

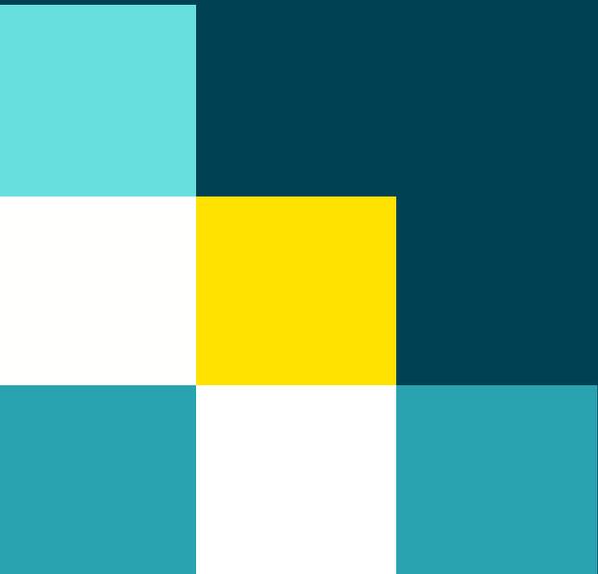


Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

Domestic abuse interventions in Wales

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Summary

- This report considers the interventions to address domestic abuse and keep people safe, placing these in the legislative context of the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Act 2015.
- Refuges are highly valued by survivors and practitioners, and offer a vital service for those in need of immediate protection or respite. However, they represent a drastic intervention that might not meet the needs of all survivors. Adequate move-on accommodation is needed to ensure ongoing availability of refuge spaces.
- Evidence is strongest for advocacy services such as independent domestic violence advisers (IDVAs) or other independent advocacy services. There is a growing body of evidence in favour of perpetrator focused interventions, but they are still in their infancy in Wales.
- The role and value of refuges and other specific interventions cannot be considered in isolation from the wider systemic factors that mediate their impact. This was central to the 2012 Task and Finish Group, whose work informed the development of the Act.
- The Act aimed to improve the public sector response to violence against women, domestic abuse and sexual violence, and consistency of service provision by providing a strategic focus with a preventative approach.
- The Act has led to some improvements in service and has particularly helped to focus attention on VAWDASV. However, there are still significant issues.
- Funding remains a concern for stakeholders. Fragmented funding sources and short-term settlements make strategic use of funds difficult, and many stakeholders argue that the funding available is not sufficient to meet need.
- Governance and accountability measures are better than prior to the Act, but do not meet the recommendations set out by the Task and Finish Group, nor the requirements set out by the Act. Greater leadership at a local level is required to further prioritise VAWDASV, with stronger accountability mechanisms also put in place at a national level.

This report was commissioned in 2019 and completed before the Coronavirus pandemic. As a result, it does not take into account developments - both in policy and events - that have taken place since March 2020. However, the findings remain as relevant and important - if not more so - given the evidence of increased domestic abuse during lockdown.

Introduction

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (the general subject is hereafter referred to as VAWDASV and the legislation as the Act) passed into law in 2015. One of the core objectives of the Act is to improve measures for preventing violence against women, domestic abuse and sexual violence, as well as support and protection for victims. It established the role of a National Adviser on gender-based violence, violence against women, domestic abuse and sexual violence and placed responsibility on Ministers, local authorities and Local Health Boards to prepare strategies for implementation.

The Welsh Government asked the Wales Centre for Public Policy to revisit the evidence on interventions to keep people safe, specifically in terms of international evidence on service provision, as well as to consider the development and implementation of the Act. This paper considers the role that refuge provision has in Wales, other interventions which complement and reduce the need for refuge provision, and how the Act has been implemented. This was done through an international evidence review, and engagement with key stakeholders across the VAWDASV sector.

In June 2019, the Centre hosted a roundtable with local and regional advisers, as well as Welsh Government officials. The event explored the implementation of the Act, and the consistency of VAWDASV service provision in Wales. The Centre has since held a series of conversations with those identified by Welsh Government as national stakeholders, including service providers, charities and government advisers, to discuss the implementation of the Act and specific interventions and support. A further roundtable in January 2020 brought together representatives of the VAWDASV sector to discuss our preliminary conclusions and explore their implications. This report brings together the key messages from the event alongside a review of the academic research and evidence. To facilitate open and honest discussion, our discussions were conducted under the Chatham House rule. Contributions by participants and stakeholders are presented in this report in a non-attributable fashion. The Centre has also drawn on results from a survivors' workshop organised by the Welsh Government, the recommendations of which are presented in Annex 2 to this report.

VAWDASV policy and practice spans different sectors and policy portfolios, some of which are devolved competencies and others not. UK Government has control over criminal justice and policing, immigration and family justice, while the Welsh Government is responsible for health, education, housing, children's services and aspects of community safety. Domestic abuse against women falls under umbrella terms such as gender-based violence and violence against women. The Welsh Government uses the following definition of domestic abuse and other forms of violence against women and sexual violence:

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 abuse can be psychological; physical; sexual; financial; and emotional.'

The other components of VAWDASV are: rape and sexual violence; forced marriage; sexual harassment; female genital mutilation (FGM); so-called 'honour-based violence'; sexual exploitation through the sex industry/prostitution; stalking; and trafficking (Wales Audit Office, 2019: 5).

Included in this definition are clarifying statements, including that it is not limited to any one gender or group. However, women are much more likely to be the victims of domestic abuse than men and men are more likely to be perpetrators of abuse, against women or men. The November 2019 Crime Survey for England and Wales (CSEW) estimates that 2.4 million adults experienced domestic abuse in the year ending March 2019, comprising 1.6 million women and 786,000 men (Elkin, 2019). Because of this gender imbalance, the Task and Finish Group report warns that gender-neutral service delivery or commissioning of VAWDASV services is not appropriate (Robinson et al., 2012). The statutory guidance for commissioning VAWDASV services in Wales also includes the need for special consideration of people with protected characteristics, such as sex, age, ethnicity, sexual orientation, disability or pregnancy (Welsh Government, 2019b).

The legislation

Key to understanding the context in which services are provided in Wales is the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, and the evidence that informed its development. As part of developing the 2015 Act, a Welsh Government Task and Finish Group was established in 2012 made up of academics, the Crown Prosecution Service, the police, NGOs (including Welsh Women's Aid and NSPCC) and a service user. The group put forward a series of bespoke policy recommendations for Wales in light of both the evidence base for interventions and the Welsh context. This report was

published alongside the Government White Paper in November 2012, which led to the introduction of the Violence Against Women and Domestic Abuse (Wales) Bill in summer 2014.

The work of the Task and Finish Group highlighted the importance of considering VAWDASV as a systemic issue, requiring a range of coordinated actions across the public sector. The recommendations of the Task and Finish Group report therefore focused on integrating, rationalising and co-ordinating services.

Service provision is far from uniform, and local government funding and support is inconsistent across Wales. Delivery of services is patchy with no consistent strategic oversight of the issue (Robinson et al., 2012).

