

**Gofyn a Gweithredu**  
**Ask and Act**



Llywodraeth Cymru  
Welsh Government

Implementation of "Ask and Act"  
**Guidance for relevant authority  
leaders, co-ordinators and  
managers**

November 2017

This document is issued as a working draft for the purpose of testing its appropriateness. Once finalised, it is intended that this document will be issued as statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, having first been laid before the National Assembly for Wales in accordance with section 16 of the Act.

Whilst the document is a 'working draft' it is hoped that it will assist those relevant authorities subject to the second phase roll out to plan and implement Ask & Act.

## **Ministerial foreword**

Over the past few years the Welsh Government has led a national response to tackling violence against women, domestic abuse and sexual violence. We have broken new ground with the introduction of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, we have demonstrated strong implementation with the introduction of the National Strategy on Violence against Women, Domestic Abuse and Sexual Violence – 2016 – 2021 and we have shown innovation with the introduction of a National Training Framework on violence against women, domestic abuse and sexual violence, a new campaigns plan and a wide ranging sustainability programme for specialist services.

“Ask and Act” is a further example of our commitment to preventing violence against women, domestic abuse and sexual violence and it is, by far, our most ambitious practice changing innovation. It is a process of targeted enquiry to be practiced across the public service to identify violence against women, domestic abuse and sexual violence.

“Ask and Act” has the potential to change and save lives and initial feedback from the early adoption work shows that it does achieve this. It is a policy which has been developed with survivors of violence against women, domestic abuse and sexual violence and is therefore informed by lived experience. As we prepare to roll out Ask and Act across Wales we are beginning a journey that can change the face of the public service approach to those who have experienced violence against women, domestic abuse and sexual violence; identifying more people in need, offering efficient and effective interventions earlier and improving the response to these issues.

“Ask and Act” is the practice change that will see our legislation and strategic direction delivered at the frontline. It requires strong leadership and investment – not just of Welsh Government funding but the time and commitment of public service staff. The role of managers, leaders and co-ordinators across Wales is imperative in creating the culture change across the public service where the experience of violence against women, domestic abuse and sexual violence is understood in the correct context, where disclosure is accepted and facilitated and support is appropriate and consistent.’ The value you place on “Ask and Act” and its importance within your workplace will directly relate to its impact. I hope this guidance provides you with the information you need to take forward this approach with clarity and purpose.

**Julie James AM**

Leader of the House and Chief Whip

## A note on language

“Ask and Act” is a Welsh Government policy delivered through guidance, funding and training. The training element of the policy is delivered through groups 2 and 3 of the National Training Framework. The National Training Framework on violence against women, domestic abuse and sexual violence addresses all forms of gender-based violence, domestic abuse and sexual violence. However, the Framework is named to ensure a focus – through delivery - on particular forms of violence and abuse which are disproportionately experienced by women and girls. Evidence shows that women disproportionately experience repeat incidents of domestic abuse, all forms of sexual violence and other forms of violence and abuse such as forced marriage and female genital mutilation.

Whilst it is important that this disproportionate experience is acknowledged and communicated through training delivery, including the “Ask and Act” training, the purpose of the Framework is to ensure that professionals are trained to provide an effective response to anyone affected by any form of gender-based violence, domestic abuse and sexual violence. References in this guidance to “violence against women, domestic abuse and sexual violence” or “violence and abuse” should therefore be read to capture all forms of gender-based violence, domestic abuse and sexual violence as defined in section 24 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Some forms of violence and abuse which meet these definitions are experienced within family settings and relationships, including same sex relationships, between family members and by men who are abused by women. As such, training for each group within the Framework, including the “Ask and Act” training, acknowledges the disproportionate impact of these forms of violence and abuse on women but will be inclusive of all potential victims.

The “Ask and Act” training acknowledges that the experience of men and women of these forms of violence and abuse can be different and often requires a different professional response which takes these differences into account. As this guidance sets out, the specific needs of all clients, whether linked to gender or other characteristics, should be considered carefully in providing appropriate service options.

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## Introduction

“Ask and Act” is a Welsh Government policy of targeted enquiry, to be practiced across the public service, to identify violence against women, domestic abuse and sexual violence. The term targeted enquiry describes the recognition of indicators of violence against women, domestic abuse and sexual violence as a prompt for a professional to ask their client whether they have been affected by any of these issues. This is not the same as routine enquiry, where every client is screened for the potential experience of violence against women, domestic abuse and sexual violence.

This guidance is aimed at those who have responsibility for violence against women, domestic abuse and sexual violence within the relevant authorities referred to in the Violence against Women, Domestic Abuse and Sexual Violence Act (2015). These are local authorities, Local Health Boards; fire and rescue authorities and National Health Service trusts. This is because the Welsh Government “Ask and Act” training programme is being rolled out to these organisations.

However this guidance will also be useful to those who have a regional role in the co-ordination and commissioning of activities to tackle violence against women, domestic abuse and sexual violence and to leaders of organisations (which are not relevant authorities) which plan to adopt “Ask and Act”. This guidance will assist those who have leadership responsibilities within those organisations to plan, prepare and implement “Ask and Act” in a way which is sustainable.

Relevant authorities will be supported to “Ask and Act” in the following ways:

- through this guidance, which sets out the stages which need to take place to implement Ask and Act;
- through additional guidance for frontline practitioners;
- a Train the Trainer programme which will ensure they have staff within their organisations and regions who can train colleagues to “Ask and Act” and plan their own training; and
- a small grants programme to engage expert support on the training programme where necessary.

This guidance provides information on the four stages of work that will ensure “Ask and Act” is implemented with a strong infrastructure, clearly defined roles and responsibilities, training, support and strong governance. There is a chapter on each stage which provides good practice information and practical advice.

- 1) Stage 1: Establishing governance
- 2) Stage 2: Planning, including the pre-training phase
- 3) Stage 3: Training
- 4) Stage 4: Rollout

This guidance includes learning from the early adoption of “Ask and Act”, where the approach was piloted in the Abertawe Bro Morgannwg University (ABMU) Health Board and the South East Wales regional authorities. It also addresses feedback from the formal written consultation exercise which took place in early 2016.

The guidance is based on the following suppositions:

### **Regional/partnership approach**

Local Authorities and Health Boards are encouraged to work in partnership, within regional spaces that work for them (and that are aligned to the regionalisation work required for the dissemination of the VAWDASV Services grant) to implement Ask and Act.

All relevant authorities should consider what they need to do to make “Ask and Act” successful within internal systems. However partnerships on a regional basis are required for training delivery - the training model is not cost effective for individual organisation implementation.

Fire and Rescue Authorities and NHS Trusts may take an organisational approach but this should be on a national basis (i.e. each of the FRAs should join together for their training).

### **“Ask and Act” requires organisational change in addition to the training programme.**

During the early adoption of “Ask and Act” many participants considered “Ask and Act” as a stand alone training programme. It is important to approach “Ask and Act” as **organisational change - supported by a training programme**, to ensure that an infrastructure of policy and procedure which embeds “Ask and Act” as core business is established. This should make clear to all staff, management and clients how the process works, what it means for everyone involved and how staff and clients will be supported.

### **“Ask and Act” involves both central and local training.**

The “Ask and Act” Train the Trainer course has been developed and will be delivered on behalf of the Welsh Government by Welsh Women’s Aid. The same course (adjusted to local need) will be delivered in each region; to create regional training consortia. Thereafter the regional training consortia will roll out “Ask and Act” training in their local area/relevant authority in a structure and pattern that suits local need.

### **Integration of the National Training Framework and “Ask and Act” training.**

“Ask and Act” is one of the most significant practice changes, facilitated through the “National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence”.

These two Welsh Government policies are integrated, in that local delivery of the National Training Framework also delivers key aspects of “Ask and Act”.

“Ask and Act” training relates to both groups 2 and 3 of the “National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence”.

**Group 2** The “Ask and Act” training will support staff to identify the indicators of several forms of violence against women domestic abuse and sexual violence and take appropriate action.

