The following chart depicts that during 2017/18, the most commonly reported alleged concern /incident occurred in the persons own home closely followed by care home setting.

The number of formally reported concerns relating to care homes has decreased in comparison to the previous year, whilst the number of reports occurring in own home has increased. Further analysis is required to establish any correlation between this figure and data relating to the number of care home placements/ domiciliary care packages commissioned in the same periods.



## Types of Abuse

In terms of types of abuse reported, neglect continues to be the main category. In comparison, the number of reported allegations of neglect has decreased in comparison to 2016/17. Again further work is required to establish any correlation between these figures and the number of care home placements.



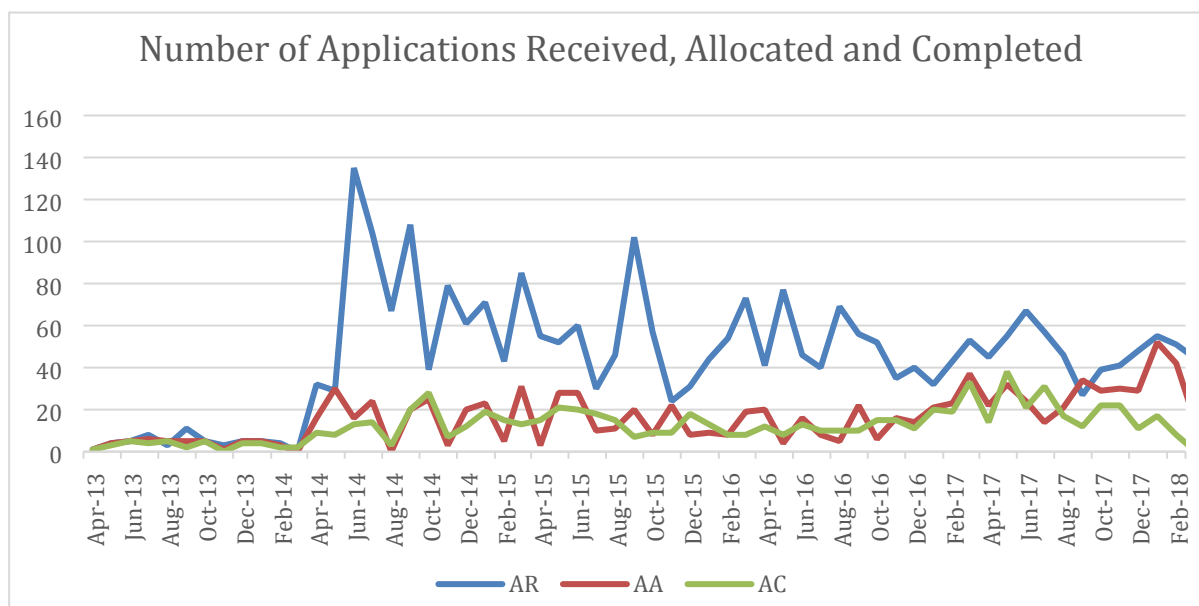
## **Criminal /Non- Criminal Investigations**

Of the 272 investigations carried out during 2017/18, 161 were led by Dyfed Powys Police.

## **Deprivation of Liberty Safeguards Performance Data**

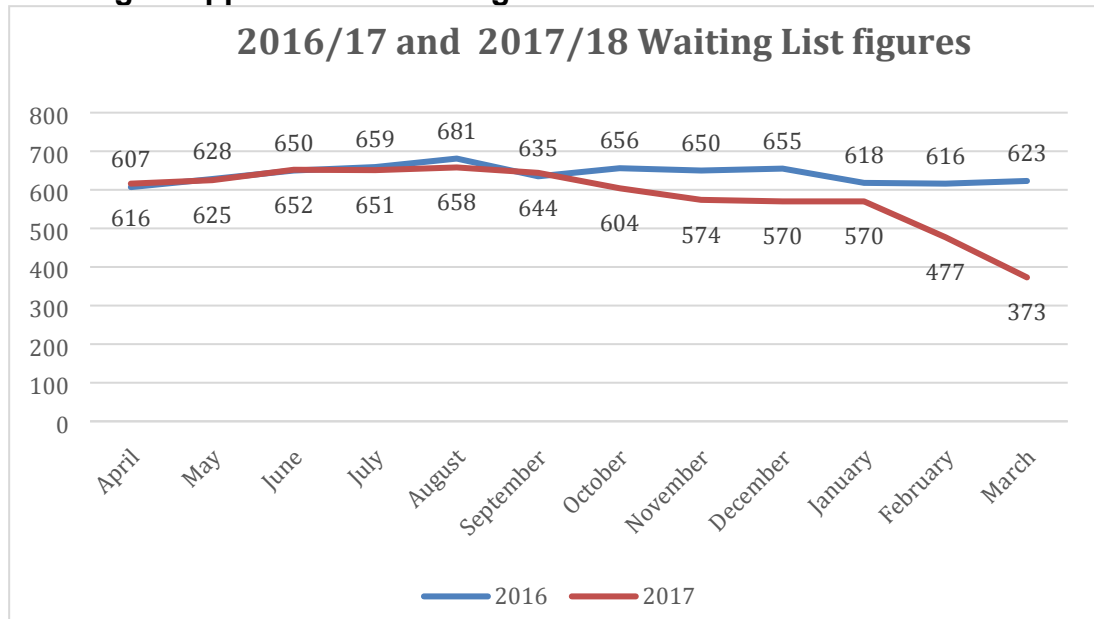
Deprivation of Liberty Safeguards Performance Data

Applications Received (AR), Applications Allocated (AA), Applications Complete, i.e Authorised (AC) ( - 2013 – 2018)



This above chart demonstrates the spike in DoLS applications received as a result of the Supreme Court judgement in April 2014. It also evidences the ongoing volume of applications we continue to receive.

### Backlog of Applications awaiting Allocation



This chart illustrates that at the end of 2016/17 the accrued number of unallocated applications was 623 compared with the figure at the end of 2017/18 which was 373. During the last year the total number of unallocated assessments has decreased by 40%.



## Summary

The past two years have brought significant change to Adult Safeguarding arrangements across Wales, with the implementation of the Social Services & Wellbeing (Wales) Act in April 2016 and shift in strategic oversight to Regional Safeguarding Boards. These arrangements have strengthened and consolidated the safeguarding commitments of Carmarthenshire County Council.

We have made a huge contribution to the new regional arrangements and have adapted and improved local procedures in accordance with the Act and good practice. The Local Safeguarding Adults Operational Group is well established and now ready to merge with children's services to ensure consistency and avoid duplication.

As can be seen in the report, the trends in allegations of abuse continue to remain consistent with neglect the most cited concern. Further work will be undertaken going to analyse and understand these trends in more detail. We are able to report an improvement in our 7 day enquiry response and our non-criminal investigation timescales.

Our response to Deprivation of Liberty Safeguards applications is also improving with a significant reduction in the number applications on a waiting list.

Systems and processes are evolving to ensure compliance with Social Services and Well-Being Act and to enable the collation of more detailed performance data. This will help identify particular trends which may require more targeted preventative work.

Involving the adult at risk or their advocate throughout a safeguarding enquiry is absolutely fundamental to achieving good outcomes. Ensuring this approach continues to be embedded in practice is a key priority for 2019.

We will continue to embed an "everybody's business" approach to safeguarding which enables professionals to identify and respond to concerns at the earliest opportunity in order to prevent escalation. All professionals are expected to "**own**" their concerns and take responsibility for the work that needs to be done to keep individuals safe. This includes taking action before, during and after a safeguarding referral has been made.

We look forward to reporting further progress on our identified priorities in 2019.

## Glossary of Terms

Adult Protection Support Orders	An Order granted by a Magistrate to enable access to be gained by an authorised officer of the local authority to enter an address to speak in private with a person suspected of being an adult at risk to ascertain if they are making decisions freely and if an adult at risk what if any action should be taken.
Autistic spectrum disorders	A condition that affects social interaction, communication, interests and behaviour
Best Interests	Decisions taken on behalf of people who lack mental capacity to make those decisions themselves, must be taken in their Best Interests, taking account of statutory criteria and relevant information to the decision that needs to be made.
Capacity Assessment	An assessment to ascertain whether the person lacks mental capacity to make a decision at the time it needs to be made. The Mental Capacity Act 2005 provides for a two stage test of mental capacity.
Chronic Illness	An illness or disorder that persists over a long period of time and affects functioning.
Co-production	Services users, carers and professionals working together to help someone achieve their personal outcomes for example
Designated Lead Manager	The Officer Responsible for the overall management of an Adult Safeguarding case.
Embargo	A decision by a local health board or local authority not to place any new service users in a particular establishment for a specified reason
Escalating Concerns	Arise where there are accumulating issues relating to the operation of or quality of care in a registered care home for adults
Learning Disability	An impairment that starts before adulthood with a lasting effect on development resulting in significantly reduced ability to understand new or complex information or learn new skills.
Mental Health Problems	Mental health problems range from everyday worries we all experience to serious long term conditions such as schizophrenia, depression etc..
Ministerial Regulations	Powers granted to Ministers by an Act of Parliament for example that allow Ministers to make more detailed orders or rules.
Neglect	Could include ignoring medical or physical care needs, preventing access to health, social care or educational services, not caring for someone properly, not providing adequate food, putting them at risk.
Physical Frailty	A health condition associated with ageing in which multiple body systems gradually use their built in reserves.
Provider Performance Monitoring Group	A forum for sharing information from a range of linked sources eg nursing social work, complaints, contract monitoring to maximise quality and safety
Sensory Disabilities	When one of your senses (sight, smell, touch, taste and spatial awareness is no longer normal)
Statutory Guidance	Guidance just short of a legal obligation which local authorities should follow unless they have good reason not to.
Strategy Meetings	A multi-agency forum to consider issues relating to an adult safeguarding referral and in particular the level of risk, to share information and decide on necessary action

Substance Misuse problems	When someone develops difficulties and or dependence on their use of legal or illegal substances including alcohol and drugs.
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# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 21<sup>ST</sup> MAY, 2018

## Adult Social Care Complaints & Compliments Report 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018

### PURPOSE:

To enable members to exercise their scrutiny role in relation to the complaints and compliments received within Adult Social Care.

### To consider and comment on the following issues:

The nature and number of complaints and compliments received in the Adult Social Care Team for the financial year 2017-18.

### Reasons:

- To enable members to understand and review the complaints and compliments received and identify any areas of concern or good practice.
- To enable Members to exercise their scrutiny role in relation to compliments and complaints.

To be referred to the Executive Board / Council for decision: **NO**

### EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett (Social Care & Health Portfolio Holder)

#### Directorate

#### Communities

#### Name of Head of Service:

Avril Bracey

#### Report Author:

Silvana Sauro

#### Designations:

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# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

# 21<sup>ST</sup> MAY 2018

## Adult Social Care Complaints & Compliments Report 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018

The attached report sets out the Adult Social Care complaints and compliments that have been received for the 2017/18 financial year. The report summarises the number of complaints and compliments that have been received and provides information on the type of complaint and the service area relating to complaints and compliments.

DETAILED REPORT ATTACHED ?

YES

## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: Avril Bracey, Head of Mental Health and Learning Disabilities

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	YES	YES	YES	YES	YES	YES

## **1. Policy, Crime & Disorder and Equalities**

The implementation of an effective complaints procedure supports the Feeling Fine theme of the Community Strategy as well as the building blocks of equalities and social inclusion in giving a voice to vulnerable service users. The findings of complaints investigations inform policy development and changes. The annual report includes recommendations for the further improvement of the complaints procedure.

## **2. Legal**

The production of an annual social services complaints report is a statutory requirement.

## **3. Finance**

The report has no immediate financial implications, although the full implementation of the recommendations in the report may have implications for further investment. The outcomes of complaints investigations contribute to the effective use of resources.

## **4. ICT**

The complaints procedure is currently managed via the department's Carefirst database. However with the planned introduction of the new WCCIS database, further information and testing will be required to ascertain whether WCCIS can accommodate complaints data.

## **5. Risk Management Issues**

The effective management of complaints contributes to the management of risk in highlighting areas where improvements are needed. Dealing effectively with complaints can also prevent further action by complainants e.g. referral to the Ombudsman or legal action.

## **6. Physical Assets**

The findings of some complaints have implications for the use of buildings e.g. the application of a no smoking policy.

## **7. Staffing Implications**

The effective management of complaints requires the ongoing support and training of staff.



## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Avril Bracey, Head of Mental Health and Learning Disabilities

### 1. Local Member(s)

Not applicable

### 2. Community / Town Council

Not applicable

### 3. Relevant Partners

Not applicable

### 4. Staff Side Representatives and other Organisations

The report will be made available to staff

### Section 100D Local Government Act, 1972 – Access to Information

#### List of Background Papers used in the preparation of this report:

#### THESE ARE DETAILED BELOW

Title of Document	File Ref No.	Locations that the papers are available for public inspection
Complaints records		Personal information not available for public inspection.

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# Department for Communities

## Adult Social Care Complaints & Compliments Report

1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018

March 2018

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# Introduction

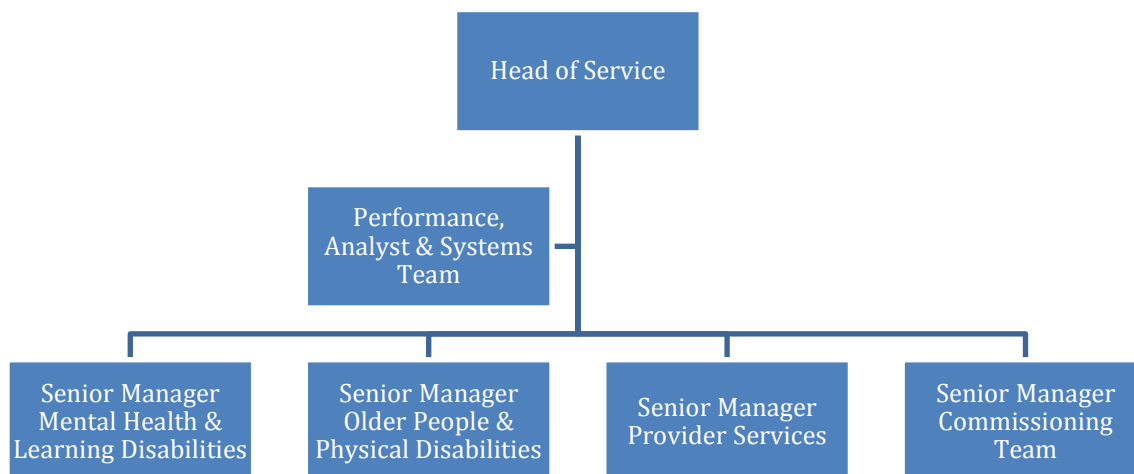
Carmarthenshire County Council welcomes complaints, compliments and comments as a way of improving service delivery. Complaints from customers are important to us and provide a valuable insight into the quality of the services we provide and commission. Feedback and views from service users help us to improve the services we provide. We conducted an Adult Care and Carers survey to collate the views of those who receive social services from us, to help us better understand where we can improve and whether clients are satisfied with the service we provide (see Appendix A and B for Survey results).

The Council's Complaints and Compliments Policy was established on 1 August 2014 in accordance with The Social Services Complaints Procedure (Wales) Regulations 2014 and The Representations Procedure (Wales) Regulations 2014. This report provides a summary of the complaints received relating to Adult Social Services for the period 1st May 2017 to the 31<sup>st</sup> March 2018.

## Service Improvement

As part of a recent re-structure, responsibility for Adult Social Care complaints transferred over to the Performance, Analyst & Systems Team within the Department of Communities. The transfer commenced on the 1<sup>st</sup> May 2017.

## Governance Arrangements



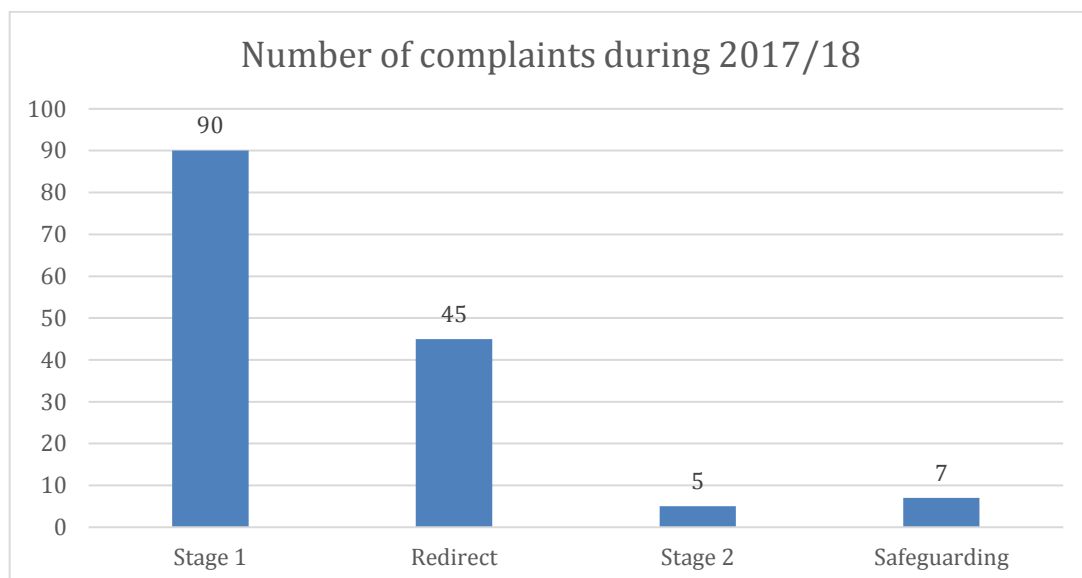
# Complaints

## Summary

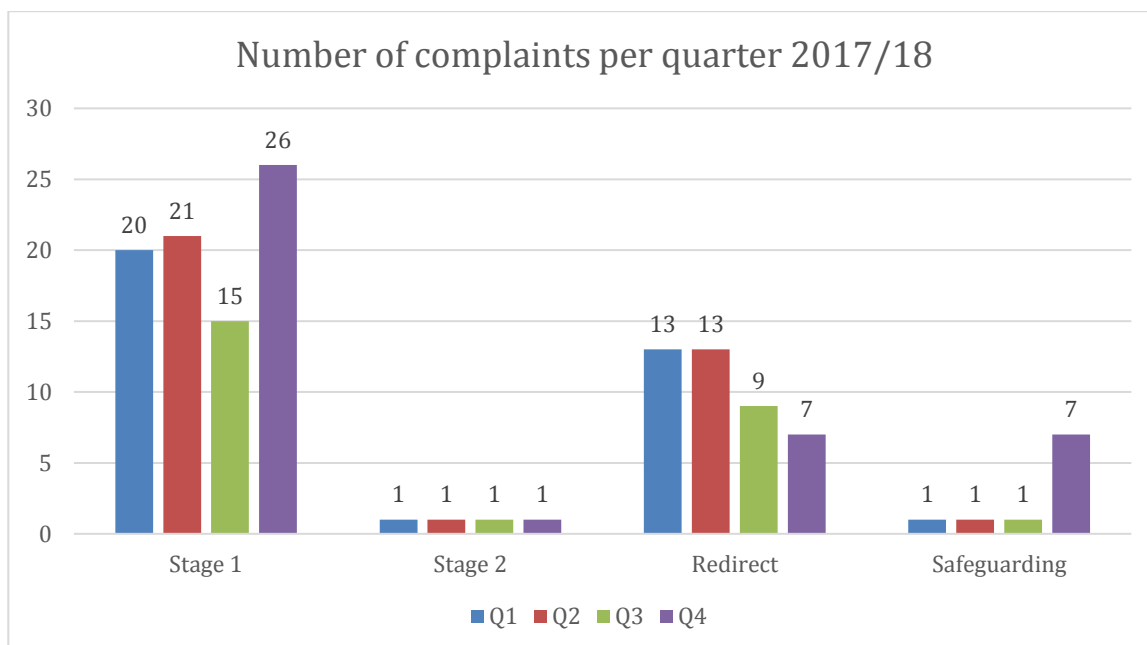
During 2017/18 a total of 5,839 individuals received a social care service from Carmarthenshire County Council. The total number of complaints that were received in relation to Adult Social Care and the services we provide was 147. 2.5% of individuals complained about the service they received. Of these 61% were investigated at the local resolution stage 1, and 3% proceeded to a stage 2 formal investigation. The remaining complaints were either redirected (31%) or put on hold due to a safeguarding investigation (5%).