The full summary of recommendations is annexed to this report. Given their mutually reinforcing nature, the group urged that they were adopted as a coherent whole. The recommendations are grouped under three headings, and a list of these headings and the themes that arise now follows:

- **Leadership:** Stronger independent leadership across Wales is necessary so that service provision can be monitored and challenged, and to ensure strategic oversight. One way this can be done is by creating a mechanism for strategic leadership on the issue of violence against women. This was included in the Act through establishing the role of National Adviser.
- **Better education and public awareness:** Improving education, training and campaigns across the country can improve awareness and help to create a supportive culture. Recommendations under this heading include making education about gender equality statutory within the national curriculum, and mandated and nationally consistent training for all frontline professionals linked to a Continuing Professional Development qualification.
- **Strengthening services:** Services need to be strengthened and integrated so that there is consistent provision. Targeted investment and support for specific interventions can help, such as ensuring all health boards with accident and emergency provision have a set process for identifying and assisting victims of domestic abuse; using refuges as temporary, emergency accommodation for short periods and as a last resort whilst redirecting resources into preventative measures that allow victims to stay in their own homes; and increasing availability of move-on accommodation for those who have been forced to leave their homes permanently, including private rented accommodation if there is insufficient supply of social housing.
- Strengthening services also means placing a statutory duty on public sector bodies to contribute to **multi-agency information sharing processes** requiring collaboration across public services.

In addition, the group set out a smaller number of high-level proposals for strengthening services:

1. Establish a coherent all-Wales VAWDASV agenda. An all-Wales VAWDASV outcomes framework will be developed by the Commissioner¹ which includes regional and local outcomes. The development of a strong framework for sustainable intervention, with a sharp focus on local implementation, is necessary for the Commissioner to enforce high-quality standards in service delivery for victims and perpetrators.

2. Develop regional VAWDASV plans. These plans will be informed by a needs assessment of the region's population, and by localised plans, and must indicate how the Commissioner's outcomes framework will be achieved. These plans will have to be submitted and approved by the Commissioner, as they will provide the foundation for evidence-based monitoring and holding areas to account.

3. Promote multi-agency working on VAWDASV. It will be necessary for public bodies to work together and not at cross-purposes to make progress on their Regional VAWDASV plan. The actions taken by public bodies will be monitored by the Commissioner, who will ensure they are held accountable for delivering high-quality services.

4. Develop a sustainable all-Wales commissioning framework. There will be a duty to provide services in accordance with the needs assessment. Service provision must be based on demand rather than implementing all services to the same level in all areas. Prioritising the use of effective services that are good value for money and are consistent with a prevention agenda (e.g. target hardening rather than over-reliance on refuge) is essential. Adopting service delivery standards to ensure high quality specialist services are delivered.

Source: Robinson et al., 2012.

The Violence Against Women, Domestic Abuse and Sexual Violence Act passed into law in 2015, and was accompanied by the VAWDASV National Strategy in 2016. Together, they set out a vision of how to improve prevention, protection, and provision of support for those experiencing, or who have experienced, VAWDASV. One aim of the Act is to improve the public sector response to all forms of violence against women in Wales by providing the issue

¹ In the Act as enacted, the responsibilities of the Commissioner were instantiated in the form of the National Adviser.

with a strategic focus, and ensuring more consistent service provision across the country (Johnson, 2017).²

Specifically, the Act sets out a number of duties. Welsh Government Ministers are required to publish a national strategy which specifies objectives, actions and timescales, along with reasonable steps to achieve them (Welsh Government, 2015). Similarly, local authorities and Local Health Boards have a duty to jointly prepare local strategies for the local authority's area. Ministers and the Higher Education Funding Council for Wales can issue guidance to higher education institutions governing bodies about how best to comply with the Act. Ministers can also issue statutory guidance to 'relevant authorities', although relevant authorities are not obliged to follow the guidance in some situations. The Act also establishes the role of a National Adviser to advise and assist Ministers on putting the Act into practice, carry out research, and publish reports on matters relating to the Act. To measure the implementation of the Act, Welsh Ministers must publish national indicators which can be used to measure progress towards the purpose of the Act, and annual reports which outline the progress that has been made against the national and local strategies. The set of ten national indicators was published in June 2019 (Welsh Government, 2019c).

Implementation of certain aspects of the Act has been slow (Johnson, 2017), and there has been no evaluation of its impact to date, although the Wales Audit Office have recently published the results of a review into the implementation of the Act (WAO, 2019).

Evidence sources and quality

The Centre was asked to consider the evidence base for different models of service provision, both in terms of refuge provision and alternatives. The rest of this report considers research evidence for particular domestic abuse interventions, but more broadly also considers testimonial evidence about implementation of VAWDASV services in Wales from stakeholders. One reason for this is that the evidence regarding which domestic abuse interventions are effective is patchy, and complex ethical and safety considerations involved in researching domestic abuse may be limiting progress in this field (Trabold et al., 2018). Differences in national models for evaluating and researching interventions also complicates any robust criterion of effectiveness: for instance, Trabold et al (2018) uses a medical model which is not applied in Wales. During the period when the Task and Finish Group was active, only a small proportion of interventions had been subjected to robust evaluative research,

² Other aims of the Act include improving arrangements for the prevention of VAWDASV, improving arrangements for the protection of victims and those affected by VAWDASV and, in general, moving towards a prevention-based approach to tackling factors which might increase the risk of or otherwise exacerbate the risk of VAWDASV (Welsh Government, 2015).

and Maxwell and Robinson (2013) argue that little of the available research at that time complied with the “gold standard” of a randomised control trial (RCT). It should be noted that while RCTs are commonly held to provide the most reliable evidence for specific policy interventions, the presence or absence of RCT-backed studies is not conclusive evidence for or against an intervention, particularly in complex situations such as VAWDASV.

The evidence base is strongest for interventions centred around victim advocacy, which have been found to be both effective and cost effective, at least in the short term. One of the National Institute for Health and Care Excellence’s (NICE) evidence-based recommendations regarding domestic violence is to ‘provide all those currently (or recently) affected by domestic violence and abuse with advocacy and advice services tailored to their level of risk and specific needs’ (NICE, 2014). Trabold et al. (2018: 1) also find evidence to support individually tailored services: ‘results indicate that both empowerment-based advocacy and cognitively focused clinical interventions demonstrate positive outcomes’ in helping those affected by ‘violence in the context of an intimate relationship’.

Domestic abuse interventions can focus on the abuse perpetrator or the victim, and may take a preventative approach, as stipulated in the Act. These include ‘primary’ prevention, which focuses on preventing violence occurring; ‘secondary’ prevention, which aims at prevention of recurrence; or ‘tertiary’ prevention, which aims to limit the impacts or manage outcomes of violence (Kirk et al., 2017). Provision tends to focus on survivors rather than perpetrators, and this arguably overemphasises the role of the survivor (who is given support, but also expected to do the ‘work’ of recovery) while minimising the role of the perpetrator (who is blamed, but not always supported to change their behaviours). This may be symptomatic of systemic inequalities in the way in which domestic abuse has traditionally been understood and dealt with, including implicit assumptions of blame (Gracia and Herrero, 2006).