**Group 3** The “Ask and Act” champions training will ensure that within each relevant authority there are a number of “champions” who can support colleagues who have been trained to “Ask and Act”. These “champions” will have enhanced knowledge to advise those trained to “Ask and Act” on whether they have taken all appropriate action, considered the needs of all family members and done all they can to improve the safety and wellbeing of the victim of abuse.

### **An individualised approach to “Ask and Act”**

As this guidance further outlines the steps towards implementation, it is important to acknowledge that “Ask and Act” may not look the same in each relevant authority. Client groups and structures vary, as will prioritised audiences.

Each relevant authority should consider how best to offer “Ask and Act” within its varying functions and professional roles. However, one fundamental statement should support every variation of process:

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



## The international and UK context for “Ask and Act”

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

The Welsh Government takes this recommendation and identified good practice further by supporting the use of such enquiry across the relevant authorities. It also proposes a slightly wider focus on violence against women, domestic abuse and sexual violence.

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

## The aims of “Ask and Act”

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

## The four stages of implementation for "Ask and Act".

### Establishing governance

- "Lead" role for "Ask and Act" appointed
- Steering group established

### Planning

- Communication strategy prepared
- Training needs analysis undertaken
- Practitioners who will "Ask and Act" selected
- Training plan developed
- Regional training consortia developed
- "Ask and Act" policy developed
- Referral protocol agreed
- Information Sharing Protocol developed, ratified and assured
- Baseline data established
- Data collection plan developed

### Training

- Delivery of Train the Trainer course takes place

### Rollout

- Implementation of training plan
- Regional training consortia deliver ongoing "Ask and Act" training
- Staff implementing "Ask and Act" are supported to manage the impact of disclosures
- Safeguarding procedures monitored to ensure alignment
- Impact of "Ask and Act" monitored

## 1. Establishing governance

Although many relevant authorities already have practice underway which is similar to “Ask and Act”, the implementation of this work will present significant practice change on a large scale. As such, prior to rollout, a significant amount of planning is required to ensure the relevant authority is prepared and aware of “Ask and Act” and its implications. This includes establishing the governance structures to oversee implementation.

In order to ensure that the planning for implementation of “Ask and Act” is robust the following structures and individuals need to be in place at an organisational and regional level:

### a. organisational - the selection of a “lead” for the work

Each relevant authority should select a “lead” for “Ask and Act”. Suitable leads are likely to be those who already have responsibility for safeguarding (such as head of any of the safeguarding teams, domestic abuse co-ordinators or regional co-ordinators/advisers). The work should be overseen and “held” by a senior manager such as the Director of Social Services or the lead for Women and Child Health.

It may be helpful if additional leads are established for each of the prioritised professional roles within the relevant authority (e.g. a lead for safeguarding and a lead for midwifery etc.) but this is a matter for you. It is important that clear responsibility for the work is allocated to a named person. The “lead” will have responsibility for establishing “Ask and Act” within their relevant authority and representing the relevant authority within regional arrangements.

It is important that all organisational leads working within a region are co-ordinated. The training for “Ask and Act” (further outlined below) will be delivered regionally and therefore regional co-ordination is crucial to the rollout of “Ask and Act”. In order to achieve this, regions may wish to nominate one authority who will co-ordinate the regional approach and chair regional arrangements (see below) for implementation. Where a Regional Advisor for Violence against Women, Domestic Abuse and Sexual Violence is in place, the regional co-ordination of “Ask and Act” should be included in their role.

#### **Learning from the early adoption work:**

In the ABMU Health Board the work was led by the Named Nurse for Safeguarding and the Lead for Adult Safeguarding.

In the South East Wales Local Authorities this work was led by the Regional Adviser for violence against women, domestic abuse and sexual violence.

**b. Regional - The establishment of a steering group to lead and oversee implementation of “Ask and Act”**

The implementation of “Ask and Act” will require oversight at a regional level to address developing training issues, operational training challenges and to proactively plan training against emerging themes.

Depending on how well established existing regional arrangements are, you may wish to establish a new regional group to oversee implementation of “Ask and Act” training. Alternatively, you may wish to incorporate the implementation of “Ask and Act” training into the Terms of Reference for an existing, relevant, regional group.

It is for the relevant authorities to consider whether a new group or an existing group could oversee implementation of “Ask and Act” training.

An “Ask and Act” group will provide opportunity to bring together the relevant authority leads within the region and relevant partners from across the public and specialist sector (such as specialist domestic abuse and sexual violence services). It may report to an appropriate strategic board such as the regional Violence against Women, Domestic Abuse and Sexual Violence Board, a Community Safety Board or a Regional Safeguarding Board.

**Integrating oversight of “Ask and Act” with safeguarding and the wellbeing of future generations.**

Should relevant authorities decide to create a new group to oversee the implementation of Ask & Act training, there should be communication with any Regional Safeguarding Boards and Public Services Boards (PSBs) to ensure that the principles of the Well-being of Future Generations (Wales) Act 2015 are aligned with work to tackle violence against women, domestic abuse and sexual violence. Successful implementation of “Ask and Act” training (which leads to early intervention and prevention of further and escalating abuse) is likely to have a positive impact on the economic, social, environmental and cultural well-being of those affected.

## 2. Planning

### a. Communication

Organisational wide implementation of “Ask and Act” should transform the response to those experiencing or at risk of all forms of violence against women, domestic abuse and sexual violence within each relevant authority.

A communication plan for “Ask and Act” should be drafted early in the planning phase to ensure timely communication which outlines the purpose of this practice change and the plan to implement. This will be crucial in ensuring that both staff and leadership are engaged in the work and feel prepared for implementation.

The communication plan should include strategic and leadership engagement, include relevant boards and partnerships. in addition to staff wide bulletins. Workforce development, HR and learning and development teams should be included in such planning at the earliest possible stage as these teams tend to control the systems and processes through which other training is shared.

Many of those working within relevant authorities will view “Ask and Act” as a formalisation of the work they already do. However, as you communicate the approach you may encounter questions or concerns about what “Ask and Act” means for relevant authority staff and the client group. The Welsh Government has compiled a list of ‘Frequently asked Questions’/‘Barriers to Implementation’ which will assist leaders to communicate about “Ask and Act” and address any concerns.

**b. A local training needs assessment based around the requirements of each group within the National Training Framework and an organisational training plan which outlines how professionals within each group of the Framework, within each site, will be trained and the timeframe in which this will happen.**

All relevant authorities were required to submit a training plan to the Welsh Ministers by 31<sup>st</sup> March 2017 under the “The National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence: Statutory Guidance. This plan was also required to be based upon a local training needs analysis.

The training needs analysis and plan should be updated to reflect planning for the delivery of “Ask and Act” training. The analysis should include a consideration of which professions/areas of practice/organisational functions you wish to prioritise for “Ask and Act”. You may wish to base this prioritisation on a combination of the following factors:

- The lessons learned from any local Domestic Homicide Review, Child Practice Review or Adult Practice Review which involved violence against women, domestic abuse and sexual violence.
- Your local strategic objectives.

- Local data on violence against women, domestic abuse and sexual violence; including local specialist service and MARAC (Multi Agency Risk Assessment Conference) data.

The Welsh Government encourages careful consideration of the following professionals for prioritisation for “Ask and Act” training and rollout with each relevant authority.

<b>Local Health Board and NHS Trusts</b>
Midwifery and Health Visiting General Practitioners and primary care teams Emergency Department Substance misuse Mental Health District and community nursing Ambulance Service School nursing Sexual Health Services
<b>Local Authority</b>
Safeguarding Safeguarding in Education Housing, Housing options and Homelessness officers Youth Offending Team and Youth Services Money, debt and welfare services Disability and transition teams
<b>Fire and Rescue Authority</b>
All firefighters with community based responsibilities

The training needs analysis will inform the training plan. The plan should be drafted over a five year forecast, although annual review and detail will be required. It is not expected that all relevant professionals will be trained within this five year period, “Ask and Act” training will be an ongoing activity, based on revised and further planning. It should be viewed in the same way safeguarding training should be viewed; an ongoing, core activity of the relevant authority.