From Q1 to Q4, cumulatively there were a total of 147 complaints received in relation to Adult Social Care.

- 90 of the Adult Social Care complaints were investigated at the local resolution stage 1.
- 5 were taken on under the formal investigation of stage 2
- 45 were recorded as 'Redirected' which meant the complainant did not wish to go through the formal complaints procedure and the complaint was dealt with informally or the complaint did not fall under the WG guidelines for complaints.
- 7 complaints have been put on hold whilst a safeguarding investigation is ongoing in relation to the complaint.
- Of these complaints, 13 complaints were carried over from the previous complaints team after the transfer of responsibility on May 1<sup>st</sup> 2017.



This basically reflects a success for the department in resolving complaints early. There has been no ombudsman complaints this year.



## Complaints that have been concluded

At the end of quarter 4 we have closed a total of 114 complaints, there were a total of 33 ongoing cases as of April 6<sup>th</sup> 2018. These ongoing cases include complaints regarding external care providers or complaints that have been put on hold due to a safeguarding issue.

## Response to complaints within statutory time-scales

The statutory timescales for all stage 1 complaints (local resolution stage) is 10 working days from the date that the complaint is acknowledged. This timescale may only be extended in exceptional circumstances with the agreement of the complainant.

Of the 68 stage 1 complaints that have been concluded, the number concluded on time was 44 and the number not concluded on time was 21.

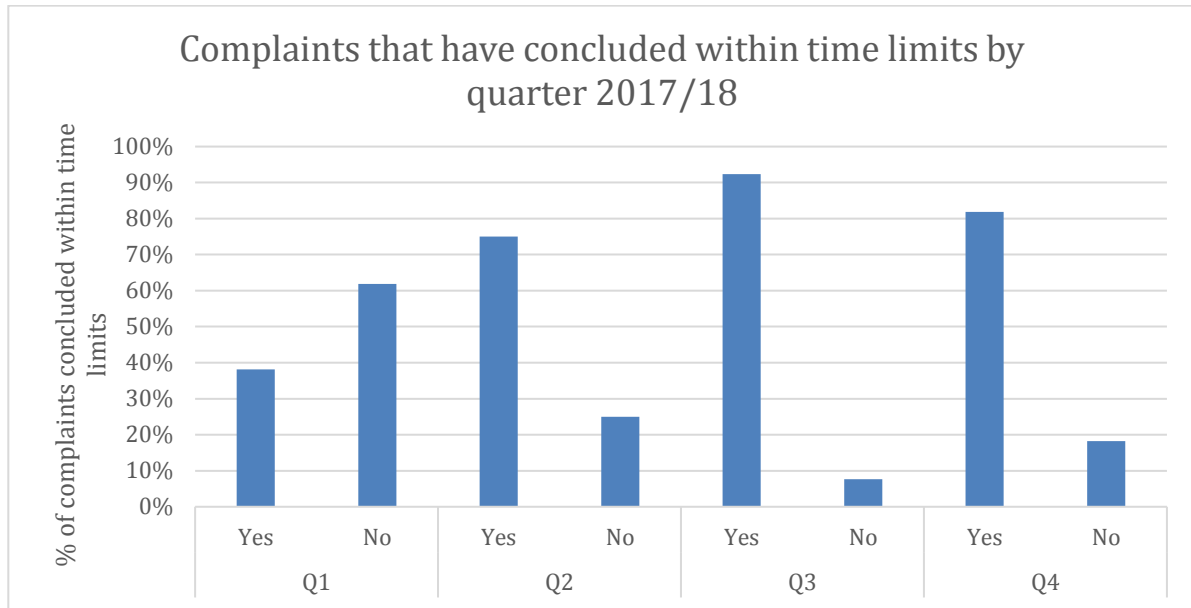
A small number of complaints were delayed due to un-foreseen circumstances. For example the complainants were unable to meet the investigating officer until after the 10 working days had passed.

We had a few instances where the investigating officer requested an extension to the complaint as they needed more time to investigate the complaint. These extensions were approved by the complainant.

There have also been issues in achieving the 10 day target date when a complaint is forwarded to private care providers to investigate.

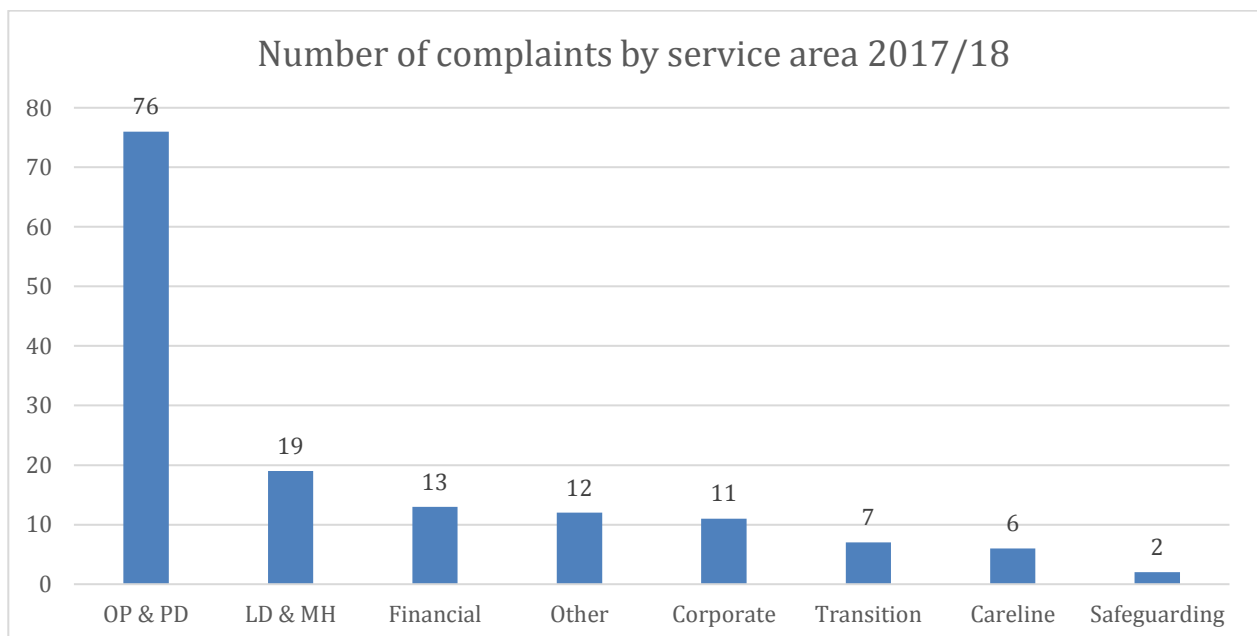
It must be noted that complaints can often be complex, requiring multi-agency co-operation to resolve the complaint. Complaints regularly require lengthy investigations including information gathering, setting up of meetings and action plan agreements.

Below is a breakdown of complaints concluded within time limits by quarter:



Overall, 68% of complaints investigated under stage 1 were complete within the statutory time scale during 2017/18. The proportion of complaints that are resolved within the statutory time scale has increased significantly from the first quarter.

### Complaint by service





## **Examples**

### **Older People**

The majority of complaints received have related to Older People, this in part reflects the number of clients in this service area. These complaints cover a wide range of issues including a lack of continuity with domiciliary care workers and complainants feeling that they are not always being listened to in relation to their care.

One complainant wanted their grandmother's care needs re-assessed.

### **Finance**

Complaints were received relating to the length of time it had taken to produce an invoice for care that had been provided. Service users were unhappy with 'late' invoices they had received for care which was provided some time ago. Also a number of families were unhappy to pay outstanding invoices as they felt the care their family member received was not of the quality they expected.

### **Corporate complaints**

A number of these complaints were in relation to neighbours, and carers parking in front of people's houses. We also had a number of complaints regarding the blue badge process, one complainant was unhappy with the 28 day flexibility process and another regarding the renewal process.

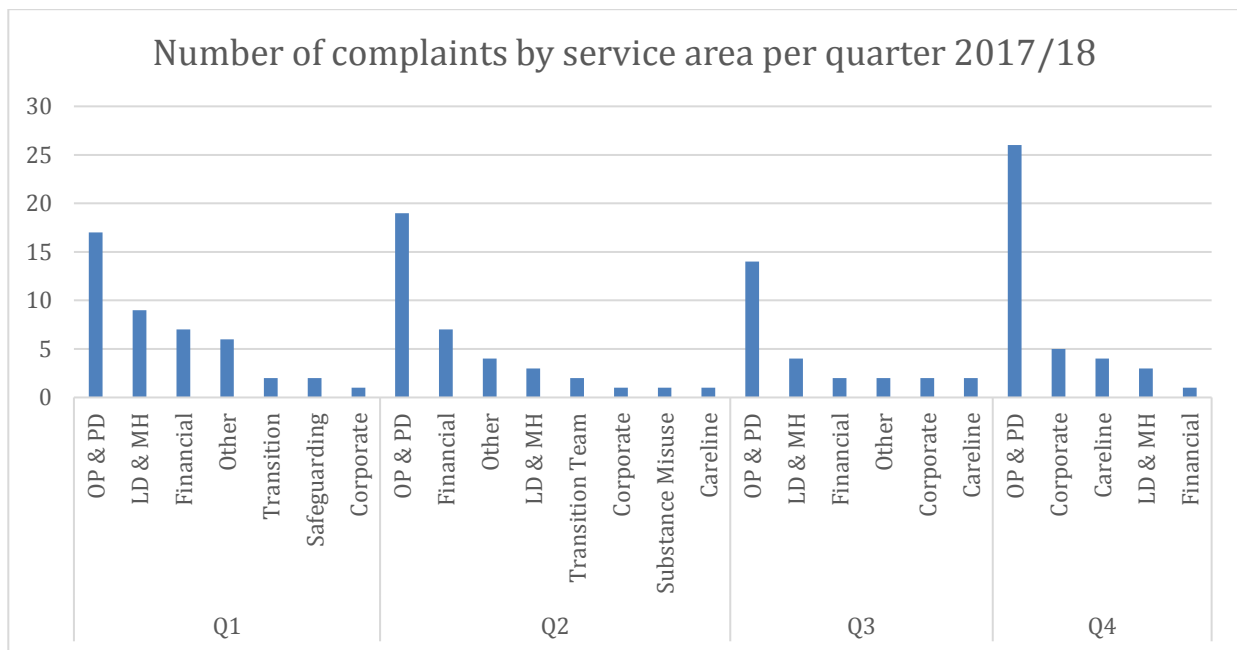
### **Transition Team**

A service user's family complained about a review the Transition Team had carried out and was unhappy with the outcome.

### **Learning Disability and Mental Health**

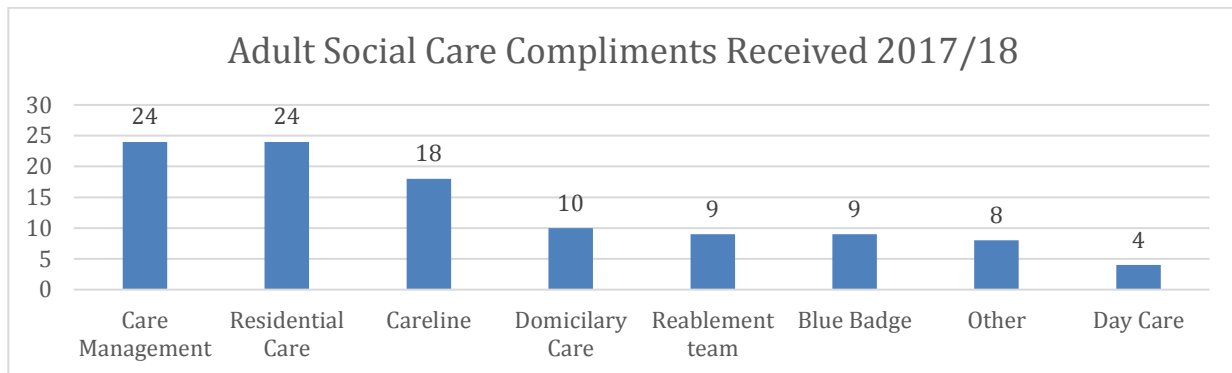
We have received a number of complaints requesting a change of social worker.

These complaints have included a family complaining about gaining access to Ty Elwyn for an appointment and another requiring the social care records changed as they were getting nuisance calls. These complaints are normally recorded as Redirected complaints.



# Compliments

A Total of 106 compliments were received throughout the year.



## Examples

### Care Management

*"Thank you for your helpful, professional and sound advice. You have been a great advert for social workers and a very reassuring presence during a time of great uncertainty for my Dad."*

### Care Home

*"My sister \*\*\* and I are extremely pleased that a place was available in Awel Tywi and that he has settled so well. When I saw him last Thursday he looked better than he had for the last 18 months or so. Lots of negative reports in national newspapers create the impression that social care is broken and that care homes are dreadful. I have to say that this has not been our experience. I have nothing but praise for you all and for the staff at Awel Tywi."*

### Domiciliary Care

*"There were times when I was very demanding, and I know that you pushed the boat out many a time for me to ensure that Dad was looked after in the best possible way. Your girls were angels and it's because of you all that I survived and Dad was looked after correctly. Your presence at the funeral only mirrored how much you thought of Dad and supported me."*

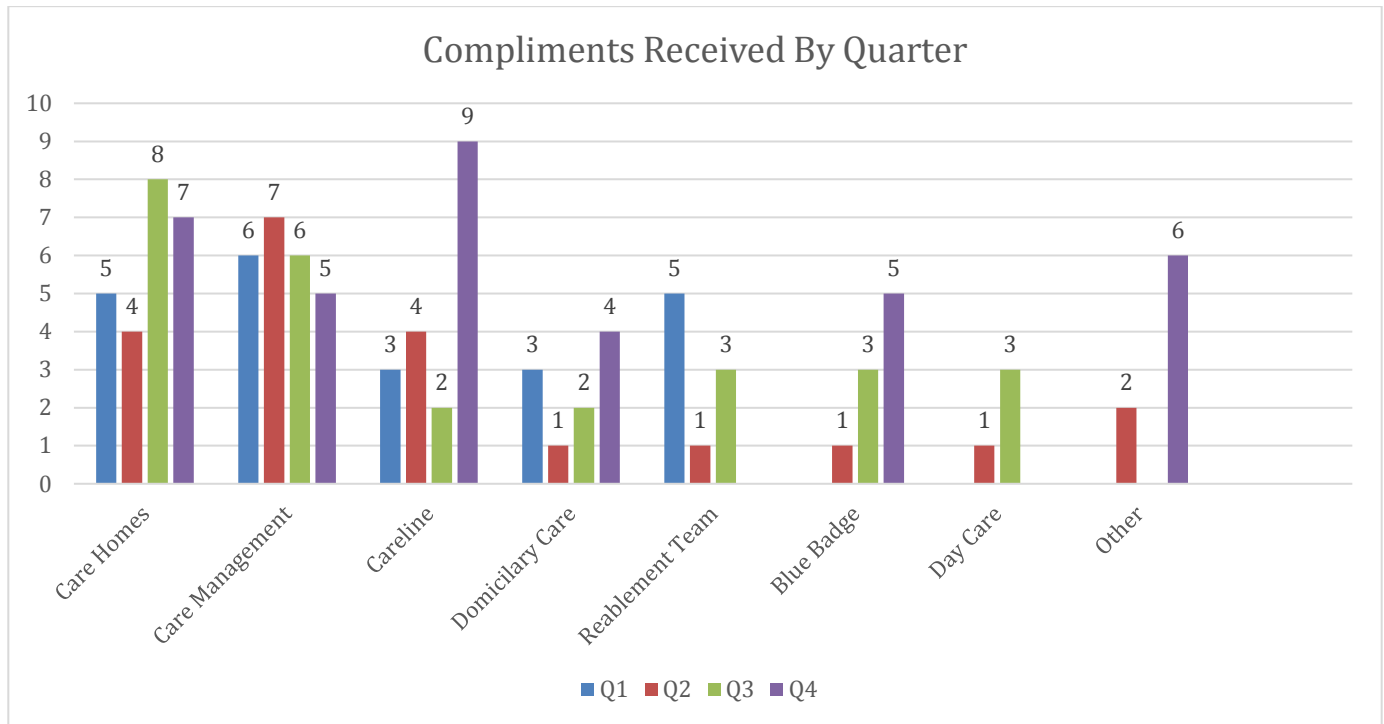
### Careline

*"Thank you for your wonderful service; you provided a support for all of us as a family. The phone responses from your operators is quick, professional and emotionally intelligent. We cannot thank you enough."*

### Reablement

*"I wanted to email you to say how wonderful Catrin was when we visited \*\*\* this morning. I'm sure she represents the excellence of your Team, but I wanted to officially make a compliment regarding her high quality interaction with this very anxious gentleman. Catrin was extremely professional, positive and empathetic throughout our time with \*\*\*, resulting in a very positive step forward – a real breakthrough, which I sincerely hope he will fulfil – thank you."*

Below is a breakdown of compliments received per quarter:



- In Q1, 22 compliments were received, the majority regarding Care Management.
- In Q2, 20 compliments were received, the majority regarding Care Management.
- In Q3, 28 compliments were received, the majority regarding Care Homes.
- In Q4, 36 compliments were received, the majority regarding Careline.

# Appendix A. Adult Survey

## Overview

Following implementation of the Social Services and Well-being Wales Act, Local Authorities are required to collect information about people who use their Social Care Services via an annual questionnaire.