The simplest measure of ‘success’ is if both the perpetrator does not reoffend, and the victim does not suffer further abuse (Robinson and Maxwell, 2013).³ Other studies use a variety of metrics for success, including the victims’ physical health and psychological wellbeing, which complicates the possibility of comparing the relative effectiveness of different interventions (Trabold et al., 2018). Attention must be paid to timescales when measuring success: an intervention may appear to be successful in the short-term, but have little or no long-term impact, and vice versa. While people of all ages can be subject to domestic abuse, the risk tends to decrease over the course of a lifetime independently of interventions, posing the challenge of attributing decreased risk to interventions or to ‘natural’ abatement (Maxwell and

³ That is to say, this is one view of success as viewed from a public policy perspective. Survivors may nonetheless view this as an unsuccessful outcome if, for instance, they do not feel that justice – however defined – has been achieved.

Robinson, 2013). Here, we primarily discuss success in terms of re-offense or re-victimisation, and the victim's subjective sense of safety and wellbeing.

A significant amount of the non-academic literature on the subject is produced by organisations which provide services and support for victims of domestic abuse. This literature provides important insights from those with working knowledge of the issue, but there are issues relating to impartiality and a lack of independent peer review. Equally, codes of practice and guidelines about domestic abuse are often primarily based on stakeholder consultation and experiential knowledge rather than research evidence, although this is not always the case. Care must be taken to distinguish between peer-reviewed research evidence and testimonial evidence, although this report recognises that both are legitimate and valuable forms of knowledge. For example, stakeholder and organisational knowledge is of particular use when assessing the implementation of the Act in Wales, where the experience of professional groups fills a testimonial gap that is not available through the research evidence.

The following section therefore considers particular interventions in light of the recommendations of the Task and Finish Group; research evidence on its effectiveness; and the current situation in Wales in respect of these interventions, based on stakeholder testimony.

Interventions: the evidence and their use in Wales

In considering the implementation of the Act, we have combined a rapid evidence review of effective domestic abuse interventions with the perspectives of stakeholders in Wales. These stakeholders consist of National and Regional VAWDASV Advisers, individuals and organisations who work within the VAWDASV sector and survivors. This allows us to show where the evidence suggests Wales is getting it right, and where there may still be more work to do. This section concentrates on specific interventions, the evidence base for them and the progress in implementing them in Wales as reported by stakeholders. But, as noted above, no one intervention or set of interventions can be considered in isolation from the wider systemic factors that mediate their efficacy.

Housing and Refuges

Refuges have traditionally been at the core of provision for victims of domestic abuse in Wales and usually combine emergency temporary accommodation with other forms of emotional and practical support (Robinson et al., 2012). This is not limited to accommodation

services, and Welsh Women's Aid, who manage the UK Routes to Support database for accessing services in Wales, describe refuge-based support as delivering 'a planned programme of therapeutic and practical support, above and beyond a safe place to stay, and access to peer support from other survivors' (Welsh Women's Aid, 2019). Such a programme of support might involve practical help, individual and group support, as well as support and advocacy on subjects including, but not limited to, housing, finance, health, immigration, legal, educational and employment issues. It also includes support with moving on from refuges into more permanent 'move-on' accommodation. Welsh Women's Aid network of specialist services in Wales operate within a framework of accredited quality service standards for domestic abuse services, and alongside dedicated sexual violence service standards for Wales accredited by Rape Crisis England & Wales and Survivors Trust (Welsh Women's Aid, 2018a; Rape Crisis n.d.). In addition, Imkaan's service standards for specialist services led by and for black and minority ethnic women, and Respect standards for working with perpetrators, are used where relevant (Imkaan, 2016; Respect, 2017).

Given the diversity of service provision offered by refuges, evaluating their overall effectiveness is problematic. However, studies have found no significant relationship between the quantity of shelter services available in an area and rates of domestic abuse (Maxwell and Robinson, 2013). Wathen and MacMillan (2003) found no evidence that shelters prevent re-abuse or re-victimisation, although this is not the primary purpose of refuge provision, which instead aim to help survivors including children recover from their abuse. Despite this, Refuge's 2017/2018 Annual Report states that '93.7% of the women we supported said they felt safer on exit' from the refuge (Refuge, 2018). This figure, although provided in reference to English services, may suggest that shelters improve victims' subjective sense of wellbeing, a finding tentatively echoed in the academic literature, notwithstanding difficulties in isolating which of the heterogeneous services offered by refuges is the causal factor (Trabold et al., 2018).

Although the evidence for the effectiveness of refuges is mixed, they are necessary in that they provide survivors with a safe space and with immediate physical protection from the perpetrator. Survivors at the Welsh Government workshop placed a high value on refuges; their specialist provision was seen as providing a safe space away from the perpetrator, where survivors are able to begin a recovery process. However, survivors also acknowledge that refuges are often an emergency response and argued that some forms of 'refuge' provision are less appropriate: for instance, placements at bed and breakfasts or hotels was seen as unsafe and unsupportive, though this might conflate refuge provision as outlined above with temporary respite, which the sector considers a different intervention.

What emerges from the evidence is that refuges are an essential and fundamentally necessary service. It is clear that they play a core role and, particularly in emergency situations, offer respite and care for survivors where this is most needed. For survivors who want to, and are able to, leave their abusive situation, they have many advantages. Refuges

are, however, a drastic intervention. Survivors reported that having to leave home can feel like an additional punishment, or as if they are taking the blame for abuse. Stakeholders have also emphasised that not every survivor will want or be able to leave. Some groups, such as older people, may be deterred from refuges where they are not seen as containing private or comfortable provision. Consideration should also be given to the psychological effect on the survivor (and any dependents they may have) of moving away from their home and their local support networks (Robinson et al., 2012). Stakeholders have also suggested that refuges should be seen as a temporary intervention, allowing a wider set of supportive services to be provided, including longer-term accommodation.

Data provided by the sector shows that there is considerable demand for refuges in Wales, with 2,223 survivors (2,156 women and 67 men) in total referred to refuge-based support in 2018/19 (Welsh Women's Aid, 2019: 22). Of these, 726 survivors (691 women and 35 men) were unable to be supported by the service, with 77% of these (512 survivors) being unable to be supported due to capacity issues (Welsh Women's Aid, 2019: 23). This includes refuges being full as well as lack of staff capacity to support specific support needs. A further issue is the status of those who have no recourse to public funds, whose financial situation can sometimes leave them unable to access refuge-based services. These data provide the only indication of whether current provision in Wales is sufficient to meet need, and they suggest that resourcing and capacity of refuges is an issue.

In our conversations with stakeholders in Wales, it has been clear that the question of refuge provision is inseparable from the question of 'move-on' accommodation. We have heard that one reason why refuges are sometimes pressed for space is that survivors are staying longer than they should because there is no suitable accommodation, and sometimes no accommodation at all, available for them to move into. This risk was highlighted in the original report of the Task and Finish Group and is still apparent now (Robinson et al., 2012). The lack of suitable housing stock is acute, with stakeholders highlighting shortages in provision for single people, families, and older people. Some providers are attempting to provide suitable accommodation, and examples have been highlighted to us including supported housing on a single street or estate.