The plan should also include an assessment of capacity through which to meet the training need and this should include consideration of the training consortia membership required.

Within the prioritised professions/areas of practice/organisational functions you will also need to consider the professional roles suitable for the training and the numbers of these roles within the relevant authority.

In order to select the professional roles most suitable to “Ask and Act” the relevant authority should consider how the role meets the following selection criteria:

The professional works:

- In a public facing role, coming into contact with clients in which either an assessment is made and/or care is delivered and which provides an opportunity to “ask”.

This may be one off contact or as part of an ongoing relationship with a client.  
and;

- In a role where the client group is likely to have experienced a form of violence against women, domestic abuse and sexual violence.

This experience complicates and impacts on the nature of the client’s engagement with the service offered in that role.

or;

- In a setting or location which is reason alone to “Ask and Act” (midwifery, mental health, child maltreatment).

To “Ask and Act” requires listening skills, an ability to respond calmly and empathically to a client who may be distressed and a basic knowledge of local services accessed via referral protocols.<sup>1</sup>

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

There are other professions within relevant authorities who do not work consistently with a client group and who may find the process of “Ask and Act” new and perhaps intimidating. The process of “Ask and Act” should, however, be simple and evidence suggests undertaking such a process is acceptable to service users.

The “Ask and Act” process is not aimed at professions who are not in existing client facing roles.

The following matrix was developed in one of the early adopter sites to apply these criteria in practice:




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<sup>1</sup> A detailed outline of “Ask and Act” practice is provided in the Welsh Government publication *Delivering “Ask and Act” - the role of the frontline practitioner*.



**Learning from the early adopter sites**

Matrix developed with ABMU Health Board and used following prioritisation of sites for pilot, by each team lead to plot roles within their teams against the criteria for “Ask and Act”

- Key:**
-  Group 1 training requirement (Awareness)
  -  Group 2 training requirement (Ask and Act)
  -  Group 2 at Managers discretion










**Significant Contact:**

An incident of professional contact with a client in which an assessment and/or care is delivered and which provides an opportunity to “ask”.

This may be one off contact or as part of an ongoing relationship with a client.

**Evidence Setting:**

Based on research relating to screening and enquiry for forms of violence against women, domestic abuse and sexual violence.

LOCATION AND CLIENT GROUP	Location in which professional works is reason alone to “Ask and Act” (A setting)			
	Client group highly likely to have experienced a form of VAWDASV			
	Client group likely to mirror national prevalence statistics			
		No significant contact	Contact which is not significant	Significant contact

These criteria are provided as it is not possible to provide an exhaustive list of professionals who should be able to “Ask and Act”, nor is it possible to train such a large group of professionals in a short period of time. Training and implementation of “Ask and Act” will be an ongoing piece of work within each region/organisation. Initial planning should be based on priority audiences to be trained over a five year period but subsequent training to wider audiences will be required thereafter.

The criteria and its application will enable relevant authorities to consider where they would like to prioritise training for “Ask and Act” whilst planning longer term to meet the training needs of a broader group of professionals.

The requirements of the Violence against Women, Domestic Abuse and Sexual Violence Act 2015 apply to relevant authorities (as defined by the Act—as local authorities, local Health Boards, Fire and Rescue Authorities and National Health Service trusts) In line with the purpose and aim of the Act, the professionals noted above (for prioritisation for “Ask and Act training and rollout) are usually employed within the relevant authorities. It is, however, important to note that there are professionals working outside of the relevant authorities who may also merit consideration for inclusion in training plans for “Ask and Act”. In particular, those who provide social housing should be considered for inclusion, given their range of service provision and broad client base.

Relevant authorities, as employers of practitioners who will “Ask and Act” should ensure practitioners are:

- adequately trained (through the National Training Framework);
- supported to implement “Ask and Act” in an empathic and safe way; and
- able to ensure practice is monitored to promote the client’s safety and wellbeing as central to all work.

**c. Convene a regional training consortia based upon training priorities across the region and the professionals prioritised for training through the training plan.**

In order to achieve this, each of the relevant authority training plans should be compiled and considered together. The content relating to groups 2 and 3 of the National Training Framework should be aligned and considered on a regional basis.

Once you have agreed the areas in which you plan to prioritise “Ask and Act” training and your plans for the next five years, it will be necessary to begin selecting prospective trainers from across your relevant authority who will attend the “Train the Trainer” programme and take forward the training programme for your staff. These prospective trainers, once trained, will become your regional training consortia.

The training model for “Ask and Act” is a “train the trainer” model; a regional training consortia will roll out a nationally developed training programme to colleagues. The training roll out will be supported by a central provider; Welsh Women’s Aid, who will train the consortia to roll out “Ask and Act” training within their own organisations and support the ongoing work.

The regional training consortia can be convened in any way most suitable to your locality. Becoming an “Ask and Act” trainer (for group 2) is a significant commitment, it requires completion of a two day training course and approximately 15-20 hours of assessment and accreditation work. To become an “Ask and Act” champion trainer (group 3) requires an additional day of training and further assessment work. As such, you may wish to identify prospective trainers who are interested in this work and who are committed to challenging violence against women, domestic abuse and sexual violence within their organisations.

As a consortia, your prospective trainers should be representative Of those you have prioritised for training within the region, hold specialist knowledge and represent your prioritised audience.

It is important that you consider what structures exist within your relevant authority and region which can support, include or complement the regional training consortia. In many areas there are already Training Managers Groups, Regional Safeguarding Trainers and Workforce Development Partnerships which offer structure and process key to the success of rollout, and experienced and skilled training personnel.

### **Forming the regional training consortia**

The regional training consortia should form part of a sustainable model of training which can be embedded in ongoing practice within each relevant authority included in the regional work. It is therefore important that those who form the membership of the regional training consortia are recruited to criteria and that both the membership and their management are clear as to the commitment they make through this membership. This will ensure that those selected as prospective trainers are well suited to the role and limit the amount of trained trainers who “drop out” of the consortia.

The following are provided as a good practice example of regional training consortia membership criteria:

1. The prospective trainer has specialist knowledge of domestic abuse, sexual violence or other forms of violence against women gained through practice in this area or;
2. The prospective trainer has a strong working knowledge of the area of work of one of the prioritised audiences and will champion the approach within that profession and;
3. The prospective trainer has experience of training delivery.

All training for “Ask and Act” should be delivered by two trainers; one who represents point one above, the other who represents the second point. At least one of the two should have experience of training delivery.

In order to ensure that those within the regional training consortia deliver training regularly enough to ensure they retain the required knowledge and maintain a level of confidence, it is recommended that members of the training consortia are released from their core duties to deliver “Ask and Act” training up to 6 times per year and that those trained to deliver training to group 3 of the National Training Framework are

released to deliver training up to 5 times per year. It is important that those who manage members of the regional training consortia are aware of this and share the commitment of their staff.

Those who nominate themselves or who are selected for the regional training consortia will be trained on the Train the Trainer programme which will cover the key messages of the “Ask and Act” training and provide support and skills to deliver the “Ask and Act” messages regionally.

This approach will allow relevant authorities to take a flexible approach to training whilst addressing the needs of the targeted priority audiences. There may be existing training processes or programmes in which Ask and Act could usefully sit. Consideration should be given to how “Ask and Act” roll out can be integrated with ongoing mandatory training such as safeguarding training provision or other workforce development.

Over the first few years of “Ask and Act” rollout, opportunity will be provided for membership of the consortia to be refreshed on an annual basis. This will ensure capacity remains sufficient to meet training demand and that membership of the consortia is adjusted to the needs of the audience. It is expected that the relevant authority training plans will prioritise audiences over a five year forecast period and that refreshment of the consortia memberships allows representatives of the audiences prioritised for any particular year to be included in the consortia on an ongoing basis.

