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Evaluation of Ask and Act

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Evaluation of Ask and Act

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Glossary¹

Acronym/Key word	Definition
Ask and Act	A process of targeted enquiry across the Welsh Public Service in relation to violence against women, domestic abuse and sexual violence. Training for Group 2 and Group 3 professionals.
Ask and Act Awareness training	Training delivered by accredited trainers to enable learners to 'ask and act'.
Ask and Act Subsidy Grant	A Welsh Government grant to be used to fund one specialist sector trainer per session who will deliver Ask and Act training alongside an employee of the Relevant Authority. For the Subsidy Grant in 2021-2022 the previous grant conditions have been amended to allow for more flexibility. The grant must be used for delivery of Group 2 and 3 training only.
Ask and Act Train the Trainer course	Accredited training delivered by Welsh Women's Aid to enable learners to 'ask and act' and to plan and deliver Ask and Act Awareness training.
Attendees	People who have attended Ask and Act training.
Domestic abuse (as defined by the Act)	Abuse where the victim 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 2015 (Welsh Government, 2016).
Group 1 - E-learning	For all professionals working in the public service. Training provides a basic awareness of what VAWDASV is, how to recognise domestic abuse and sexual violence and help available to victims.

¹ Many of the glossary terms listed have been taken from the [National Strategy on Violence against Women, Domestic Abuse and Sexual Violence – 2016 - 2021](#)

Group 2 – Ask and Act	Aimed at professionals whose client group may be affected by VAWDASV, and who are in a position to ‘ask and act’. The training aims to ensure individuals can: recognise the signs that someone is being abused; talk to that person sensitively (if appropriate); and offer options and services to them quickly and efficiently.
Group 3 - Ask and Act ‘Champions’	Aimed at professionals whose roles require them to do more than ‘ask and act’ and those who will perform a ‘Champion’ role. The training aims to enable people to: support colleagues to make decisions relating to VAWDASV; help offer services to all affected by VAWDASV; and act as a champion within their organisation.
Interviewees	People who took part in interviews for this evaluation.
Local authority (as defined in the Act)	A county council or county borough council.
National Strategy	The National Strategy on Violence Against Women, Domestic Abuse and Sexual Violence – 2016-2021 (Welsh Government 2016).
National Training Framework	The National Training Framework on violence against women, domestic abuse and sexual violence. Guidance on the statutory requirements for training across the public service and specialist third sector. The framework is made up of six groups. All professions within the Public Service will fall into one of these groups and a minimum training requirement is outlined per group.
Participants	People who took part in this evaluation, including interviewees, survey respondents and workshop attendees.
Public Service	Public services are services delivered for the benefit of the public. This can include services delivered through the third sector, through social enterprise or through services that are contracted out.
Relevant authorities	Relevant authorities: county councils and county borough councils, Local Health Boards, Fire and Rescue authorities,

	National Health Service trusts and the Welsh Ambulance Service National Health Service (NHS) Trust.
Respondents	People who completed the survey for this evaluation.
Sexual violence (as defined by the Act)	Sexual exploitation, sexual harassment, or threats of violence of a sexual nature.
Specialist third sector	Professionals whose client group is made up only of those affected by VAWDASV.
SPSS	Statistical Package for the Social Sciences.
The Act	The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence.

1. Introduction

Policy background

- 1.1 The Welsh Government's National Strategy on Violence against Women, Domestic Abuse and Sexual Violence was published in November 2016 (Welsh Government, 2016) following on from the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015). The National Strategy sets out six objectives based on the three purposes of the Act - prevention; protection; and support.
- 1.2 The objectives of the strategy² are:
- **objective 1:** Increase awareness and challenge attitudes of violence against women, domestic abuse and sexual violence across the Welsh Population
 - **objective 2:** Increased awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong
 - **objective 3:** Increased focus on holding perpetrators to account and provide opportunities to change their behaviour based around victim safety
 - **objective 4:** Make early intervention and prevention a priority
 - **objective 5:** Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors
 - **objective 6:** Provide victims with equal access to holistic, appropriately resourced, high quality, needs led, strength based, gender responsive services across Wales.
- 1.3 The National Training Framework (NTF) (Welsh Government, 2019) aims to ensure that consistent, proportionately disseminated training is available for the relevant authorities identified under the Act with the key principle of improving understanding of VAWDASV in the general workforce, and therefore improving the response to survivors. The NTF was set up to provide a consistent standard of care to those

² The Welsh Government and key stakeholders are currently reviewing the VAWDASV strategy and a public consultation on the 2022-2027 VAWDASV National Strategy is planned. This Strategy sets out the overarching objectives that the Welsh Government will deliver in partnership with stakeholders to progress the purpose of The Act. Objectives set within the revised National Strategy and the development of a VAWDASV Blueprint will need to be considered for future developments of the Ask and Act programme.

experiencing VAWDASV across Wales. Overall, the NTF applies to a number of relevant authorities who are differentiated in relation to their professional role and contact with VAWDASV victims.

- 1.4 The NTF describes Ask and Act as “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 (Welsh Government, 2019, p.3). Ask and Act is particularly relevant to Objectives 1, 4 and 5 of the National Strategy and covers professionals falling under Group 2 and Group 3 within the NTF.
- 1.5 Group 2 and Group 3 professionals are likely to come into direct and frequent contact with potential survivors of VAWDASV and Ask and Act training aims to equip them with the necessary skills and knowledge to fulfil their duty of ‘asking and acting’. Group 2 Ask and Act training is aimed at professionals who are in a position to ‘ask and act’ and the training aims to ensure they can recognise the signs of abuse, talk to potential survivors sensitively and offer options and services efficiently. Group 3 training is aimed at professionals in roles requiring them to do more than ‘ask and act’. The training aims to enable them to act as a Champion within their organisation, supporting colleagues making decisions relating to VAWDASV and supporting survivors to access services. A list of the professional groups prioritised for Ask and Act training can be found in Annex A.
- 1.6 Welsh Women’s Aid (WWA) were contracted to develop the training materials for Ask and Act and deliver the initial Train the Trainer courses in 2016. Ask and Act was initially piloted in two ‘early adopter’ organisations: South East (Gwent) Regional Partnership and Swansea Bay University Health Board (formerly Abertawe Bro Morgannwg University (ABMU) Health Board). Further pilot sites, Welsh Ambulance Service Trust (WAST), Cwm Taf³, and South Wales Fire and Rescue Service were included in 2017. Welsh Women’s Aid continue to develop and deliver

³ From April 2019, responsibility for providing healthcare services for people in Bridgend County Borough Council area transferred from Abertawe Bro Morgannwg University (ABMU) Health Board to Cwm Taf University Health board, becoming Cwm Taf Morgannwg University Health Board.

the training for the rollout across Wales, following a renewal of their contract in 2018. The current contract will run until March 2022.

1.7 The aims of Ask and Act are:

- to increase identification of those experiencing VAWDASV
- to offer referrals and interventions for those identified which provide specialist support based on the risk and need of the service user
- to begin to create a culture across the public service sector where the importance of addressing VAWDASV is understood, where disclosure is accepted and facilitated and support is appropriate and consistent
- to improve the response to those who experience VAWDASV with other complex needs such as substance misuse and mental health
- 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.

1.8 In 2019, the Welsh Government's VAWDASV progress report (Welsh Government, 2019) outlined the progress of Ask and Act training, a commitment to national rollout, and that Ask and Act would be made statutory for all relevant authorities. Following the Senedd election in May 2021, the Welsh Government published their Programme for Government (Welsh Government, 2021) identifying their key commitments and priorities for the next five years. Social justice is a key theme, and within this the Welsh Government has pledged to strengthen the Violence Against Women, Domestic Abuse and Sexual Violence Strategy. Continuing the rollout of Ask and Act is identified as a key priority for achieving this commitment. As of the end of July 2021, 11,834 professionals⁴ had received Ask and Act Awareness training.

Impact of Covid-19

1.9 Covid-19 has impacted on identification and disclosures of VAWDASV. There have been challenges in measuring if and how levels of VAWDASV have changed,

⁴ This includes: 143 professionals who have attended a Group 2 Train the Trainer course, and 11,626 who have received Group 2 Awareness training. 10 professionals have attended a Group 3 Train the Trainer course and 55 have received Group 3 Awareness training.

particularly during periods of lockdown. For example, the Office for National Statistics (ONS) reported that their preferred measure of domestic abuse, the Crime Survey for England and Wales, which is conducted face-to-face, had to be suspended in March 2020. Whilst a telephone version was created, questions relating to domestic abuse were limited due to concerns relating to confidentiality and safeguarding of respondents (ONS, 2020). In Wales, in April to June 2020 there was a decrease in the number of survivors accessing refuge services, reflecting the challenges around providing in-person support, however demand for community services increased substantially during the same time period.

- 1.10 Welsh Women's Aid reported a 49% increase in calls to the Live Fear Free helpline during the first lockdown period, with call times trebling, and survivors reporting more frequent abuse and shorter escalation periods. The number of visits to the Live Fear Free website also increased from 690 in March 2020 to 1,683 in April 2020 (Welsh Women's Aid, 2020).

Previous research and evaluation of Ask and Act

- 1.11 In response to learning during the initial design and piloting of Ask and Act during 2016 and 2017, a number of changes were made to the training. These changes included:
- broader focus across the spectrum of VAWDASV, rather than a specific focus on domestic abuse (with the acknowledgement that it is difficult to cover everything in a short course)
 - sequencing of training to ensure Group 3 Champions are in place to support Group 2 trainers rolling out Awareness training
 - changes to course content and assessment processes to address the length of time needed to complete the assessment and become accredited
 - offering greater flexibility around the model, i.e. encouraging relevant authorities and organisations to refine and adapt the training to ensure relevance for their cohorts (within reason).
- 1.12 Following the pilot, Welsh Women's Aid take a continuous development approach whereby they make small changes to the training package in response to feedback

from stakeholders and learners. They also administer pre- and post-training surveys with those attending Train the Trainer sessions. Attendees report on their levels of skill, knowledge and confidence in 'asking and acting' before and after participating in training. Progress reports are completed by Welsh Women's Aid and provided to Welsh Government on a quarterly and annual basis, including information on training progress and results from pre- and post-training surveys (See Section 7 for further detail).

- 1.13 An evaluation into the rollout of Ask and Act training in health boards was undertaken and published in January 2021 (Munkley, 2021). The evaluation sought feedback from a representative (from the NHS VAWDASV Group) from each of the ten health boards. Eight of the ten health boards are using the NHS Ask and Act package, whilst two are using the Welsh Women's Aid package. Key findings included:
- a high level of commitment and priority given to the delivery of Ask and Act training
 - acknowledgement of difficulties in measuring impact across Wales due to variations in evaluation tools and methods of collecting feedback, and the need to address this in order to measure long-term outcomes of Ask and Act
 - evidence of adjacent processes being put into place in health boards to support awareness and responses to VAWDASV
 - acknowledgement of the challenges posed to delivery by Covid-19, and the responses of health boards which have largely allowed them to continue to progress delivery
 - a recommendation to revisit the content of the NHS Ask and Act package to ensure consistency across health boards and fit with the final Welsh Government Ask and Act guidance when published.

Aims and objectives of the evaluation

- 1.14 This report outlines the results of the evaluation of the Ask and Act element of the National Training Framework for the Welsh Government's National Strategy on Violence Against Women, Domestic Abuse and Sexual Violence.
- 1.15 The aims of the evaluation were:

- to explore the effectiveness of the implementation of the training to date
- to explore the impact of the Ask and Act training on individuals and consequently to assess how successful it is in meeting the aims of Ask and Act
- to explore how effectively the training is contributing to the National Strategy objectives.

Research questions

1.16 The following research questions (RQs) were explored in order to address the aims of the evaluation:

Table 1.1: Evaluation research questions

Process evaluation	RQ1	How effective is the delivery of Ask and Act across the relevant authorities?
	RQ2	To what extent does Ask and Act support, complement or enhance existing approaches to supporting survivors of VAWDASV?
	RQ3	What forms of monitoring and evaluation have been / could be useful for the programme?
Outcomes evaluation	RQ4	To what extent is the training programme contributing to the aims of Ask and Act?
	RQ5	To what extent has Act and Act influenced the culture relating to VAWDASV in organisations where staff have received the training?
	RQ6	How effective is Ask and Act? How could the Ask and Act training be improved?
	RQ7	How has the Covid-19 pandemic affected identification and disclosures of VAWDASV? What implications has this had on the delivery of training and impact of Ask and Act?

1.17 For details of the sub-questions underpinning the seven research questions, please see Annex B.

Report outline

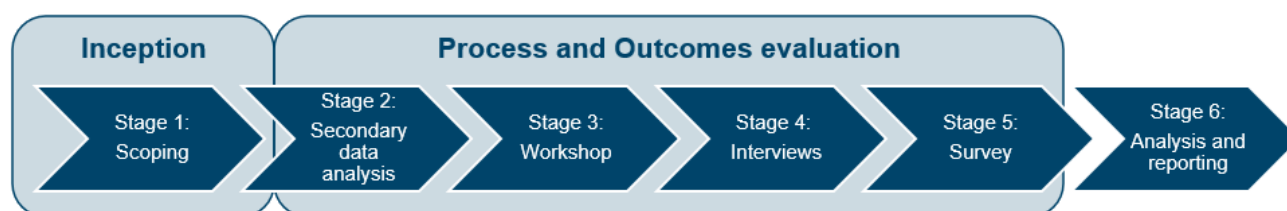
1.18 The following sections outline the methodology of the evaluation (Chapter 2), the findings (Chapters 3-to-8), conclusions (Chapter 9) and recommendations (Chapter 10). References are included at the end of the report (Chapter 11), followed by

Annexes (Chapter 12), including research tools and anonymised participant information.

2. Methodology

- 2.1 The research questions were addressed through a combination of qualitative and quantitative methods including primary data collection (workshop, survey and interviews) and secondary data analysis. The key stages of the evaluation are shown in Figure 2.1 and described in detail below. Data collected at each stage of the evaluation were used to inform and shape the following stages to ensure the robustness, validity and sensitivity of the evaluation. Fieldwork for this evaluation was conducted during the Covid-19 pandemic. As a result of restrictions and uncertainty surrounding this, remote methods of engagement were used throughout the project. These methods also served to maximise the scope for research activities and increase accessibility of and engagement with the project by participants, reducing the burden on them, for example, removing time spent travelling to a workshop or a face-to-face interview.

Figure 2.1: Key stages of evaluation



Inception

Stage 1: Scoping

- 2.2 The inception stage consisted of scoping activities and the evidence gathered allowed the process and outcomes evaluation approach to be developed and refined. Findings from the scoping stage were initially presented in an interim report to the Welsh Government and are also incorporated into this final report.
- 2.3 Key activities included:
1. *Scoping interviews with key strategic stakeholders involved in Ask and Act*
- 2.4 10 in-depth qualitative interviews were conducted with representatives from Welsh Government (4), Welsh Women's Aid (3) and relevant authorities (3). Interviews lasted approximately 50 minutes and were conducted remotely using Microsoft

Teams or via telephone. Interviews were fully transcribed (except one, for which detailed notes were made) before being analysed thematically.

- 2.5 Welsh Government provided a list of contacts for the research team to approach for scoping interviews. These included individuals who had been involved in the design and development of Ask and Act from the piloting stage and who had broad oversight into the operation of the programme. Separate topic guides were developed for Welsh Government, Welsh Women's Aid and relevant authority contacts and these were agreed with Welsh Government. An iterative approach to the topic guides was taken during this stage, which involved refining the topic guides following initial interviews and making adjustments where appropriate to better suit the respondent group and to reflect key emerging issues.