Another issue in moving survivors on is where survivors are or have been experiencing difficulties in their previous living situation. Organising the repayment of rent arrears, or arranging for housing benefit, can be difficult. Survivors are sometimes housed in the private rental sector and the long-term effect of this, compared to social housing provision, is unclear. Housing provision is variable across Wales, and stakeholders have spoken of a 'postcode lottery' in terms of whether survivors are offered accommodation and what that accommodation might look like.

There is some evidence relating to alternative models of support that do not require the survivor to move out of their own home. These might include target-hardening interventions,

a means of providing some of the security measures commonly associated with refuges, such as panic buttons and new locks, in the victim's own home. These measures have been shown to increase the victims' feelings of safety, without the upheaval of relocation (Vallely et al., 2005). Stakeholders with first-hand experience of this indicate that security measures are most valuable when integrated with holistic community support provided by specialist services.

Stakeholders have told us that refuge provision in Wales forms part of a wider picture of interventions and VAWDASV services should be considered as a whole. With this in mind, the report now turns to consider other interventions and their application in Wales.

Multi-agency collaboration

There is evidence to support interventions which focus on bringing together representatives from the different policy areas that domestic abuse spans. As the Task and Finish Group report (2012: 41) states:

Multi-agency approaches are necessary because any comprehensive strategy that is truly victim-focussed will include many types of support (e.g. advocacy, counselling, criminal justice advice, practical assistance with housing or benefits, medical attention, etc.), offered in varied locations (e.g., community-based, police, medical), by different personnel (e.g. IDVAs [independent domestic violence advisers] or ISVAs [independent sexual violence advisers], specialist support workers, counsellors, specialist police, forensic medical examiners, etc.) Thus many agencies have a role to play, including non-statutory agencies that represent the 'victim's voice' (i.e., the individual victim's unique needs and concerns).

Multi-agency risk assessment conferences (MARACs) are a form of collaborative working that usually bring together representatives from the police, health, housing, social services and NGOs to share knowledge and information on cases that are deemed to be most high-risk. MARACs originated in Cardiff in 2003 and are now widespread across the UK. According to the charity SafeLives (2014):

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim.

The evidence base for MARACs is mixed. Early primary research conducted in 2006 found that almost two thirds of victims experienced no subsequent violence or abuse after the MARAC, measured by repeat victimisation reports to the police (Robinson, 2006). This research has, however, been criticised, as there may be reasons that survivors do not report repeat victimisation other than that domestic abuse has ceased. Some concerns exist about MARACs, and in particular a review of Independent Domestic Violence Advisers (IDVAs) in London found that survivors' consent was frequently disregarded in referral and functioning of MARACs (Coy and Kelly, 2011). Maxwell and Robinson (2013: 11-23) argue that there are signs that MARACs can be effective, but there is not yet a reliable evidence base for their use.

Domestic abuse conference calls operate according to a similar principle as the MARACs but are far less widespread, and some have now been discontinued owing to lack of evidence. The conference calls encompass lower-risk victims who are not covered by MARACs, and are therefore consistent with a preventative approach. No evidence was found regarding their effectiveness, although available research suggests that they are a promising (albeit insufficiently tested) intervention (Robinson et al., 2012). The conference calls take place at a set time each week amongst agencies in a specific region, all of whom have access to a shared database of information on victims and perpetrators.

The Identification and Referral to Improve Safety (IRIS) programme is one of the best evidenced information and referral initiatives, and involves a collaboration between primary care and third sector organisations in which an advocate educator is based in a local specialist domestic abuse service and linked to GP practices (IRIS, 2012). There is also evidence that the Cardiff Model of information sharing between emergency department healthcare professionals, the police, and other stakeholders, is an effective way of preventing violent injuries in general (Florence et al., 2011).

Victim advocacy

There is strong evidence for victim empowerment through independent advocacy services by specialist services located within refuges or in the community, independent of the state. One example of such services is Independent Domestic Violence Advisors (IDVAs). IDVAs and

other advocates are professionals who might be co-located with the police, work alongside the courts or in health services, housing or social care services, and act as the primary contact for victims and survivors, helping them to navigate the different sectors involved, refer victims to support services, and act as a representative at MARACs. Community-based advocacy and support services originated in refuges in the 1960s and were later extended to victims who were not based in refuges.

IDVAs have been found to be valued by survivors and one non-academic review found that they significantly decreased the risk of re-victimisation (Howarth et al., 2009). A national evaluation of IDVAs found that abuse completely or nearly completely discontinued in 57% of cases following the support of an IDVA (Howarth et al., 2009). The strength of evidence is reflected in the NICE recommendations, which includes Recommendation 12: 'Providing specialist advice, advocacy and support as part of a comprehensive referral pathway' (2014).

A substantial body of research has investigated the provision of specialist advice and support to victims of domestic violence in the UK, which draws on work conducted in the US pointing to the benefits of providing advocacy to women in community-based settings (Robinson et al., 2012).

The effectiveness of IDVAs depends on the local availability of the associated support services, which in turn rely on routine and consistent funding. Local efficiency challenges may also affect the ability of IDVAs to engage with MARACs, which contributes towards inconsistent service provision. Stakeholders have told us that, as with other services, adequately funding IDVA services can be difficult. Administrative work is routinely unfunded despite its importance for record-keeping, particularly where a survivor's case may be taken to court.

A complicating factor regarding the evidence behind advocacy services is that they are often delivered as part of a range of services, alongside refuge provision. This leads to difficulties in isolating cause and effect, given that interventions are rarely delivered in isolation. Stakeholders nonetheless value the role of IDVAs and other advocacy services, which are felt to provide a very effective intervention if properly resourced.

Criminal justice system

Although criminal justice is a matter reserved to the UK Government, the police and wider criminal justice system play an important role in certain domestic abuse interventions aimed at the perpetrator. Domestic violence does not exist as a criminal offence within the law, but perpetrators may be prosecuted under various criminal offences such as common assault, harassment, or the recently established coercive control offence (Robinson, 2017). Since the 1970s, the framing of domestic abuse within the criminal justice system has gradually moved from being primarily concerned with maintaining the unity of spouses towards a more

interventionist approach based on an appraisal of the level of risk faced by the victim (Robinson, 2017). There is evidence that arrest and other forms of positive action from the criminal justice system are more effective in preventing further violence than non-interventionist or informal approaches (Maxwell and Robinson, 2014). The latest criminal justice system approach is based on collaborative working, often in the context of Community Safety Partnerships, and with the police playing a key role in multi-agency initiatives such as MARACs.

Perpetrator-focused interventions

The NICE guidelines acknowledge the importance of combining victim-centred interventions with those that focus on the perpetrator, and recommend that accredited interventions should be commissioned that are tailored towards those who perpetrate domestic violence (NICE, 2014). They recommend linking up services for perpetrators with those which provide specialist support for victims, for example through linking the ongoing perpetrator risk assessment with planning for the victim's safety (NICE, 2014).