**d. An “Ask and Act” policy which outlines the approach to be undertaken within the relevant authority.**

The “Ask and Act” policy should set out the approach the relevant authority will take to “Ask and Act”. It should offer clarity to both front line practitioners and managers about how the approach is to be implemented, what support for staff is in place to support them to “Ask and Act” and to support them if they are experiencing a form of violence against women, domestic abuse and sexual violence, how referrals will be dealt with and the roles and responsibilities of all staff.

It is not necessarily the case that a stand alone policy will be required, relevant authorities may wish to incorporate the appropriate content into their work place policy on violence against women, domestic abuse and sexual violence or a safeguarding policy.

The following areas of work should also form part of the work to embed “Ask and Act” and should be referenced in the policy document.

**e. An agreed and simply presented referral protocol which clarifies the referral options for those who disclose the experience of any form of violence against women, domestic abuse and sexual violence**

The referral protocol should involve formal arrangements with local and national specialist service providers who can offer expert support to those who disclose violence against women, domestic abuse and sexual violence. It is important that

those affected by violence against women, domestic abuse and sexual violence are not considered solely as “victims”. It is important that a persons needs are considered holistically and therefore the development of a referral protocol should also consider any protected characteristics, additional needs or vulnerabilities.

Whilst for some clients this support will require statutory services provided through the Local Authority (see **Aligning “Ask and Act” with statutory safeguarding processes**), it should also include support and advice provided through a specialist service.

The majority of specialist support services are based in the third sector and this is also where most of the expertise on violence against women, domestic abuse and sexual violence sits. An effective public service response to violence against women, domestic abuse and sexual violence through “Ask and Act” will therefore need partnership and collaborative working with the third sector. They offer clients access to expertise, provide options where statutory thresholds are not met, widen capacity for support and advocate for the client group.

In order to offer such services to clients it is important that referral protocols are established between the relevant authorities and the specialist violence against women, domestic abuse and sexual violence sector. These protocols should be formal and based on a service level agreement. The referral protocol should also be simple, to ensure it is easy to follow. Ideally relevant authority staff should only have to undertake one action (such as phoning a number or completing a short referral form) to “Act”.

There may be a variety of local services available in an area and, therefore, a variety of options to offer the client. In such cases it may be appropriate to establish a referral protocol with one organisation which disseminates referrals to other partner organisations based on their specific needs and choices. Such an approach should be developed in partnership with all relevant services and take account of data protection legislation and any existing referral requirements made on these services by their funders. Consideration should also be given to the contents of the forthcoming Welsh Government Commissioning guidance which is scheduled for publication in mid 2018.

Not every situation or person requires the same response and services will have differing acceptance thresholds. However, each relevant authority adopting “Ask and Act” will need to consider the balance between creating an achievable and clear understanding of what “Act” is for their staff and acknowledging that those who have experienced forms of violence against women, domestic abuse and sexual violence are not a homogenous group and each will have individual needs. Of course, in most cases, the client should determine what options they prefer and whether they want an ongoing referral at all.

In most cases a local referral protocol is preferential to a national protocol as it utilises local expertise, is more likely to mean face to face contact for a client and improves local working relationships and multi agency work. However, relevant authorities should also consider establishing a national protocol with the Live Fear Free helpline to ensure that where a local protocol cannot be followed (due to the

operating hours of the service, risk thresholds or capacity) an option can always be provided to the client.<sup>2</sup>

The referral protocol should also consider how appropriate links will be made to local multi agency partnerships. It may not be appropriate for direct referrals to these to be made by the professional who receives the disclosure, but thought should be given to how the protocol provides for this. A short summary of multi agency fora likely to be available within your local areas is provided below.

### **Multi Agency Risk Assessment Conference (MARAC)**

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

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

### **Domestic Abuse Conference Call (DACC)**

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

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

Partners find it beneficial to gain information early, increased identification and referral of victims to specialist services. Interventions offered to victims at all levels of risk were smarter, as they were more timely and appropriate to the specific needs of the individuals, agencies were more aware of the serial perpetrators and victims and able to offer more holistic interventions.<sup>3</sup> When agencies engage with victims at lower risk levels, less harm has been caused and the outcomes are expected to be better for the victim and the victim's children. Perpetrators are also identified and held accountable.<sup>4</sup>

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<sup>2</sup> [www.gov.wales/livefearfree](http://www.gov.wales/livefearfree)

### **Sex Workers Operational Team (SWOT)**

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

### **Multi Agency Safeguarding Hub (MASH)**

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

Most MASHs have a focus on safeguarding children and often provide the physical location for a team of professionals from a range of agencies including police, probation, fire, ambulance, health, education and social care. These professionals share information to ensure early identification of potential significant harm, and trigger interventions to prevent further harm. In some places the MASH serves a triage function where, with the information gathered from every agency, they determine which agency is in the best position to engage and hold that case. In other places, MASH staff use the gathered information to decide the most appropriate intervention to respond to the child's identified needs. Some models are developing to include adults coming to notice as safeguarding concerns.

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

### **Multi Agency Public Protection Arrangements<sup>5</sup>**

The Criminal Justice Act 2003 provided for the establishment of Multi-Agency Public Protection Arrangements ("MAPPA") in each of the 42 criminal justice areas in England and Wales. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner.

MAPPA allows agencies to assess and manage offenders on a multi-agency basis by working together, sharing information and meeting to ensure that effective plans are put in place. Agencies retain their full statutory responsibilities and obligations at all times. All MAPPA offenders are assessed to establish the level of risk of harm they pose to the public. Risk management plans are then worked out for each offender to manage those risks. These set out the action that needs to be taken to minimise the risk.

A list of the types of services most often available for referral is available [here](#).

## **e. Risk identification and assessment**

The implementation of “Ask and Act” does not require the adoption of a detailed or lengthy risk identification process or tool. However, such a process is an integral part of existing practice (particularly within the domestic abuse field) and, as such, the development of a referral protocol should consider how and when a process of risk identification can be offered to a client who discloses abuse. It is the choice of the relevant authority whether the process is completed “in house” or whether this forms part of the formal referral protocol agreement (i.e. following referral the partner agency will undertake formal risk assessment).

### **Addressing an immediate risk of harm to the adult client**

As stated above, a simple care pathway for referrals to specialist services should be created as part of “Ask and Act” planning. However there will be some cases where the referral protocol is superseded by an immediate need to safeguard the person who has disclosed.

Should a client disclose the experience of violence against women, domestic abuse and sexual violence, staff will need to consider whether the person who has disclosed is at immediate risk of harm; is there an immediate threat to the life of the person who has disclosed or a strong possibility that they are at risk of serious immediate harm? Is there a pressing and immediate medical need or injury that requires urgent attention?

Should a professional consider that the information provided to them demonstrates that the client or anyone associated with them is in immediate danger or at immediate risk they should follow their safeguarding procedures. This should involve contacting the police on 999 and initiating child protection/adult safeguarding procedures.

Risk assessment is a *“process of looking at what possible outcomes might be from any identified hazard or threat, using a combination of known information and judgment”*.<sup>6</sup> This is also referred to as making *“a structured clinical judgment”* of the client’s situation<sup>7</sup> or *“actuarial assessment”* and professional judgement.

Risk identification and assessment are commonly used processes in parts of the violence against women, domestic abuse and sexual violence sector. It relates specifically to the risk of a victim of violence and abuse being subjected to further violence and abuse and the potential severity of that abuse.

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

Consistent use of the same Risk Identification Checklist across a region increases the likelihood of the victim being responded to appropriately and therefore of addressing the risks they face through the use of common criteria and a common



language of risk. The Risk Identification Checklist also forms the referral tool which supports the Multi Agency Risk Assessment Conference (MARAC) process for those at high risk of serious harm as a result of domestic abuse.

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

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

You should consider whether you plan for practitioners within your relevant authority to incorporate risk identification into the internal process of “Ask and Act” (i.e. the person who undertakes targeted enquiry also completes a Risk Identification Checklist) or to establish a referral protocol to specialist services who can offer this service with accompanying risk management planning.