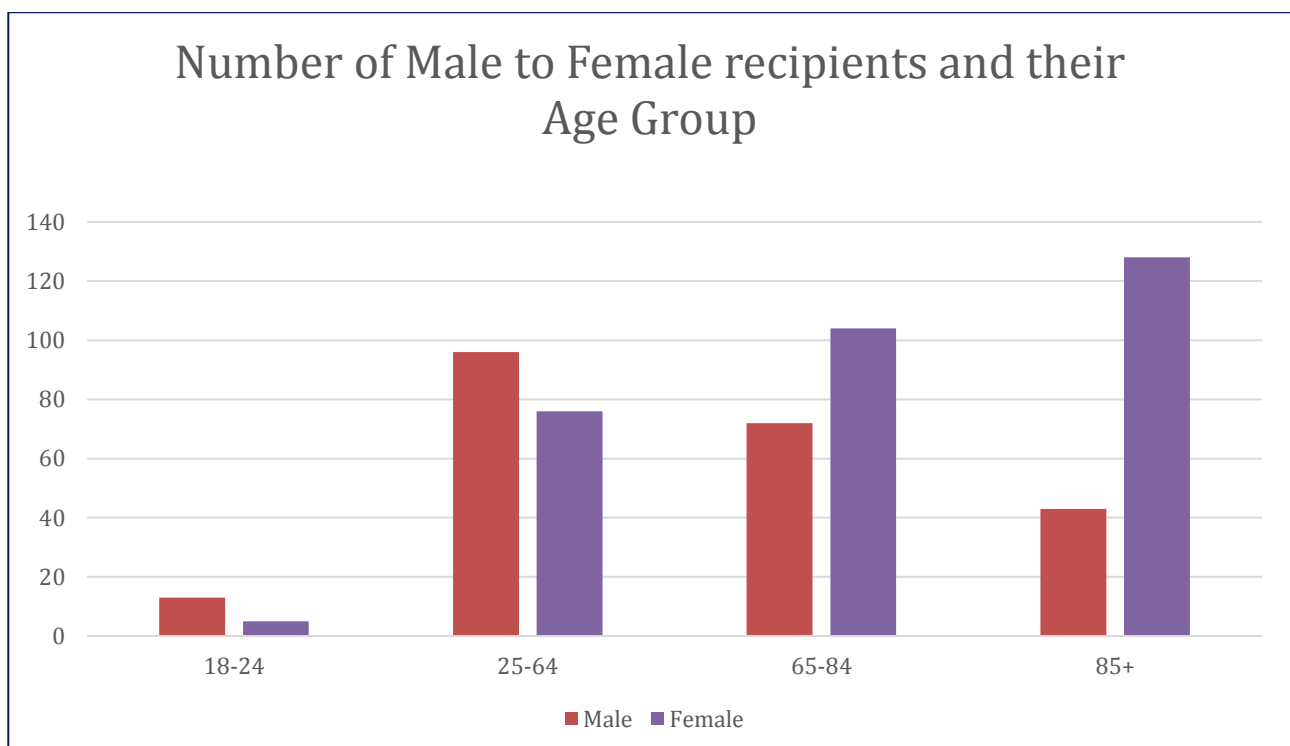
The survey was conducted between September and October 2017. Recipients received the questionnaire via post after being randomly selected from our CareFirst system. All recipients had a support plan or were receiving services from the local authority. In total 1023 questionnaires were dispatched.

The number of responses to the survey was 537. This is a 53% response rate which is considered to be high.

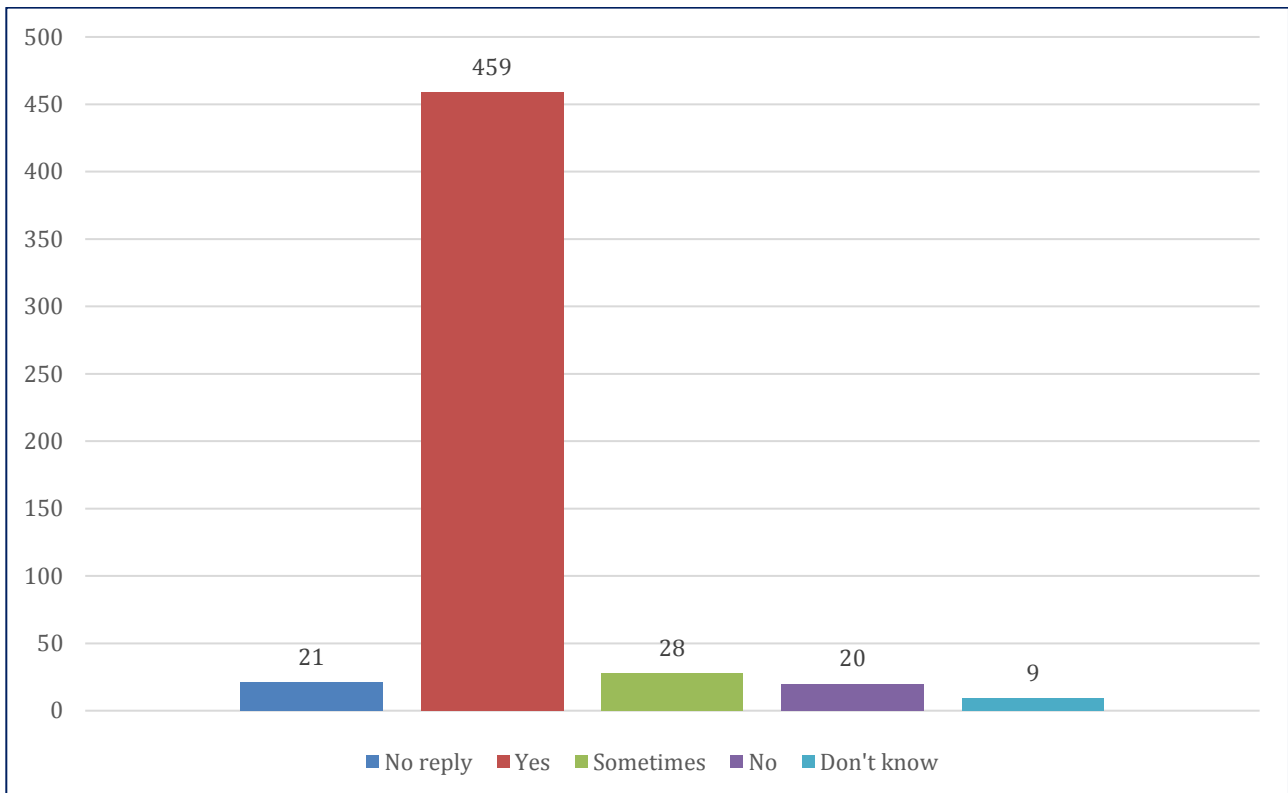
The majority of the respondents to the survey were female which reflects our client groups. The highest amount of responses were received from people categorised in ages 65-84. We received 145 responses from people who lived in a care home.

The graph below shows the number of Male to Female recipients and their Age Group.

	18-24	25-64	65-84	85+
Male	13	96	72	43
Female	5	76	104	128



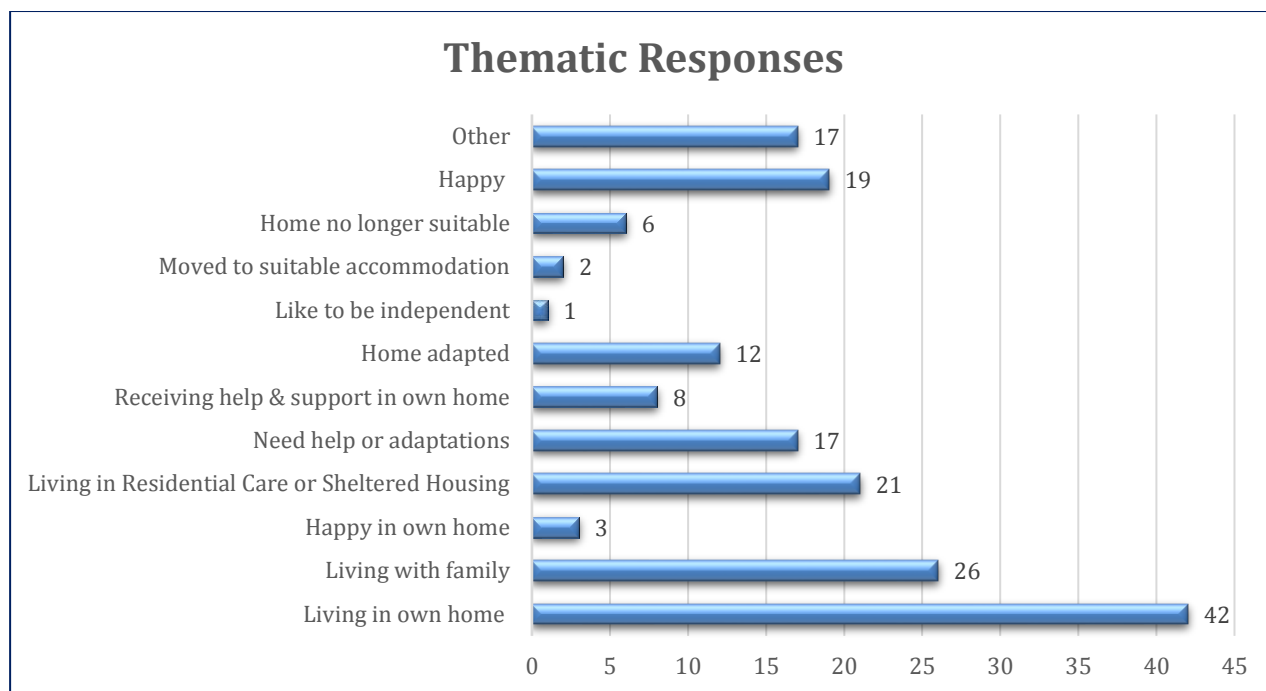
## Q1 I live in a home that best supports my well being



- ❖ 89% feel that they live in a home that best supports their well-being.
- ❖ Only 4% felt that their home did not support their well-being.

156 respondents commented in relation to living in a home that best supports my well-being. Responses have been grouped into twelve broad categories namely:

- Living in own home
- Living with family
- Happy in own home
- Living in Residential Care or Sheltered housing
- Need help or adaptations
- Receiving help & support in own home
  - Home adapted
  - Like to be independent
  - Moved to suitable accommodation
  - Home no longer suitable
  - Happy
  - Other



Results show that the majority of people **live in their own home**. Comments included:

“Because I need to be with my wife full time, this is the best place that we can be together under the circumstances”

“I live in my own home and want to continue to do so. However, with my increasing needs I need more support to do so”

This was followed by **living with family**.

“Daughter is carer and lives with me and sees to all my needs. She helps with daily care”

“I am more comfortable and relaxed in my own home. Daughter lives with me and son lives nearby.”

This was closely followed by **living in Residential Care or Sheltered Housing** comments included:

“It’s near to our home so it is easy for my wife to visit. Home now being Caemaen”

“Lives in a home where I am safe and my daily living skills are developed and among other residents of the home I known a long time”

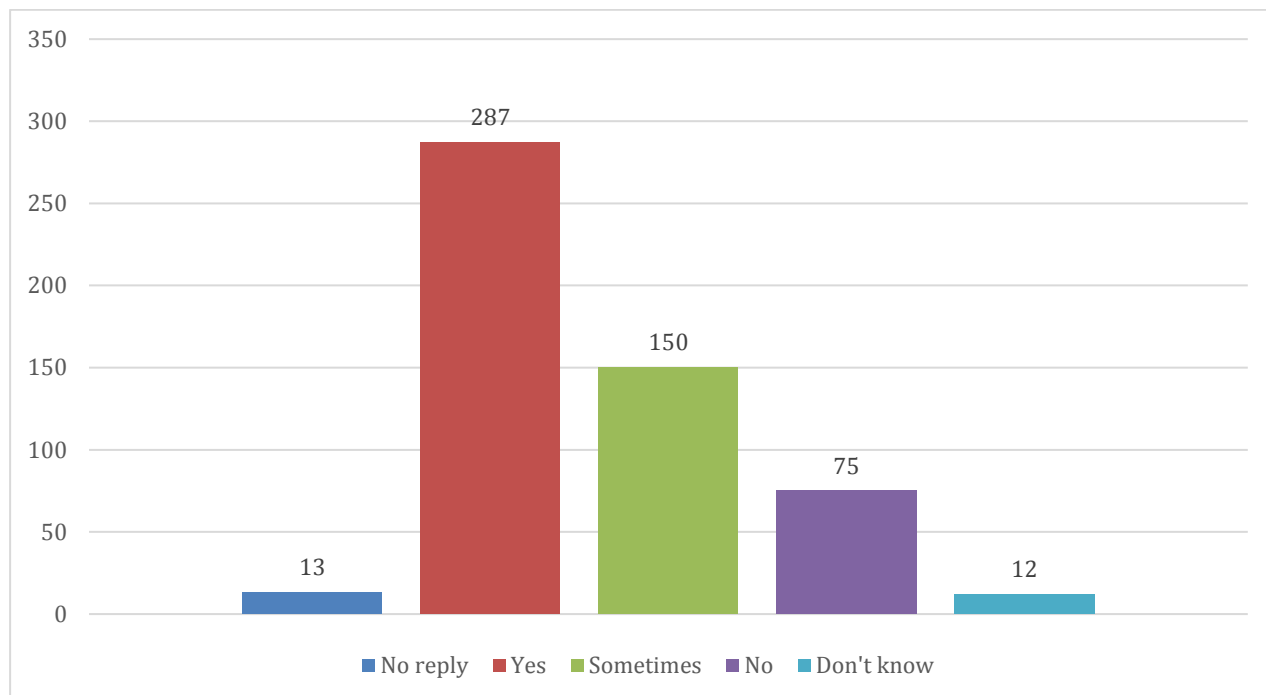
19 comments were received in relation to being **happy** these included:

“I love where I live because it meets all my needs”

“I’m familiar with the place as I’m nearly blind”

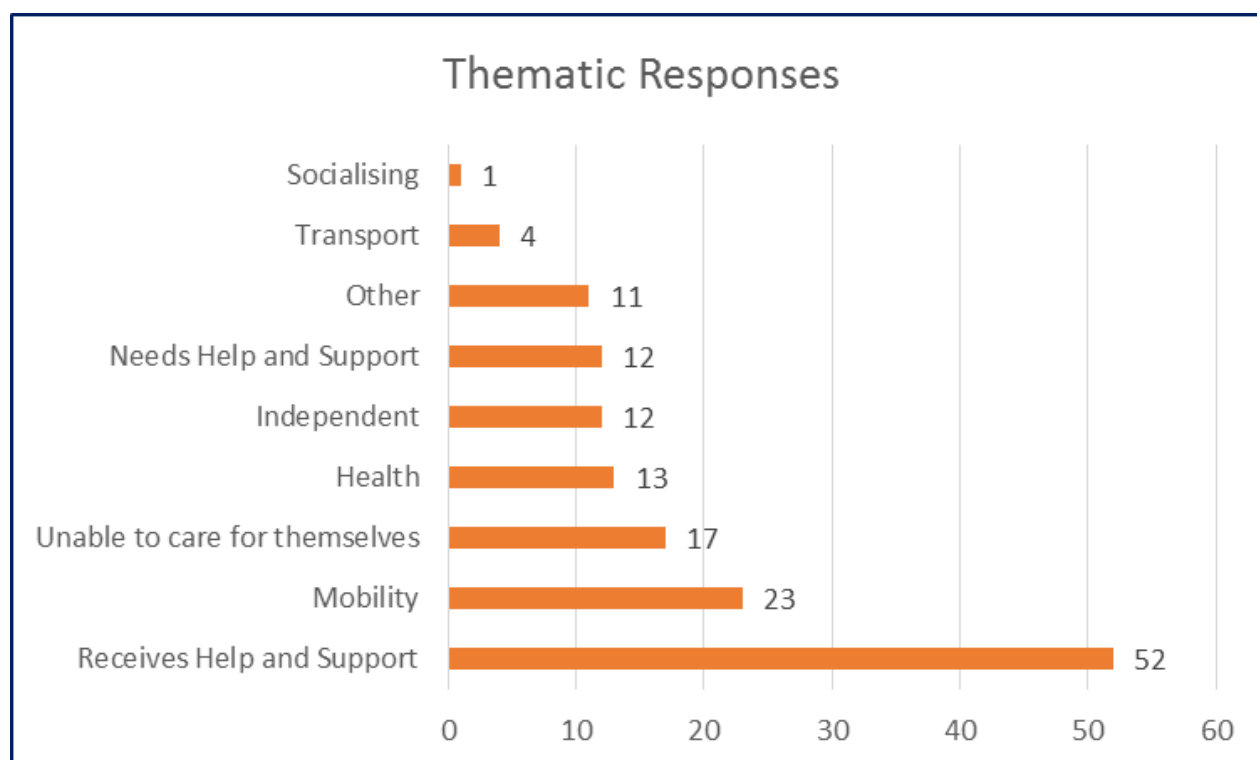
“I am very happy where I live.”

## Q2 I can do the things that are important to me



- ❖ 55% answered 'Yes' they could do the things that were important to them.
- ❖ 29% answered 'Sometimes'.
- ❖ 14% said 'No' they couldn't do things which are important to them.

132 respondents commented on the question I can do the things that are important to me. Responses have been grouped and are shown in themes in the graph below:





The majority of respondents **received help and support** to enable them to do the things that are important to them. An example of comments received were:

“With assistance and support from the care workers at the "Home" and my family my essential needs are addressed owing to my age not everything is achievable immediately but I can manage some things with assistance but some things I positively need help.”

“I attend my classes, appointments, and activities, prompted by staff and supported by them”

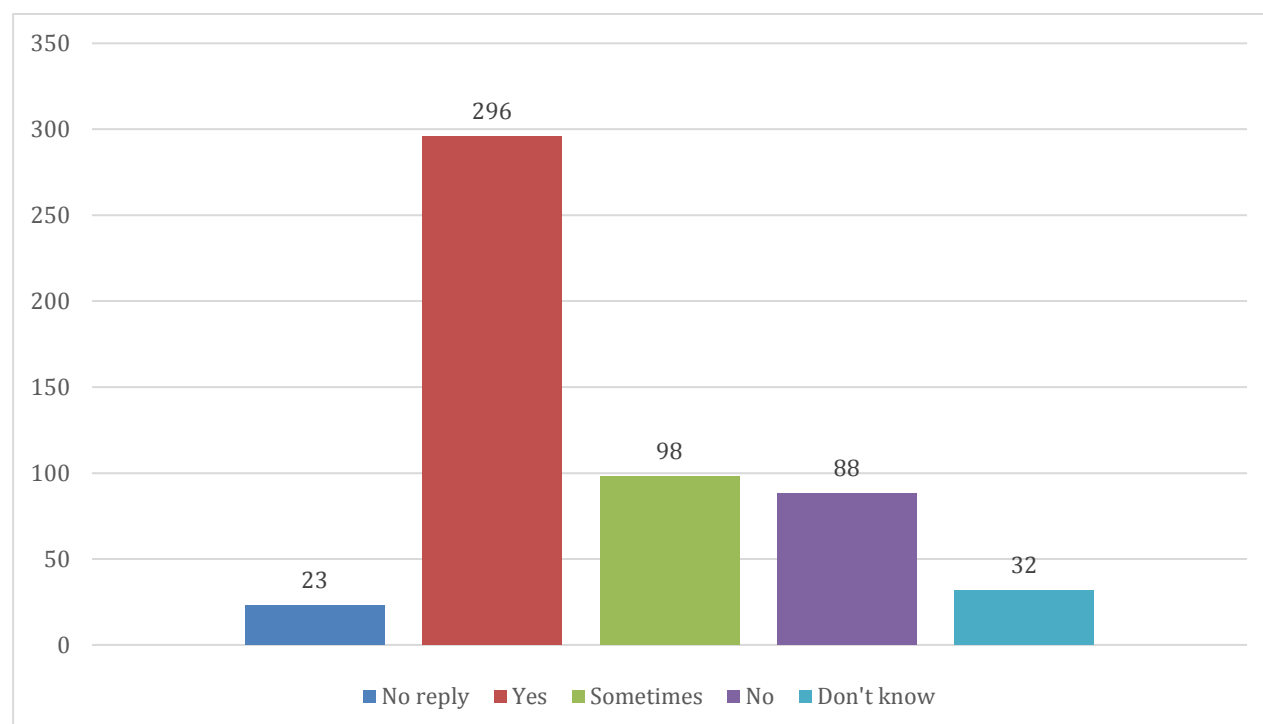
“I can do important things to me because I have staff support.”