2. Secondary data identification

- 2.6 Available secondary data sources were identified via conversations with Welsh Government and Welsh Women's Aid which included training materials, monitoring tools and evaluation reports. This data was used to inform the development of a Theory of Change for the programme, and outcome measures for the main evaluation.

3. Observations of training sessions

- 2.7 Following discussions with Welsh Women's Aid, three Ask and Act training sessions were attended to observe how the training was being delivered in practice and to deepen understanding of the programme. These sessions took place remotely during December 2020 and January 2021 and included:

- a Group 2 Train the Trainer 2-day course (delivered by Welsh Women's Aid)
- a Group 3 Train the Trainer 2-day course (delivered by Welsh Women's Aid)
- a Group 2 Awareness training course (delivered by a local trainer).

4. Attendance at steering group meetings

- 2.8 An initial Welsh Women's Aid Ask and Act steering group meeting was attended to speak to group members about the purpose of the evaluation, and what it would involve (i.e. participating in interviews and supporting recruitment of participants in their regions).

- 2.9 Quarterly steering group meetings were attended in order to build relationships with the members. This helped the researchers to stay informed and up-to-date on any programme developments and pertinent information regarding the rollout of the training.
- 2.10 This stage of the evaluation informed the main evaluation by increasing understanding of:
- the history and development of Ask and Act
 - key successes and challenges in delivery
 - available monitoring systems and data which can be shared
 - availability of wider literature
 - ability of interviewees / organisations to support with sampling strategy development and recruitment
 - willingness of interviewees / organisations to review or pilot research tools (i.e. interview topic guide, survey) for the main evaluation.
- 2.11 Following these activities, evidence-based recommendations were made for the process and outcomes evaluation and the evaluation plan was updated and refined outlining the proposed methodology (e.g. activities, sampling strategy, recruitment plan) and emerging areas of focus (e.g. outcomes, research questions, draft topic guides / survey questions).

Process and outcomes evaluation

Stage 2: Secondary data analysis

- 2.12 Scoping work in Stage 1 identified a range of secondary data for analysis. This included training materials, monitoring tools, evaluation reports and delivery data identified through interviews and conversations with Welsh Government and Welsh Women's Aid. This information was utilised alongside the workshop (Stage 3) to produce a Theory of Change for Ask and Act and outcome measures for the main evaluation activities.

Primary research

Stage 3: Workshop

- 2.13 A half-day online workshop was held with six participants from relevant authorities who were experienced in delivering Ask and Act Awareness training. Anonymised details of participants are included in Annex C.
- 2.14 The aim of the workshop was to understand how the training is working in practice and what is changing in workplaces as a result. The workshop utilised a range of participatory methods to encourage participants to tell the story of their experiences of Ask and Act through five stages:
1. how the training was accessed
 2. key learning from the training
 3. how the training was taken back to organisations and used in practice
 4. what impacts the training had on the work of the participant, their organisation and survivors of VAWDASV
 5. what worked well and any challenges related to receiving or cascading the training.
- 2.15 Key themes emerging from the workshop were used to inform the following stages of the evaluation (e.g. areas of focus for interview topic guides and survey questions). Areas for further exploration were developed along with suggested outcome measures.

Stage 4: Interviews

- 2.16 A total of 42 semi-structured in-depth interviews were conducted with individuals involved with coordinating, delivering or participating in Ask and Act training (see table 2.1 below).

Table 2.1: Interviewee numbers by role

Interviewee role			Number of interviewees
Regional coordinator			10

Relevant authority professional	Training lead (i.e. individuals who coordinated the delivery of Ask and Act training)		3
	Trainer (i.e. individuals who took part in an Ask and Act Train the Trainer course and is delivering Awareness training in their organisation/area)	Local authority	16
		Health board	4
		Third sector specialist	4
	Learner (i.e. individuals who attended local Awareness training sessions)		5

2.17 Further non-identifying information on interviewee characteristics is provided in Annex D.

2.18 The sampling strategy was designed to ensure participation from:

- a range of respondents across the relevant authorities⁵
- a range of roles and professional backgrounds (e.g. VAWDASV and training backgrounds)
- a geographical spread across Wales
- organisations at different stages of 'embedding' the training (including those who have not yet begun delivering Ask and Act)
- organisations with different proportions of Champions trained
- organisations who have deviated from the training package⁶
- delivery partners including Welsh Women's Aid and third sector specialists.

2.19 Interviewees were recruited using a staged approach beginning with regional coordinators / scoping interviewees / steering group members. During these interviews, coordinators were asked to put the research team in touch with training leads, who then put them in touch with trainers, and finally learners.

⁵ Despite numerous attempts at engagement, the research team were unable to interview any trainers from the Fire and Rescue service. One regional coordinator from the Fire and Rescue service was interviewed.

⁶ For example, health boards have developed their own training package (the 'NHS package'), which is tailored for professionals working in health boards, whilst still covering the aims of Ask and Act.

- 2.20 Interviews were conducted over the phone or via Microsoft Teams. Interviewees were offered the opportunity to participate either in Welsh or English, depending on their preference. Interviews with coordinators and trainers lasted around an hour and interviews with learners lasted approximately 30 minutes.
- 2.21 Topic guides were tailored for each target group covering key themes, but comprised informal conversations, allowing interviewees the opportunity to feed back in their own ways. The focus of the interviews was informed by the previous stages and framed by the research questions. The topic guides were agreed with Welsh Government and were shared with a small number of individuals (who were involved in the scoping interviews) for feedback to ensure sensitivity, clarity and relevance of the questions.
- 2.22 An example topic guide is included in Annex E but key themes covered are listed below:
- the Train the Trainer course
 - expectations
 - thoughts on training package
 - assessment and time commitment
 - preparing for delivery
 - processes for coordinating Ask and Act Awareness training
 - identification of trainers
 - adaptations to training package
 - any challenges
 - delivery of Ask and Act Awareness training
 - progress
 - prioritisation of staff groups / roles
 - co-delivery
 - effectiveness and sustainability of model
 - Ask and Act Subsidy Grant
 - impact of Covid-19
 - support mechanisms
 - any challenges

- monitoring of training
- impacts of Ask and Act
 - awareness and knowledge of VAWDASV
 - confidence to 'ask and act'
 - culture and processes within organisations.

Stage 5: Survey

- 2.23 The survey aimed to collect large-scale data on the outcomes of Ask and Act from trainers who have attended Group 2 or Group 3 Train the Trainer courses, as well as those who have attended Awareness training locally.
- 2.24 Survey questions are included in Annex F. Key themes covered by the survey are listed below:
- experiences of Ask and Act training (Train the Trainer and Awareness training as relevant)
 - experiences of delivering training (where relevant)
 - effectiveness of Ask and Act in supporting survivors of VAWDASV
 - outcomes of training in relation to aims of Ask and Act.
- 2.25 Demographic information was collected to ensure responses were received from a wide range of individuals and to allow the results to be interpreted in the most useful way. This information included: area of work, role, type of Ask and Act training attended, date and format (online or in-person) of training received.
- 2.26 The survey was available online (using Snap survey software) in Welsh and English. It was also compatible with desktop, tablet and mobile devices, and a plain text version was available.
- 2.27 In order to reduce the burden on respondents, and to allow for statistical analysis and reporting, the survey comprised mainly closed questions (e.g. Likert scales, single / multi-choice questions). However, one or two open questions were also included to allow respondents to expand on their answers. Additionally, the survey contained dynamic routing to ensure respondents were only presented with relevant questions and to minimise the burden on respondents' time.

- 2.28 The survey content was agreed with Welsh Government before being piloted with a small number of individuals (who had participated in earlier stages of the research) for feedback to ensure sensitivity, clarity and relevance of the questions, and user-friendliness of the survey.
- 2.29 The survey was distributed via a range of channels using a snowball sampling strategy in order to ensure it reached as many eligible individuals as possible. The survey was emailed to a range of contact groups, identified throughout the evaluation and who had agreed to be contacted about the evaluation. For example, during interviews, interviewees were advised about the upcoming survey and asked whether they would be willing to be contacted and distribute the survey throughout their networks. The contacts were provided with template emails including information about the evaluation and links to the survey. The contact groups were as follows:
- Ask and Act steering group members
 - Ask and Act health board steering group members
 - Welsh Government contacts
 - Welsh Women's Aid
 - scoping phase interviewees
 - regional coordinators
 - workshop attendees
 - main phase interviewees.
- 2.30 Responses to the survey were continually monitored during the survey period, in order to identify any areas of underrepresentation and focus on boosting responses from particular groups. For example, individual reminder emails were sent to specific contacts in local authorities, health boards or fire and rescue services with lower numbers of responses to ask for support with boosting responses (alongside general reminder emails). Similarly, some reminder communications were focussed on boosting responses from people who had received Awareness training as responses from these individuals were initially lower. Additionally, the links to the survey were shared on the *Live Fear Free* Twitter and Facebook pages on two occasions during the survey period to maximise reach.

- 2.31 The survey was open from the 6th of June to the 30th of July 2021. There were 382 responses to the survey in total, representing a response rate of approximately 3%. 45% of responses were from local authority staff (170 respondents), 38% were from health / health boards (144), 12% were from people working in the fire and rescue service (45) and 5% were from third sector / specialist staff (18).

Table 2.2: Number of survey responses by relevant authority

Respondent type	Number of responses	Percentage of sample
Local authority	170	45%
Health board	144	38%
Fire and rescue service	45	12%
Third sector / specialist	18	5%
Other	5	1%

- 2.32 The greatest proportion of local authority responses came from Cardiff (17%, 28 respondents), Ceredigion (15%, 25), Conwy (13%, 22) and the Vale of Glamorgan (8%, 14). The greatest proportion of health board responses came from Aneurin Bevan University Health Board (31%, 45 respondents), followed by Hywel Dda University Health Board (28%, 40) and the Welsh Ambulance Service Trust (15%, 21). 64% of responses from fire and rescue service staff came from North Wales Fire and Rescue Service (29 respondents) and 36% came from Mid and West Wales Fire and Rescue Service (16)⁷.
- 2.33 Annex G provides a breakdown of responses from within the relevant authorities.
- 2.34 36% (138 respondents) reported that their day-to-day role involved delivering training, whilst 31% (117 respondents) coordinated training. 35% (131 respondents) said they worked with survivors and/or perpetrators of VAWDASV.
- 2.35 18% (69 respondents) were already delivering Ask and Act training and a further 5% (20 respondents) reported that they would be delivering Ask and Act training in the future. Of these, 83% (73 respondents) had attended a Group 2 Train the Trainer course and 42% (37 respondents) had attended a Group 3 Champions Train the Trainer course. 16% (14 respondents) had not attended a Train the

⁷ South Wales Fire and Rescue Service have not yet undertaken any Ask and Act training so there were no responses from professionals working in this area.

Trainer course⁸. The majority of trainers were using the Welsh Women's Aid training package (71%, 62), while 21% (18 respondents) were using the NHS package and 9% (8 respondents) did not know.

Table 2.3: Number of survey responses by type of Train the Trainer training attended

Training attended	Number of responses	Percentage of trainers
Group 2 Train the Trainer	73	83%
Group 3 Train the Trainer	37	42%
Not attended a Train the Trainer course	14	16%

Table 2.4: Number of survey responses by training package being used

Training package used	Number of responses	Percentage of trainers
Welsh Women's Aid	62	71%
NHS	18	21%
Don't know	8	9%

2.36 240 survey respondents reported that they had attended Ask and Act Awareness training. Almost all of these had participated in Group 2 training and only a very low number had participated in Group 3 (see Table 2.5).

Table 2.5: Number of survey responses by type of Awareness training attended

Awareness training attended	Number of responses	Percentage of learners
Group 2	237	99%
Group 3	14	6%

2.37 Trainers had completed the Train the Trainer training across a range of dates mostly from 2018 onwards. The majority of respondents who had attended Group 2

⁸ The Welsh Government's updated guidance on the pre-requisites for delivering Ask and Act training states that if a person has 6 months or more experience of delivering training they are not required to complete a Train the Trainer course.

Awareness training had done so in 2021 (72%, 153 respondents) and therefore most had completed this training online (73%, 172).

Data analysis

- 2.38 Interviews were audio recorded (with permission) and transcribed. Interview transcripts were analysed thematically. Themes are discussed in the findings section (Chapters 3-to-8) and illustrated with anonymised verbatim quotes. The survey data was analysed using Excel and SPSS producing descriptive statistics and exploring differences, for example, between the relevant authorities or professional groups.

3. Effectiveness of delivery - Train the Trainer course

Purpose and content

- 3.1 Most non-specialist trainers saw the value and need for a Train the Trainer course as preparation for delivering Ask and Act training themselves. However, interview respondents also highlighted areas for improvement regarding the particular form, content and organisation of the course. One issue stemmed from the need to cater the course to two different audience types – those in training roles (mostly without a specialist VAWDASV background) and those with specialist VAWDASV knowledge (both local authority and third sector, not necessarily in a training role). Of the 19 local authority trainers and training leads interviewed, 15 were from a social care or related background or had some experience in VAWDASV and four were from a training-focused background only. Some respondents commented that trying to strike a balance between both groups left each one wanting the course to cover slightly different things; the trainers wanting more VAWDASV content, and the VAWDASV specialists wanting more direction on how to deliver the Ask and Act training. One regional lead commented:

‘I think Ask and Act as a programme tries to do too much and not enough, so it sets itself up as a VAWDASV course but it’s not because it doesn’t give you enough information to really understand the process but then it tries to be a ‘how to respond’, [but] if you don’t understand the nature of the agenda it’s really difficult to respond’ (Regional Coordinator 5).

‘I don’t think it did prepare you to deliver the course because, I guess if I was doing a Train the Trainer course, I’d have given the material, getting them to practice it, getting someone to deliver it, someone else to watch it, that didn’t happen’ (Trainer 14, third sector specialist).

- 3.2 Managing expectations about the purpose of the course was highlighted by Welsh Women’s Aid who made it clear that this was neither a course on training nor on VAWDASV but on ‘asking and acting’. Still, those in training roles admitted feeling ‘nervous’ about delivering sessions on a subject as sensitive as VAWDASV which was not abated by the Train the Trainer course alone.

'Some of the training officers I work with, they said from the beginning 'we feel a bit uncomfortable delivering this training because we don't really understand it' (Trainer 1, non-specialist).

'I don't think it equipped them enough no, for somebody new that's coming in, if you've worked in the domestic and sexual violence field for a while then it is bread and butter, but if you haven't then it's not' (Regional Coordinator 10).

'I'm quite confident and capable as a trainer but I think the subject matter and all the nuances that throws up is very difficult for anyone who hasn't got quite a deep basis of understanding and experience to be able to navigate the training properly' (Trainer 15, non-specialist).

3.3 However, results from the survey highlighted that most respondents agreed that after completing the Train the Trainer course they:

- felt confident in supporting learners during Ask and Act Awareness training (74%, 55 respondents)
- felt positive about delivering Ask and Act (69%, 50 respondents)
- had everything they needed to explain the course to others (64%, 47 respondents)
- felt confident in planning and delivering Ask and Act Awareness training (63%, 46 respondents).

3.4 Despite this, some respondents disagreed with these statements. A significant minority (19%, 14) felt that they did not have everything they needed to deliver the training and 18% (13 respondents) did not feel confident in planning and delivering Ask and Act following the training.