Recent pilot programmes have developed and tested a perpetrator-focused approach, including Project Mirabal, the Drive Project, Priority Perpetrator Identification Tool (PPIT) and the Change That Lasts CLEAR pilot early intervention in South Wales. The three-year Drive Project began in 2016 and involves working one-to-one with perpetrators identified as the highest risk via MARACs, providing a range of support and 'disruption' to reduce offending (Robinson, 2017). The PPIT was developed in 2015 to assist agencies involved in domestic abuse services to identify the highest risk perpetrators and facilitate multi-agency working. Practitioners have reported that the PPIT is beneficial in 'engendering a proactive and preventative approach to identify perpetrators and break the cycle of abuse' (Robinson and Clancy, 2017: 6).

Project Mirabal, a large-scale research programme, investigated the extent to which domestic violence perpetrator programmes reduce violence and increase women's and children's safety. The project found that the majority of women involved reported a reduction, or complete cessation, of physical and sexual violence after the programmes had been completed (Kelly and Westmarland, 2015).

Some survivors suggested that it was difficult to access support for perpetrators with support only made available after multiple requests. Where support was made available, there were difficulties in getting perpetrators to engage with it. This is a noted gap in Wales, with the Wales Audit Office finding that only 20% of organisations can provide 'appropriate services for perpetrators' (WAO, 2019: 29). Welsh Government have provided guidance and support for trialling interventions, although stakeholders have argued that the more pressing issue is the resourcing and funding available for these interventions.

Education and training

The Act emphasises education as a key to primary prevention of domestic abuse. The Task and Finish Group report divides education into three main strands: raising public awareness; incorporating gender equality into compulsory education; and training professionals who work in this area.

The Welsh Government has run domestic abuse public awareness campaigns, which are backed up by international evidence. Their most recent campaign targets coercive control within relationships under the banner 'This is not love. This is control' (Welsh Government, 2019a). Evidence from the field of public health suggests that campaigns can bring about changes in behaviour as part of a suite of measures. They are most likely to be effective when targeting one-off rather than habitual behaviours (i.e. encouraging a victim to call a helpline, rather than causing the perpetrator to stop the abuse), which may indicate areas of focus for future campaigns (Wakefield et al., 2010).

Although it is difficult to link school-based education programmes with future domestic abuse incidents, there is evidence to suggest that education in gender equality, healthy relationships and respect can bring about attitudinal change and increase young people's knowledge and understanding of domestic abuse (Hester and Westmarland, 2005). Whole-school initiatives that take place over a series of sessions may be the most effective, rather than one-off initiatives (Robinson et al., 2012).

Research indicates that training service providers across all relevant sectors in how to deal with incidents of domestic abuse can increase their ability to identify and help victims (Robinson et al., 2012). This may also help service providers intervene effectively and safely with perpetrators. A study focusing on health found that less than a quarter of nurses felt able to discuss domestic abuse with patients, for reasons that included fear of causing offence and lack of self-confidence (Keeling, 2008). Some identification and referral programmes which provide training and support to staff have been shown to be effective and cost effective, such as the IRIS model discussed above (Health Foundation, 2010).

Children and Domestic Abuse

Around one in five children in the UK have been exposed to domestic abuse, and 16% of adults in Wales reported growing up in a house where domestic abuse took place (NSPCC, 2019). This is an adverse childhood experience (ACE) and can lead to poor outcomes for children, including adverse mental health consequences and challenging behaviour. Children experiencing domestic abuse will usually be experiencing multiple ACEs which complicates and compounds the harm of domestic abuse. Research suggests that 'living with domestic abuse is always harmful to children' (Sidebotham et al., 2016: 77), and that children are more

likely to be looked after when one or both of their parents experiences domestic abuse (Hodges and Bristow, 2019). Evidence in Serious Case Reviews (SCRs) in England, carried out where a child has died or suffered serious injury, suggests that domestic abuse is a severe risk factor, particularly where coercive control is present. Domestic abuse was present in 54% of SCRs (Sidebotham et al., 2016: 75). This report further recognises that the harmful effects of coercive control and other forms of domestic abuse can be felt long before incidents are recorded, and that a more interventionist, preventative model of care would be more successful in preventing harm (Sidebotham et al., 2016: 82).

The Act recognises children as victims of domestic abuse, and this is reflected in the National Strategy 2016-2021, which calls VAWDASV ‘a child protection issue’ which ‘should be dealt with using the relevant safeguarding procedures’ including preventative measures (Welsh Government, 2016: 12). We have heard that the needs of children, both as survivors and as witnesses of domestic abuse, are inconsistently provided for across Wales, a finding backed up by Welsh Women’s Aid research (Welsh Women’s Aid, 2019b). Analysis conducted by one stakeholder group suggests that a majority of local strategies do not plan for provision of adequate recovery and support services for children and young people, and some do not mention children or young people at all. This indicates that there may be a need to highlight the importance of including children and young people more explicitly in VAWDASV strategies and commissioning.

Survivors have also called for support where they have young families, particularly in refuge instances. Some survivors may spend all of their time with their children and feel unable to show their emotions or process their experiences while the children are with them. The Welsh Government survivors’ roundtable suggested that support might take the form of childcare so that this is possible, in addition to providing adequate toys and play opportunities for children in refuge.

Stakeholder reflections

In addition to reviewing the evidence around interventions, we wanted to consider how the systemic factors that mediate their efficacy had changed in light of the work of the Task and Finish Group, and the legislation that informed. To do this, the Centre hosted a roundtable event in June 2019, which brought together regional VAWDASV advisers and co-ordinators and Welsh Government to establish the challenges in implementing VAWDASV legislation, what effects the legislation has had, and how the vision of the Act can be made a reality for victims and survivors. After that, the Centre held a series of conversations with national stakeholders and officials on the same topic, culminating in a roundtable with national and regional stakeholders in January 2020. These discussions broadly centred around the governance challenges of implementing the legislation, as well as highlighting areas of good

practice. Drawing on this, the research evidence and the recommendations of the Task and Finish Group, this section considers the implementation of the Act, on the basis that understanding this is fundamental to understanding the effectiveness of service provision — particularly refuge provision.

The Act has brought about positive changes, particularly in terms of raising awareness and focusing attention on VAWDASV. This has, correspondingly, led to increases in demand for services which have been difficult for some organisations to meet. Many stakeholders have expressed the view that the rate of implementation has been slower than hoped. The Act has provided local authorities with the ability to make domestic abuse part of core funding and provision, and has spurred innovative arrangements, despite not providing additional funding. Some areas have brought a range of funding streams together to commission joined-up services, which also provides greater long-term funding stability compared to year-on-year uncertainty. The Act has encouraged a focus on prevention, but this is yet to be fully operationalised. There is significant variation both between and within the different regions in terms of the stage they are at of implementing the vision of the Act. There are also issues regarding monitoring adherence to statutory duties, with significant variation across Wales.

Governance, oversight and collaboration

Stakeholders have told us that the development of regional strategies has been a positive step and has helped the focus on VAWDASV. To fully realise the potential of regional strategies, however, they need to be supported by more effective regional governance. Currently, regional strategies are dependent on the willingness of local decision makers to coordinate and collaborate. The level of attention given by senior leaders depends on whether VAWDASV is seen as a priority, or whether it is recognised as being linked to other issues and priorities for the regional actors (such as safeguarding and community safety). Some stakeholders currently feel excluded from regional governance and commissioning processes, or that they need to ‘push their way in’ to these discussions.