A number of respondents stated **mobility** as a barrier of not being able to do the things that are important to them. Comments received included:

“Find it difficult to do some things due to arthritis in hands and also can't walk unaided without Zimmer frame”

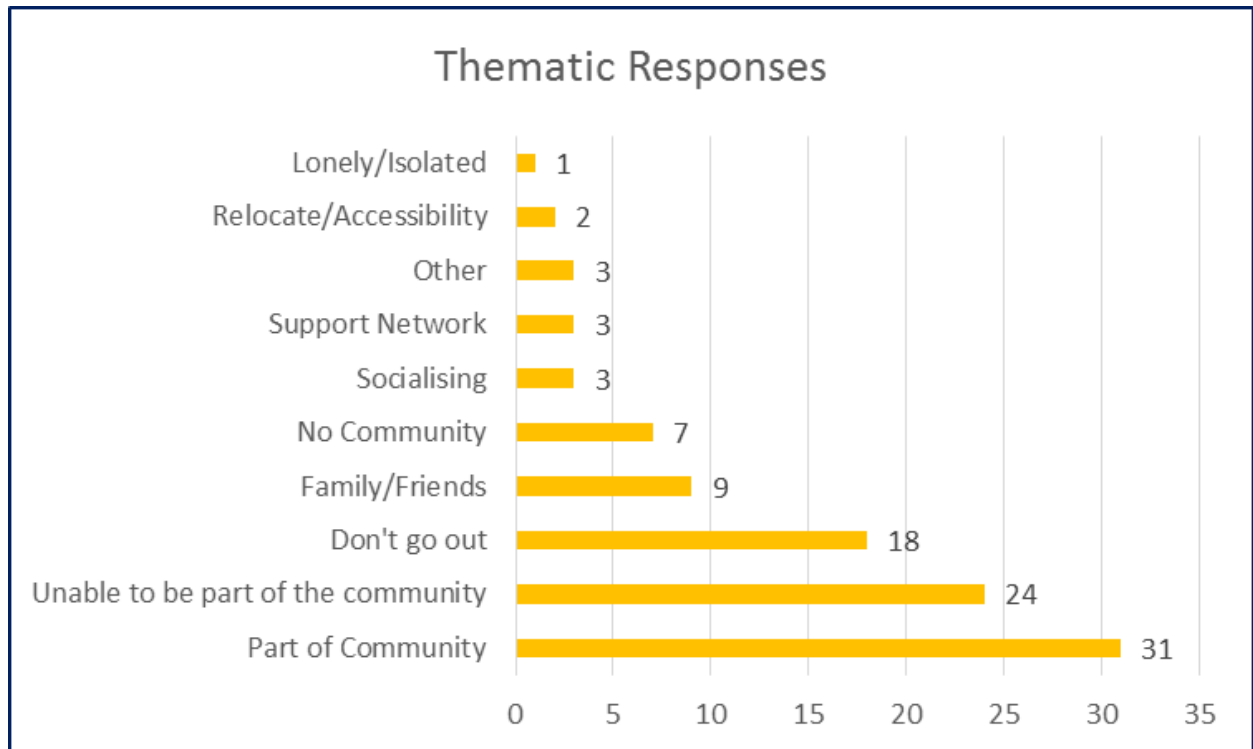
“I have had a stroke which affects my left arm and also my left leg unable to walk.”

### Q3 I feel I am part of my community

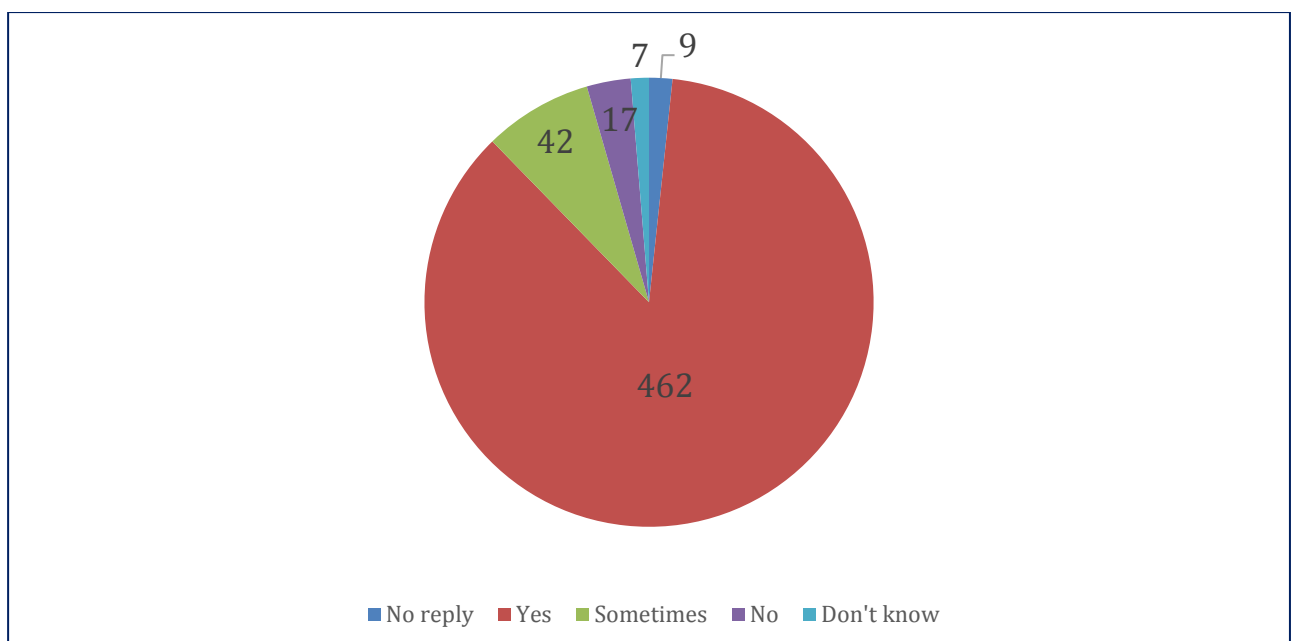


- ❖ 58% felt that they were part of a community.
- ❖ 17% stated that they did not feel part of the community.

99 comments were made in relation to Question 3. The three main themes were people felt **part of the community**, some were **unable to be part of the community** and **don't go out** due to mobility or ill health.



#### Q4 I am happy with the support from my family, friends and neighbours



- ❖ 88% were happy with the support they received from family, friends and neighbours.
- ❖ 8% were sometimes happy.
- ❖ 3% were not happy.

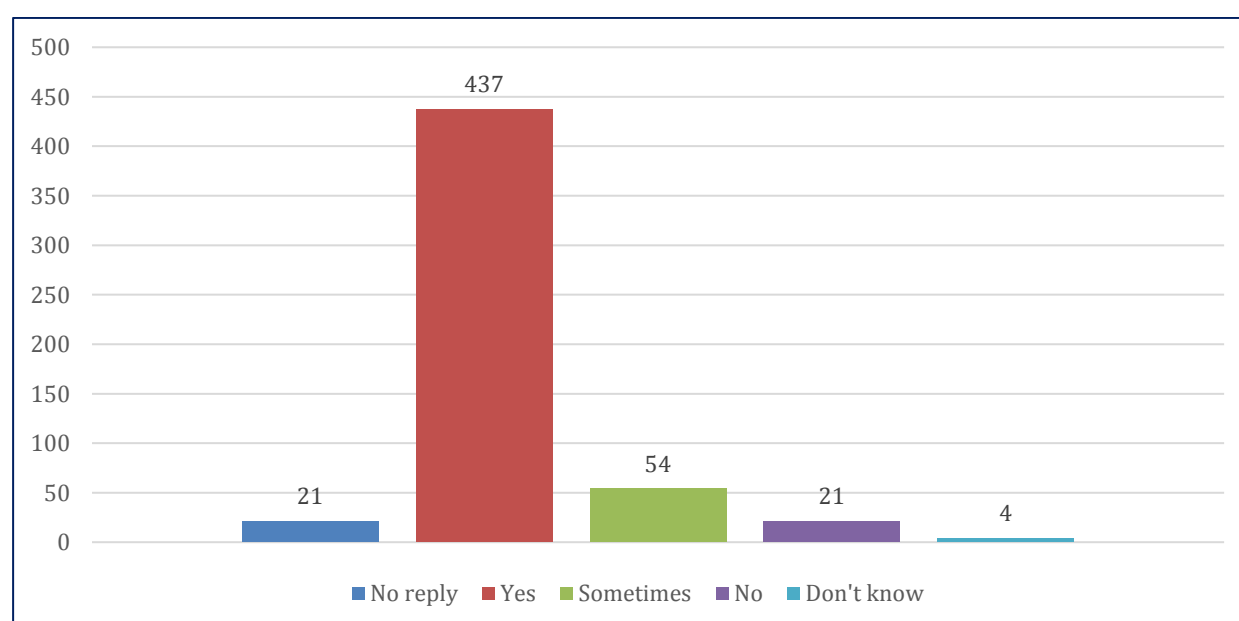
100 comments were received regarding the support they received from family, friends and neighbours. The ones who were not happy and only sometimes happy wrote the comments below:

“Would like to see family more but I am unable to cope with this due to my anxiety and mental health diagnoses”

“I would like to see more of my family but they are busy with work and their own families”

“My parents have passed away, I don't really have friends. This is something I'm going to get support with, to make friends”

## Q5 I feel safe

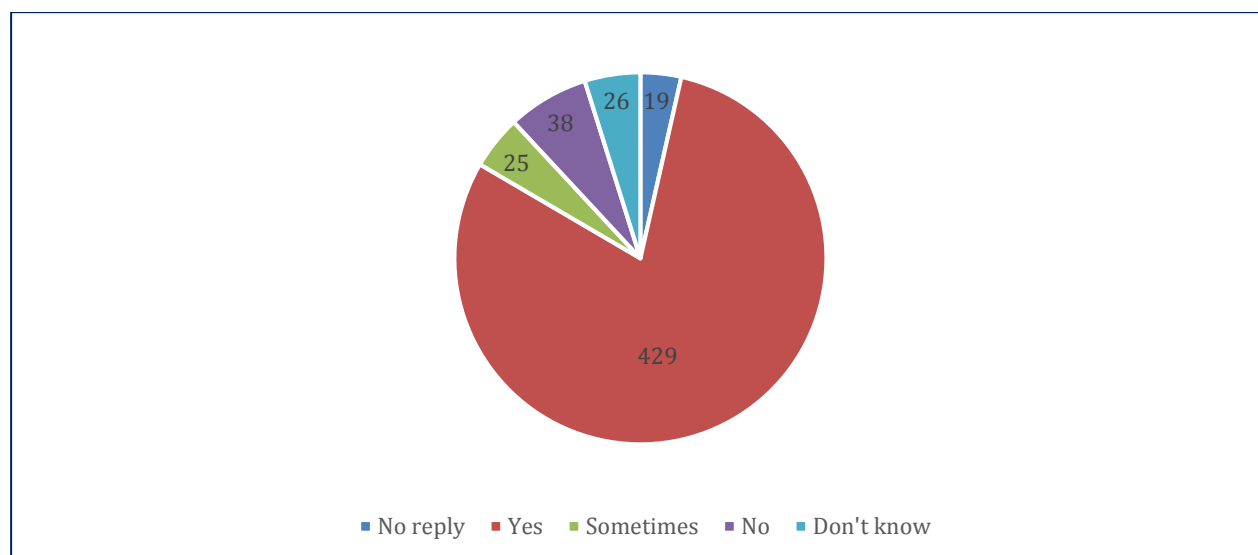


- ❖ 85% stated they felt safe from any kind of abuse, physical harm or from falling both inside and outside their home.

105 Comments were received regarding feeling safe. A main theme for people not feeling safe was that respondents had fallen in the past or fear falling.

## Care and Support Received from Local Authority

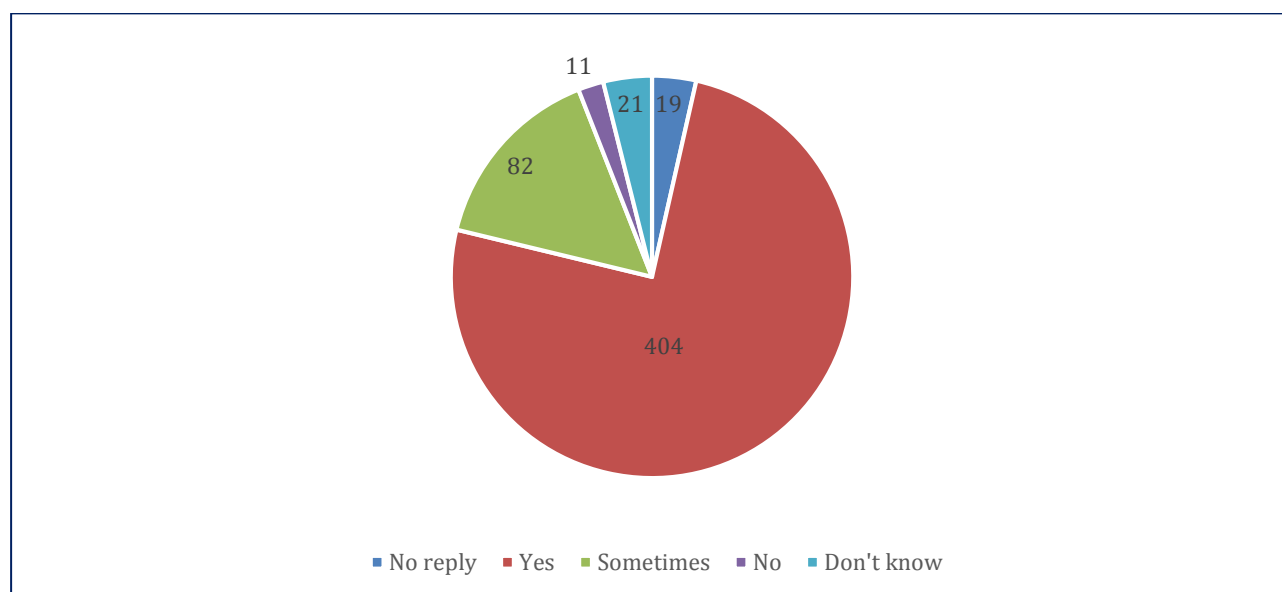
### Q6 I know who to contact about my Care and Support



83% of respondents replied with 'Yes' to this question.

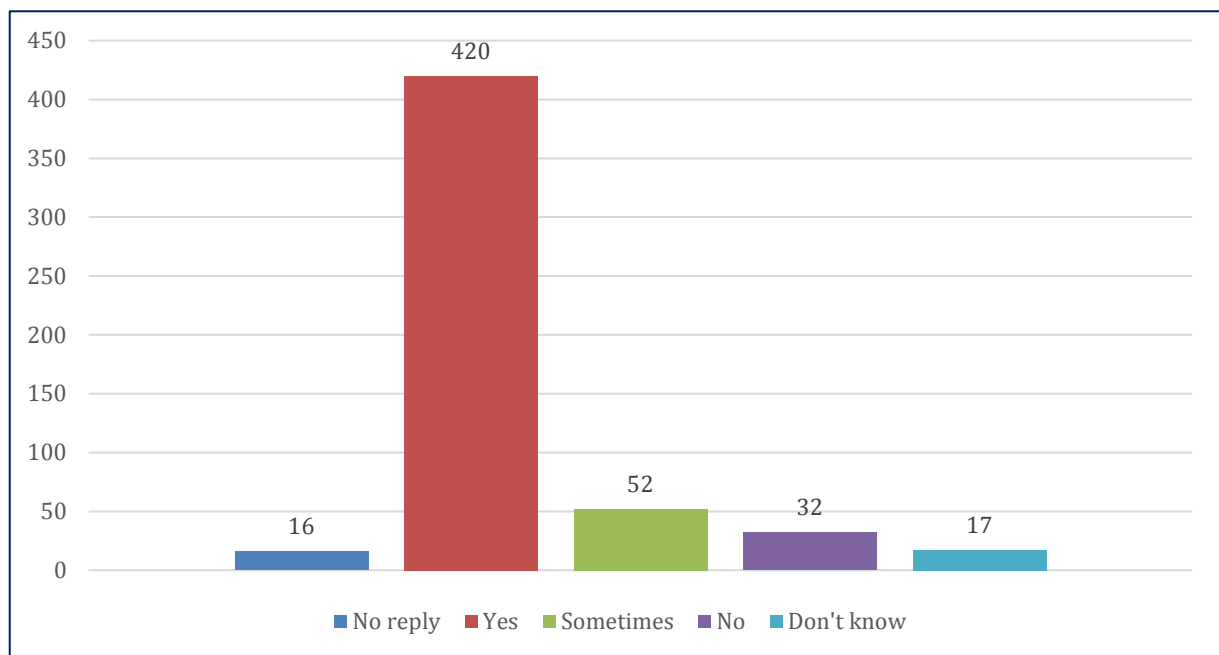
Out of 128 comments received regarding this question, 69 responses stated that they would turn to family members to make contact regarding their Care and Support. 40 respondents commented they would contact staff or a social worker.

### Q7 I have had the right information or advice when I needed it



- ❖ 78% of people stated they thought they had the right information or advice when needing it.
- ❖ Many people commented that their family would be involved in getting the information and advice.
- ❖ A small percentage noted that it was problematic getting the right information and that they didn't understand the information given.