3.5 Interviewees elaborated on this saying that, to a degree, these concerns were mitigated by delivering with a third sector specialist trainer:

'If somebody had said to me 'you're going to deliver it all on your own' I would have been like 'I don't know if I'm ready for that'. I think because we had the knowledge base from the specialist, because I'm more familiar with training in terms of that, it wasn't so bad for me, but I did feel the first couple of times are nerve-wracking' (Trainer 3, non-specialist).

- 3.6 Having some background in VAWDASV or a related subject, seemed to give trainers a greater sense of confidence in delivering the training. Where trainers had personal experiences of VAWDASV themselves they said this gave them a unique perspective. To bolster their understanding of VAWDASV, several trainers carried out additional research on the subject in their own time though not all had the time to do so. One specialist trainer said that reading through the policy documentation on Ask and Act helped to supplement the Train the Trainer course.
- ‘I read all of that [Ask and Act policy documentation] and took some notes and then did my third training and I felt much more confident doing it, because I felt like I really understood why we were doing it, what it was about, and I felt more enthusiastic about it as well’ (Trainer 18, third sector specialist).
- 3.7 Despite having a specialist co-facilitator alongside them, trainers still felt they should have confidence in the subject they were delivering, especially one as complex and sensitive as VAWDASV. In some cases, the Train the Trainer course and the other measures in place (such as the specialist co-trainer) were not enough to boost confidence if that individual did not have a background in VAWDASV.
- ‘Of all the training I deliver this is the one I dislike doing the most because I don’t feel confident that I know the subject matter to the depth of the knowledge I need to. So, in terms of the training being able to do that for me, I don’t think any Train the Trainer could do that for me’ (Trainer 15, non-specialist).
- 3.8 A number of interviewees felt that Ask and Act should only be delivered by trainers who possessed some specialist knowledge or had a background in VAWDASV, social care or safeguarding. They considered this to be crucial given the importance and sensitivity of the topic and how it may be received by learners if the trainer lacked confidence and expertise. In authorities where this might not be possible (where there is a shortage of those roles, for instance), it may be necessary to offer more in-depth follow-up support to those trainers who do not have a VAWDASV background both before and throughout their delivery of Ask and Act training.
- 3.9 In terms of the content covered by the course, survey respondents who had completed the Group 2 Train the Trainer course found the following elements of the course most useful:

1. sharing ideas and experiences with other attendees (42%, 30 respondents)
2. having the training materials to take away and deliver (38%, 27 respondents)
3. information about VAWDASV (33%, 24 respondents)
4. practical examples and case studies to discuss (29%, 21 respondents).

3.10 Respondents also felt that the training could be improved in a few different ways, with the most popular answers being:

1. more focus on how to deal with disclosures (42%, 30 respondents)
2. more practical examples and case studies to discuss (41%, 29 respondents)
3. more specific materials or modules tailored to my sector / organisation (37%, 26 respondents)
4. more focus on how to deliver training (34%, 24 respondents).

3.11 The range of suggestions for improvement echo issues raised by interviewees on the challenges of targeting the training both at VAWDASV specialists and training professionals.

3.12 Some interviewees who were trainers pointed out gaps that they would have liked the training to address. Gaps mentioned included sexual violence, the bystander effect and having more information about what to do in an urgent situation where immediate action is required.

‘To carry on doing [Ask and Act Train the Trainer], it needs to make sure that it’s not just about domestic abuse, that it is about other forms of violence against women and sexual violence’ (Trainer 14, third sector specialist).

3.13 Interviews with Welsh Women’s Aid confirmed that feedback and learning would be taken into account. Following the pilot, Welsh Women’s Aid have endeavoured to take a continuous development approach whereby they make small changes to the training package in response to feedback from stakeholders and learners. For example, regional coordinators are encouraged to raise issues in quarterly steering group meetings (chaired by Welsh Women’s Aid) which are then discussed and incorporated:

‘We’re looking at the moment at how we can include more information on other types of violence against women such as forced marriage and female genital

mutilation to even it out a little bit because we felt recently that it was a bit domestic abuse-focused. So, you could say there's continuous tweaking going on in response to feedback we receive' (Welsh Women's Aid Respondent 6).

Assessment

- 3.14 While all trainers said that allowance was made by their organisation to attend the Train the Trainer course, many commented that they had to find time outside of work hours to complete the assessment. Although most trainers accepted that completing the training and assessment was 'part of the job', they also described the challenge of fitting it into their usual workload. This was also the case for third sector specialist trainers who struggled to fit the assessment into their busy day-to-day roles and also had to complete it in their own time. Regional leads commented that where organisations had allowed staff additional time out of their usual duties to complete the assessment, this had helped them attract volunteers to come forward to sign up for the Train the Trainer course.
- 3.15 Part of the assessment process for the Group 2 Train the Trainer course involved a 'microteach' whereby course attendees were expected to plan and deliver a short (20 minute) training session on a given subject related to VAWDASV. Feedback on this element of the assessment was mixed, with some valuing the opportunity to research a particular subject further, and others suggesting ways to make it more worthwhile, such as doing a microteach as part of the Ask and Act course that they would go on to deliver rather than an element of VAWDASV. Some, especially those whose background was not in VAWDASV, struggled with the task of putting together the microteach itself given they had yet to complete the whole Train the Trainer course. Additionally, where trainers had attended sessions on subsequent days (when the course was delivered in-person) they reported being required to prepare their microteach session in one evening which proved difficult on top of travel, personal and caring commitments. Respondents benefited where there was a longer gap between the two training sessions which gave them more preparation time.

Establishing and maintaining a trainer pool

- 3.16 Establishing and maintaining a pool of active trainers was a challenge highlighted across all regions, due to staff capacity, turnover and movement. This also seemed partly due to the staged approach of rolling out the Train the Trainer course region-by-region. This meant that regions had to wait ‘their turn’ to sign up staff to be trained as Ask and Act trainers, and since training was rolled out by region, they also had to wait until they had enough interest to fill a whole session. Often regions just required an additional one or two trainers to replace trainers who had moved on, as the following quotes demonstrate:

‘When you only want to train one or two people you don’t want to be hanging around waiting. So, we’ve had people who’ve been ready to train but I’ve had to wait in order to get enough people together for the group and that’s caused us huge problems because we’re a big area in terms of rollout’ (Regional Coordinator 2).

‘It was like ‘these are the priority regions for this year, next year are going to be these and you’re after that’, so once you’d had your allocated slot, getting another course was like gold dust, not an option to be honest’ (Regional Coordinator 1).

- 3.17 The need for flexibility to sign up to a Train the Trainer course was vital because of staff turnover and movement to other roles or organisations. More ready access to a rolling Train the Trainer programme, including the option to book onto existing dates even where that might mean different regions in one session, was suggested as a potential solution. There was a suggestion that mixing regions might add value to a session in terms of networking and learning from each other. Another issue with the region-by-region rollout was that in regions later to start delivery of Group 2 and 3, staff had forgotten the content of Group 1 or even if they had completed it at all. A short online refresher course was suggested as a resolution here.

‘The flaw with Train the Trainer is we’ve trained those eight people now, they’ve got a day job so they have to take time out to attend the training and then deliver the sessions, one is on maternity leave, at least four or five of them will leave the

organisation over the next year, so you're always replacing people' (Regional Coordinator 3).

- 3.18 Those coordinating the Train the Trainer course within regions commented that the booking process was fairly complex, involving more people than necessary instead of going directly to Welsh Women's Aid.

'I then send all this information to my admin girls who then distribute it to our distribution list, the distribution list have then got to get permission off their line managers, they've then got to get that booking form signed, that's got to come back to X, X then sends that back to me, I then send that over to Y and I just think what is this all about' (Trainer 21, local authority training lead).

- 3.19 Another observation was that even if staff had completed the Train the Trainer course, this did not necessarily lead to them becoming an active trainer; this was substantiated by interviews with trainers, training leads and regional leads who were often the only Ask and Act trainer, or one of two or three, covering their whole organisation. This was attributed to confidence, as well as capacity and a lack of incentive to take on an additional workload without extra time or pay. This issue became particularly pertinent during the Covid-19 pandemic when staff experienced added pressures on their time. Trainers reported that it was the responsibilities that came with being an active trainer rather than the attendance of the Train the Trainer course that was the main obstacle to becoming a trainer for most staff. The expectation to fit the training role into a full-time or already busy workload was seen as a 'big ask'. There was a sense of resignation from some in terms of organisations being able to recruit any more trainers at Group 2 or Group 3 level mainly because they saw that staff were already working at (or beyond) capacity:

'It's hard to recruit people, there's no incentive unless you want to get back into training, which I did, and those opportunities that were there for me, but it's hard if you're working full-time and someone all of a sudden says you've got to go through your accreditation and training, no more money and, most importantly, no more time [...] more trainers would be ideal but how do you make people train when they're already at their limit?' (Trainer 4, non-specialist).

‘Often a lot of effort is put into choosing people, asking people to become part of it, getting them through the training only to find they don’t have the capacity to actually train, or they change roles’ (Trainer 6, non-specialist).

‘I think the difficulty was what comes after it, the expectations, completing the workbook and how many sessions are they supposed to do because at the end of the day it’s secondary to their day job so it’s having to manage that’ (Regional Coordinator 10).

‘...there were a couple of people from X turned up and then when they realised the enormity of it [the training] they left because they couldn’t see how it would fit into their workload’ (Trainer 8, non-specialist).

- 3.20 There was a sense that signing up to complete the Train the Trainer course and becoming an active trainer was as much down to individual passion and will more than anything else, as one regional lead commented...

‘Another thing that’s probably important to feed back is a lot of this makes progress based on people’s individual will [...] a lot of the time we’ve got people dotted across the authority who are very passionate about the subject and are willing to help but without those key individuals we would really struggle to move this forward’ (Regional Coordinator 9).

- 3.21 Those who were active trainers expressed a high degree of investment in the subject and the aims of Ask and Act. Where local authorities worked in a more joined up way across directorates this was seen as another enabling factor for staff to sign up and become an active trainer, as was buy-in from regional leads who ensured that managers were on board with the importance of rollout. In other cases – for those already in training roles, for instance – completing the training and delivering Ask and Act was seen as a requirement but where this was the case there was also a concern that staff may not deliver it effectively if they felt coerced:

‘I suppose the biggest impact it’s had for me is my sense of job satisfaction because it isn’t just a process that I’m training, it’s an emotive subject that could have a real impact on someone’s life’ (Trainer 8, non-specialist).

‘It’s a fine line between ‘this is your job’ and then ‘you’ve got to do it properly’ also’ (Trainer 5, non-specialist).

3.22 The main issue for organisations with a shortage of trainers was when those individuals moved roles or were on sickness leave. As one trainer commented, if she was off sick there was no-one else in the local authority with the correct knowledge or training in Ask and Act to provide cover. The ideal scenario would be for organisations to have access to enough active trainers. Rather than relying on individual will, this option may only be possible if measures are put in place to remove the obstacles to staff sign-up and incentivise taking on the responsibilities that come with being a trainer for Ask and Act.

3.23 As mentioned previously, respondents raised the issue of who they targeted to become trainers, emphasising the importance of Ask and Act, and therefore the competency of the individual trainer as illustrated by the following quote. However, the importance of training a cross-section of the workforce was also highlighted as staff could more readily connect to those in similar roles.

‘When you’re training other professionals, you need to have an awareness of all these things [encouraging disclosures to the right place, ensuring support is in place] and you haven’t got many people with that skill-set’ [...] ‘We’ve got to get a real cross-section of staff that are skilled in this area, and I think when we look at Train the Trainer, if we’ve got a good cross-section of our staff across all directorates, it’s that immediate connection with people as well.’ (Trainer 5, non-specialist).

3.24 Another issue related to eligibility and the suggestion that those who sign up to the Train the Trainer course have a training background of six months⁹ and ideally to be in a frontline position; in most organisations those roles did not exist.

‘The main people trained within social services are their training leads, so they’re not frontline services which is what the guidance suggests, if you’re a social worker you work with social workers and train them, we haven’t got those people,

⁹ Those signing up for the Train the Trainer course are not required to have a background in training, according to Welsh Government guidance. However, there was some confusion regarding this amongst participants.

so it tends to be the workforce development people who are there to put training in place for social services who are the ones delivering it' (Regional Coordinator 4).

- 3.25 A number of respondents raised the issue that even if more of their staff were able to complete the Train the Trainer course and were willing to become active trainers, the number of Awareness training sessions they could run would nevertheless be constrained by the amount of funding they received through the Ask and Act Subsidy Grant (see 4.1 onwards) to pay for specialist co-trainers, which many organisations found left a significant shortfall.
- 3.26 Communication also acted as a barrier for recruiting trainers. This seemed to be due to the layers of involvement in Ask and Act. Information about the Train the Trainer course was passed from Welsh Women's Aid to regional leads then to organisational leads and managers who then emailed staff teams, but with each layer, understanding and awareness around Ask and Act decreased and the message became more and more diluted. Many of the trainers interviewed delivered only Group 2 training, mainly because their organisations had not started Group 3 rollout. But there also seemed to be a general sense of confusion about the scope and purpose of Group 3 and who would be eligible to complete it as well as what it enabled those accredited to do. Some believed that delivering Group 2 Awareness training required both Group 2 and Group 3 Train the Trainer accreditation.
- 'I don't think we're targeting them right. I think our information going out isn't correct. Last week I sent out the Train the Trainer dates and a different gentleman from housing emailed me and said 'how do I go about booking my workforce on this course?' and I said 'you do realise it's a Train the Trainer session' and it does say Train the Trainer in the email but there's not that much information and he said 'oh I thought it was a domestic abuse course' (Trainer 21, local authority training lead).
- 3.27 To begin to address these issues, some regions had put together role profiles for 'Champions', and said that as a result, staff felt more informed on Ask and Act before they signed up. In general, however, a similar task could be carried out for

other elements of Ask and Act, to better communicate its aims and objectives as well as its delivery model to all staff but especially those involved in its rollout.

4. Effectiveness of delivery - Awareness training

Planning and coordination

- 4.1 The Ask and Act Subsidy Grant provided by Welsh Government is designed to allow relevant authorities to pay for third sector involvement in co-delivery and therefore determines how much training can be delivered regionally. Welsh Government report that the grant is often under-utilised, however regions raised issues with the amount they received and the way the grant was administered. The argument that the grant was under-utilised was countered by regions and authorities who were not involved or had not started rolling out Ask and Act at that stage, or the constraints of the model that meant they could not deliver what they had planned. Regions reported the uncertainty surrounding how much funding they would receive from the grant annually, not hearing how much they would receive until after they had completed their training plans and therefore having to speculate how much training they could deliver.

‘If we had plenty of notice, even if we didn’t have the money itself, but plenty of notice, this is the amount you’re going to have, we could sit down and say, ‘how are we going to make this work, how are we going to split this up, what sessions are we going to do’. We’re kind of doing it the opposite way round where we’re trying to make sessions fit with what we’ve got, and it makes life much more complicated’ (Regional Coordinator 9).

‘We think we’ve probably got to around about the right point now with the money. In the beginning we just couldn’t spend it all [...] And that, and that was again, not because we didn’t have the need for the training or anything but it, it was just the constraints of the model really which means [we couldn’t] deliver as we were required’ (Regional Coordinator 6).