Regional governance was highlighted as a key challenge, but it was recognised that there is no simple solution to this, as it is also a problem in other policy areas. However, greater scrutiny of regional working appears necessary. As with the regional strategies, the establishment of regional structures, particularly the VAWDASV boards, has been positive in furthering the VAWDASV agenda. Regional boards and subgroups have enabled a certain degree of partnership working, sharing of information and good practice. However, effective regional working is predicated on collaborative working from senior leadership across organisational boundaries. If this does not exist, there is currently no effective mechanism for oversight, support or enforcement of regional collaboration. This creates barriers to implementation, particularly in regions which have larger numbers of local authority partners.

Examples of good practice, such as domestic abuse hubs which facilitate joined-up working, are not widespread across Wales.

Some of the challenges that were identified by the Task and Finish Group in 2012 remain. Patchy engagement from key partners with the VAWDASV agenda and vision was reported. There is a lack of buy-in from public sector leadership, including from local government and health boards, which contrasts with engagement and enthusiasm from front line staff. As one participant stated,

We have a ground-breaking piece of legislation in Wales, but we don't have the leadership will at a local authority and health board level to deliver it (roundtable, participant).

The National Indicators (Welsh Government, 2019c) were suggested as a helpful tool to increase buy-in from public sector leaders. It was also suggested that the Welsh Government could have a greater role in ensuring that the priorities of Regional VAWDASV Boards align with the Act. This could be through formal oversight of Boards or through a 'soft' power approach. Regional Advisers currently use a significant amount of 'soft' power to attempt to influence others to act. Some stakeholders have argued that this accounts for regional variation, as the make-up of individual Regional Boards will determine how much 'soft power' can be exercised. The composition of Regional Boards can be opaque, and varies across regions, frustrating some stakeholders.

Stakeholders have consistently argued that these issues can be addressed through stronger accountability mechanisms. An oversight role for either Welsh Government or the National Advisers, which might require some consideration of potential enforcement mechanisms, could assist in creating a stronger governance and commissioning process. There is, additionally, scope for National Advisers to increase their visibility and play a more proactive role in ensuring public sector leadership buy-in and holding leaders to account. There is the potential for greater engagement between National and Regional Advisers, and between National Advisers and other stakeholders. Stakeholders have told us that there is a lack of direction at national level. Commissioning guidance, for example, is not always consistently implemented across regions, limiting its application and leading to varying norms across regions. Service providers, in particular, have told us that a more consistent approach with greater oversight at a national level would allow for more consistent service and a higher quality of care.

Funding of services

Funding for VAWDASV services is complex and often confusing. The overall funding picture is fragmented, with services being funded via a mixture of core funding and grants and from funding bodies including Welsh Government, the police, health boards and the third sector, in

various combinations (WAO, 2019: 33). This can make tracing specific spending difficult. Research by the Wales Audit Office (2019: 15) found that there was 'considerable confusion on the part of those interviewed as to exactly which organisation is providing what support, to whom and where'. Stakeholders have argued that this can result in difficulties in mapping and reporting spend.

There remains the need for secure, sustainable long-term funding, since year-on-year funding arrangements are preventing a joined-up and long-term approach and are leading to project and staff 'churn'. Stakeholders have argued that this can lead to unrealistic, highly-compressed timescales for certain grants. Some grants are conditional on being used for specific purposes that may not match identified needs or strategic priorities. Indeed, operating on an annual funding cycle can, according to stakeholders, make it difficult to plan or commission services on a strategic basis. In particular, this makes it more difficult to operate services on a long-term basis. For example, much of the funding for refuge services is allocated year to year and according to data from the sector demand continues to outstrip supply for this type of intervention (Welsh Women's Aid, 2019). While year-on-year funding arrangements reflect similar arrangements across Welsh Government and public services, greater signalling of likely longer-term funding could help to alleviate the risks of terminating services. Some local authorities have committed to sustainable funding over a number of years, and stakeholders are almost unanimous that a longer-term funding position would lead to higher-quality VAWDASV services and to a more sustainable commissioning model, with one suggesting that this might operate on a similar basis to multi-year Supporting People grants.

Stakeholders also highlighted difficulties in running innovative projects or particular types of intervention that might have specific pots of money attached to them. These projects will often have limited funding that does not continue after a pilot phase. One example of this is with perpetrator services, where funding is currently coming to an end with no clarity on what arrangements will follow for providing this service. Stakeholders connect these issues with the way that services are commissioned, with funding pots tied to specific interventions which limits the ability to spend funds flexibly according to need.

The Centre has not been asked to consider whether current funding arrangements are adequate, and has not sought to provide a definitive answer to this question. However, the available evidence does suggest that current levels of funding are not sufficient to meet current need, and there have been significant spending cuts in recent years. The Supporting People grant, which is used for a wide range of services including homelessness and VAWDASV services, has seen a £37m cut in real terms since 2011-12 (Cymorth et al., 2019). In 2017/18, the VAWDASV sector received £8,947,707 in funding from the Supporting People grant, although the overall cost for providing support to survivors in refuge and in the community is estimated to be £22,035,958 (Cymorth et al., 2019). Further pressure on services comes from what appears to be an increase in demand for VAWDASV services.

The Crime Survey for England and Wales indicates that there has been a steady increase in the number of domestic abuse-related crimes reported to the police, which is interpreted as possibly signalling more willingness on the part of survivors to engage with official services (ONS, 2019). The most recent data collected by Welsh Women's Aid indicate that referrals to some types of intervention are increasing, and in particular there was a 32% increase in referrals to community-based support in 2017-18 compared to the previous financial year (Welsh Women's Aid, 2018b: 15).

Difficulties in providing services have led some commissioning bodies to adopt a more 'competitive' model of tendering. A major concern, considered in more detail below, is that this can lead to price-cutting and reductions in service quality. Stakeholders have also argued that this model leads service providers to see each other as opposed to one another rather than as potential partners, which damages collaboration and co-operation in the sector. Stakeholders, particularly in the case of refuge provision, also argue that a competitive approach can undermine specialist providers who can offer high-quality services but require adequate financial support to do so.

While the funding landscape remains complex, some efforts have been made to 'map' available resources and services, but it is unclear whether this will feed in to attempts to co-ordinate or strategically deploy funding or resources in the future. It is clear that tackling this issue will require sustained engagement from all parts of the sector. In particular, funding bodies should assess whether they are currently offering a sustainable or adequate level of resource to allow services to offer appropriate care to all survivors.

Commissioning services

Commissioning is fragmented, and is sometimes not fully informed by local need but rather based on historic practice. Commissioning is also inconsistent across the regions, leading to variation between different local authority areas. Because of a lack of coordination within and between regions on commissioning of services, there is a risk of inefficient use of limited resources, and missed opportunities for learning about what works. As responsibilities for VAWDASV are shared between devolved and non-devolved institutions (for instance, policing is reserved to the UK Government), this presents a barrier to effective collaboration in the public sector. A network or mechanism to bring together the Regional Advisers is now being implemented by Welsh Government and could help to this end.