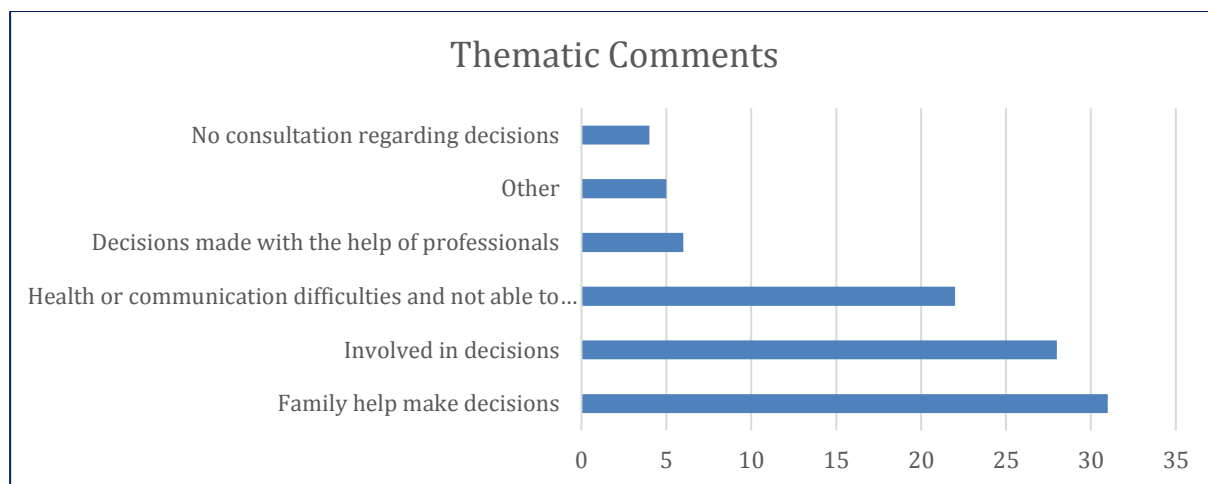
## Q8 I have been actively involved in decisions about how my care and support was provided.



- ❖ 81% of respondents were involved in decisions.
- ❖ 6% said 'No' to being involved.
- ❖ 3% said they 'Don't Know'.

79 comments were made regarding being actively involved in decisions about how my care and support was provided. These have been grouped into categories. The main two themes being that **family members** were involved in any decisions along with the respondent on how the care and support was provided.

Examples of comments received include:



Examples of comments received include:

“I have dementia, some decision making is difficult for me. My family support me with this”

“Because of my communication problems following my severe stroke, my wife has been more actively involved in decisions about my care and support”

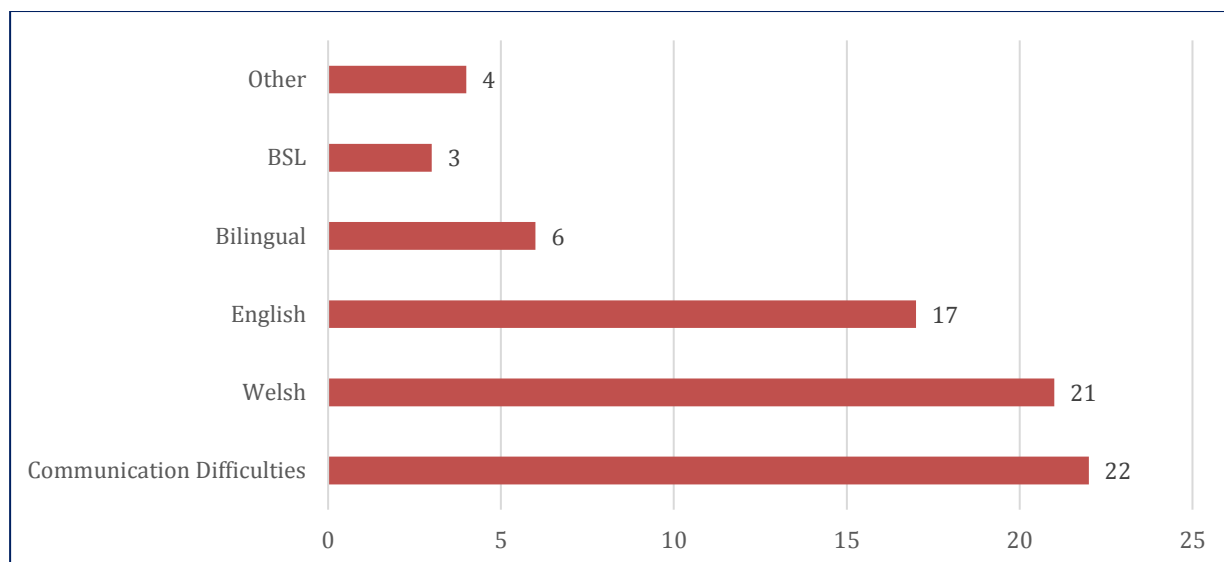
“I’m always consulted on my care”

## Q9 I was able to communicate in my preferred language

Yes	Sometimes	No	Don't Know	No Reply
475	31	14	3	14

- ❖ 91% were able to communicate in their preferred language.
- ❖ Only 3% replied ‘No’.
- ❖ 6% answered ‘Sometimes’.

73 comments were received with regards to the question 4. Comments stated their preferred language and some respondents stated that they had communication difficulties.

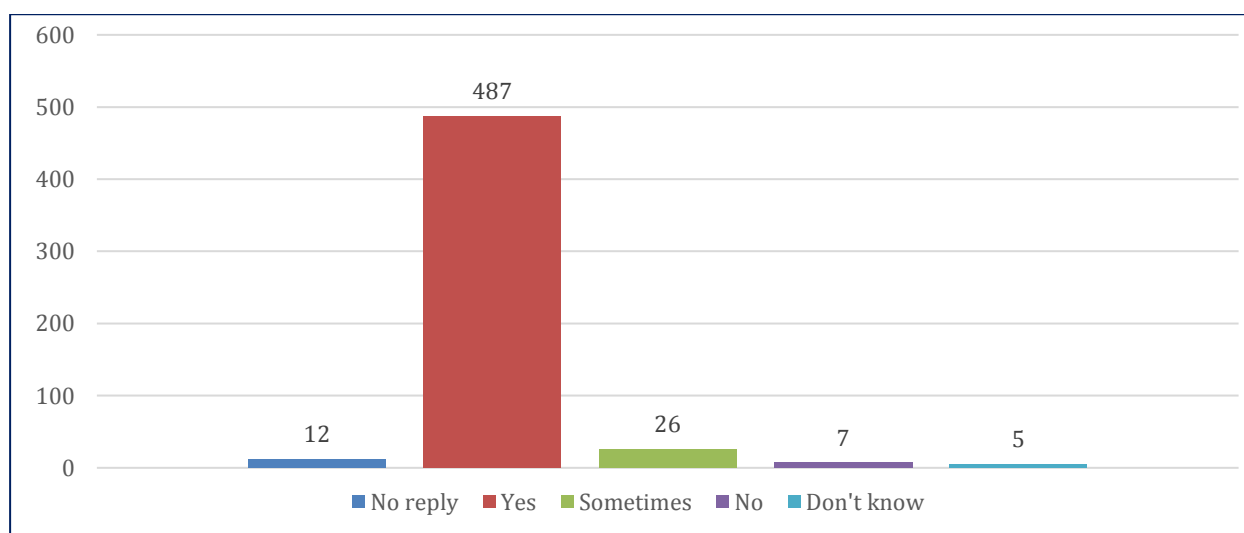


Examples of comments included:

“Due to my stroke I have not got much speech but staff know my ways and what I am trying to ask for”

“ \*\*\*cannot speak and uses limited signs to communicate”

## Q10 I was treated with dignity and respect



- ❖ 93% felt they were treated with dignity and respect.
- ❖ 1% felt that they were not treated with dignity and respect.

48 respondents made comments regarding dignity and respect. These included:

“Staff always treat me with dignity and respect at all times”.

“As a family we have nothing but praise for how carers treat my mother”

“This is definitely an area that requires improvement through training. I can stand up for myself but can all your clients?”

### Q11 I am happy with the care and support I have received.

Yes	Sometimes	No	Don't Know	No Reply
455	59	8	2	13

- ❖ 87% were happy with the care and support they had received.
- ❖ 2% answered 'No'.

92 comments were received in relation to question 11 I am happy with the care and support I have received. 45 comments were made in relation to being happy with the support examples include:

“I am very satisfied with the care and support I am currently receiving”

“Their always kind and treat me very well”

“My carers are wonderful and are very supportive. They deserve to be mentioned and praised for what they do. Giving me confidence to get well and be as normal as I can.”

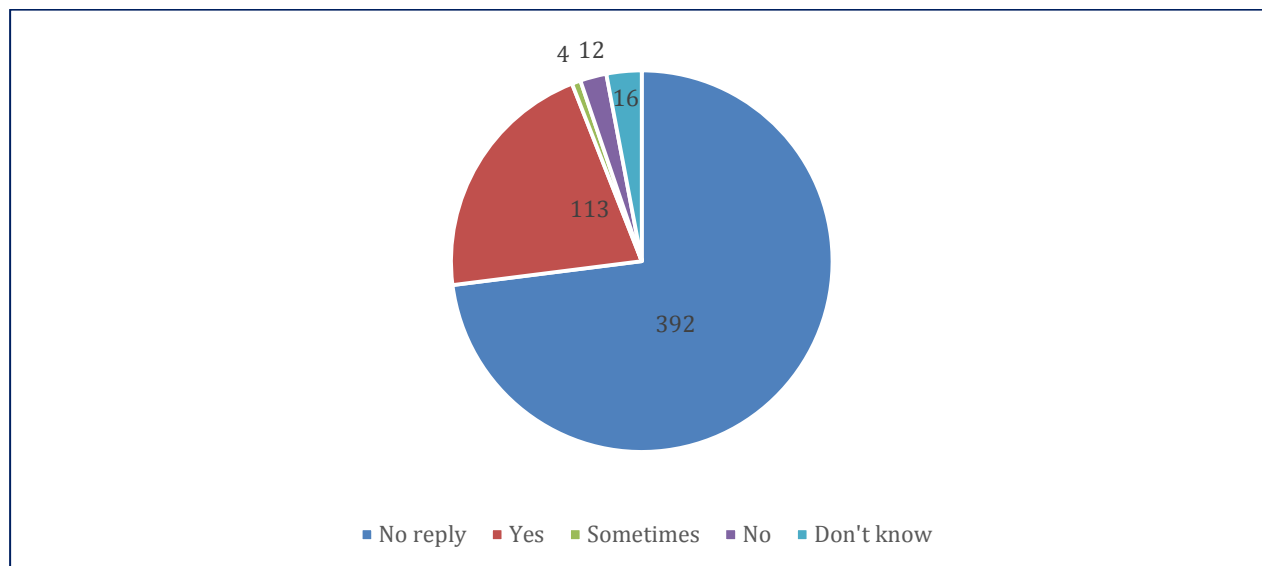
39 comments were made stating issues that respondents were currently receiving. Comments included:

“Not happy with morning call times, would like a later call”

“Variation in staff members can be sometimes frustrating (staff leaving)”



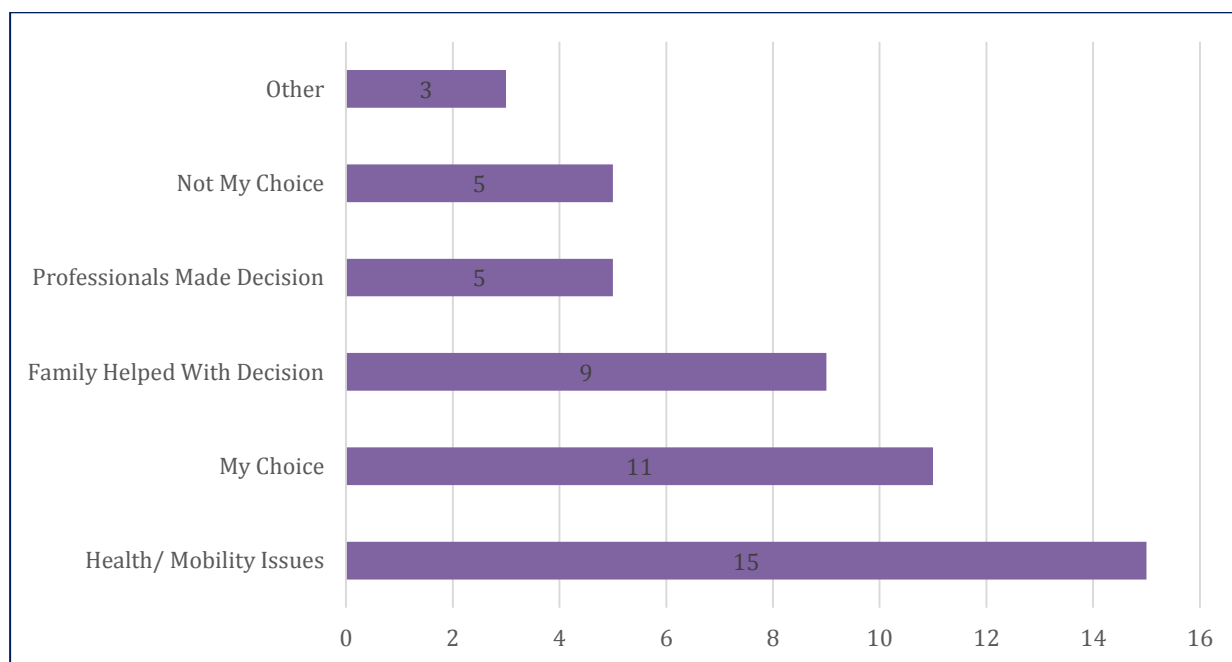
## Q12 It was my choice to live in a residential care home



145 responses received were from people in a Care Home.

❖ 78% made their own decision to live in the Care Home.

48 Comments were received regarding the choice of living in a care home. These have been placed into broad categories illustrated in the graph below:



The majority of people moved to a care home as they had health and mobility issues which no longer enabled them to live at home. Comments received included:

“This was not my first choice to live in a residential home, but I was failing to look after my needs and I come to appreciate and accept I had to live in a residential care home where I now feel safe and looked after.”

“Following hospital treatment I was not well enough to go home”

### Q13 If you are aged 18-24 years old: I have had advice, help and support that will prepare me for adulthood

Age Category	Female	Male
18-24 years old	5	13

- ❖ 6 out of 7 respondents answered ‘Yes’ in this category.
- ❖ 99% felt they had advice, help and support to prepare them for adulthood.

## Appendix B. Carers Survey

### Carers Views on their Local Care and Support Services

The survey was conducted during December 2017. Recipients received the questionnaire via post after being highlighted as Carers receiving a care and support from our Care First system. In total 30 questionnaires were dispatched.

The number of responses to the survey is 29. This is a 97% response rate.

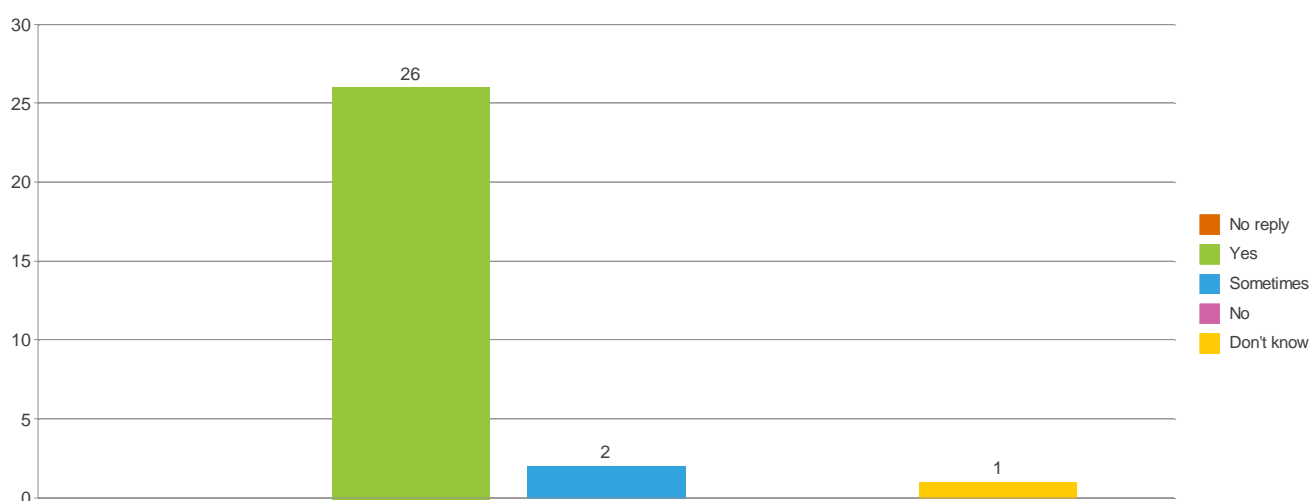
24 surveys were returned via post and 5 opted to complete over the telephone.

The majority of the respondents to the survey were Female. And the highest amount of responses were received from Females aged between 25-64.

The graph below shows the number of Male to Female recipients and their Age Group.

	18-24	25-64	65-84	85+
Male	0	2	6	2
Female	0	10	8	1

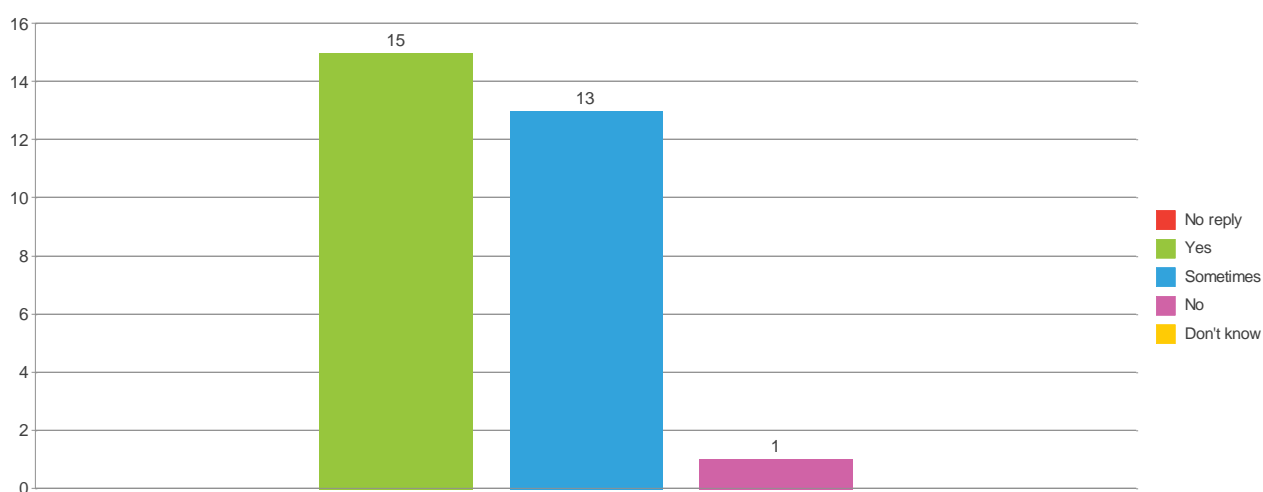
#### Q1 I live in a home that best supports my well being



2 comments were received in relation to Q1. These were:

- The stairs are becoming a problem for my wife. An extra rail has been installed and helps but I have to assist in both going up and down the stairs.
- My wife and I moved because one bedroom flats in England are very rare.