- 4.2 A few regional leads commented that they had seen a reduction in the Subsidy Grant in more recent years so that regions who started the rollout later received less financial support. Most had to make up the difference themselves or use in-house specialists to reduce costs. Cancellation of sessions due to, for example, bad weather, created a big problem where third sector specialist trainers still had to be paid but regions were unable to claim this money back. One regional lead

commented that the pool of third sector specialist trainers who were willing to co-deliver Ask and Act with them was getting smaller and smaller. Interviews with third sector specialist trainers highlighted that the payment received from the Ask and Act Subsidy Grant was considered to be lower than average and there was an element of contributing to the programme because it has social rather than monetary value:

‘We had three organisations and now it’s just one and that’s just pure wish and passion of the person that runs the training department there to keep that running cos otherwise it would have just collapsed in our region cos we just haven’t had the trainers, internally or externally’ (Regional Coordinator 5).

‘The only reason I do it and my trainers do it is because I feel we should contribute to it because it has value, but as an organisation the income generated from training, I can’t really afford to do too many’ (Trainer 14, third sector specialist).

- 4.3 Where local authorities were delivering more sessions than the Subsidy Grant allowed for, this put further pressure on local budgets as well as staff.

‘So that is a big problem because when our regional person came to us and said we’ve only got this funding which equates to about 12 Ask and Act courses, I’ve put in about 40 courses, so the rest of that our local authority needs to find the funding for and that’s been a problem because it’s going to have to come out of other training budgets which puts more pressure on myself because we’re all being stretched to the limit with local authority departments at the moment’ (Trainer 1, non-specialist).

- 4.4 Given the aims of Ask and Act in terms of reach, the Ask and Act Subsidy Grant was viewed as insufficient in being able to meet such targets. If Ask and Act is to continue in its current form (sourcing third sector specialists as co-facilitators) the amount of funding allocated to organisations would need to be revisited to avoid a large impact on organisations’ resources. Allowing more advance notice of funding amounts would also help organisations to plan their rollout of Ask and Act more accurately.

- 4.5 Coordination of Awareness training was carried out by regional leads, with some devolving a degree of responsibility to organisational leads, local training units or training leads, respectively. Bookings and advertisements of the training were coordinated both by the trainers and business support/administrative staff (where that support was available). Trainers appreciated having a form of additional business/administrative support and this allowed them to focus on preparing and delivering training. Support staff helped with tasks such as administering pre- and post-training questionnaires, sending attendance lists to trainers, sending out certificates and keeping records of the number of staff trained. Advertisements and booking links for the training were often shared on local authorities' intranets, newsletters, learning and development networks and/or training bulletins. In some organisations the training lead(s) also delivered the training; in others their role was coordination only.
- 4.6 Interviews with training leads with a degree of devolved responsibility revealed issues relating to how Ask and Act and its rollout had been communicated as it had been cascaded to them. Some reported feeling that responsibility for Ask and Act had been abruptly placed on them without the necessary communication or support mechanisms in place, as suggested by one non-specialist trainer who said:
- ‘To me it feels as if Ask and Act is a hot potato everyone is just trying to throw off their desk. It’s like I don’t know what to do with it and it’s just got landed with my boss and me and we don’t know what to do with it, we’re just trying to work our way around it’ (Trainer 4, non-specialist).
- 4.7 Welsh Government were aware of this issue in some areas and traced it back to senior support and buy-in, without which wider engagement in Ask and Act would suffer. To try and overcome this issue, Welsh Government and Welsh Women's Aid met with senior leaders in some areas to further communicate the aims and objectives of Ask and Act.
- 4.8 Another communication issue emerged where training leads had not completed the Train the Trainer course themselves and as a result, felt ‘in the dark’ about Ask and Act and how to communicate it well to others:

'We've always really worked in the dark. So I do feel that when I send emails out, an example now is that we've had Train the Trainer dates to try and recruit more people on, there's not enough information on there, the information isn't very clear and I'm not the sort of person to send out a rubbish email, I like things to be really organised and this is one thing I'm not at all confident in' (Trainer 21, local authority training lead).

- 4.9 Training dates were usually planned in advance for the year ahead. In some organisations, these dates were cascaded through learning and development networks to representatives of different directorates through to management and staff. The frequency of Awareness training sessions differed by organisation, but it was common for training to be delivered once per month or every other month (or eight to twelve sessions a year). In some cases, the number of sessions was determined in consultation with individual trainers and was based on how many they could fit within their usual workload. The issue with trainers delivering on a fairly infrequent basis (where authorities had a pool of eight trainers and the budget for nine sessions a year, for instance) was that it was difficult to keep up the momentum, improve confidence and skill with each session, and therefore to 'keep on top of the game' and deliver the training effectively. Some trainers felt poorly briefed on what would be required of them as a trainer once they had completed the Train the Trainer course, in terms of how many sessions they would have to deliver.

'This is being driven by me, to be fair, rather than the other way round and what I can do. My seniors have been very supportive and helpful with it because they know it's a lot when I work three days a week to add to my workload' (Trainer 4, non-specialist).

'The grant being so small, if I've now got eight trainers trained and I can only do nine sessions, you can do the maths on that, one session a year is not enough to keep you at the top of your game' (Trainer 5, non-specialist).

'Then the expectations afterwards, we kind of knew we were going to have to deliver training to our teams, although I never dreamed I would deliver as many sessions as I have done and they're still ongoing' (Trainer 9, non-specialist).

- 4.10 Ask and Act inevitably impacted on organisations' resources, including staff time and capacity. Those coordinating and delivering Ask and Act, in particular, felt existing workloads had to be squeezed to make space for their Ask and Act role. The result was often that they had less time to dedicate either to Ask and Act or other elements of their roles. Workloads had been eased slightly where regions had employed business or administrative support staff using their own budgets. More support was also desired from Welsh Women's Aid which currently cuts off after the Train the Trainer course; regions felt on their own in some senses when rolling out the Awareness training. Respondents pointed out that non-specialist trainers' time should also be compensated in some form and questioned why the Ask and Act Subsidy Grant covers only the specialist trainers.
- 4.11 Many trainers who completed the survey also reported that the key challenges they faced in delivering the Group 2 Awareness training were linked to resource and capacity issues. The most commonly reported challenges were the additional work required to adapt the training materials to suit the needs of their organisation / colleagues (37%, 22), a lack of capacity to deliver training (32%, 19) and a lack of capacity of staff to attend training (25%, 15).
- 4.12 Lower numbers of respondents highlighted issues related to the training sessions themselves, such as managing different levels of skills and knowledge in a training group (19%, 11), managing disclosures from survivors (15%, 9) and dealing with challenging behaviours or views (14%, 8).
- 4.13 The results also suggested that there is a high level of support and demand for the Awareness training locally: only 9% (5 respondents) said they had encountered a lack of support from managers / supervisors in setting up training and only 5% (3 respondents) reported a lack of demand in their organisation / area.
- 4.14 The above relates to the need for a clearer communication strategy for Ask and Act and to ensure that information reaches staff at all levels and roles. There is also a need for greater support mechanisms for all staff involved with the Ask and Act rollout, not just those in regional leadership positions, which should include the opportunity for trainers and training leads to share learning, raise issues and ask questions, and business and administrative support for trainers.

Working with the training package

- 4.15 Respondents felt that the ability to adapt the training package to suit their local and organisational context (as long as it still met the overarching aims and objectives of the programme) was helpful, and preferable to being required to deliver an overly rigid model. However, the message about being able to slightly adapt materials did not appear to be consistent across all regions and organisations, as some made clear that they were not able to remove any of the original content from Welsh Women's Aid.
- 4.16 Several regions had adapted the training materials, especially to suit online delivery. They commented how there was a careful balance to be made between making slides specific enough for the audience/professions in attendance while also recognising that staff also attend as neighbours and members of the public (i.e. in a professional and personal capacity). Trainers would also be led by discussion and questioning on the day of training which differed according to profession and service area.
- ‘So yes of course tailor discussions around the people you’ve got but I think we’ve got to be very careful that we don’t say to people in education ‘this is your slide, this is what you look out for’, because there could be other things you’re told in conversation with a parent who’s telling you they’re struggling with money that you might not pick up on your radar’ (Regional Coordinator 2).
- 4.17 Trainers felt a greater sense of ownership over material that they had adapted and made more relevant, and therefore felt more confident in delivering it. However, some felt they needed more control over content than was currently permitted in order to feel a greater sense of ownership.
- ‘I’ve moved a couple of slides around because you’ve got to feel comfortable with what you’re delivering’ (Trainer 2, non-specialist).
- 4.18 The importance of trainer autonomy in adapting training materials was highlighted further within regions where this did not take place. In such regions, trainers expressed a sense of disempowerment and frustration and did not feel any confidence in the course they had to deliver.

- 4.19 Several local authorities worked closely with their third sector partners to add in more material (real life case studies, videos, more information on coercive control, domestic violence against men etc.) to support the Welsh Women's Aid content. Interviews with learners indicated that they would have liked the course to spend longer on 'asking and acting' and in discussing the barriers involved for professionals and how to overcome them. Learners would have liked to have seen more words from survivors themselves within the course, whether in the form of videos, quotes, or audio clips.
- 4.20 Where authorities had been asked for the training in Welsh, trainers had noticed that some of the Ask and Act material had not been translated fully (such as videos and other resources) so they had to dedicate time to translating in-house.
- 4.21 The length of the Awareness sessions varied from two to three hours, although anything less than three hours was seen to be challenging in terms of covering the content in time. Authorities took different approaches to minimum and maximum attendance numbers per session with average numbers being around 18. There was some degree of flexibility here as long as numbers were considered high enough for the session to go ahead (generally over 7 people), and not too high to be unmanageable. Where attendance was too low, attendees were moved on to subsequent sessions and breakout rooms were used to manage higher numbers.
- 4.22 When asked if there was anything that would support them to deliver Ask and Act more effectively, trainers identified a number of areas including: continued communication on any updates and changes to training (37%, 30); pre-recorded sessions or e-learning options (37%, 30); more opportunities for refresher training (37%, 30); and more funding for specialist support in delivering the training (32%, 26).

Priority staff groups

- 4.23 As identified within the National Training Framework, those prioritised for Group 2 training were more likely to be professionals in frontline positions who are likely to come into direct contact (either face-to-face or over the phone) with potential victims of VAWDASV. However, this evaluation found that regions interpreted the guidance in the Framework loosely and often went beyond the suggested professional groups

who should be trained. This was evident from the survey results where high proportions of respondents selected that their role did not fit those in the list of identified professions. In local authorities, 42% (72 respondents) reported that their role was not listed, however many did work in related fields, such as early intervention and family support services. For health respondents, 70% (101 respondents) reported their role was not listed, but again they did tend to work in related areas, such as nursing and support work.

- 4.24 As well as Social Work and Housing teams, some interviewees were also delivering Group 2 training to school and education staff, corporate teams, or anyone in a frontline position (other examples included librarians, adult skills tutors, registrars and Track and Trace team members). Some authorities were allowing staff to self-select themselves for training where they saw it as relevant to their roles.

‘I’ve just allowed them to do that [book themselves on] rather than just saying ‘this position, this position needs to do it’ (Trainer 1, non-specialist).

‘But what we didn’t do is department by department, it’s hard to say we’ve only got teachers left or only got this left because it is different people from different areas’ (Regional Coordinator 5).

‘I believe in the beginning social services staff were targeted cos obviously they’re frontline, people who work in housing, I think mainly social care and housing, that said I don’t think we’d exclude anybody that wanted to go on it’ (Trainer 8, non-specialist).

- 4.25 Across the regions there was a sense that Ask and Act should be ‘everyone’s priority’ as almost every role within the council involves contact with the public in some way. Regions were thinking about how they could open up the training to an even wider group. Learners tended to agree with this broad approach and saw the importance of the training even if they had not yet come across a situation of VAWDASV.
- 4.26 However, there were some downsides to opening up Group 2 to everyone, which included being able to ensure that everyone on the Group 2 training had completed Group 1 (this had to be done manually). Another consideration was whether every

public-facing staff member would be in an appropriate position to 'ask and act'. Regional Coordinator 4 gave the example of environmental health officers who may attend public places to check standards but do not have the kind of relationships with members of the public to ask questions about suspected VAWDASV. Hence, some regions were more selective in rolling out the training to specific staff groups, such as social services, education, and housing, who were selected because they are fully engaging with survivors and perpetrators in their roles. At the same time, other less obvious roles where staff see customers regularly were also seen as vital (such as leisure centre staff or evening class tutors). A degree of rapport and an existing relationship was considered necessary by some to begin asking those questions, though this was contradicted by other regional leads who felt Ask and Act should be rolled out as broadly as possible.

'We always say this is everybody's business, you'll rarely come across someone who hasn't been impacted directly or indirectly by some sort of domestic abuse so we have to recognise that with our workforce as well because the majority of our staff live within the borough and whatever directorate you're in you'll have contact with the public, even if you're sweeping the roads or emptying bins, if you're a teacher, social worker, if you're one of my team and you're out engaging on a stall with the community, you name it' (Regional Coordinator 9).

'In the pipeline we're talking about training for teachers and school staff and also council members' (Trainer 8, non-specialist).

'I think anybody that's either dealing with any members of the public or if they've got staff, even family members, it's good for everyone to have an understanding of what Ask and Act is all about' (Regional Coordinator 10).

- 4.27 Some trainers saw Ask and Act as being relevant to every service area and role as VAWDASV could be affecting colleagues, friends or family members. Others suggested the training should be extended to schoolchildren (both primary and secondary) if it is to be truly preventative. The Police were also seen as a crucial candidate for the training as were residential care staff and foster carers, though some adaptation of the training package may be necessary. Rather than having priority professions and staff groups for the training, many respondents saw the

need for it to be open to all members of staff within an organisation but acknowledged that more funding would be needed in this case.

‘The whole thing about Ask and Act is that it’s not just for people we come into contact within our professional capacity, the service users that we come into contact with, it’s for our friends, family, colleagues and I’ve been astounded at how many employees have been affected by domestic abuse, there’s at least one or two people on every training session’ (Trainer 9, non-specialist).

4.28 Group 2 sessions themselves were often mixed in terms of professions and roles and this multi-agency approach was seen as advantageous as it generated more discussion and learning. At the same time, if more staff from the same team attended the training it was felt to benefit the culture of addressing VAWDASV locally.

4.29 Some learners felt that trainers had given less consideration to their specific roles than they would have hoped and would have liked the discussion on ‘asking and acting’ to be more tailored to their roles and associated barriers they may face.

‘The lady from the organisation, that trainer, not the local authority one, I don’t know if she didn’t really understand our role or whether, because we were all saying about this conflict and asking can you help us with how we can overcome that to ask and we just kept on being shut down’ (Learner 3).

Group 3

4.30 Although regions had trained a small number of Group 3 trainers, Group 3 Awareness training had not properly commenced in the majority of authorities, while some authorities had agreed to run Group 3 regionally with regional health boards hosting.

4.31 Regional leads would have liked more direction and guidance in terms of rollout from the outset, and several wished they had gone about the sequencing of Group 2 and Group 3 differently, i.e. ensuring Group 3 Champions were in place before rolling out Group 2.

‘It would have made more sense to have the group 3 people trained first cos then if you’d done the Group 2 Train the Trainer you’d know who your Group 3 Champion was’ (Regional Coordinator 4).