There is now statutory guidance on the commissioning of services (Welsh Government, 2019b), but stakeholders have argued that this is not consistently enforced and there are not sufficient accountability mechanisms for Welsh Government to take action where it is not followed. Additionally, some stakeholders have raised concerns that by not including basic service provision within the guidance (although it is included in a referenced document), some services are or may be neglected by commissioning authorities. Commissioning

requirements can vary by authority. In terms of accountability, some stakeholders feel that the National Advisers are not equipped with sufficient 'teeth' to enforce this guidance. Some stakeholders have argued that the role of National Adviser should be replaced by a National Commissioner, who would have statutory power to hold regional commissioners to account for their spending and delivery decisions – as recommended by the Task and Finish Group – although this would require changes to the Act. It is generally felt that the regional boards, and the commissioning system, depend as much on the goodwill of individuals involved as on statutory requirements and, where that goodwill is lacking, so are coherent strategic approaches to commissioning. Addressing this will require leadership at a national level.

The Task and Finish Group explicitly recommended improved data sharing between all parts of the VAWDASV system, but this is still inadequate (Wales Audit Office, 2019), with different bodies involved in VAWDASV collecting data in different ways and for different purposes. As one attendee stated: '[there is a] lack of a consistent data set and outcomes framework across VAWDASV to inform and respond to need on a flexible basis'. Although the creation of regional strategies has brought about a greater understanding of need through regional mapping and needs assessments, there are still significant gaps in knowledge regarding who is being turned away from services, and who has not reached the stage of seeking help. Data is frequently collected on the basis of it being readily available rather than being informed by what is needed to inform service delivery or commissioning. Inconsistencies with data collection and differing expectations between regions increase the cost of providing services, as this creates an additional administrative burden on service providers. Because regions differ in the support they provide for administrative functions, some service providers find it more difficult to work in some regions. The inconsistent approach to data collection and differing expectations also increase the cost of tendering, particularly for smaller service providers. A more consistent approach in terms of data collection, and perhaps commissioning for outcomes, could help to compare provision across regions. This would benefit service providers, but would also allow for easier comparison of different interventions on cost and quality bases. Some stakeholders have proposed the creation of a single set of outcomes which would inform data collection and commissioning of services. On this model, commissioning would take an outcomes-led approach, with services (including those outside the traditional 'VAWDASV sector') meeting certain agreed outcomes as part of their commissioning. This would result in a more consistent commissioning landscape.

Stakeholders have told us that there are serious issues with commissioning on the basis of price alone. One service provider will not compete for a number of contracts because they do not feel that there is a safe way for them to deliver the service at the price at which contracts are being let. Cuts in funding and attempts to maximise value by tendering services at a low price can, according to stakeholders, be counter-productive, not only in terms of survivor safety but also in terms of increasing demand on services like healthcare or the police. In addition, some contracts do not cover administrative functions or performance management

(including the performance of line management), increasing the cost burden on service providers significantly, a matter of some concern to them. It is recognised that taking a price-based approach to commissioning goes against the national commissioning guidance, and the involvement of local authority procurement and legal teams in the commissioning process may contribute to the adoption of a 'cost-cutting' approach. Greater awareness of the guidance and a stronger line against taking this approach might help to address these issues, but a more long-term and secure funding system could also alleviate some of these concerns.

Conclusion

The 2015 Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act provides a legislative basis for consolidating good practice, and ensuring strategic leadership and a preventative approach to the issue of domestic abuse. However, implementation of the Act has been slow and domestic abuse provision remains patchy across Wales (Johnson, 2017; WAO, 2019). The commissioning system remains fragmented and inconsistent, and funding is short-term and, based on the available evidence, not sufficient to meet the demand for VAWDASV services across Wales.

The evidence for domestic abuse interventions is mixed, and research has been limited by the many ethical and safety issues inherent in working with vulnerable populations. Nonetheless, there is evidence to support the use of some interventions, with the evidence base for IDVAs and other independent advocacy services particularly strong. In addition to normal criminal justice service processes, the Task and Finish Group's focus on action at multiple levels and across the public sector is still relevant to the current Welsh context. This was predicated on using leadership, education and public campaigns to raise awareness and bring about culture change, combined with legislating for public sector responses and investing in certain interventions. Specific recommendations include appropriate use of refuges as temporary accommodation; widespread provision of target-hardening services; including ongoing teaching on healthy relationships within the curriculum; a statutory requirement for a multi-agency response; training for all relevant frontline professionals on domestic abuse; and ensuring strategic leadership for the issue.

These recommendations are reflected in the Welsh Government's National Strategy, which is also designed to reflect key aspects of the Istanbul Convention (Welsh Government 2016). While the specific set of interventions has been incorporated, however, stakeholders feel that there remain difficulties in effectively implementing certain interventions. This is particularly true for perpetrator-focused interventions, mental health support, and interventions for children and young people, which are not always prioritised by commissioning bodies and

which require a level of resource that is not always available. Stakeholders have also argued that there is a need to reinforce a trauma-informed approach to provision in commissioning.

Evidence from our roundtable shows that the Act has helped to focus attention on VAWDASV. In particular, regional strategies have been developed which have helped to positively drive and enact the legislation. Nonetheless, some of the key challenges identified prior to the legislation are still there. A lack of long-term, secure funding remains an issue for providers and affects staff turnover and the availability of some interventions. While this reflects Welsh Government's funding model, stakeholders have pointed to some other areas where multi-year funding has been guaranteed as offering an example of what could be done to address this. Alternatively, in some regions local authorities have grouped funding to try to secure some stability.

The available evidence suggests that funding remains insufficient to meet the needs of survivors, and while this is a legacy of austerity, some in the sector have argued that increasing funding for VAWDASV could reduce the pressure on other public services (Cymorth Cymru et al., 2019). A complex funding system complicates attempts at reform, and some stakeholders feel that VAWDASV suffers from being funded through a variety of devolved and non-devolved agencies, including policing, health and via the Supporting People housing grant.

Commissioning is still fragmented, and there are concerns about the process of commissioning services in some regions. The establishment of regional structures has improved this – especially the VAWDASV boards – but collaboration often depends on the goodwill of representatives and until senior leadership across local, regional and national structures effectively collaborate across organisational boundaries, the existing mechanisms for delivering VAWDASV legislation are inadequate. This creates barriers to implementation, especially in regions with larger numbers of partners.

Effectively responding to these issues will take time. The challenge of achieving policy objectives through regional delivery is not restricted to VAWDASV legislation. It is clear that a stronger accountability mechanism would be a useful first step, but who should be responsible and how this mechanism would operate is less clear.

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Annex 1: Recommendations from the Task and Finish Group Report

The following is a copy of the recommendations from the Task and Finish Group (Robinson et al., 2012).

5.1 SUMMARY OF RECOMMENDATIONS

5.1.1 Leadership

- Establish a new mechanism for strategic leadership and holding public services to account (e.g., a 'Commissioner for Ending Violence Against Women').
- Establish a supportive structure, with a focus on research and analysis, to enable the Commissioner to achieve his or her stated objectives (e.g., a 'Welsh Observatory on Violence Against Women').