## Q2 I can do the things that are important to me

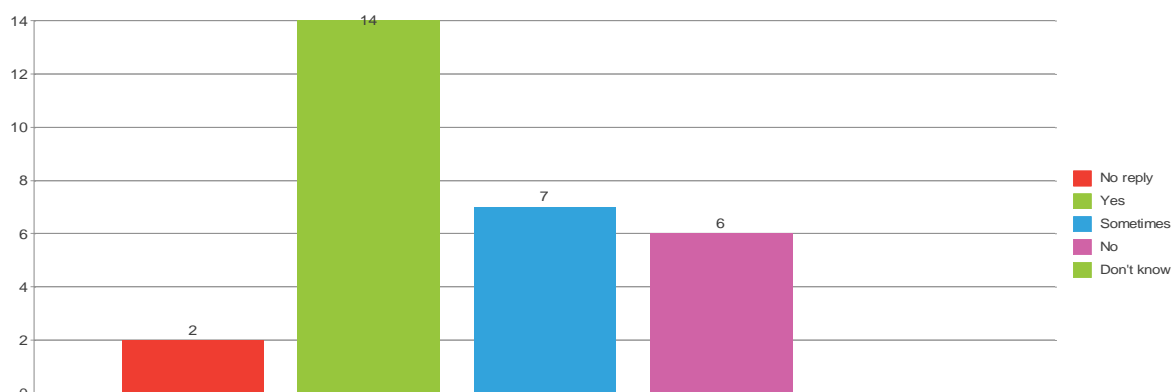


15 respondents were able to do the things that were important to them. 13 respondents were only sometimes able to do the things that were important to them and 1 respondent was not able to do the things that are important to them.

Comments received included:

- As a full time carer my wife's needs take precedence at all times.
- I have two respite days 10 - 4. Sometimes not enough.
- As I am Dad's main carer I don't have any me time hardly, it's more rarely than sometimes
- I feel this is irrelevant because the overriding factor is the well-being of my mother.
- Due to minimal support getting time for myself is hard.
- I have managed to attend choir practice throughout my husband's illness. This more than anything has kept me going along with the support of friends and family
- Trying to get respite care for my daughter.

### Q3 I feel I am part of my community

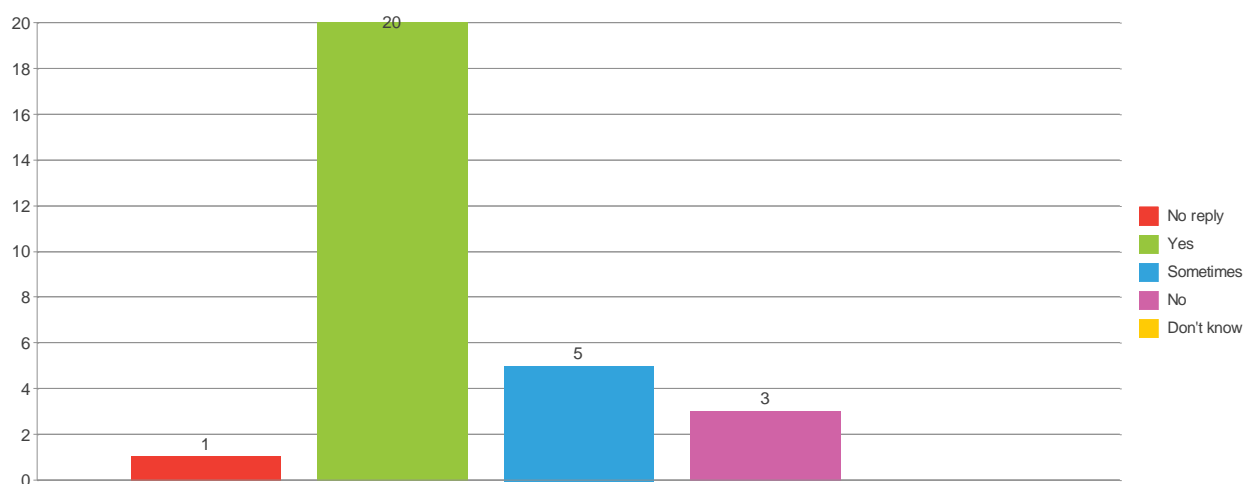


52% of respondents felt that they were part of a community.

1 comment was received:

- "What Community"

### Q4 I am happy with the support from my family, friends and neighbours

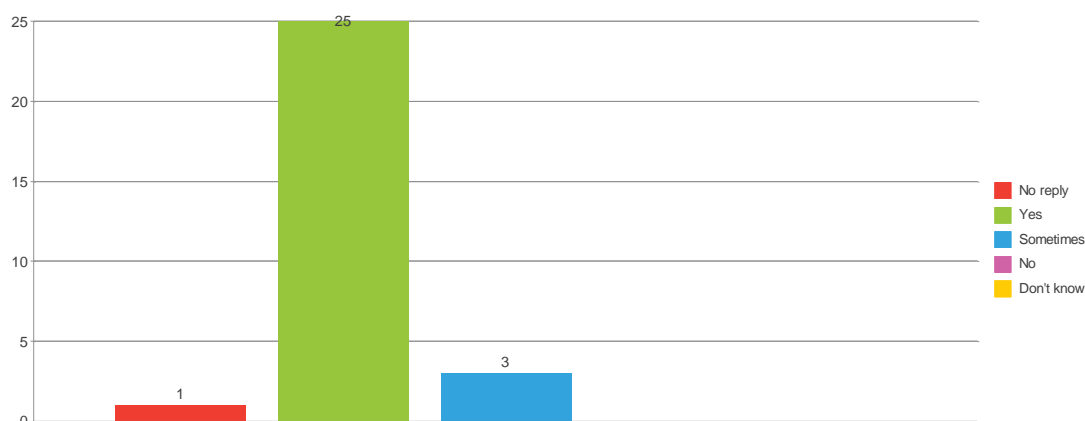


71% of people felt happy with the support from friends and family.

5 comments were received regarding support from family, friends and neighbours:

- My sons come and help me if I'm ever in need
- 21st century living negates support from the above.
- My daughter lives 25 miles away and has a young family my son lives with us and works full time but does support when he can.
- Moral - yes, physical – no
- Very good neighbours

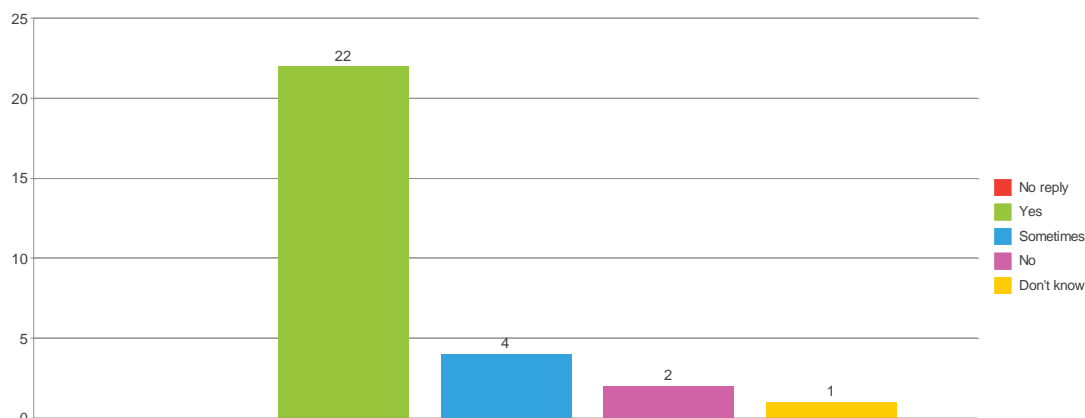
## Q5 I feel safe



86% of respondents stated they felt safe from any kind of abuse, physical harm or from falling both inside and outside their home.

## Care and Support Received from Local Authority

### Q6 I know who to contact about my Care and Support



The majority of the respondents replied with 'Yes' to this question.

Comments received were:

- My sister in law provides all answers to my questions having lived in South Wales for forty years.
- I just ring Social Services and ask for the telephone number of the department that could help me.

- I have never spoken to anyone or received any help from outside the family.
- My husband has a CPN (Through the Mental Health Team) who is good with fighting for support for me. The Social Services Social Worker doesn't return calls or call when she is supposed to. My husband does not fit in to the young or elderly category and support for Huntingdon's sufferer in Carmarthenshire is non-existent. Support through the mental health team has been invaluable to me they are an amazing group of professionals.

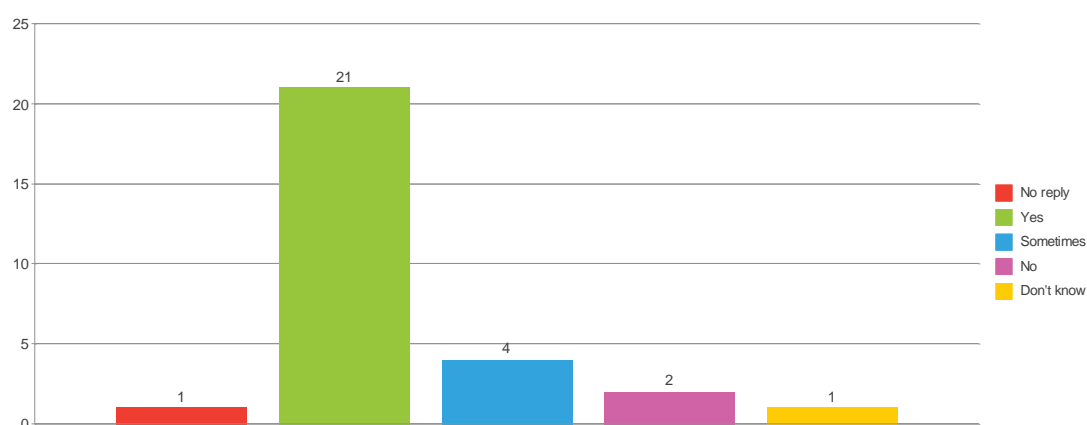
#### Q7 I have had the right information or advice when I needed it

Yes	Sometimes	No	Don't Know
19	6	1	0

Comments people made regarding having the right information or advice when they needed it are listed below:

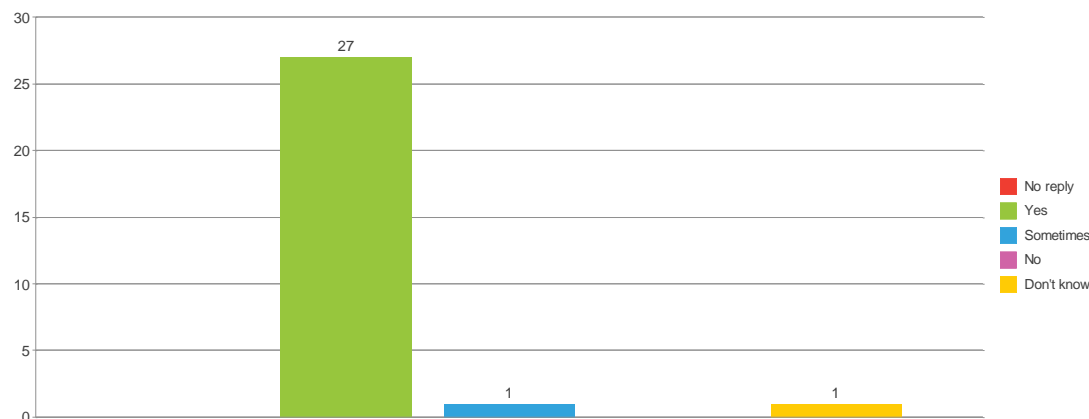
- Was promised a visit from a nurse to discuss incontinence the wife suffers from.
- But only because I kept chasing until I got it.
- Departments do not communicate with each other.
- No one provides me with a definitive answer. They initially promise help but never deliver.

#### Q8 I have been actively involved in decisions about how my support was provided.



72% of people felt that they have been actively involved in decisions about how my care and support was provided.

**Q9 I have been involved in all decisions about the care and support that was provided for the person I care for.**

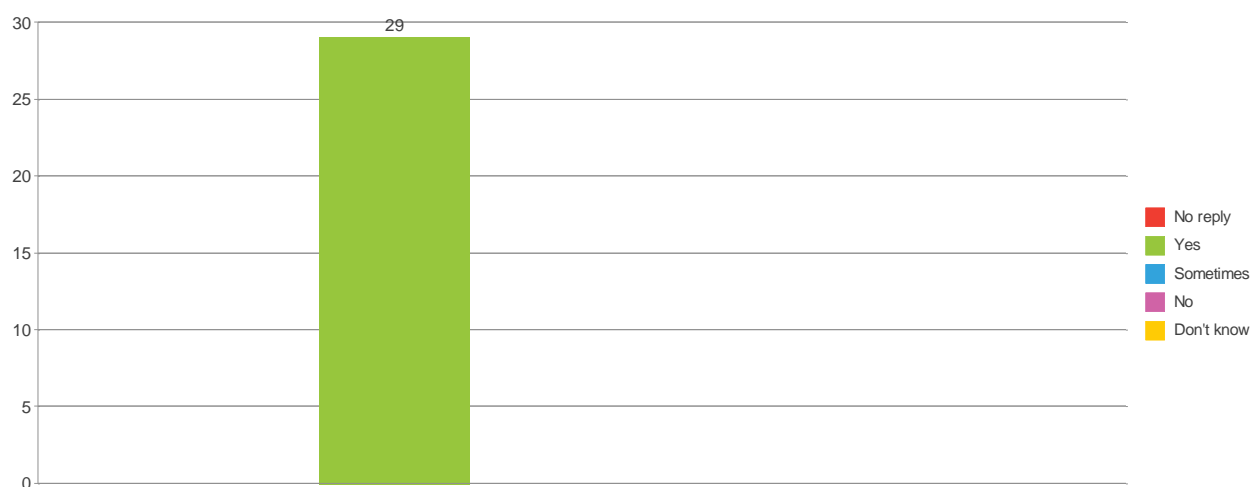


93% of respondents felt they had been involved in all decisions about the care and support that was provided for the person they care for.

Only one comment was received in relation to this question:

- In the Community this was great, in the nursing home, less so.

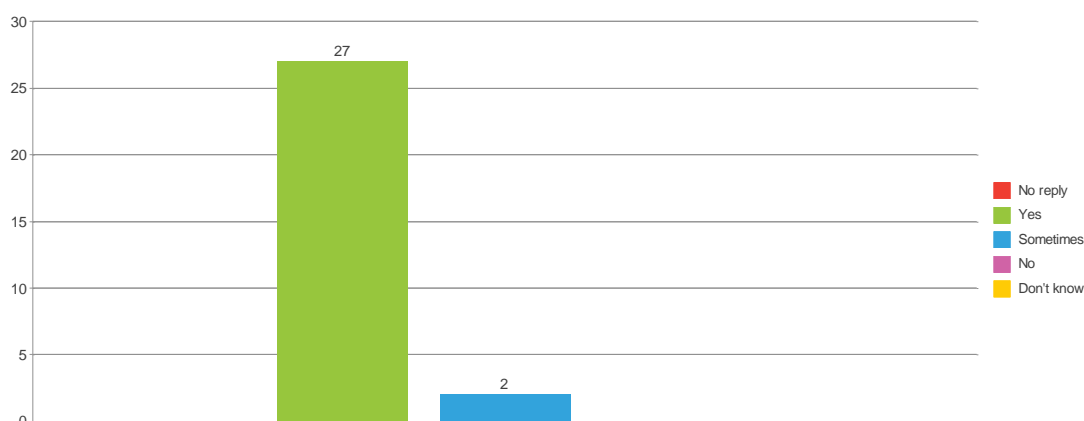
**Q10 I was able to communicate in my preferred language – For example, using English, Welsh, Polish, Bengali or any other language.**



100% of respondents were able to communicate in their preferred language.



### Q11 I was treated with dignity and respect



93% of people felt they were treated with dignity and respect. 7% stated that they were treated with dignity and respect sometimes. Comments received stated:

- Sometimes professional people think they know best without asking the individual or carer - they soon learn otherwise! But most are excellent.
- Yes with Social Services Department but not always with the Mental Health Team, Ammanford or the GP.

### Q12 I feel supported to continue in my caring role.

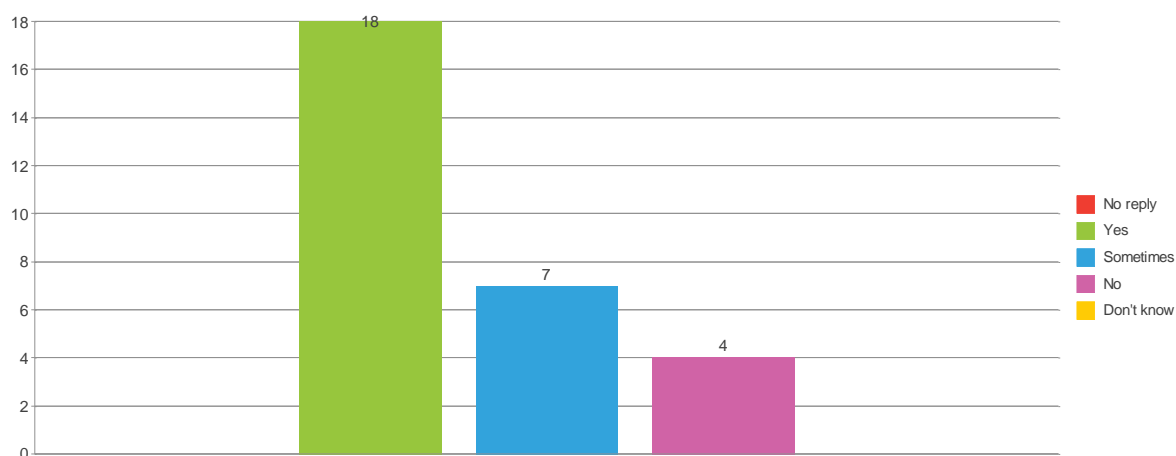
Yes	Sometimes	No	Don't Know	No Reply
20	7	2	0	0

20 Carers felt they were supported to continue in their caring role.

Comments received regarding feeling supported to continue in their caring role are outlined below:

- I am capable of asking for assistance when required and am persistent about getting it.
- Ultimately there is only myself and my mother and you have to get on with it.
- CPN has been fighting for additional support since July.
- By you yes - I know that I can turn to you if I need support which is reassuring. I tend not to ask for help though and do not engage in meetings/forums sorry!

### Q13 I am happy with the support I have had



62% were happy with the support they had received.

Comments received regarding the support they received are outlined below:

- I have cared for my daughter for over 20 years and never once had any outside help to give me some respite/break.
- Your two week hospitalisation rule is very detrimental to both carers and person being cared for.
- Bryn Mair vV Sue Beynon (S.S) vV Physio vV District Nursing xx Occupational Therapy xx
- Very happy
- Carers don't get paid enough - they don't get the recognition, carers may have to give up jobs etc to care.

## SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

21<sup>ST</sup> MAY 2018

### SOCIAL CARE & HEALTH SCRUTINY COMMITTEE TASK & FINISH GROUP 2018/19 PLANNING AND SCOPING DOCUMENT

#### To consider and comment on the following issues:

- To consider and endorse the aims and scope of the work of the Task & Finish Group.
- To agree on the Membership of the Task and Finish Group.

#### Reasons:

- The Task & Finish Group is required to report the progress of its work to the main Scrutiny Committee.