- 4.32 There was some confusion among the current Group 2 trainers interviewed as to the role and responsibilities of a Group 3 Champion, and therefore something that needed clarifying before they signed up. Group 2 trainers with only a training background assumed that the Group 3 Champion role would not be open to them if they did not have expertise in VAWDASV. Some had essentially become Group 3 Champions without having completed the Group 3 Train the Trainer course or delivering the Group 3 training as they were the ‘go-to’ person for Ask and Act in their organisation.
- 4.33 Others felt they already had a full workload with delivering Group 2 and could not see how they would have enough capacity to take on the Group 3 role. The ones that had completed both Group 2 and 3 said that their motivation for taking on both was to gain further knowledge around VAWDASV, especially in situations where they would be training professionals, such as Social Workers, who already had an in-depth knowledge of VAWDASV. A few Group 2 trainers from the regions who had attended the Train the Trainer course in its earlier format (i.e. during the piloting phases in 2016 and 2017) were deterred from signing up to complete the Group 3 Train the Trainer course due to their disappointment in the Group 2 Train the Trainer in its earlier form.

‘We kind of wanted to do that group three to get that extra underpinned knowledge, we feel if we’re training we need to know more than what we’re actually training’ (Trainer 9, non-specialist).

‘I didn’t feel at that time that I had the time to commit to it and I didn’t want to do it because I didn’t have confidence in the process’ (Trainer 16, non-specialist).

- 4.34 A small number of respondents questioned the need for Group 3 Champions, suggesting that staff would be more likely to ask for advice from their manager or safeguarding lead, and that Group 2 trainers would eventually accrue the same level of knowledge through delivery (though given that Group 2 trainers were only delivering a limited number of sessions a year this might not be possible). Some

trainers were unsure about what Group 3 training entailed and how this differed from Group 2:

‘I’m not 100% clear what the difference is between them [Group 2 and 3] to be honest’ (Trainer 11, non-specialist).

‘We felt we needed to get the majority of the staff trained in group two really to then be able to offer that out to teams for the group three. There’s still not enough clarity around the group three’ (Trainer 9, non-specialist).

Co-delivery with a third sector specialist

4.35 Co-delivering with a third sector specialist trainer was valued by the majority of non-specialist trainers. Specialist trainers were paid for with funding from the Ask and Act Subsidy Grant and were from partner organisations with expertise in VAWDASV.

4.36 Both specialist and non-specialist trainers found it easier to work with the same co-trainers rather than a new person each time. Some regions had partnerships with more than one specialist provider who they could draw on for Ask and Act co-delivery which had its advantages as some regions found it difficult to source specialists. However, where organisations were drawing from a larger pool of specialist providers, trainers were often delivering with a different specialist trainer each time, which required a longer preparatory period leading up to delivery. To save time, some non-specialist trainers took the decision to be more prescriptive about dividing up the training.

‘So I made an executive decision on my second delivery, I looked at the presentation and said I’m doing 1 to 10, you do this, I’ll do this and you do that, because otherwise it was too much planning and for me it was changing the bits I was delivering every time, which was giving me more work because I felt I would have had to have done more research on things’ (Trainer 2, non-specialist).

‘I just think it’s easier because we know each other and it’s not trying to get used to somebody else’ (Trainer 3, non-specialist).

'If you're juggling around trainers all the time it's hard work, but if it's someone you're regularly training with and you fall into a pattern it's okay' (Trainer 14, third sector specialist).

- 4.37 The approach taken to sharing out the delivery was often a collaborative one, whereby each trainer would agree the slides they felt comfortable delivering. Sometimes this would entail the specialist trainer taking the lead with the non-specialist introducing the session and leading on any organisational slides. In other authorities, it was the non-specialist who took the lead with the specialist contributing. In some cases, the specialist trainer would have preferred to have greater input over the content and delivery given that they held that specialist knowledge:

'That's one of our issues with specialist partners, if you're training with a different specialist partner every time and you've got a different trainer you're going to add in at least a hello Teams call. I get to the point where I'm spending almost as long preparing with a trainer as I am delivering the training, which is not cost-effective' (Trainer 5, non-specialist).

'I've done it with different people and we usually decide who does what but it tends to be because they are the expert in the field, they tend to take the lead in the training, not that we don't share it out, but I don't take the lead role' (Trainer 6, non-specialist).

'Even though I can change the slides a bit to my wording, maybe she's presenting stuff how I wouldn't particularly have presented it. It's funny because in a way our knowledge of domestic abuse is going to be better than hers because it's our speciality but she presented the slides on it' (Trainer 18, third sector specialist).

- 4.38 Non-specialist trainers spoke of the specialists bringing 'real life' experiences and case study examples from practice, up-to-date statistics and policy information, as well as signposting local external support agencies and resources. Non-specialist trainers felt that the specialists provided an extra level of support as a result of their knowledge, experience and passion for the subject, which made them feel more confident in delivering the training. They were also seen as a valuable support in

answering questions from attendees which were of a specialist nature or, importantly, of providing support if a disclosure was made in the session. From the learners' perspective, the two trainers worked well together and presented a collaborative, joined-up approach.

'Again it's great to have the specialist there because if something does crop up in a session, we can talk about it afterwards and make sure we've got everything in place that needs to be in place, not that that's happened much to me but I know my co-trainer's had some issues that have come out during the session' (Trainer 8, non-specialist).

'When you've got the specialist doing it, they're passionate about it, they've got the expertise, they've got the knowledge, they can answer the questions or if somebody brings a scenario they can help guide them through that which I don't necessarily know whether everybody that's gone through the Train the Trainer would be able to do' (Trainer 9, non-specialist).

'It was quite comforting to know I was doing it with a specialist and before lockdown I delivered a couple of training programmes in person, I didn't do that many though and then it was lockdown and it moved to online which isn't the same but we had to adapt it as best we could. So I did feel prepared but the safety net for me was knowing I was delivering it with a specialist' (Trainer 10, non-specialist).

'It was more of a joint venture; it didn't feel that this is an outside agency provider and this is an internal agency at all' (Learner 1).

- 4.39 Working with specialists was also seen as beneficial in terms of building networks. From the specialists' point of view, they also saw the value in a collaborative approach to delivery. If the specialist was leading the training, they found it helpful to have someone there in a support role. They also saw local authority trainers as experts in their own right.

'They're experts in their own field as well so they're not there just to provide admin, they put their own contributions in and it's been quite beneficial because you have the expertise of another service. For example, one of the first deliveries

I did was with someone who worked in the SARC [Sexual Assault Referral Centre] team so really useful in terms of when we were talking about the sexual violence side of the training, they were able to put some really good input into that' (Trainer 12, third sector specialist).

- 4.40 However, delivering with a specialist also brought a number of challenges. Welsh Government and a number of regions acknowledged the challenges around demand. Specialists in particular areas, such as female genital mutilation or honour-based violence, tend to come from smaller organisations so the logistics of delivering training was often a big commitment in terms of time and cost of travelling to sessions:

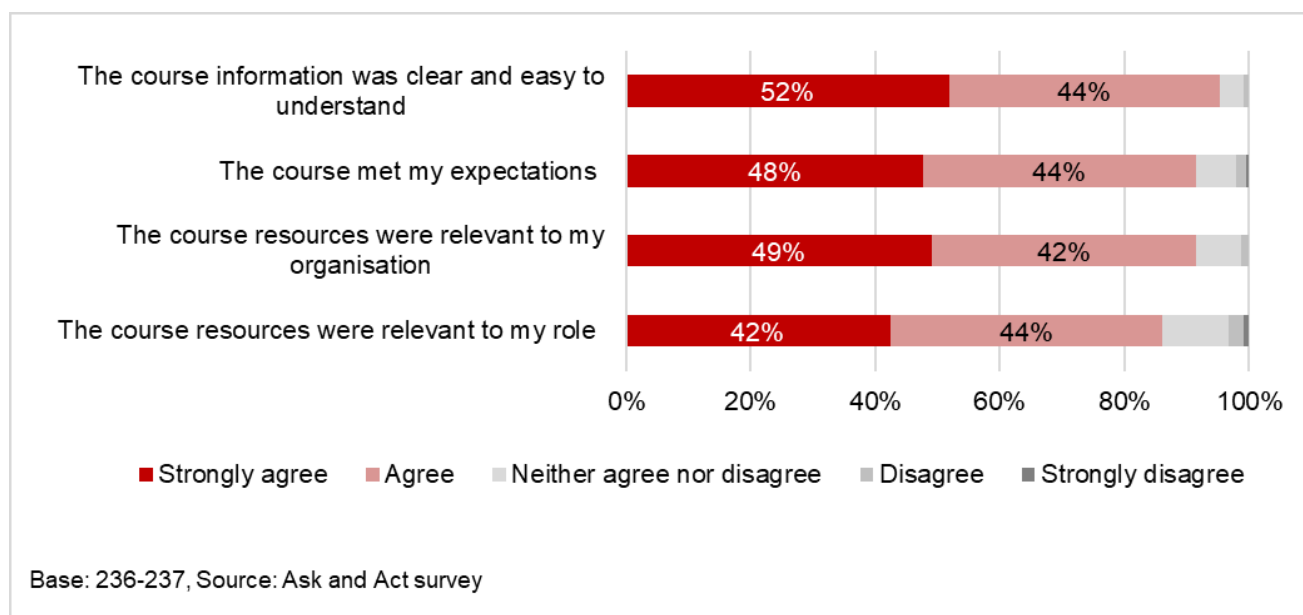
'I think certainly one of the last things I'd heard was that the way the funding model was set up made it quite difficult, particularly for the specialist services if they had to travel, so if they were travelling to and from mid and north Wales in particular that takes a day out at least and sometimes more. So there was that whole issue around value for money and affordability from their perspective and capacity' (Welsh Government, respondent 3).

- 4.41 One Fire and Rescue Service found it difficult to bring in a specialist every time they delivered because they sometimes delivered outside normal working hours, on evenings and weekends. Other regions had been forced to cancel training sessions when a specialist was absent from work due to illness. This was an issue in particular where regions had a shortage of specialist trainers who could stand in as replacements.

Learner experience

- 4.42 The vast majority of survey respondents who had attended Awareness training found the process of getting onto an Ask and Act Awareness course easy (96%, 149). Feedback on the course itself was also very positive with 95% (226 respondents) agreeing that the course information was clear and easy to understand and 92% (217 respondents) agreeing that the course met their expectations. Most respondents also reported that the course resources were relevant to their organisation (92%, 216) and their role (86%, 203).

Figure 4.1: Feedback on Ask and Act Awareness training



4.43 The most useful elements of the Ask and Act Awareness training were reported to be:

1. information about how to ask questions and have conversations about VAWDASV (45%, 105 respondents)
2. information on how to deal with disclosures (45%, 105 respondents)
3. information about VAWDASV (43%, 101 respondents)
4. practical examples and case studies to discuss (39%, 91 respondents)
5. information on other services available (e.g. specialist services) to support with Ask and Act (34%, 79 respondents).

4.44 The key ways in which respondents felt the Awareness training could be improved were:

1. more practical examples and case studies to discuss (49%, 93 respondents)
2. more focus on how to deal with disclosures (40%, 76 respondents)
3. more focus on how to ask questions and have conversations about VAWDASV (39%, 74 respondents)
4. more specific materials or modules tailored to my sector / organisation (34%, 64 respondents).

5. Sustainability of the Ask and Act training model

Aims and objectives

- 5.1 All respondents interviewed agreed that there was a definite need for Ask and Act and appreciated its value. Putting VAWDASV on the agenda within organisations was felt to be a priority, and many saw Ask and Act as an effective way of achieving this task. Feedback from trainers suggested that learners were generally unsure about how to approach suspected VAWDASV – knowing the right questions to ask and approaching issues of privacy – and therefore saw a clear need for Ask and Act training. Coupled with this was the observation that child protection figures and VAWDASV referrals were rising across Wales.

‘A lot of them were very conscious of the fact that it’s people’s right to family life and their own choices and things like that and it was trying to get home to them, and I hope the training helped unstick that to some extent, in terms of thinking it’s okay to ask’ (Trainer 19, non-specialist).

‘As the training says we don’t want it to be a taboo subject anymore, we don’t want there to be stigma around it, we want people to talk about it quite openly and honestly and the only way we’re going to do that is if we keep it on the agenda and keep thinking about it’ (Trainer 9, non-specialist).

Training gaps

- 5.2 The majority of respondents recognised the training gap that Ask and Act was filling in terms of VAWDASV. Welsh Women’s Aid deliver a suite of other courses on VAWDASV, but highlighted that the key difference with Ask and Act is its focus on developing the skills of 'asking and acting' and early identification, rather than being a course on VAWDASV.

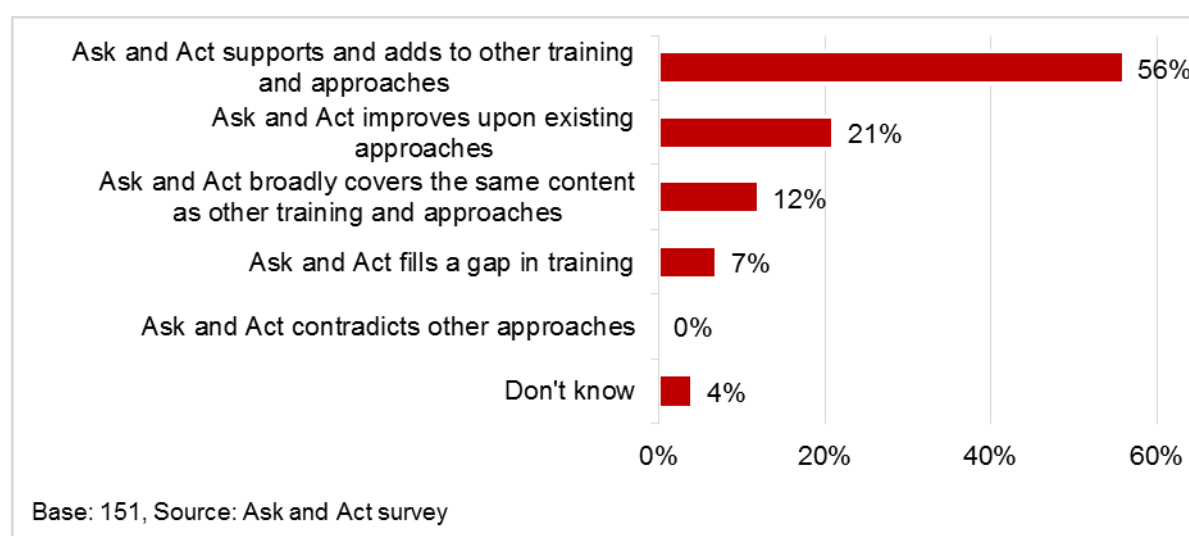
‘Its main objective I would say is to give professionals permission and confidence to ask and thereby intervening sooner than a crisis situation to increase referrals to specialist support and just so that victims know they can talk to people, to professionals’ (Welsh Women’s Aid Respondent 6).

‘Welsh Women’s Aid already support us to provide a full day of domestic abuse training on a multi-agency basis and they do that perhaps six times a year and

they also do half day training on coercive control, we've had that for some time. So I think Ask and Act supplements that because it is more specific [...] I think before Ask and Act they wouldn't have considered themselves to be the right person to ask those questions, they would have thought that was somebody else's business' (Trainer 6, non-specialist).

- 5.3 Some organisations received other types of training related to VAWDASV (such as on safeguarding, child protection, domestic abuse, or coercive control). Almost half of survey respondents reported that they had taken part in other training (apart from Ask and Act) relating to VAWDASV (48%, 151). Of these, when asked to select which statement most closely fitted their view of Ask and Act, over half felt that it supported and added to other training and approaches (56%, 85), and a further 21% (31 respondents) felt that it improved on existing approaches.

Figure 5.1: Which of the following statements most closely fits your view on how Ask and Act fits in with other available training and approaches for supporting survivors of VAWDASV?