Options to consider within and to support such protocols should include:

- co-location of services to include specialist professionals within non specialist teams;
- an enhanced role within teams who has received enhanced training in violence against women, domestic abuse and sexual violence, and has time set aside to support colleagues in risk identification;
- local specialist agencies providing drop in services, clinics or surgeries within public service organisations;
- clear referral processes to local specialist services, with outlined expectations of contact parameters (e.g. guaranteed contact attempted within 24 hours); and
- utilisation of the Live Fear Free Helpline – either through providing immediate access to a phone in order to call or arranging for a convenient call back to the client.

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

**f. A WASPI assured Information Sharing Protocol which outlines how sensitive, personal information, obtained through the implementation of “Ask and Act” will be managed and stored**

A process of “Ask and Act” will inevitably lead to disclosures of personal and sensitive information and, in turn, a requirement of a professional to decide whether this information should be shared further and can lawfully be shared. These can be challenging decisions, which require an effective and caring individual response, supported by clear referral and interagency protocols, effective leadership, managerial support, and a good understanding of Data Protection legislation.

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

1. Creating an environment where the legal framework and decision making requirements are clarified in process, protocol and guidance; and
2. Providing “on the spot” management support to those practicing “Ask and Act” and considering individual decisions.

Relevant authorities should process information in accordance with the relevant legal framework. In addition, relevant authorities may wish to consider any sector specific documentation (E.g. the Caldicott guardian principles) which may provide assistance in understanding the legal requirements relating to processing information. The General Data Protection Regulation will be adopted into UK law from May 2018. The Information Commissioners Office recommends that all public bodies prepare for its implementation.

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

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

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

**It is important to note that data sharing protocols, whilst useful tools, do not negate the need to ensure that any information shared, is shared lawfully.**

Those with line management or supervision responsibilities may be called upon to support professional decision making in individual cases. In these cases, the relevant legal requirements should be followed and should be reflected in organisational policy and procedure. Managers and supervisors should be available to support and advise a colleague through a decision making process in accordance with Data Protection legislation. Those “champions” trained to the requirements of group 3 of the National Training Framework should also advise on decision making.

Organisational policies/protocols on data protection, information sharing and confidentiality should be up to date, reflect the relevant legal framework and be reviewed regularly. They should clearly outline how information will be shared between relevant agencies and for what purpose. The requirements of these policies should be communicated clearly to staff to ensure they understand the duty of confidentiality and its limitations. Close liaison with legal and information sharing

teams will be required to ensure appropriate processes are in place to manage personal data safely and legally.

**g. A baseline data set relating to disclosure of violence against women, domestic abuse and sexual violence within the early adopter sites prior to implementation**

Such a data set will help to understand the current levels of disclosure within the relevant authority. This data will illustrate where improvement is required and provide a baseline from which the organisation can assess rates of disclosure as a result of “Ask and Act”.

Regions/organisations should also seek to establish:

**h. A data collection and monitoring plan to include (wherever possible) the following:**

- The number and percentage of client group who were identified as demonstrating an indicator of the experience of violence against women, domestic abuse and sexual violence.
- The number and percentage of client group who were asked if they were experiencing a form of violence against women, domestic abuse and sexual violence.
- The number and percentage of those asked who disclosed the experience.
- The number and percentage of those asked who did not disclose the experience.
- The referral or service outcome for those asked who disclosed the experience and any associated children or adults.
- The referral or service outcome for those asked who did not disclose the experience.

It may not be possible, within the confines of current data collection systems, to gather all of the data above but you should consider what is possible and whether any new data collection processes are required to monitor the impact of “Ask and Act”.

**Monitoring the impact of “Ask and Act”**

The implementation of “Ask and Act” should lead to increased identification of those experiencing violence against women, domestic abuse and sexual violence. It should also lead to positive outcomes for those identified, linked to earlier identification, violence prevention, safeguarding, effective referral and risk reduction.

It is important that such outcomes are monitored and that, wherever possible, the client's experience forms part of such monitoring. In the short term some separate data collection may be required to measure the impact of "Ask and Act" whilst monitoring systems are updated. In the longer term, consideration should be given to how the outcomes linked to "Ask and Act" can be integrated into wider outcomes measurement systems such as the Emergency Department Data Set, Patient Reported Experience Measures and Patient Reported Outcomes Measures and; how these data sets can be considered together.

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

**Identification of any issue of violence against women, domestic abuse and sexual violence should result in appropriate interventions and levels of support and, over a longer period of time, decrease further cases of violence and abuse and associated health consequences.**

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

- **Increased identification of those experiencing violence against women, domestic abuse and sexual violence.**

Monitoring considerations:

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

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

Monitoring considerations:

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

- **A culture across the public service where the experience of violence against women, domestic abuse and sexual violence is understood, where disclosure is accepted and facilitated and support is appropriate and consistent.**

Monitoring considerations:

- ✓ Do all local services have a workplace policy on violence against women, domestic abuse and sexual violence?
  - ✓ Is anonymised data of disclosures made under these policies being monitored?
- **An improved response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health.**

Monitoring considerations:

- ✓ At the point of disclosure is any co-occurrence of violence against women, domestic abuse and sexual violence with substance misuse and mental health issues noted?
  - ✓ Is the engagement of substance misuse and mental health agencies within multi agency fora and referrals from such agencies to fora monitored?
- **Pro-active engagement with those who are vulnerable and hidden, at the earliest opportunity, rather than only reactively engaging with those who are in crisis or at imminent risk of serious harm.**

Monitoring considerations:

- ✓ Is the length of relationship at point of disclosure being noted?
  - ✓ Is the risk level at point of disclosure being noted?
  - ✓ Is repeat access to service related to violence against women, domestic abuse and sexual violence being monitored?
- **An improved response to those who experience violence against women, domestic abuse and sexual violence in their role as parents and in safeguarding and promoting the well-being of their children.**

Monitoring considerations:

- ✓ At the point of disclosure of violence against women, domestic abuse and sexual violence with substance misuse, are the needs of any dependent children noted and actions taken in relation to any child at risk?
- ✓ Is the engagement of family support and children's social services within multi agency fora and referrals from such agencies to fora monitored?

### **i. Equality and diversity**

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

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

## Learning from the early adopter sites

The planning section of the work took around six months in both sites.

### 3. Training

The training programme for “Ask and Act” contains both a train the trainer programme, delivered by a provider funded directly by the Welsh Government (Welsh Women’s Aid) and ongoing local training, delivered by staff who have completed the train the trainer programme.

**The training for “Ask and Act” relates to groups 2 and 3 of the National Training Framework.**

#### **Group 2 – Training to train staff to “Ask and Act”**

This training will be delivered by Welsh Women’s Aid, who have been funded by the Welsh Government to develop and deliver the Train the Trainer programme. The train the trainer course is accredited by Agored Cymru. The training is delivered over 2 days and includes completion of a workbook which will take between 15 and 20 hours to complete.

#### **Group 3 – Training to train staff to train “Ask and Act” champions**

This training will be delivered by Welsh Women’s Aid, who have been funded by the Welsh Government to develop and deliver the Train the Trainer programme. The train the trainer course is accredited by Agored Cymru. The training is delivered over 1 day and includes completion of a workbook which will take between 15 and 20 hours to complete.

#### **Group 2 – Ask and Act training which takes place within the relevant authority**

The relevant authority employees who have completed the group 2 train the trainer course (above) form part of a regional training consortia and, together, this team roll out local training which skills their colleagues up to “Ask and Act”.

They may deliver this training in partnership with local specialist services who have also been included in the regional training consortia (local areas can invite any local specialist services to participate).

Specialist services across Wales have already accessed the “Ask and Act” train the trainer course to ensure they are ready to support local rollout.

This training is not accredited, so no workbook needs to be completed following completion of the training.

This training can delivered over a half day or full day session.