**To be referred to the Executive Board for decision: NO**

**Executive Board Member Portfolio Holder:**  
Councillor J. Tremlett (Social Care & Health)

<b>Directorate:</b> Communities	<b>Designations:</b>	<b>Tel Nos. / E-Mail Addresses:</b>
<b>Name of Head of Service:</b> Jake Morgan	Director of Community Services	
<b>Report Author:</b> Neil Edwards	Head of Integrated Services	01267 228952 <a href="mailto:NEdwards@carmarthenshire.gov.uk">NEdwards@carmarthenshire.gov.uk</a>

## EXECUTIVE SUMMARY

### SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

21<sup>ST</sup> MAY 2018

#### SOCIAL CARE & HEALTH SCRUTINY COMMITTEE TASK & FINISH GROUP 2018/19 PLANNING AND SCOPING DOCUMENT

The Social Care & Health Scrutiny Committee has agreed to establish a task and finish group to review Loneliness.

The Committee's discussions on the key aims and objectives for this task and finish review have been captured and developed into the appended Draft Planning and Scoping document which members of the Committee are asked to consider and agree.

The Committee is required to agree on which members will form the Task and Finish Group, which will consist of up to 6 Members and be politically balanced.

The Task and Finish Group will arrange to hold its first meeting as soon as possible and will appoint a Chair and Vice Chair from its membership at this meeting. Officers from within the Communities Department and Democratic Services Unit will support the work of the Task & Finish Group.

**DETAILED REPORT ATTACHED?**

**YES**

## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

Signed: Linda Rees-Jones Head of Administration & Law

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	NONE	NONE	NONE	NONE	NONE	NONE

## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Linda Rees-Jones Head of Administration & Law

1. Local Member(s) – N/A

2. Community / Town Council – N/A

3. **Relevant Partners** – If required, representatives from partner organisations will be consulted as part of the Task & Finish Group's review.

4. **Staff Side Representatives and other Organisations** – Officers from the Communities Department contributed to the development of the Planning and Scoping Document and will continue to support the work of the Task & Finish Group.

**Section 100D Local Government Act, 1972 – Access to Information**  
List of Background Papers used in the preparation of this report:

THERE ARE NONE

Title of Document	File Ref No. / Locations that the papers are available for public inspection

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# Department for Communities Scrutiny Committee Task & Finish Group 2018/19

## *Loneliness in Carmarthenshire*

### Draft Planning & Scoping Document

<b>Task &amp; Finish Objective(s)</b>	<ul style="list-style-type: none"> <li>To review the impact of loneliness in Carmarthenshire</li> </ul>
<b>Context</b>	<p>Loneliness is seen by many as one of the largest health concerns we face. There has been growing political interest in loneliness as a significant social problem. Here are the reasons why:</p> <p><b>Health risks</b></p> <ul style="list-style-type: none"> <li>Loneliness is as bad for you as smoking 15 cigarettes a day<sup>1</sup>.</li> <li>Loneliness is worse for you than obesity<sup>2</sup>.</li> <li>Lonely people are more likely to suffer from heart disease<sup>3</sup>.</li> <li>Loneliness is likely to increase your risk of death by 29%<sup>4</sup></li> <li>Lonely people are 1.64 times more likely to develop dementia, this was distinct from social isolation factors such as living alone or being unmarried<sup>5</sup>.</li> <li>Loneliness has a negative impact on willpower, which means that lonely people are more likely to have unhealthier diets, take less exercise and engage in behaviour that negatively impact on their health<sup>6</sup></li> </ul> <p><b>Mental health risks</b></p> <ul style="list-style-type: none"> <li>Feeling and mental health problem are strongly linked. Having a mental health problem increases your chance of feeling lonely, and feeling lonely can have a negative impact on your mental health.<sup>7</sup></li> <li>A recent study found that the presence of loneliness is predictor for depression.<sup>8</sup></li> <li>Drug abuse and eating disorders are linked to loneliness<sup>9</sup></li> </ul>

<sup>1</sup> (Holt-Lunstad, 2010)

<sup>2</sup> •(Holt-Lunstad, 2010)

<sup>3</sup> •(Valtorta et al, 2016)

<sup>4</sup> (Holt-Lunstad, 2015)

<sup>5</sup> (Holwerdal et al 2010)

<sup>6</sup> •(Twenge et al 2001)

<sup>7</sup> MIND [www.mind.co.uk](http://www.mind.co.uk)

<sup>8</sup> Lonely Society Report The Mental Health Foundation

<sup>9</sup> Wang et al Social Isolation and Mental Health

### **Who is affected by loneliness?**

- National Survey for Wales showed the 17% of people in Wales were lonely and 54% of people experienced some feelings of loneliness.
- Loneliness is not about someone's "personality", but likely to be driven by other factors such as health and economic status. Illness and unemployment made loneliness much more likely as well as those in the caring role.<sup>10</sup>
- Women are consistently more likely than men to report feelings of loneliness. But research suggests this is influenced by a reluctance among some men to admit to the extent of their loneliness.<sup>11</sup>

### **Loneliness in older age**

- There are 1.2 million chronically lonely older people in the UK (Age UK 2016, No-one should have no one).
- Half a million older people go at least five or six days a week without seeing or speaking to anyone at all (Age UK 2016, No-one should have no one).
- Two fifths all older people (about 3.9 million) say the television is their main company (Age, U.K., 2014. Evidence Review: Loneliness in Later Life. London: Age UK).

### **Loneliness in younger people**

- A study by The Co-op and the British Red Cross reveals over 9 million people in the UK across all adult ages – more than the population of London – are either always or often lonely.
- Young adults are more likely to feel lonely than older age groups, says a study from the Office for National Statistics.
- Research has found that almost 10% of people aged 16 to 24 were "always or often" lonely - the highest proportion of any age group. This was more than three times higher than people aged 65 and over.<sup>12</sup>

### **Loneliness and families**

- A survey by Action for Children found that 43% of 17 – 25 year olds who used their service had experienced problems with loneliness, and that of this same group less than half said they felt loved.
- Action for Children have also reported 24% of parents surveyed said they were always or often lonely.

### **Loneliness and disabled people**

- Research by Sense has shown that up to 50% of disabled people will be lonely on any given day.

<sup>10</sup> Campaign to end loneliness <https://www.campaigntoendloneliness.org/resources/>

<sup>11</sup> Psychology Today <https://www.psychologytoday.com/us/blog/the-art-closeness/201601/3-surprising-truths-about-gender-and-loneliness>

<sup>12</sup> ONS



	<p><b>Loneliness and the economy</b></p> <ul style="list-style-type: none"> <li>Research commissioned by Eden Project initiative The Big Lunch found that disconnected communities could be costing the UK economy £32 billion every year.</li> </ul> <p><b>Loneliness in Carmarthenshire</b></p> <p>There are no specific statistics that measure the perception of loneliness in Carmarthenshire but there a number of factors which indicate that it may be a major issue here:</p> <ul style="list-style-type: none"> <li>30% of the population live alone<sup>13</sup></li> <li>West Wales is one of the poorest regions in Northern Europe and there are links between poverty and loneliness.</li> <li>Two of the main sectors in Carmarthenshire are tourism and agriculture, which are seasonal and particularly in the case of farming, solitary.</li> <li>Illness is a predictor of loneliness and 1 in 4 people in Carmarthenshire have a limiting long term illness</li> <li>23% of the population is over 65</li> <li>13% of the people in Carmarthenshire are carers</li> <li>3 out of 10 people in the county suffer from mental health condition.</li> <li>The wellbeing assessment identified that people feeling in that they belong to their community is reducing and that people see the importance of social connectedness.</li> </ul> <p><b>Loneliness in Wales</b></p> <ul style="list-style-type: none"> <li>It was announced in Feb 2018 that tackling the causes of loneliness and social isolation is a national priority for the Welsh Government, (Minister for Children and Social Care, Huw Irranca-Davies)</li> <li>The Welsh Government have agreed to: will: <ul style="list-style-type: none"> <li>Identify areas of work across that could be accelerated to tackle the issue</li> <li>During 2018, publish for consultation a cross-government strategy on loneliness and isolation with a final strategy published by March 2019</li> <li>Commission work to assess the impact of loneliness and isolation on health and well-being and whether people experiencing these issues make increased use of public services.</li> </ul> </li> </ul>
<p><b>Membership</b></p>	<p><b><u>Elected Members</u></b></p> <ul style="list-style-type: none"> <li>To be agreed at the Social Care &amp; Health Scrutiny Committee Meeting to be held on 21<sup>st</sup> May, 2018</li> <li>Up to 6 Elected Members appointed to reflect the political balance of the Council as whole.</li> </ul>

<sup>13</sup> Carmarthenshire's Wellbeing Plan <http://www.thecarmarthenshirewewant.wales/>

	<p><b><u>Advisors / Support Officers</u></b></p> <p>TBC</p>
<b>The main aims of the review</b>	<ul style="list-style-type: none"> <li>• To review the prevalence and impact on loneliness in Carmarthenshire</li> <li>• To review strategy, action plan and services in place to address loneliness</li> <li>• To formulate recommendations for consideration by the Executive Board.</li> </ul>
<b>Scope of the review</b>	<p>This review will focus on Carmarthenshire's strategy and delivery plan to address loneliness.</p>
<b>How it will contribute to achieving corporate / community objectives and well-being objectives</b>	<p>Contributes to the following outcomes from the County Council's <b>Corporate Strategy 2015-20</b>:</p> <ul style="list-style-type: none"> <li>• People in Carmarthenshire are healthier</li> <li>• Providing services as efficiently as possible, ensuring value for money...</li> <li>• Investigating and developing new ways of working and providing services</li> <li>• Increasing collaboration with our partners and communities in order support the delivery of services</li> </ul> <p>This project will link directly to the following <b>Carmarthenshire County Council Well-being</b> objectives:</p> <ul style="list-style-type: none"> <li>• Strongly connected people, places and organisations who are resilient to change.</li> </ul> <p>Delivering <b>Carmarthenshire County Council Ageing Well Plan</b>:</p> <ul style="list-style-type: none"> <li>• Loneliness and isolation</li> <li>• Dementia Friendly communities</li> <li>• Age friendly communities</li> <li>• Opportunities for employment and volunteering</li> </ul> <p>Delivering <b>Carmarthenshire's Vision for Sustainable Services for Older People</b>:</p> <ul style="list-style-type: none"> <li>• Promote independence, community engagement and social inclusion.</li> <li>• Promote health and wellbeing of older people</li> </ul>

<p><b>List of key stakeholders</b> [not exhaustive]</p>	<ul style="list-style-type: none"> <li>• Integrated Services</li> <li>• Housing/Direct Services</li> <li>• Mental Health/Learning disability Services</li> <li>• Community Regeneration</li> <li>• Leisure</li> <li>• Public Health</li> <li>• HDUHB Primary Care</li> <li>• CAVS / Third Sector</li> <li>• Non-maintained Sector and Private providers</li> <li>• Democratic Services (information on how often reported from Elected Members)</li> <li>• Other as identified</li> </ul>
<p><b>What information / documents are required to inform the work of the study?</b> [not exhaustive]</p>	<ul style="list-style-type: none"> <li>• To be agreed at the meeting of the Social Care &amp; Health Scrutiny Committee to be held on 21<sup>st</sup> May, 2018</li> </ul>
<p><b>Timescale for completion of the review</b></p>	<p><b>Monday, 21<sup>st</sup> May, 2018</b></p> <ul style="list-style-type: none"> <li>• Draft Planning &amp; Scoping Document to SC&amp;H Scrutiny Committee</li> </ul> <p>Research and Evidence Gathering period – June to November 2018:-</p> <p><b>Thursday, 14<sup>th</sup> June, 2018 – T&amp;F Group Meeting 1</b></p> <ul style="list-style-type: none"> <li>• Agree overall approach for the review</li> <li>• Draft project plan</li> </ul> <p><b>Thursday, 19<sup>th</sup> July, 2018 – T&amp;F Group Meeting 2</b></p> <p><b>Thursday, 13<sup>th</sup> September, 2018 – T&amp;F Group Meeting 3</b></p> <p><b>Wednesday, 17<sup>th</sup> October, 2018 – T&amp;F Group Meeting 4</b></p> <p><b>Monday, 19<sup>th</sup> November, 2018 – T&amp;F Group Meeting 5</b></p> <p><b>Monday, 17<sup>th</sup> December, 2018</b></p> <ul style="list-style-type: none"> <li>• Final Report to Committee</li> </ul>

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# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 21<sup>ST</sup> MAY 2018

## Social Care & Health Scrutiny Committee Actions and Referrals Update

### To consider and comment on the following issues:

- To scrutinise the progress made in relation to actions, requests or referrals recorded during previous meetings of the Committee.

### Reasons:

- To enable members to exercise their scrutiny role in relation to monitoring performance.

**To be referred to the Executive Board / Council for decision: NO**

**Executive Board Member Portfolio Holder: NOT APPLICABLE**

<b>Directorate:</b> Chief Executive's  <b>Name of Head of Service:</b> Linda Rees-Jones  <b>Report Author:</b> Michelle Evans Thomas	<b>Designations:</b>  Head of Administration & Law  Principal Democratic Services Officer	<b>Tel Nos. / E-Mail Addresses:</b>  01267 224010 <a href="mailto:lrjones@carmarthenshire.gov.uk">lrjones@carmarthenshire.gov.uk</a>  01267 224470 <a href="mailto:MEEvansThomas@carmarthenshire.gov.uk">MEEvansThomas@carmarthenshire.gov.uk</a>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE 21<sup>ST</sup> MAY 2018

## Social Care & Health Scrutiny Committee Actions and Referrals Update

During the course of a municipal year, several requests for additional information are made by the Committee in order to assist it in discharging its scrutiny role.

The attached report provides members of the Committee with an update on the progress made in relation to these requests.

**DETAILED REPORT ATTACHED?**

**YES**

## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

Signed: Linda Rees-Jones      Head of Administration & Law

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
NONE	NONE	NONE	NONE	NONE	NONE	NONE

## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Linda Rees-Jones      Head of Administration & Law

1. Local Member(s) – N/A
2. Community / Town Council – N/A
3. Relevant Partners – N/A
4. Staff Side Representatives and other Organisations – N/A

**Section 100D Local Government Act, 1972 – Access to Information**  
**List of Background Papers used in the preparation of this report:**

**THESE ARE DETAILED BELOW:**

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Community Scrutiny Committee Reports and Minutes	<b>Meetings from September 2016 onwards:</b> <a href="http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=186">http://democracy.carmarthenshire.gov.wales/ieListMeetings.aspx?Committeeld=186</a>

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## Social Care and Health Scrutiny Committee Actions 2017-2018

Ref No	Meeting Date	Recommendation / Action / Referral	Description	Progress Update	Member / Officer	Status
SC&H 001-17/18	26th September 2017	Action	<b>SC&amp;H Scrutiny Committee Annual Report -</b> Resolved that the report be endorsed subject to amendment (Reference was made to the first recommendation on page 11 of the report where the end of the sentence appeared to be missing. The Committee was advised that this would be rectified before the document was published.)	The missing text was included. The report has been translated and published on the Council's website.	Michelle Evans Thomas	COMPLETED
SC&H 002-17/18	26th September 2017	Action	<b>SC&amp;H Scrutiny Committee FWP Programme 2017/18</b> - Resolved that the following be included in the FWP:- DoLs Update; Substance Misuse Update; Trading Standards Update; Carers Partnership Board Update (to include the Carers Strategy, Carers Assessments and Carers Forum); Welsh Language Services for Older People Update; Ambulance Service Standards Update. It was also agreed that representatives from the Community Health Council and Public Health Wales be invited to a future meeting.	The itmes were included in the FWP. Representatives from the Ambulance Service and Public Health Wales invited to the meeting held on 23rd November, 2017. Represenatives from the Community Health Council to be invited to a meeting in 2018.	Michelle Evans Thomas	ONGOING
SC&H 003-17/18	18th December	Action	<b>Revenue Budget Strategy Consultation 2018/19-2021</b> - A question was raised in relation to item 2.5 in the report on 46 of the 58 W.G grants not transferred into the settlement and information requested on the 12 outstanding grants. The Group Accountant advised that information was available on the WG's website and she would arrange for it to be provided to members		Andrea Thomas	OUTSTANDING
SC&H 004-17/18	18th December	Action	<b>Revenue Budget Strategy Consultation 2018/19-2021</b> - Information was requested on the Single Revenue Grant (formerly the Environmental Grant). Whilst that fell within the remit of the Environment Department, the Group Accountant agreed to forward the details to the members of the Committee for information		Andrea Thomas	OUTSTANDING

# Social Care and Health Scrutiny Committee Actions 2017-2018

SCH 005-17/18 Page 186	18th December	Action	<b>Revenue Budget Strategy Consultation 2018/19-2021</b> - The Group Accountant agreed to provide members of the Committee with details of the reducing reserves over the strategy period in relation to any potential impact on the capital programme		Andrea Thomas	OUTSTANDING
SCH 006-17/18	18th December	Recommendation	<b>Revenue Budget Strategy Consultation 2018/19-2021</b> - That the charging Digests as set out in Appendix C be endorsed	No update required – due process.	Chris Moore	COMPLETED
SCH 007-17/18	18th December	Action	<b>Communities Departmental Draft Business Plan 2018/19-2021</b> - As part of the discussion on risks on page 65 of the report relating to substance misuse, the Head of Mental Health and Learning Disabilities offered to submit a report on substance misuse to a future meeting	The Area Planning Board's Drug and Alcohol Misuse Annual Report 2017 and the Substance Misuse Service Annual Report 2016/17 will be considered at a Joint Meeting of the Environmental & Public Protection and Social Care & Health Scrutiny Committee to be held on 21st May, 2018.	Avril Bracey - Michelle Evans Thomas to include in FWP	COMPLETED
SCH 008 -17/18	18th December	Recommendation	<b>Update on Trading Standards Initiatives - Protection of Elderly and Vulnerable Citizens in Carmarthenshire</b> - That a Members' Seminar be arranged on the Financial Exploitation Safeguarding Scheme		Roger Edmunds	OUTSTANDING
SCH 009-17/18	24th Janaury	Recommendation	<b>Adult Social Care complaints and compliments report 01/04/17-30/09/17</b> - That future complaint and compliment reports incorporate an overarching and comprehensive picture of all complaint related issues captured both within the department and via other processes and those directly related to private care homes and domiciliary providers		Silvana Sauro	OUTSTANDING
SCH 010-17/18	24th Janaury	Recommendation	<b>Adult Social care complaints and compliments report 01/04/17-30/09/17</b> - That consideration be given to recipients of care packages provided by the Authority being requested to complete feed-back forms on thier initial experiences of care provision	Recommendation to be referred to the Practices and Processes Board for consideration.	Avril Bracey	OUTSTANDING