- 5.4 There was some variance in how interviewees perceived Ask and Act in terms of its similarity to other types of training; some found it too similar to safeguarding training and wanted more of a focus on 'asking and acting'. But Ask and Act was generally seen to be more specific and built on previous training. The emphasis was placed on how Ask and Act strengthens rather than replaces similar training, such as safeguarding, and the importance of communicating this message to staff so that

past training still retains its relevance. Another view was that Ask and Act needs to sit within a broader spectrum of VAWDASV related training alongside other courses which pick up specific topics in more depth.

‘I think there needs to be a greater understanding of the difference between safeguarding and Ask and Act, people are very confused I think in terms of why somebody who’s suffering from domestic abuse may not necessarily meet the safeguarding parameters so I think it would be really useful for that to be incorporated into it’ (Trainer 15, non-specialist).

- 5.5 Trainers agreed that it was beneficial for learners to have some prior knowledge of VAWDASV before completing Ask and Act so they did not need to spend time on definitions but could focus on the ‘asking and acting’. Although important, Ask and Act was also partly seen as foundational and several trainers encouraged attendees to access further training related to VAWDASV.

‘I think it builds, with my background we’ve always done safeguarding training, domestic abuse has always been part of that but where I’ve done it before it’s been very much focused on, obviously on the individual and the survivor, but very much from the perspective of safeguarding the child as well. This is additional, I think it’s really important’ (Trainer 10, non-specialist).

- 5.6 Interviewees also valued that Ask and Act offered a consistent training programme across relevant authorities in Wales so that everyone receives the same information and adopts the same approach. Welsh Government are keen to uphold the core principles of Ask and Act while also allowing regions a degree of flexibility:

‘I know it’s built around core principles, so there’s something around keeping integrity but there’s also something about making sure we’re not overly rigid’ (Welsh Government, respondent 3).

Delivery model

- 5.7 Respondents generally saw the value of the co-delivery approach and felt that both non-specialist relevant authority trainers and third sector specialist trainers brought different attributes. The former acted as a familiar point of contact within the same organisation and the latter brought specialist knowledge on VAWDASV. The

element of having some sense of local ownership of Ask and Act was seen as important to get staff on board and feel invested. The specialist trainers appreciated the different skills of non-specialists who had both a VAWDASV and a training background only; the former were less reliant on them for their input of specialist knowledge while the latter were confident and skilled in delivering training. It was also felt as important to have two trainers delivering the training who could support each other as well as better manage questions or disclosures. However, the sustainability of this approach was seen as dependent on the amount of active non-specialist trainers each organisation had signed up, and this was found to be a major concern due to capacity and the lack of additional time given for training on top of existing roles.

‘The feedback I was getting from staff was “you’re the ideal person to have doing this job” and it’s nice, I’m easy to contact and people know they can come to me’ (Trainer 1, non-specialist).

‘I know where they work and how they work and I put myself in their position [...] whereas the specialists don’t have that knowledge of working in a local authority, they don’t understand what we need to do’ (Trainer 1, non-specialist).

‘I think it is good to have a name and a face to link them with’ (Trainer 3, non-specialist).

‘X [regional coordinator] is having to co-deliver training with the specialist at the moment, for this year that’s the only training resource we’ve had. That’s just not sustainable and it’s not going to get us to where we need to be’ (Regional Coordinator 5).

- 5.8 Although some trainers speculated that bringing in an external specialist to deliver the training alone would be less time-consuming than the Train the Trainer model, they also recognised the cost implications of this approach. A small number of regional leads questioned the need for a co-delivery approach believing sufficient specialist knowledge to exist in-house without having to bring in external services from specialist VAWDASV organisations. However, this point was countered by the majority of trainers who felt that specialist third sector support with delivery was vital, especially for those without a VAWDASV background, and many worried

about a time in the future when the funding might not be available to pay for this support. Other regions which were struggling with recruiting non-specialist trainers remarked that a less labour-intensive approach might involve assembling a team of trainers who deliver all VAWDASV related training across authorities. This, it was suggested, would also help with consistency, but may also lessen the element of local ownership and availability of ongoing support for staff following training.

- 5.9 The majority of survey respondents who were trainers felt that the Train the Trainer approach worked well. Similarly, although some respondents who had received Awareness training did not feel able to comment on the effectiveness of the approach, of those who did 93% (142 respondents) felt that it worked well. This approach was largely seen by interviewees as necessary to ensure only accredited and knowledgeable trainers were delivering the course, but some also acknowledged that the time it took to complete the course and assessment was a disincentive for some. The model was seen by several respondents as being unnecessarily complex and therefore slow to roll out and not a good way to train a large number of people quickly. Maintaining a more flexible approach to sign-up and allocating more time for staff to complete the assessment as suggested in 3.14 may help alleviate this issue.
- 5.10 Respondents highlighted the importance of continuing the funding and training programme for Ask and Act, with changes made to the amount of funding available and the way it is administered as discussed in 4.1 onwards. Ongoing support from the Welsh Government contract was felt to be essential in supporting regions to maintain the delivery of Ask and Act.

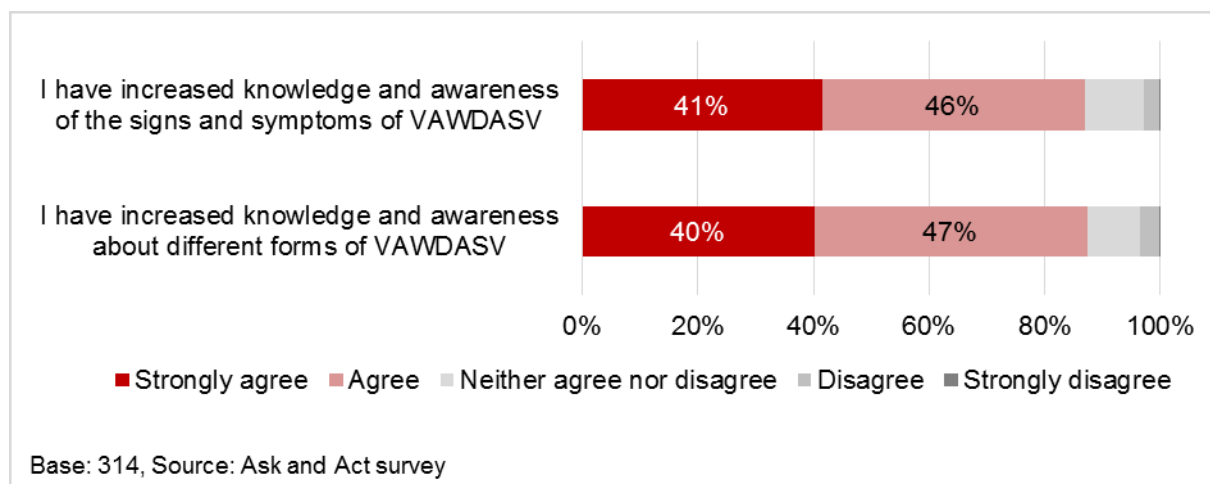
6. Impact of Ask and Act

6.1 The ability to record and measure medium to long term impacts and attribute them to Ask and Act remains a significant challenge (discussed further in 7.6). A further difficulty in assessing impacts relates to the Covid-19 context as most staff are working from home and therefore less likely to observe changes within their organisation. This section summarises findings from survey respondents and interviewees reporting on the impacts that Ask and Act has had on them and their perceptions of its wider impact in their organisation, sector, and for survivors of VAWDASV.

Knowledge and understanding

6.2 Overall, survey respondents were very positive about the impact of Ask and Act with the majority agreeing that the training had increased their knowledge and awareness of the signs and symptoms of VAWDASV (87%, 273) and of different forms of VAWDASV (87%, 274).

Figure 6.1: Knowledge and awareness of VAWDASV after taking part in Ask and Act training



6.3 For many learners interviewed, Awareness training covered topics which had never been fully explored before, and several reported an increased understanding in a number of new areas, particularly around recognising signs and indicators of VAWDASV and coercive control. Being given dedicated time to think about and discuss these issues in a training session was appreciated.

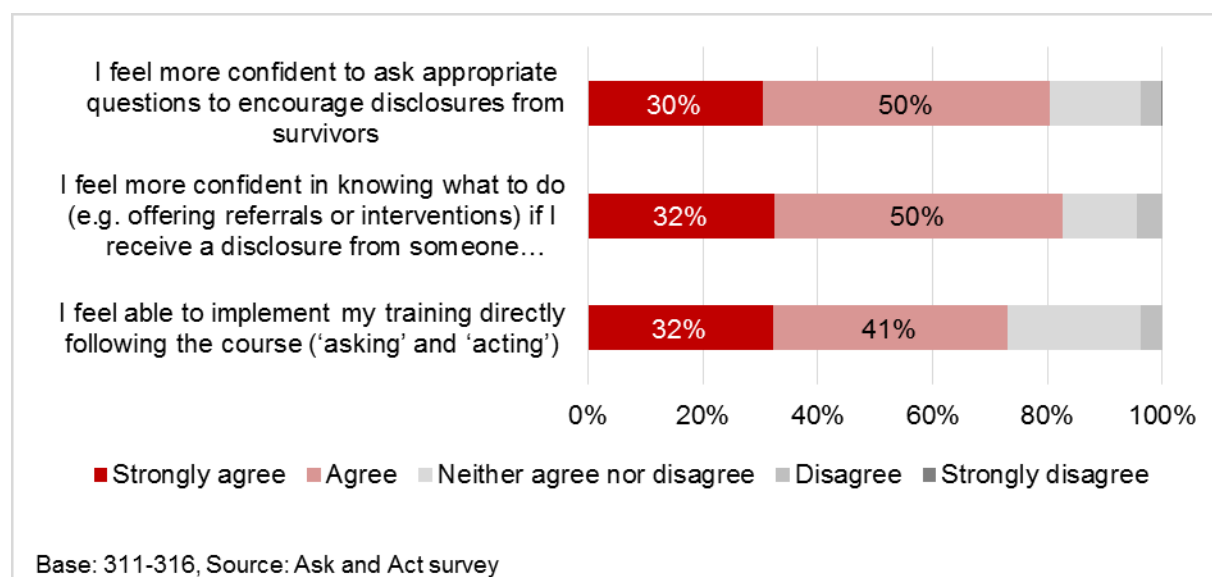
'We did a lot of talk about coercive control and things like that and it's not something you would necessarily think about until you sit and talk about it' (Learner 1).

- 6.4 Some trainers speculated that impacts on awareness and understanding are likely to vary according to role or profession. For instance, those working in a safeguarding or social work role may already have a high baseline understanding of VAWDASV and 'asking and acting' due to previous training and experience.

Confidence

- 6.5 The majority of survey respondents reported that following Ask and Act training they felt more confident to ask appropriate questions to encourage disclosures from survivors (80%, 254) and more confident in knowing what to do if they did receive a disclosure (83%, 260). Most respondents felt that they were able to implement their training directly following the course (73%, 227).

Figure 6.2: Confidence and ability in 'asking and acting' after taking part in Ask and Act training



- 6.6 The learners interviewed felt that one of the biggest barriers to addressing VAWDASV was having the confidence to know how to 'ask and act'. Given the perceived sensitivity of the subject, learners wanted to know how to have conversations and how to word things in a sensitive way. Although they admitted

they still did not feel 'fully confident' about these issues after the training, learners said it gave them a 'confidence boost' to know how to broach discussions:

'Having someone saying it's okay to word it like this or to say this gives that confidence boost that I think is needed when you're talking about such a sensitive topic' (Learner 1).

- 6.7 Other learners would have liked more of the Awareness training to focus on 'asking and acting' and felt the current version gave too much prominence to areas that are already covered in safeguarding training, such as definitions of different kinds of abuse. This was true more for those with a background in VAWDASV such as social services staff, whereas those with less experience appreciated the more introductory content relating to VAWDASV. One learner with a social work background explained how the reality of asking a client about suspected VAWDASV was 'brushed over' in the training and still did not emerge feeling that barriers had been adequately addressed.

'You're trying to build a relationship with a woman and you may only have a certain amount of time to build that relationship because there may be some kind of statutory duty, especially where children are involved, so how do you ask those questions when it might be so difficult for the woman to confide in you if it's going to have potential repercussions. This conflict was acknowledged and it was just brushed over, 'yes we know professionals have those difficulties'. What I would like to see in this training, it's not good enough to just say 'yes those barriers are always going to be there', we need to move forward in properly acknowledging that, engaging in open discussions about that and moving forward on how we can then overcome that' (Learner 3).

- 6.8 Learners also wanted to hear more about the legislation behind Ask and Act to understand how it had come about. Despite not feeling like the course had fully prepared them to 'ask and act' they claimed that it had at least brought these questions to the forefront of their minds and some went away and carried out further research on how to 'ask and act' effectively based on what was introduced in the course.

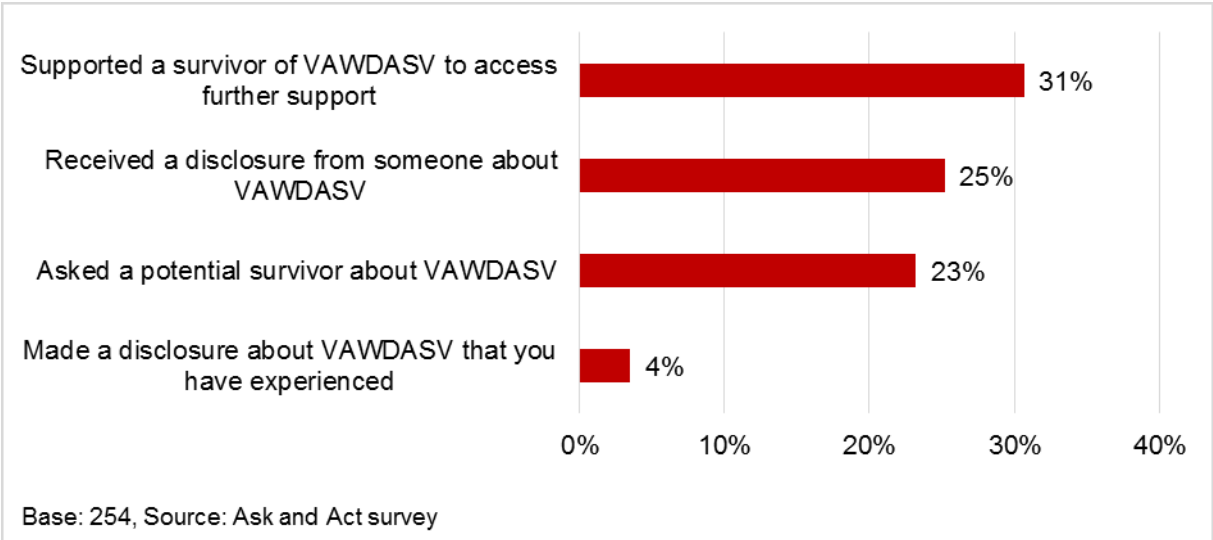
Referrals and intervention

- 6.9 Often, many of the trainers interviewed did not work in frontline positions so did not report a need to have to apply their Ask and Act training in a workplace setting so far. However, a number of trainers mentioned using their training in a non-work capacity with friends, relatives or friends of friends. On these occasions, trainers had passed on contact details for third sector support organisations. This was one of the main benefits of the Awareness training cited by learners: links and contacts to external agencies (including the third sector co-delivery organisation) where they could signpost customers or who they could contact themselves for advice on behalf of a customer. One learner had made a family aware of the support available which they had learnt about through Ask and Act after they disclosed past domestic abuse.

‘It gives me a few opportunities if I saw something and think I’ll look back and see if I can ring them or email them or get in touch with them, could be very useful’
(Learner 2).