#### **Group 3– Ask and Act champion training which takes place within the relevant authority.**

The relevant authority employees who have completed the group 3 train the trainer course (above) form part of a regional training consortia and, together, this team roll out local training which skills their colleagues up to be “Ask and Act” champions.

They may deliver this training in partnership with local specialist services who have also been included in the regional training consortia (local areas can invite any local specialist services to participate).

Specialist services across Wales have already accessed the “Ask and Act” champion train the trainer course to ensure they are ready to support local rollout.

This training is not accredited, so no workbook needs to be completed following completion of the training.

This training takes place over a full day session.

The regional training consortia should include trainers who can deliver group 2 (“Ask and Act”) and group 3 (“Ask and Act” champion) training. Those who are expected to deliver the group 3 (“Ask and Act” champion) training must have also completed the group 2 (“Ask and Act”) Train the Trainer course.

### **The National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence**

The “National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence: Statutory Guidance under Section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and Section 60 of the Government of Wales Act 2006” was published in March 2016.

Group 2 describes the group of professionals who will “Ask and Act”. This section of the National Training Framework outlines the learning outcomes and competencies to support the principle of “Ask and Act”.

Group 3 of the Framework describes those who are working closely with families experiencing forms of violence against women, domestic abuse and sexual violence in their current job role (but who do not specialise in this area) and those who perform a champion role for their organisation. This section of the National Training Framework outlines the learning outcomes and competencies to support this group to support colleagues who should “Ask and Act” and to provide enhanced support to families.

#### **Aim**

The aim of the two groups is to ensure that a large group of professionals are skilled and confident to “Ask and Act” and that a smaller group of professionals hold enhanced knowledge to support those who will “Ask and Act” around decision making, case reviews and assessment of whole families.

#### **Delivery**

It is the Welsh Government’s aim that “Ask and Act” training will be offered to approximately 35,000 professionals between 2015 and 2020.



As outlined above, “Ask and Act” training will be offered through a regional dissemination model which utilises the skill and expertise of local practitioners and provides a sustainable model for ongoing provision.

Welsh Women’s Aid has been commissioned by the Welsh Government to develop the training package (including materials, resources and scripts) which will be disseminated by local trainers. This applies to both groups 2 and 3 of the National Training Framework.

The training package has been developed in partnership with the early adopter sites for “Ask and Act” and includes a variety of materials, suitable and specific to each of the relevant authorities.

Welsh Women’s Aid have also been funded to deliver the Train the Trainer course within each region as part of a national, phased programme and to facilitate the assessment and accreditation of all learners.

“Ask and Act” will be rolled out to all Welsh regions between 2015 and 2020. For those areas who take up the training later in this period, they will be able to take up a regional workshop to aid to preparation for the roll out of “Ask and Act”.

It is intended that “Ask and Act” training forms an ongoing part of regional training plans to meet locally identified needs, to sustain staff turnover within trained professions and to allow flexibility to meet local and organisational need. Once rollout of “Ask and Act” is well underway the Welsh Government will begin development of potential refresher and continued Professional Development training.

## 4. Rollout

The implementation of “Ask and Act” will require the delivery of the organisational “Ask and Act” training plan through the regional training consortia. This work should commence shortly after the Train the Trainer’s course has been delivered to the initial consortia membership.

The training programme should be managed by the lead for the work and monitored through the steering group. It is recommended that workforce development or learning and development teams are engaged from the outset in the planning of the rollout as they will own the processes through which such training can be delivered and can ensure rollout is embedded within organisational systems.

It will often be the case that professionals prioritised for “Ask and Act” training will need sufficient notice of training dates in order to plan attendance and for their managers to monitor capacity within their teams. As such the organisational training plan and potential training dates should be circulated in advance of training roll out and include dates throughout the year. It may also be useful to consider how “Ask and Act” training can be integrated with other related learning and development opportunities such as safeguarding training, development, practice or skills days.

The consortia and regional dissemination models of training allow for flexibility related to delivery. It is recommended that as part of the delivery of the organisation training plan, departments, divisions and teams are permitted the flexibility to either participate within organisation-wide roll out or utilise their own members of staff (trained as part of the regional consortia) to bring the training “in house” and disseminate in a way which best meets the availability and capacity of that team.

Training reach should be monitored quarterly by the steering group to ensure that the commitments of the organisation training plan are met and to adjust delivery plans where necessary.

### **Supporting rollout of “Ask and Act” training**

The Train the Trainer model of dissemination is effective in reaching large numbers of people in a relatively short period of time and it is cost effective for this purpose. However the model also holds its own challenges and these should be considered during implementation.

The model holds a risk that key content will become diluted as the training is rolled out and that is why the accreditation process is robust. It is hoped that this quality assurance measure will strengthen the knowledge of trainers related to “Ask and Act”, however, it is not always the case that the trainer will feel confident to roll out the training immediately or confident to train all aspects of the training.

Learning from the early adopter sites found that in many cases those who completed the Train the Trainer courses felt confident to train on how the process of “Ask and

Act” worked within their own professional area but less able to address wide ranging questions related to violence against women, domestic abuse and sexual violence.

Building confidence across the Welsh public service to “Ask and Act” requires training that allows professionals to raise questions and share views that require informed answers. In order to ensure that this can be provided it is recommended that you partner with local specialist services and include them as part of your regional training consortia.

During the early years of rollout the Welsh Government will provide a small amount of funding to support the inclusion of specialist partners in your regional training consortia. This funding will be for the purpose of covering some costs of specialist engagement in the work. It is hoped that over the longer term the confidence of internal trained trainers will grow and this funding will not be required.

Areas will be informed of the funding available at the beginning of the financial year and this can be claimed in arrears on a quarterly basis.

It is hoped that this approach provides a range of expertise and knowledge in the training room, improves the quality of training on offer and strengthens partnership between statutory and specialist services.

### **Reporting “Ask and Act” implementation**

As outlined above “Ask and Act” training should form part of your organisational or regional training plan. You will be asked to report against this plan quarterly and reference the work in the annual report required under “The National Training Framework on Violence against Women, Domestic Abuse and Sexual Violence: Statutory Guidance under Section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and Section 60 of the Government of Wales Act 2006”.

### **Aligning “Ask and Act” with statutory safeguarding processes**

#### **Safeguarding adults at risk**

All staff have an ethical and professional duty of care to act if they:

- witness abuse;
- receive information about abuse, suspected abuse or concerns about the care or treatment of a adult or child at risk; or
- have concerns or suspicions about possible abuse or inappropriate care.

Adults at risk have the right to be fully involved throughout the adult protection process and to make decisions about their safety and welfare, unless it has been assessed that they do not have the mental capacity to make any particular decision.

## **The experience of violence against women, domestic abuse and sexual violence by adults at risk.**

The experience of violence against women, domestic abuse and sexual violence can become more complex with increased severity of impact when experienced by those with other needs for care and support.

Older people with dementia are more likely to experience abuse than older people who do not have this condition.<sup>8</sup> Therefore it is important to recognise that people with dementia may be at risk of abuse and neglect.

Emerging Domestic Homicide Review (DHR) data indicates an increasing number of older people (aged 60+) are victims of domestic homicide. In 2013/14 there were 20 female and 5 male victims in England and Wales aged 60+, representing 21.3% of all DHR's. For more information on assisting older people who are experiencing domestic abuse please see "Information and Guidance on Domestic Abuse: Safeguarding Older People in Wales".

Disability is also known to increase the likelihood of a person experiencing abuse. Disabled women are twice as likely to experience violence and sexual abuse as non-disabled women.<sup>9</sup>

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

Adults with other needs for care and support who are also experiencing violence against women, domestic abuse and sexual violence require a multi-agency response to ensure that positive action is taken in providing support for victims whilst at the same time dealing effectively with offenders. This requires alignment and communication between Safeguarding Adults Processes and multi agency processes commonly used for forms of violence against women, domestic abuse and sexual violence (such as MARACs or Multi Agency Safeguarding Hubs (MASH)).