5.1.2 Better education and public awareness

Public awareness

- Implement a duty on public bodies to provide public awareness campaigns (national and local) on all forms of intimate violence that predominantly affect women and girls (domestic violence; sexual violence; honour-based violence; female genital mutilation; forced marriage; trafficking). These should be developed in consultation with specialist service providers for accuracy and proper messaging.
- Information about the 'All-Wales Domestic Abuse and Sexual Violence Helpline' should be displayed prominently within agencies across the public, voluntary and private sectors.

Compulsory education

- Preventative education about gender equality, healthy relationships, safety and respect should be made statutory within the Welsh PSHE curriculum in order to tackle all forms of violence against women and girls.
- Statutory guidance should be issued to schools to promote a 'whole school' approach, linked to the safeguarding agenda.
- In addition to schools, preventative programmes should be delivered in other settings to reach all children/young people across Wales, including those who are not in mainstream education (e.g., young people not in employment or education, NEETs), again linked to the safeguarding agenda.

Training professionals

- Mandatory training for frontline service providers that is sector specific and nationally developed so the message is consistent across Wales. This training should be linked to a CPD qualification. Only evidence-based training should be delivered, and ideally the training would be combined with other mandatory training (e.g., diversity or safeguarding).
- Provide a summary of evidence-based approaches for frontline professionals. This summary would need to be commissioned and employers should take responsibility for circulating it to their employees.
- Agencies should ensure that funding is allocated and used to provide professional interpreters, or should use trustworthy services such as language line (<http://www.language.co.uk/>). Agencies should be required to demonstrate that the interpreters they have procured are bound by an appropriate code of conduct and have undergone relevant training.

5.1.3 Strengthening services

Multi-agency work

- Place a statutory duty on devolved public sector bodies to contribute to a multi-agency process that manages risk and improves safety for victims (e.g., Multi-Agency Risk Assessment Conferences or MARACs).
- Provide routine, consistent long-term funding for specialist support services for victims.
- Strengthen services for low and medium-risk victims through the introduction of a common assessment and care pathway utilising the national helpline to support other professionals manage a disclosure, risk assessment, safety plan, and referral.
- Place a statutory requirement on public bodies to share relevant information through agreed multi-agency information sharing protocols.
- Strengthen standards of one-stop-shops and support the co-location of services.
- Support the consistent implementation of RESPECT accredited perpetrator programmes across Wales.

Health

- Linked to our recommendations for compulsory training for frontline practitioners ('lifelong education'), we recommend implementing a multiagency model to facilitate routine enquires across Wales (e.g., IRIS scheme).
- All health boards with an A&E should have a specific mechanism and process in place to identify people injured in domestic violence and then to work with them (e.g., College of Emergency Medicine guideline). This process should be supported by a specific

nurse post dedicated to identifying, supporting and protecting those women and girls who have been injured in violence.

- Implement a multi-agency care pathway across Wales to more effectively manage the mental health effects from exposure to violence (e.g., Royal College of Psychiatrists guideline).
- Improve existing building infrastructure to support patient's confidential disclosure (e.g., privacy screens/arrangements within surgeries), to support health professionals in fulfilling their duty 'to ask and to act' across Wales. All new buildings must conform to this requirement.
- The NHS should adopt policies to ensure it can adequately identify and respond to health complications and adverse effects from experiencing forms of violence such as female genital mutilation (FGM), including the provision of reconstructive surgery.

Housing

- Make available a fast and effective target-hardening service to all, regardless of tenancy/owner occupation status, which is linked to police watch and police drive by models to ensure that a priority response is provided to victims who have received target-hardening.
- Integrate target-hardening into all Housing Association maintenance functions, so that an all-Wales service can be provided at low cost.
- Refuge must be used as intended: as temporary emergency safe accommodation (for those most at risk of harm or in need of a safe place), for short periods and as the last resort, with more resources over time (as the prevention and early interventions begin to affect change) being directed to keeping the victim in their own home or locality.
- Multi-agency targets should be set that aim to: a) reduce admissions to refuge and b) reduce time spent in refuge, whilst not placing women and children at increased risk of harm.
- Provide open access to refuge for local women and their children which may be short term, whilst the home is target-hardened or the perpetrator arrested or managed/recalled.
- Increased options for move-on accommodation should be available to meet the needs of victims who have to be moved from their homes permanently.
 - Provide an adequate supply of social housing and/or private rented accommodation that is safe and subject to regulatory controls (e.g., a Code of Practice for private sector landlords).
 - Re-housing must be achieved in a timely way, and informed by an assessment of the victim's risk.
 - Consider developing 'move-on panels' across Wales to facilitate the deployment of appropriate housing options.

- Mandatory training for housing officers to ensure a sensitive and professional response to those experiencing violence and abuse.
- Implement robust eviction and removal-from-tenancy procedures for perpetrators, using the civil standard of proof. New tenancies should state clearly that any form of violence against women or domestic abuse constitutes a breach of tenancy by the perpetrator so that, in the case of joint tenancies, one party can be evicted.
- Ensure the long-term work of enabling victims/survivors to recover and face the world, able to make good choices for themselves and their children, goes on, but is no longer intrinsically linked with housing provision.

Annex 2: Recommendations from Welsh Government Survivor Workshop

Survivors called for there to be more awareness raising around domestic violence and controlling behaviours; for professionals and members of the public to feel empowered and safe, to know the signs and to “ask and act”. One survivor also called for there to be more awareness of how to support someone from a different background/culture.

Survivors called for all those who had any interface with services to have access to the Freedom programme (2020) and to other interventions, to understand what they were experiencing which could enable them to get out of their situation before emergency accommodation became necessary.

Access to refuge should be guaranteed based on the assessment and understanding that if someone is not safe then they should first and foremost be helped to access safe provision. Survivors called for criteria to be relaxed which would mean that even those without access to public funds could access the service they needed at the time needed.

They called for there to be flexibility around no recourse to public funds and that there should be more dedicated funding directed to support those whose status means they cannot access public funding.

Survivors recommended that trained local Domestic Violence Police officers are available in each area

Where possible, survivors recommend that they are not asked to repeat their experiences at time when access to emergency accommodation is required. They would prefer for advocates to assist in this process. They also recommended looking at the assessment process and criteria to ensure more flexibility to include situations such as need for support when the perpetrator is released from prison

Instant access to counselling should be made available to all as well as access to awareness programmes such as the Freedom programme. They called for all to have access to strategies to help them to cope, to understand the situation which can help in their recovery.

Provision of clothes, toys, necessities for those entering refuge should be the norm with refuges supported financially to enable this to happen.

They also called for the need to offer respite to those who may have to spend all day with a young child-activities for them to allow the parent to think etc. They proposed the need for staff training on this aspect.

Survivors called for mandatory supervised perpetrator support provision that would enable behaviour change. They felt that the perpetrator would not attend if there was any element of choice.

Ideal provision: Suggestions included learning how to feel and stay safe; knowing the signs of domestic violence and control; freedom programme and recovery toolkit; continued support; understanding warning signs in new relationships

We are grateful to **Professor Amanda Robinson** and to those within the VAWDASV sector who have contributed to this report. Any errors of omissions are the authors' own.

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