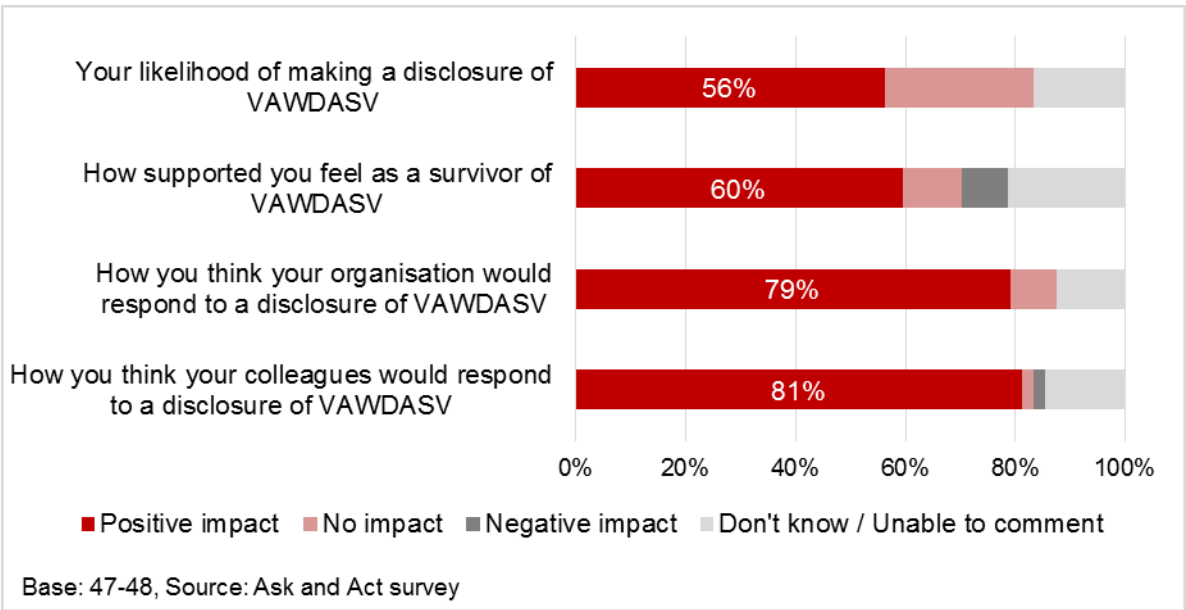
- 6.10 The specialist trainers interviewed had seen an increase in referrals but could not attribute this to Ask and Act. They suggested attempting to track where referrals had come from in the future and adding ‘Ask and Act’ to the list of options.
- 6.11 Since receiving training, significant numbers of survey respondents reported that they had provided direct support for survivors or potential survivors: 31% (78 respondents) had supported a survivor to access further support, 25% (64 respondents) had received a disclosure from someone about VAWDASV, and 23% (59 respondents) had asked a potential survivor about VAWDASV. 9 respondents (4%) had made a disclosure about VAWDASV that they had experienced personally.

Figure 6.3: Since you received Ask and Act training have you done any of the following?



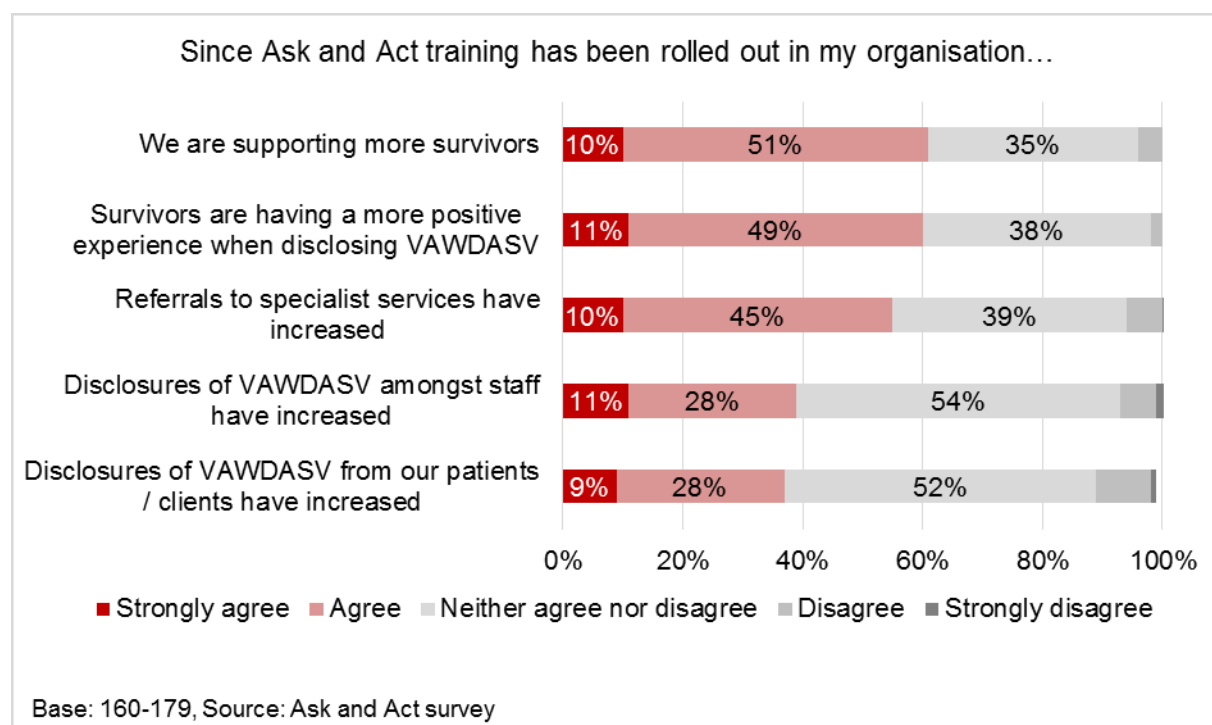
6.12 15% of respondents to the survey were survivors of VAWDASV themselves (48 respondents). Of these survivors, 56% (27 respondents) felt that Ask and Act had made a positive impact on their likelihood of making a disclosure of VAWDASV and 60% (28 respondents) said that it had made a positive impact on how supported they felt as a survivor. Furthermore, around 80% of survivors said that Ask and Act had made a positive impact on how they think their colleagues and organisation would respond to a disclosure of VAWDASV (38 and 39 respondents respectively).

Figure 6.4: Has Ask and Act had any impact on you personally?



- 6.13 Survey respondents agreed that, as a result of Ask and Act, they are supporting more survivors (61%, 109), survivors are having a more positive experience when disclosing VAWDASV (60%, 101) and referrals to specialist services have increased (55%, 95). However, lower proportions agreed that disclosures of VAWDASV from patients / clients or amongst staff had increased, with over half selecting 'neither agree nor disagree' on these questions.

Figure 6.5: Organisation-level impacts of Ask and Act – for survivors



- 6.14 The small number of learners interviewed had not yet put their learning into practice, simply because no situation had yet arisen, but stated feeling more prepared to know what to do if a situation did arise or somebody made a disclosure. A number of learners worked in front-facing roles where coming across suspected VAWDASV was likely and they welcomed training on how best to engage with survivors when and if the situation did arise as well as being able to identify a potential VAWDASV situation.
- 6.15 From the trainers' perspective, more of the Ask and Act course should be dedicated to instructing learners on the actual 'asking and acting', which could consist of a flow chart process, understanding types of questions to ask, and scenario-based exercises.

'I think you're given the tools; you're not given the time to explore them and you're not given the time to develop your knowledge and understanding of them to feel confident as a practitioner to use them' (Trainer 15, non-specialist).

- 6.16 Non-specialist trainers themselves had also applied learning from Ask and Act to ask questions to clients. One trainer who had done so reported that although asking did not lead to a disclosure, it 'opened the door' to potential future disclosures and gave the client confidence in knowing who she could go to for support.

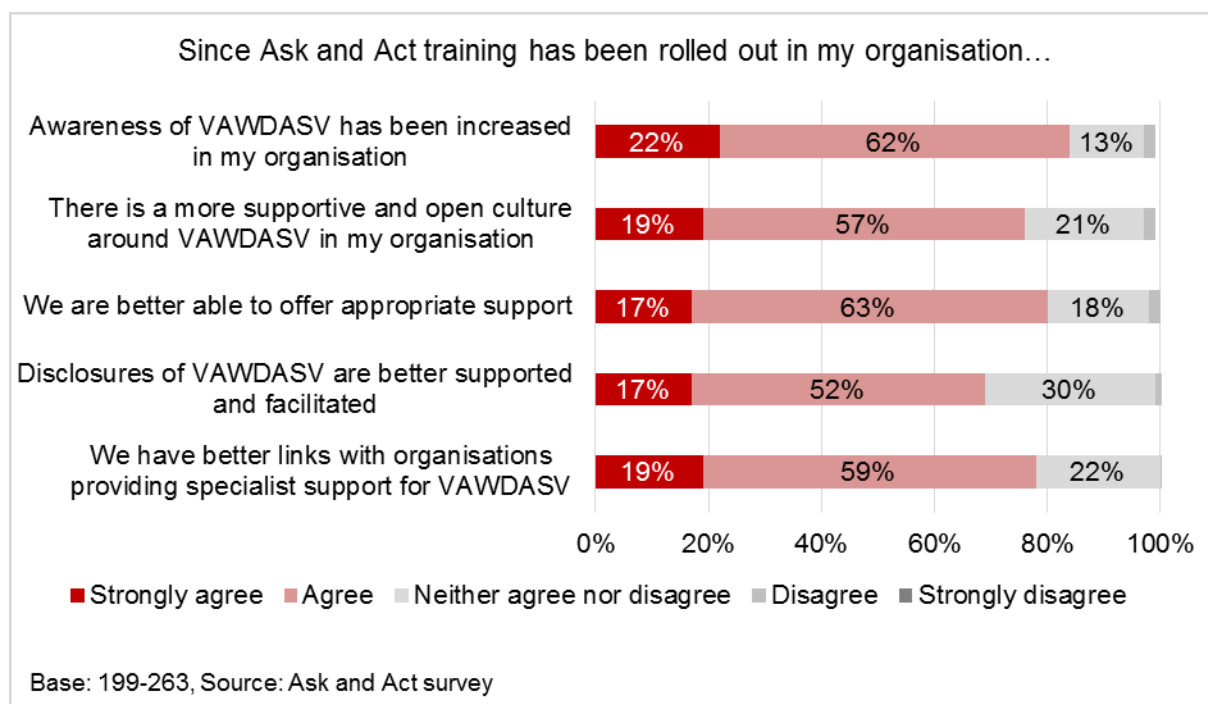
'Following doing the training it triggered me to think I'll just ask that question and I did and I didn't get a disclosure and she's still quite closed as a mother around some of those issues, but I feel like I've opened that door and she can come through it whenever she wants to' (Trainer 19, non-specialist).

Organisational culture

- 6.17 Survey respondents highlighted a number of positive outcomes of Ask and Act more broadly¹⁰, e.g. at an organisational level. 84% (222 respondents) agreed that since Ask and Act training has been rolled out there was increased awareness of VAWDASV in their organisation and 76% (187 respondents) felt that there was a more supportive and open culture around VAWDASV in their organisation. Most respondents reported that since training had been rolled out, they were better able to offer appropriate support (80%, 201) and that disclosures of VAWDASV are better supported and facilitated (69%, 137). Respondents also agreed that they now have better links with organisations providing specialist support for VAWDASV (78%, 184).

¹⁰ For some of these questions, relatively large proportions (approaching 50%) selected 'don't know / unable to comment'. These responses have been removed in the analysis.

Figure 6.6: Organisation-level impacts of Ask and Act – for organisation culture



- 6.18 Most survey respondents reported that following the training they had discussed the content with their colleagues (78%,197), and 19% (49 respondents) had discussed other opportunities to put the training into practice in their organisation, e.g. through policy changes.
- 6.19 However, some interviewees felt it was too early to say whether Ask and Act had impacted on the culture of their organisations in terms of the importance they placed on addressing VAWDASV and general increased awareness and understanding amongst staff; and this was difficult to discern after a long period of working from home throughout the pandemic. However, there were signs from interviews of managers wanting to better support their teams as well as their customers.
- 6.20 The training was thought to improve relationships, attitudes and culture both inside and outside of work; learners were keen to use their learning in all aspects of their daily lives, not just with customers / clients. There is a consideration to be made as to whether the current version of the training should be extended to cover workplace scenarios given the apparent appetite from a number of respondents.
- 6.21 Some respondents felt that too much emphasis had been placed on getting the training done without as much thought going into cultural change, e.g. putting

support structures in place for staff to feel able to 'ask and act' (such as Group 3 Champions) and ensuring that senior managers are trained to be able to better support their staff.

'I think the back up of workplace policies etc. hasn't worked as well as it should have, it's been all around the training rather than culture as such' (Regional Coordinator 5).

- 6.22 Given that most regions had not started to roll out the Group 3 training, many organisations were still without Champions, which may have affected how staff perceived their workplace cultures in terms of addressing VAWDASV. Some respondents mentioned a general lack of awareness about Ask and Act among their colleagues who were still to complete the training.

7. Monitoring and evaluation

Train the Trainer

- 7.1 Initial findings from the scoping interviews highlighted that learners participating in Group 2 and Group 3 training were asked to complete pre- and post-training questionnaires to assess any changes in their levels of knowledge, skill and confidence in asking and acting. Welsh Women's Aid analyse and report the results to Welsh Government, along with delivery statistics in annual reports. Before the pandemic, when training was delivered face-to-face, trainers would ask learners to complete the 'before' section at the beginning of the session and the 'after' section at the end. However, sometimes the whole form was completed at the end if they were pressed for time. Since the training has started being delivered online, Welsh Women's Aid have set up an online version of the questionnaire. This has had an impact on response rates which are inevitably lower – Welsh Women's Aid estimated they may receive approximately 50 per cent of questionnaires back (although the data is currently held by the data team and the delivery team do not have access to this until it is anonymised). Additionally, the questions on the online version of the survey have been compressed with data on knowledge, skill and confidence before and after the course being collected together (i.e. asking attendees to retrospectively report their pre-training perceptions).
- 7.2 Interviewees from Welsh Women's Aid said that they would benefit from receiving more feedback after they have delivered Group 2 and Group 3 training, i.e. once Awareness training has started to be delivered locally. However, they do receive feedback via regional coordinators at the steering group meetings which they find helpful and use in ongoing reviews of the programme. One respondent highlighted that although they try to respond to feedback with updates and tweaks to the programme, this could be challenging when they receive conflicting feedback from different regions and relevant authorities whose needs and expectations may be different.

Awareness training

- 7.3 Feedback from Awareness training attendees was collected via pre- and post-training questionnaires. When training moved online due to the pandemic the

questionnaires were also sent electronically (via Microsoft Forms). Across the trainers interviewed, there was an acknowledgement that feedback was more difficult to collect online and returns were poor. One organisation asked course attendees to complete their evaluation forms in the online sessions and they now receive 100 per cent returns.

‘Now as a training department we send out a questionnaire via Microsoft Forms, again any return is very poor but that’s uniform across all our training’ (Trainer 2, non-specialist).