## Social Care and Health Scrutiny Committee Actions 2017-2018

SCH 011-17/18	24th Janaury	<b>Recommendation</b>	<b>Service Integration, Pooled Funding and Regional Governance Arrangements -</b> Arrangements be made for the Committee to meet prior to its next scheduled meeting on the 5th March to discuss pooled budgets and the associated identified risks	Arrangements been made for the Committee to receive a briefing session on the 27th February, 2018	Kevin Pett/Kevin Thomas	<b>COMPLETED</b>
SCH 012-17/18	24th Janaury	<b>Recommendation</b>	<b>Service Integration, Pooled Funding and Regional Governance Arrangements -</b> A report to be submitted to a future meeting of the Committee detailing what benefits, particularly financial, Carmarthenshire had received as a direct result of regional and partnership working over recent years		Kevin Pett	<b>OUTSTANDING</b>
SCH 013-17/18	5th March	<b>Action</b>	<b>Transforming Mental Health Services Consultation Closing Report -</b> Committee to receive a report on the initiatives the Authority has in place to safeguard teenagers at a future meetings of the Committee to which the Education & Children Scrutiny Committee be invited to attend.	To be included in the FWP	Avril Bracey / Michelle Evans Thomas	<b>OUTSTANDING</b>
SCH 014-17/18	5th March	<b>Action</b>	<b>Transforming Mental Health Services Consultation Closing Report -</b> Committee to receive a report on Country Cars at a future meeting.	To be included in the FWP	Avril Bracey / Michelle Evans Thomas	<b>OUTSTANDING</b>
SCH 015-17/18	19th April	<b>Action</b>	<b>Unpaid Carers Update -</b> Committee to receive a report at a future meeting on the work of the West Wales Regional Partnership Board in relation to young carers.	To be included in the FWP	Chris Harrison / Jonathan Rees	<b>OUTSTANDING</b>
SCH 016-17/18	19th April	<b>Action</b>	<b>Draft Learning Disability Strategy 2018-23 -</b> Comments in relation to the use of the ambulance car service to be fed into the strategy.		Chris Harrison	<b>OUTSTANDING</b>

# **Social Care and Health Scrutiny Committee Actions 2017-2018**

SCH 017-17/18	19th April	<b>Action</b>	<b>Draft Learning Disability Strategy 2018-23</b> - Officers in the Authority's Forward Planning Division to be asked to consider including in the LDP the provision to give priority to applications from people with disabilities.		Chris Harrison	<b>OUTSTANDING</b>
SCH 018-17/18	19th April	<b>Action</b>	<b>Draft Learning Disability Strategy 2018-23</b> - An item to be placed on the agenda of the next meeting on the LDP and problems faced during the planning process by people with learning disabilities and that officers from the Forward Planning Division be invited to attend.	To be included in the FWP	Chris Harrison / Michelle Evans Thomas	<b>OUTSTANDING</b>
SCH 019-17/18	19th April	<b>Action</b>	<b>Draft New Corporate Strategy</b> - The Committee to receive a report at the July meeting providing an update on the situation regarding the provision of meals on wheels in the county.	To be included in the FWP	Neil Edwards / Michelle Evans Thomas	<b>OUTSTANDING</b>
SCH/ 020-17/18	19th April	<b>Action</b>	<b>Forthcoming Items</b> - The Committee to receive a report at a future meeting on Workforce Planning, in collaboration with the LHB.	To be included in the FWP	Neil Edwards / Chris Harrison / Michelle Evans Thomas	<b>OUTSTANDING</b>

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

21<sup>ST</sup> MAY 2018

## Social Care & Health Scrutiny Committee Forward Work Programme for 2018/19

### To consider and comment on the following issues:

- That the Committee confirm its Forward Work Programme for 2018/19.

### Reasons:

- The County Council's Constitution requires scrutiny committees to develop and publish annual forward work programmes that identify issues and reports to be considered during the course of the municipal year.

**To be referred to the Executive Board for decision: NO**

**Executive Board Member Portfolio Holder: NOT APPLICABLE**

<b>Directorate:</b> Chief Executive's  <b>Name of Head of Service:</b> Linda Rees-Jones  <b>Report Author:</b> Michelle Evans Thomas	<b>Designations:</b>  Head of Administration & Law  Principal Democratic Services Officer	<b>Tel Nos. / E-Mail Addresses:</b>  01267 224010 <a href="mailto:lrjones@carmarthenshire.gov.uk">lrjones@carmarthenshire.gov.uk</a>  01267 224027 <a href="mailto:MEEvansThomas@carmarthenshire.gov.uk">MEEvansThomas@carmarthenshire.gov.uk</a>
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## EXECUTIVE SUMMARY

# SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

21<sup>ST</sup> MAY 2018

## Social Care & Health Scrutiny Committee Forward Work Programme for 2018/19

### Purpose of the Forward Work Programme

Article 6.2 of the County Council's Constitution states that: *"Each scrutiny committee is required to develop and publish an annual forward work programme, identifying issues and reports to be considered during the course of a municipal year"*.

The development of a work programme:

- Provides an opportunity for members to determine the priority issues to be considered by their scrutiny committee over the course of the next year.
- Provides a focus for both officers and members, and is a vehicle for communicating the work of the Committee to the public. The programme (see attached report) will be published on the council's website [www.carmarthenshire.gov.uk/scrutiny](http://www.carmarthenshire.gov.uk/scrutiny) and it will be updated on a quarterly basis.
- Ensures agreement of provisional agendas for scheduled scrutiny meetings within the council diary. The Programme is a flexible document that can be amended to reflect additional meetings and agenda items during the course of the year.

The draft Forward Work Programme includes statutory and annual reports as well as those reports requested by the Committee during the course of previous meetings.

DETAILED REPORT ATTACHED?

Forward Work Programme 2018/19

## IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

**Signed:**        **Linda Rees-Jones**        **Head of Administration & Law**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
<b>YES</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

**1. Policy, Crime & Disorder and Equalities** – In line with requirements of the County Council's Constitution.

**2. Legal** – In line with requirements of the County Council's Constitution.

## CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

**Signed:**        **Linda Rees-Jones**        **Head of Administration & Law**

- 1. Local Member(s)** – N/A
- 2. Community / Town Council** – N/A
- 3. Relevant Partners** – N/A
- 4. Staff Side Representatives and other Organisations** – N/A

**Section 100D Local Government Act, 1972 – Access to Information**  
**List of Background Papers used in the preparation of this report:**

**THESE ARE DETAILED BELOW:**

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## SC&H Scrutiny Committee – Forward Work Programme 2018/19

21 <sup>st</sup> May Joint with E&PP	21 <sup>st</sup> May	4 <sup>th</sup> July Joint with E&C	4 <sup>th</sup> July	25 <sup>th</sup> September	22 <sup>nd</sup> November	17 <sup>th</sup> December	23 <sup>rd</sup> January	8 <sup>th</sup> March	17 <sup>th</sup> April
Area Planning Board's Drug & Alcohol Misuse Annual Report 2017	Task & Finish Group Draft Planning & Scoping Document	Draft Annual Report of the Statutory Director of Social Services	Annual Report on the Wellbeing Objectives 2017/18	Q1 Performance Management Report for the Council's 2018/19 Wellbeing Objectives	Half Yearly Adult Social Care Compliments & Complaints Report 2018/19	3 year Revenue Budget Consultation	Actions & Referrals Update	Budget Monitoring 2018/19	Compliments & Complaints End of Year Report 2018/19
Substance Misuse Service Annual Report 2016/17	SC&H Scrutiny Committee Forward Work Programme 2018/19		Compliments & Complaints End of Year Report 2017/18	Budget Monitoring 2018/19	Regional and Partnership Working Update	Communities Department Business Plan		Annual Safeguarding Report	
	Compliments & Complaints End of Year Report 2017/18		Country Cars	SC&H Scrutiny Committee Annual Report 2017/18		Budget Monitoring 2018/19			
	Annual Safeguarding Report		West Wales Regional Partnership Board (Young Carers)	Actions & Referrals Update					
	Draft Regional Strategy "Safer Lives, Healthier Families" 2018-2022		Initiatives to Safeguard Teenagers from Harm (E&C SC to be invited)	Workforce Planning (in collaboration with the LHB)					

[illegible]

**THURSDAY, 19<sup>TH</sup> APRIL, 2018**

**PRESENT:** Councillor G. Thomas [Chair]

**Councillors:**

I.W. Davies, K.V. Broom, R.E. Evans, W.T. Evans, M.J.A. Lewis, K. Lloyd, E. Morgan and D.T. Williams

**Also in attendance:**

Councillor J. Tremlett – Executive Board Member for Social Care and Health

**Also present:**

Ms Alison Harris, CEO, Carers Trust Crossroads Sir Gar – in respect of agenda item no. 5

**The following Officers were in attendance:**

Ms A. Bracey	-	Head of Mental Health & Learning Disabilities
Mr N. Edwards	-	Interim Head of Integrated Services
Ms C. Harrison	-	Head of Joint Strategic Commissioning
Ms S. Frewin	-	Senior Manager Community Inclusion
Ms S. Sauro	-	Performance, Analysis & Systems Manager
Mr R. James	-	Performance Planning & Business Officer
Mr J. Rees	-	Carers Development Officer
Miss A. Jones	-	Performance Information Analyst
Mrs M. Evans Thomas	-	Principal Democratic Services Officer

**Chamber, County Hall, Carmarthen : 10.00 a.m. - 12.50 p.m.**

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor A. Davies, A. McPherson, L. Roberts, E. Schiavone and E.G. Thomas.

**2. DECLARATIONS OF PERSONAL INTERESTS**

Councillor	Minute No(s)	Nature of Interest
Councillor G. Thomas	Minute No 6 – Draft Learning Disability Strategy 2018-23	Her husband drives for Country Cars.

**3. DECLARATION OF PROHIBITED PARTY WHIPS**

There were no declarations of prohibited party whips.

**4. PUBLIC QUESTIONS (NONE RECEIVED)**

The Chair advised that no public questions had been received.

## 5. UNPAID CARERS UPDATE

The Chair welcomed to the meeting Ms Alison Harris, the Chief Executive Officer of Carers Trust, Crossroads Sir Gar who had been invited to attend the meeting for the consideration of this item.

The Committee received a report and presentation providing an overview of the activities and initiatives implemented to support the 48,000 unpaid carers in the region and the 24,000 unpaid carers in Carmarthenshire. The report covered a period of two years, since the previous report was presented to Committee in June 2016, and provided details of development both regional and country-wide and how we are taking the agenda forward.

Regional developments included the work of the West Wales Regional Carers Group and how it has progressed the work of the Carers Measure since it was repealed and subsumed within the Social Services and Wellbeing (Wales) Act 2014. Details were also provided of the West Wales Carers Delivery Plan 2018/19 and the evaluation report on the Carers Rights Day held on 24<sup>th</sup> November, 2017.

The report demonstrated the high levels of recognition and support for Carers across the West Wales region and, in particular, the county of Carmarthenshire. Compliance with legislation and commitment of resources form the foundation of support for Carers and has been recognised by the Care Inspectorate Wales. Collaboration with health colleagues, neighbouring Local Authority colleagues and the third sector is prominent and highlights the positive approach to joint working around Carers that has developed in the region to align with the SSWBA.

Direct support for Carers can be illustrated by the amount of replacement care we provide that provides carers with a rest from caring or an opportunity to do other things that are important to them. One indicator reflecting this is that Crossroads Carers Trust Sir Gar, a third sector provider, is the biggest branch in terms of turnover and employees, of the organisation in Wales. Carmarthenshire is creative in the way that we address challenges with the Investors in Carers scheme and the Caring Boss Awards both recognised as good practice by the Welsh Government and Carers Wales will be emulated.

The Authority has been responsive to what it has been told by Carers, evidenced by the hugely successful outreach service commissioned after consultation with Carers for the Carers Measure, and continues to invest in a Carers Forum that offers carers space to express their issues and desires in a comfortable environment that provides an information conduit to and for service planners. The Authority's work in the future will build on these positives through a model of co-operation and co-production with Carers as we set about meeting the Welsh Government's three priorities for Carers.

The following questions/observations were raised on the report:-

- Concern was expressed that many unpaid carers are unaware of their right to claim PIP or DLA payments and officers were asked how this income avenue could be promoted. The Committee was advised that Crossroads took over responsibility for the Catchup Welfare Advice Service on 1<sup>st</sup> April, 2018 and they will be training their Welfare Advisers in this respect.

Members were reassured that every effort is made to ensure that carers receive all the benefits they are entitled to;

- Asked how many of the 24,000 unpaid carers in the county do not use the services of Crossroads, the Carers Development Officer explained that some people do not want any assistance/involvement by others and would rather be left alone in their caring role. The Committee was advised that Crossroads currently has 350 service users;
- Reference was made to the fact that there is a maximum of 40 spaces for support for young carers and officers were asked why a limit is imposed. The Carers Development Officer explained that it is important to identify those carers with the greatest needs as a priority;
- The importance was stressed of being able to show that the service has improved and having targets that are both aspirational and achievable;
- Reference was made to the significant amount of work undertaken by the West Wales Regional Partnership Board in relation to young carers;
- Reference was made to the necessity for carers to be able to access a variety of transport options to access health services and officers were asked if carers are aware that those they care for can apply for a bus pass for themselves which will also entitle their carer to free travel. The Carers Development Officer advised the Committee that such initiatives are promoted via the Carers Information Service.

## **RESOLVED**

**5.1 that the report be received;**

**5.2 that the Committee receive a report at a future meeting on the work of the West Wales Regional Partnership Board in relation to young carers.**

## **6. DRAFT LEARNING DISABILITY STRATEGY 2018-2023**

[NOTE: Councillor G. Thomas had earlier declared an interest in this item.]

The Social Services and Wellbeing (Wales) Act 2014 reforms and integrates social services law and emphasises the improvement of wellbeing outcomes for people who need care and support, including carers. It introduces a common set of processes to ensure that people receive the right support at the right time, strengthens collaboration and the integration of services and provides for an increased focus on prevention and early intervention. The Act requires Local Authorities to have robust arrangements in place which encourage and promote genuine involvement with people, which shifts the focus of service delivery onto individual outcomes so that services are designed and led by those who need care and support and carers who need care and support.

The Act has fundamentally changed the way in which care and support services are delivered in Wales and is based on a number of principles:-

- Voice and control – putting the individual and their needs at the centre of their care and giving them a voice and control over reaching the outcomes that help them achieve wellbeing;
- Prevention and early intervention – increasing preventative service with the community to reduce the need for ongoing managed care;

- Wellbeing – supporting people to achieve their own wellbeing and measuring the success of care and support;
- Co-production – encouraging individuals to become more involved in the design and delivery of services.

The draft Learning Disability Strategy for Carmarthenshire embraces the principles of the Act and incorporate previous engagement undertaken with service users, carers/parents and others. The draft strategy will be subject to formal consultation.

A Regional Learning Disabilities Programme Board has been established to address the issues identified within the Population Assessment, meet the national requirements outlined above and lead the transformation of learning disabilities service across health and social care. The work of the Board is based on a shared vision to develop an integrated model of care for people with learning disabilities, their families and their carers right across the region. It draws upon models being implemented through local Learning Disabilities strategies in each of the county areas.

The Carmarthenshire Strategy will ensure that, within the national and regional context, the local voice of people who use and need services is captured and the landscape of local services is developed to reflect this.

The following questions/observations were raised on the report:-

- Reference was made to the point in the report that due to the rural nature of Carmarthenshire, transport remains a challenge and officers were asked if the Country Cars and Wales Ambulance Car services are used. The Committee was advised that there are a number of transport initiatives across the region. We need to focus our statutory obligations on those with the greatest need. Support is offered with access to hospitals, however, the ambulance car service is not used often and officers agreed to feed the comments into the strategy;
- Reference was made to independent living and officers were asked when a planning application is submitted by the parents of a child with learning disabilities, whether this could be a priority for the Authority. The Head of Mental Health & Learning Disabilities confirmed that officers currently work closely with colleagues in the Planning Division in this regard and will look to make those connections stronger;
- Concern was expressed over difficulties experienced by those with learning disabilities in getting to see a GP in some areas of the county and officers were asked what can be done to enable them to have priority access. The Senior Manager Community Inclusion informed the Committee that the creation of a regional programme for learning disabled and access to health care is a top level priority. She added that anyone with a learning disability is entitled to an annual health check;
- It was pointed out that those with learning disabilities need additional support if they are to be expected to access services themselves. The Head of Joint Strategic Commissioning informed the Committee that a Regional Group has been set up to look at an Autism Strategy and she would feed those comments back. She added that there are lots of different methods of assistance such as reminder texts and assisted technology;

- Reference was made to the fact that in 2014/15 17% of learning disability service users live in Care Homes in Carmarthenshire and officers were asked if they are happy with that figure. The Committee was advised that officers are not happy with the figure, the Director is committed to reducing the number and it is one of the department's priorities.

## RESOLVED

- 6.1 that the report be received;**
- 6.2 that officers in the Authority's Forward Planning Division be asked to consider including in the LDP the provision to give priority to applications from people with disabilities;**
- 6.3 that an item be placed on the agenda of the next meeting on the LDP and problems faced during the planning process by people with learning disabilities and that officers from the Forward Planning Division be invited to attend;**

## 7. DRAFT NEW CORPORATE STRATEGY 2018-2023

Members considered sections of the draft new Corporate Strategy 2018-23 relevant to the remit of the Social Care & Health Scrutiny Committee.

The draft new Corporate Strategy will replace the current one published in 2015 and will consolidate the following plans into one document:-

- the 2015-20 Corporate Strategy;
- the Improvement Objectives, as required by the Local Government Measure 2009;
- The Wellbeing Objectives as required by the Wellbeing of Future Generations (Wales) Act 2015;
- Carmarthenshire County Council's Executive Board key projects and Programmes for the next 5 years, as set out in "Moving Forward in Carmarthenshire: the next 5 years".

It was noted that our Wellbeing Objectives do not have to change every year, or be deliverable within one year and that it is perfectly legitimate to set objectives which span more than one year.

The following questions/observations were raised on the report:-

- With reference to Objective 2, it was pointed out that it would be useful to have the figures alongside the percentages under the 'Why this should concern us' section and the source of the figures. Officers confirmed that this would be addressed;
- Concern was expressed over the fact that the meals on wheels service provided by the RVS will come to an end in October and the repercussions for those who depend on the service. The Interim Head of Integrated Services informed the Committee that every person who receives meals on wheels has been contacted in order to assess their individual requirements. He added that officers are looking at different options e.g. luncheon clubs, community hubs etc.

## RESOLVED



**7.1 To recommend to the Executive Board that the draft new Corporate Strategy 2018-23 be endorsed;**

**7.2 That the Committee receive a report providing an update on the situation regarding the provision of meals on wheels in the county.**

**8. 2017/18 WELLBEING OBJECTIVES PERFORMANCE MONITORING REPORT - QUARTER 3**

Members considered a report detailing progress against actions and measures in the 2017/18 Wellbeing Objectives delivery plan relevant to the Committee's remit, as at 31<sup>st</sup> December, 2017.

**RESOLVED that the report be received.**

**9. EXPLANATION FOR NON-SUBMISSION OF SCRUTINY REPORTS**

The Committee noted the reasons for the non-submission of the following reports:-

- Annual Safeguarding Report
- Compliments & Complaints End of Year Report 2017/18

**RESOLVED that the information be noted.**

**10. FORTHCOMING ITEMS**

**RESOLVED that the list of forthcoming items to be considered at the next scheduled meetings to be held on 21st May, 2018 be noted.**

**11. MINUTES - 5TH MARCH, 2018**

**RESOLVED that the minutes of the meeting of the Committee held on 5<sup>th</sup> March, 2018 be signed as a correct record.**

\_\_\_\_\_  
**CHAIR**

\_\_\_\_\_  
**DATE**