Where the person suspected of committing domestic abuse is an adult at risk, the Police, whilst leading the criminal investigation, should work in close collaboration with Social Services and other partner agencies including specialist third sector organisations.

### **Safeguarding children**

"Ask and Act" will support professionals to better identify the indicators of violence against women, domestic abuse and sexual violence. Generally the indicators relate to the experience of adults but evidence shows that many young people are experiencing similar issues and are facing similar levels of risk. It is therefore likely that implementation of "Ask and Act" with professionals working with children and young people will identify more children and young people experiencing violence against women, domestic abuse and sexual violence. It is also likely that

implementation of “Ask and Act” with adults will identify more children and young people who are witnessing or being affected by violence against women, domestic abuse and sexual violence and at risk of emotional/psychological abuse.

It is therefore important that all staff are trained and skilled to recognise and respond to safeguarding issues; this includes child protection training to a level commensurate with their role and responsibilities and in line with the National Protection Procedures.

**Ask and Act does not introduce any new safeguarding procedures or replace any safeguarding procedures. Should any professional, practicing “Ask and Act”, identify a child at risk, they must follow their statutory responsibilities as outlined below.**

### **The Social Services and Well-being (Wales) Act 2014**

The Social Services and Well-being (Wales) Act 2014 strengthens safeguards through the introduction of a new duty on ‘relevant partners’ to report to the Local Authority someone suspected to be an adult at risk of abuse or neglect. The Act defines children and adults “at risk” and introduces a duty on relevant partners, as defined by the Act, to report suspicions to the Local Authority.

The All Wales Practice Guidance on Safeguarding Children and Young People Affected by Domestic Abuse talks specifically about child protection linked to concerns of direct or witnessed domestic abuse and this will be refreshed as part of forthcoming work on the National Protection Procedures.

The Codes of Practice issued under Part 7 of the Social Services and Well-being (Wales) Act 2014 provide guidance on safeguarding and promoting the well-being of children including the Handling of Individual Cases.

### **Young people in abusive relationships**

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

- Three-quarters of girls in a relationship experience emotional violence;
- A third report sexual violence;
- A quarter experience physical violence;
- Half of boys in a relationship report emotional violence;
- 18 per cent experience physical violence; and
- 16 per cent report sexual violence.<sup>10</sup>

Thus, a substantial number of young people will experience some form of violence from their partner before they reach adulthood and for a significant number, this abuse will be severe.<sup>11</sup>

Young women aged 16 to 24 years are most at risk of being victims of domestic abuse; one in six girls report some form of severe partner violence. Those young

women who are under eighteen are legally defined as children and as such fall within the support, care and protection that are provided by Local Authorities under the Children Act 1989. However, these young women will be in relationships which are likely to be “adult” in nature - they may be in an intimate relationship, they may be mothers and they may be living with their partner. Moreover, research suggests the severity and escalation of the abuse they experience will be severe.<sup>12</sup>

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

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

### **How should “Ask and Act” and statutory processes to safeguard children align?**

The evidence which supports the introduction of “Ask and Act” is based mainly on the experience of adults, rather than children. However there is evidence available which highlights the links between child abuse and parental domestic abuse and which aids understanding of the dynamics of intimate partner abuse occurring in young people’s own relationships.

There are also existing statutory responsibilities relating to risk of harm to children. Any process of “Ask and Act” which is applied to children must be based on existing safeguarding duties, with consideration of the following points:

- Violence against women, domestic abuse and sexual violence are issues which directly affect young people.
- All forms of violence against women, domestic abuse and sexual violence are safeguarding issues which should be treated as such.
- Joint intervention between Children’s Social Care and the specialist violence against women, domestic abuse and sexual violence sector can provide an

effective means of addressing the potentially complex needs of the young person and meeting the statutory duty to protect them.

### **Existing statutory duties related to safeguarding children.**

Section 47 of the Children Act 1989 places a duty on Local Authorities to investigate when they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm. As a result of this they must make an enquiry as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

The Social Services and Well-being (Wales) Act 2014 strengthens existing safeguarding arrangements for children by placing on relevant partners a new "duty to report"

### **Duty to report a child at risk**

Section 130 of the Social Services and Well-being (Wales) Act 2014 introduces a 'duty to report children at risk' and defines a "child at risk" as a child who:

- a) is experiencing or is at risk of abuse, neglect or other kinds of harm; and
- b) has needs for care and support.

If a "relevant partner"<sup>3</sup> has reasonable cause to suspect that a child, including an unborn child, is at risk the report must be made as soon as possible to the Local Authority. However, if there are immediate concerns about a child's safety or a criminal offence against a child they should contact the emergency services without delay to protect the child/children from the risk of serious harm.

Section 128 of the Social Services and Well-being (Wales) Act introduces a duty to report adults at risk.

Section 126 of the same Act defines an "adult at risk" as an adult who:-

- a) is experiencing or is at risk of abuse or neglect;
- b) has needs for care and support (whether or not the authority is meeting any of those needs); and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

Relevant agencies and their staff should understand their statutory duty to inform the local authority where there is reasonable cause to suspect that a child or an adult is at risk.

The Welsh Government has issued statutory guidance<sup>4</sup> to professionals on what to do when they have concerns about a child.

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<sup>3</sup> As defined in section 162 of the Social Services and Wellbeing (Wales) Act (2014)

<sup>4</sup> Safeguarding Children: Working Together Under the Children Act 2004 will be replaced by revised guidance issued under Part 7 of the Social Services and Well-being (Wales) Act 2014

## Addressing safeguarding concerns for children

The suspected abuse of a child must be reported to social services or the police to investigate in line with statutory guidance. Relevant authorities should not undertake their own internal child protection enquiries, but refer their concerns.

Where a practitioner has concerns, but wishes for further advice, this should be available from their own agency or from social services. Any discussion about a child's welfare should be recorded in writing, including a note of the date and time and the people who took part in the discussion. At the end of a discussion, there should be clear and explicit agreement about what actions will be undertaken and by whom. If the decision is that no further action is to be taken, this should also be recorded in writing with the reasons for the decision. Any member of staff with concerns about a child's welfare should document their concerns, whether or not further action is taken.

**The need to seek advice should never delay any emergency action needed to protect a child.**

These concerns can and should be shared with social services through a referral. While concerns will not necessarily trigger an investigation, they help to build up a picture, along with concerns from other sources, which suggests that a child may be suffering harm. Many local authorities have developed protocols establishing arrangements for conducting initial assessments by local services and defining the circumstances and thresholds under which a child should be referred to social services.

In cases of alleged or suspected abuse by a professional or individual employee, the action should also be guided by the agency's own procedures on professional abuse and whistle blowing.

Referrals should be made to social services as soon as a problem, suspicion or concern about a child becomes apparent, and certainly within 24 hours. Outside office hours, referrals should be made to the social services emergency duty service or the police.

## Female Genital Mutilation (FGM)

A mandatory reporting duty for FGM was introduced via the Serious Crime Act 2015. The Serious Crime Act 2015 amended the Female Genital Mutilation Act 2003 to impose a duty on 'regulated professionals' to make a FGM notification if in the course of their work they discover that FGM has been carried out on a girl who is aged under 18 years. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

The UK Government has published procedural guidance on this duty, giving relevant professionals and the police an understanding of the new female genital mutilation (FGM) mandatory reporting duty.



## Managing the impact of “Ask and Act” on the workforce

### Learning from the early adopter sites

In one early adopter site, 17% of those trained to “Ask and Act” also made a disclosure that they had experienced a form of violence against women, domestic abuse and sexual violence.

### Recognising violence against women, domestic abuse and sexual violence as an issue affecting the workforce

It is important that leadership and management teams recognise violence against women, domestic abuse and sexual violence as an issue affecting the workforce as well as the client group.

The experience of abuse impacts every part of a victims’ life, including their job. For some their workplace will be a safe haven; for others it will provide additional ways in which the perpetrator can abuse and control them.

75% of women who experience domestic abuse and violence are targeted at work – from harassing phone calls and abusive partners arriving at the office unannounced, to physical assaults. In the UK every year, 20% of employed women take time off work because of domestic violence and 2% lose their jobs as a direct result of abuse. 53% of abused workers (male and female) miss at least 3 days from work per month<sup>13</sup>.

In England and Wales domestic abuse costs £1.9 billion a year in lost economic output. This is due to decreased productivity, administrative difficulties from unplanned time off, lost wages and sick pay.

The experience of violence against women, domestic abuse and sexual violence may affect a victim’s productivity, emotional and physical health, and they may also face increased risk of workplace violence. Individuals may:

- frequently be late for work as a result of their partner’s coercive control: they may hide their keys, their uniform, their purse;
- have more days off sick;
- constantly receive calls / texts or emails from their partner;
- have to rush off at the end of the day;
- be concerned about leaving work, not wishing to go home or concerned for their safety.

### Increased disclosures

Raising awareness of violence against women, domestic abuse and sexual violence across your workforce will raise the profile of these issues, removing some of the

stigma and secrecy and acknowledging violence against women, domestic abuse and sexual violence as issues which your organisation recognises can affect staff. The implementation of “Ask and Act” will raise awareness of violence against women, domestic abuse and sexual violence as it embeds the identification of these issues as part of the core purpose of your organisation. In doing so, you may find that you receive increased disclosures of violence against women, domestic abuse and sexual violence from within your workforce, particularly amongst those trained to “Ask and Act”.

It is important that your organisation is prepared to address these disclosures and offer enhanced support to these staff. In doing so you can make the workplace a safer space for victims and encourage them to come forward earlier, be open about their experiences and gain access to support more efficiently. The resulting benefits for your organisation are the retention of valued, skilled and motivated employees, which may lead to increased performance and commitment, reductions in staff turnover, absence and training costs.

Consider the following as you prepare your organisation for increased disclosures:

### **A violence against women, domestic abuse and sexual violence workplace policy**

An effective workplace policy on violence against women, domestic abuse and sexual violence can ensure that, as an employer, you are complying with relevant health & safety laws and you have in place effective steps to support staff members who are experiencing such abuse or violence.

In 2013 the Equality and Human Rights Commission developed guidance for developing an effective workplace policy which sets out key considerations and actions.

Once you have a workplace policy in place, promote its availability through posters, leaflets or your organisation’s website. The Welsh Government has published downloadable resources for this purpose.

### **Utilise local and national specialist services**

There are specialist organisations that can help you to help your employees. You can call the Live Fear Free Helpline on **0808 80 10 800** for advice and support or use the Live Fear Free service directory for links to local services.

### **Provide appropriate training for staff**

It is important that relevant authorities understand and recognise the signs and symptoms of domestic abuse, sexual violence and other forms of violence against women and feel confident to refer people to the right support services, should a member of staff disclose.

The Welsh Government E-learning (group 1 of the National Training Framework) sets out basic knowledge on these issues and staff in each relevant authority should

be trained to this standard. You may also wish to consider ensuring a proportion of management and HR staff are included in your training plans around groups 2 and 3 to ensure you have some enhanced knowledge in-house.

Awareness raising activities and education linked to the National Training Framework should be available to all staff. This should include references to services which can support them as victims, whether these are available internally or externally. The Welsh Government has published guidance to assist line managers in relation to group 1 of the National Training Framework, which may also be useful in supporting them to “Ask and Act”.

### Vicarious Trauma

It is well acknowledged that working with traumatised people, even if this is sporadic, can impact on those in the “helper” role. This impact is often termed Vicarious Trauma/tisation or compassion fatigue.<sup>14</sup>

Vicarious Trauma describes the distress those in a helping or supporting role can feel arising from emotional stressors at work; it is a “*transformation in the self of a trauma worker or helper*”.<sup>15</sup> Central to the experience is the empathic relationship between the professional and client. Over time and cumulatively, professional empathy with another person’s experience can blur emotional boundaries and lead to changes in a professionals’ own cognitive perspective and belief system.<sup>16</sup> This can lead to feelings of:

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

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

Some experience of Vicarious Trauma due to work with victims of abuse is inevitable, although the symptoms will not always be the same.<sup>17</sup> A number of contributing factors to the development of Vicarious Trauma have been identified:

Organisational	Personal
Lack of resources, time, personnel and overwork	Lack of experience/junior position
Lack of workplace support (peer support, supervision)	Personal trauma history
Professional isolation	Current personal stress
	Unrealistic expectations of role and ‘making good’

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

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

There is no expectation that those who “Ask and Act” in their roles should develop a specialist working role in relation to violence against women, domestic abuse and sexual violence. However, it is inevitable a disclosed experience of abuse will impact on the working relationship and therefore the professional. As a relevant authority, therefore, you should ensure (if you are yet to implement such practice) a series of mitigating factors are in place to limit the impact of Vicarious Trauma on staff.

#### **As leaders:**

- Acknowledge Vicarious Trauma and make clear the experience is not a sign of poor professional practice;
- Ensure less experienced staff have more support;
- Formalise a buddy/safety net provision;
- Ensure team meetings address the emotional consequences of work, and spend time reviewing particularly difficult cases/processes;
- Consider clinical supervision for staff;
- Advocate good self-care and maintenance of professional networks; and
- Encourage staff to self-assess their levels of stress as part of case management<sup>18</sup>

#### **As employees:**

- Acknowledge distress, see it as normal, consider further support if it persists;
- Review coping strategies/ask for support/obtain supervision;
- Review workload;
- Take breaks and use leave; and
- Ensure time for social activities, relaxation, sleep<sup>19</sup>.

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

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

Vicarious trauma is not an endpoint or an inevitable negative experience and should not be presented as such within the workplace. Whilst the potential impact of work with troubled, abused and vulnerable people should be acknowledged, where this is managed well, with strong staff support, Vicarious Trauma can lead to Vicarious Transformation; a process of transforming vicarious trauma into professional development. Vicarious transformation is a process of active engagement with the negative changes which come about through trauma work and can lead to deepened commitment to work and to vulnerable client groups.<sup>20</sup>

## Definitions

**Abuse:** Physical, sexual, psychological, emotional or financial abuse.

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

**“Ask and Act”:** A process of targeted enquiry across the Welsh public service in relation to violence against women, domestic abuse and sexual violence and a process of routine enquiry within maternal and midwifery services, mental health and child maltreatment settings.

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

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

**Domestic abuse:** Abuse where the victim of it is or has been associated with the abuser.

A person is associated with another person for the purpose of the definition of “domestic abuse” if they fall within the definition in section 21(2) or (3) of the Violence against women, domestic abuse and sexual violence (Wales) Act.

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

### “Gender-based Violence”

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

**Harassment:** A course of conduct by a person which he or she knows or ought to know amounts to harassment of the other; and for the purpose of this definition:  
(a) a person ought to know that his or her conduct amounts to or involves harassment if a reasonable person in possession of the same information would think the course of conduct amounted to or involved harassment of another person, and  
(b) “conduct” includes speech;

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

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

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

**Practitioner:** a professional employed to work directly with a client group; a proportion of whom are likely to be experiencing a form of violence against women, domestic abuse or sexual violence, whose role and relationship to the client provides an opportunity to “Ask and Act”.

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

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

**Region:** Local authorities are expected to work with neighbouring local authorities and across Local Health Board areas for the purposes of dissemination of the VAWDASV Services Grant (from March 2018). Local authorities will have the autonomy to align as they see best for this purpose. For the purposes of this guidance the partnership with other Local Authorities and Local Health Boards is referred to as a region. The Train the Trainer course which supports “Ask and Act” will be delivered within this region.

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

**Sexual exploitation:** Something that is done to or in respect of a person which (a) involves the commission of an offence under Part 1 of the Sexual Offences Act 2003 (c. 42), as it has an effect in England and Wales, or (b) would involve the commission of such an offence if it were done in England and Wales.

**Sexual Violence:** Sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

**The Act:** The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

**Violence against women:** The experience of gender based violence by women.

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