- 7.4 Most trainers (both non-specialist and specialist) reported not having sight of the pre- and post-training questionnaires as they were coordinated by business or administrative support staff and then sent to regional leads and Welsh Government. Being able to review and reflect on those evaluation forms on an ongoing basis, however, may help trainers to improve the Awareness training as they continue with delivery; many trainers suggested that this approach would be helpful.
- 7.5 Regional coordinators commented on the method of reporting training figures for Welsh Government and agreed that reporting a new percentage each quarter or year would be preferable to reporting a rolling percentage given that the latter does not account for staff movement and turnover.
- 7.6 Aside from the immediate feedback from the pre- and post-training questionnaires there is no monitoring system in place for collecting medium to longer term impacts of Ask and Act, for instance, whether staff have put Ask and Act into practice and the potential impact of this on disclosures and referrals. There is a need for more consistent data collection overall, including the monitoring of longer term outcomes. Processes need to be established to enable better data collection locally, whilst minimising the burden on professionals.

8. Impact of Covid-19

Identification and disclosures of VAWDASV

- 8.1 As highlighted in the Introduction (see 1.9 and 1.10), Covid-19 has had an impact on identification and disclosures of VAWDASV in complex and uneven ways and has affected the ways in which organisations are able to identify and support survivors.
- 8.2 The majority of interviewees felt they could not comment on the impact of Covid-19 on identification and disclosures of VAWDASV more broadly. This was generally due to them not working directly with survivors (e.g. being in a more strategic or training-focused role). However, some reported that the pandemic had increased awareness of VAWDASV and created more of a discourse around why Ask and Act is necessary.
- 8.3 Evidence on numbers of disclosures was mixed, reflecting the evidence highlighted in the introduction. For example, whilst one Health Board representative reported that their VAWDASV referrals had doubled during lockdown, a regional coordinator highlighted that disclosures had decreased initially. They felt that this was likely due to the lack of opportunities for contact with professionals. For this coordinator specifically, their rural location and school closures were thought to be particularly significant.

'In the beginning, quarter one especially, saw a significant decrease in reporting, we didn't see increases that we've seen in England for example, so it was very low, that was the same across Wales and other regions but I think specifically so in Mid and West Wales and that rurality probably had a lot to do with it. Quarter two saw numbers returning to where you'd expect them to be and later in quarter two and moving into quarter three numbers have now dramatically risen to well over 100% increase on last year in some areas. What we still haven't seen an increase or numbers returning to normal is sexual violence for children and young people, so the lack of professional contact and that safe space within schools, that has really hindered any disclosures or reporting around sexual violence for children and young people accessing services, that also remains a concern for us' (Regional coordinator).

Trainers' experiences

- 8.4 It is important to note the considerable impact that the Covid-19 pandemic has had on the rollout of Ask and Act training, especially throughout the first six months. This manifested as delays to the start of Awareness training rollout as organisations adjusted to online platforms and also adapted Ask and Act for online delivery. The pandemic coincided with some regions having just completed the Train the Trainer course in which case they had only ever delivered Awareness training online, while other regions had previously delivered Awareness training face-to-face.
- 8.5 Most regions continued with delivery throughout the pandemic, through online methods, though one decided that online delivery would not be suitable for their staff and delayed delivery until it could resume to an in-person format. Switching to online delivery, due to the pandemic, proved an initial challenge for many authorities who had to quickly get to grips with delivering training in a different format and using new technologies, however, many adapted well and felt comfortable delivering online at the time of interview. The switch to online training inevitably caused delays in rollout for all authorities while they prepared and adapted their sessions for online formats and agreed on the best course of action. Despite facing the challenges of delivering Ask and Act during the pandemic, several regions performed well and managed to meet their target number of sessions for the year:
- ‘We did the train the trainer sessions January, February last year just before lockdown so then we had to work to deliver that online, so there was some delay but we’ve completed the sessions we planned for this year in this year, so we managed to meet the targets but Covid didn’t help that’ (Regional Coordinator 3).
- 8.6 Trainers noted the difficulty in having to learn new technologies and skills in such a short space of time. Some would have liked the Train the Trainer course to have been updated to include a section on delivering online once it was clear that this would be standard practice throughout the pandemic.¹¹ In some instances, trainers had to attend separate training on digital design and delivery funded by their

¹¹ Support with how to use technology to deliver training has now been included in the Train the Trainer sessions following feedback from attendees who felt they required additional support with this.

organisation. The need for additional preparations for the transfer to online delivery was noted by the following interviewees:

‘I think there was a delay in all our training to figure out how we were going to deliver face-to-face training to now virtual. Now to deliver virtually doesn't seem like anything but at the beginning we just needed to agree how everything was going to be done’ (Trainer 3, non-specialist).

‘Personally, I wasn't that keen to deliver it online because of the subject and I have no experience of delivering online and all the material we had was for face-to-face, it was completely different so that had to be changed, adapted for online delivery, we've had to learn how to do break-out rooms and all these types of things’ (Trainer 4, non-specialist).

- 8.7 While respondents recognised the challenges of online delivery, compared to in-person delivery, they also saw it as the only choice given the pandemic, and that the only alternative was to cease delivery altogether (or until face-to-face delivery could resume). Despite the challenges, respondents also felt there were some advantages: mainly that it removed travel to the training venue (which often involved long commutes across Wales). This made accessing Ask and Act training more convenient for staff, especially those with caring responsibilities, and less resource-intensive for local authorities. As such, some regions were able to capitalise on more staff working from home and found that higher numbers of staff were signing up to online Awareness training and attendance was actually better than when it was delivered in-person.

‘If anything Covid has helped to be able to reach some professionals because people can log on rather than having to travel to the training’ (Regional Coordinator 5).

- 8.8 Interaction and engagement during the delivery of training were reported to be much lower, however, which was seen as an inevitable consequence of online training despite their best efforts to add more interactive elements, such as Google Jamboards:

'So, there's very little scope for discussion, it's just us and six or eight other people and if they're quiet then it doesn't feel very participative at the moment, hopefully when we get back in a room it will be better' (Trainer 2, non-specialist).

- 8.9 Where organisations reported experiencing low take-up of the Awareness training, they speculated that it could be an instance of 'Teams fatigue', managers not passing the message on that Ask and Act is statutory training, or limited staff capacity. Low take-up of training became more of an issue further into rollout as priority staff groups had been targeted and those who were more interested in the training had completed it. Some regional leads suggested embedding Ask and Act as part of mandatory social work training through Social Care Wales.

'I should have been delivering this morning and I cancelled it cos it was half full and I've got another one in two weeks that I may well also postpone because at the moment we're preparing an inspection and it's very difficult for me to put pressure on social services staff who we're targeting' (Trainer 5, non-specialist).

- 8.10 One of the main challenges of online training was delivering sensitive content, which may trigger previous experiences for some, and not being in the same room as the audience to provide support. Trainers managed this differently. Given the sensitivity of the content, some authorities added robust joining instructions and guidance to leave cameras on where possible so trainers could gauge reactions and wellbeing. Some encouraged attendees to stay on after the session if they wished to discuss or disclose anything. Other trainers reported that they remained on the session until after the last person had left in case anyone wished to discuss anything further or make a disclosure. Some trainers felt that more guidance on the processes to follow if a course attendee makes a disclosure or if they are particularly affected by the course content was necessary. If and how a disclosure should be officially reported and followed up still seemed unclear to some respondents, especially when delivering online.
- 8.11 The pandemic also affected staff capacity as some staff members were redeployed elsewhere. In some instances, organisational training leads were redeployed to Track and Trace teams or vaccine centres so although Ask and Act remained a priority for relevant authorities, training was temporarily halted. Regions also faced

difficulties in filling Train the Trainer and Awareness courses during times of increased pressure on frontline staff at the height of the Covid-19 pandemic. This seemed to be an issue for health, education and social care staff in particular.

‘So, I went into my role properly February 2020, I’d just done the Ask and Act Train the Trainer and champions and then we went into lockdown and I was redeployed onto track and trace [...] So I’ve always been a part of it but we’ve done no training until, so I went back into my role properly December 2020’ (Trainer 1, non-specialist).

‘That has been really problematic particularly during the Covid situation because there’s a real pressure on our frontline staff, so to try and get 10 people on a course at any one time has been really quite hard and we’ve also had a number of colleagues who have had Covid or have had to take leave because somebody in their family’s got Covid’ (Regional Coordinator 2).

- 8.12 Alongside the delays to training caused by the Covid-19 pandemic, interviewees also had to consider how Ask and Act training fitted around other annual training from a logistical point of view. Interviewees from the fire and rescue service, similar to other organisations, had to fit Ask and Act into a busy essential training schedule and admitted that finding a three-hour session for staff to be taken off duty to complete the course proved challenging. They had taken the decision to delay Ask and Act rollout until in-person training could resume.

Learners’ experiences

- 8.13 Learners’ experiences of the online format of Ask and Act Awareness training reflected the above; that they understood why it was necessary to run the training online, but that in-person training would have been much more impactful in terms of meeting the aims of the training. Some learners still found the training to be interactive and engaging despite the online format while others attended sessions where the majority of learners (and a trainer in one case) had their cameras turned off. Learners appreciated when health and wellbeing messages were used at the start of sessions though also acknowledged this works better when training is in-person and there is an option to physically leave the room and take a break if they felt uncomfortable.

9. Conclusions

- 9.1 This section summarises how the findings address each of the research questions outlined in the introduction (see Section 1) and how these contribute to the relevant National Strategy objectives.

Process evaluation

RQ1: How effective is the delivery of Ask and Act across the relevant authorities?

- 9.2 Delivery of Ask and Act is complex and common challenges to effective delivery were observed across relevant authorities, particularly relating to capacity and funding.
- 9.3 There were widespread challenges relating to the capacity of staff to attend the Train the Trainer course, complete the assessment and deliver Awareness training. Staff were often expected to carry out these roles in addition to their already heavy workloads. This meant that not all of those attending Train the Trainer courses went on to become active trainers.
- 9.4 The staged rollout of Train the Trainer courses region-by-region also posed challenges. Some organisations found it difficult to establish and maintain a pool of active trainers due to staff turnover and not having adequate opportunities to train new trainers, highlighting the need for more flexibility in the rollout schedule.
- 9.5 The process of allocation of the Ask and Act Subsidy Grant was also a barrier to delivery. The grant is often under-utilised which is reportedly the result of relevant authorities being uncertain of the level of funding they would be receiving and not receiving confirmation in time to incorporate it into their training plans. Organisations / local authorities were also often delivering more training than the grant covered, which put pressure on local budgets and resources, despite high levels of support and demand for the training within organisations.
- 9.6 However, some enabling factors which supported effective delivery were also identified. Business and administration support in coordinating the training was valued, but communication of the aims and objectives of Ask and Act to staff at all levels of involvement to assist coordination was highlighted as an area for improvement.

- 9.7 Group 3 Awareness training had not commenced in most areas and additional direction and guidance regarding the rollout, roles and responsibilities of Group 3 'Champions' would be beneficial. Some reported that they may struggle with capacity and resourcing of 'Champions' whilst others felt that Group 2 trainers would essentially become 'Champions' through experience of delivering Awareness training.
- 9.8 Co-delivery with third sector specialists was highly valued by non-specialist trainers, who appreciated the expertise and experience around VAWDASV that these trainers brought. Collaboration worked best where ongoing partnerships were developed and trainers agreed together how best to deliver the sessions. Delivering in this way also helped organisations to build networks. However, it was challenging in terms of capacity and resource for some smaller third sector organisations to commit to delivering training.

RQ2: To what extent does Ask and Act support, complement or enhance existing approaches to supporting survivors of VAWDASV?

- 9.9 There was overwhelming agreement about the need for Ask and Act. Putting VAWDASV on the agenda within organisations was felt to be a priority and many saw Ask and Act as an effective way of achieving this. Respondents recognised the gap in training that Ask and Act was filling in terms of developing skills in 'asking and acting' and early intervention. Ask and Act was felt to fit in well alongside VAWDASV training and the consistency that the approach would bring across Wales was felt to be valuable.
- 9.10 The delivery model was generally supported, with respondents feeling that the Train the Trainer approach gave some local ownership, which promoted investment from staff, and an ongoing point of contact in the organisation.
- 9.11 Regions tended to interpret the National Training Framework on priority staff groups for Ask and Act training loosely. Whilst selecting professionals in frontline positions who are likely to come into contact with survivors, they often extended beyond the suggested groups, and so allowed staff to self-select. Many respondents highlighted the relevance of Ask and Act to everyone as justification for this approach, however difficulties emerged in ensuring these staff had received Group 1 training, the ability

of certain staff to 'ask and act', and the need for prioritisation where resourcing was a challenge.

- 9.12 Respondents highlighted the importance of continued funding for Ask and Act, along with increases to the Subsidy Grant and ongoing support from Welsh Government to maintain the delivery of Ask and Act.

RQ3: What forms of monitoring and evaluation have been / could be useful for the programme?

- 9.13 Monitoring and evaluation via pre- and post-training questionnaires is challenging and has become even more so following the move to online training, as it is more difficult to ensure these questionnaires are completed. Although Welsh Women's Aid receive feedback via the Ask and Act steering group which they find helpful, they would benefit from more feedback once Awareness training has started being rolled out locally to help in reviewing the programme.
- 9.14 Trainers reported that they would also benefit from reviewing and reflecting on feedback from learners, to help them to improve and develop Awareness training. Currently, feedback tends to be collated by business support colleagues before being sent to regional leads and Welsh Government.
- 9.15 There is a need for the development of processes and systems to enable consistent and ongoing monitoring of the medium to longer term impacts of Ask and Act. Enabling better data collection locally, whilst minimising the burden on professionals is important.

Outcomes evaluation

RQ4: To what extent is the training programme contributing to the aims of Ask and Act?

- 9.16 The training is contributing to the aims of Ask and Act very well. Respondents were very positive about the impacts of Ask and Act with most reporting that the training had increased their knowledge and awareness of the signs and symptoms of VAWDASV and different forms of VAWDASV. It is likely that this is particularly the case for those who do not work in social work or safeguarding roles.

- 9.17 Confidence in 'asking and acting' was also improved following training. A lack of confidence was highlighted as one of the biggest barriers to addressing VAWDASV so this is a particularly important outcome. Although some participants still did not feel fully confident about these issues after training, many felt that their confidence had been boosted. An increased focus on the 'asking and acting' elements in the courses would be beneficial.
- 9.18 Learners gave very positive feedback on Awareness training sessions in terms of the relevance of the course to their roles and organisations, and the clarity of information delivered. They found information on 'asking and acting' particularly useful as well as information on VAWDASV and support services available.
- 9.19 Crucially, significant numbers of respondents reported that they had provided direct support for survivors or potential survivors following their training through 'asking and acting', and a small number had been able to disclose VAWDASV that they themselves had experienced.
- 9.20 The impacts of Ask and Act also extended beyond the workplace with some applying their training in their personal lives with friends and family. Those who had received the training felt they were more able to support others to external agencies and support.

RQ5: To what extent has Act and Act influenced the culture relating to VAWDASV in organisations where staff have received the training?

- 9.21 Ask and Act is influencing the culture relating to VAWDASV in organisations where staff have received the training, but there is still further to go. Many respondents felt that Ask and Act was helping them to support more survivors and ensure survivors have a more positive experience when disclosing VAWDASV. Although, some participants felt that greater focus needed to be placed on cultural change within organisations (for example, in terms of training for senior managers to support their staff), a number of organisation-level impacts were reported. Respondents highlighted increased awareness and a more supportive and open culture around VAWDASV in their organisation. Respondents felt better able to offer appropriate support, that disclosures are better supported and facilitated, and that links with organisations providing specialist support have improved.

- 9.22 Additionally, survivors of VAWDASV who had received the training reported positive impacts in terms of how they think their colleagues and organisation would respond to disclosures of VAWDASV and how supported they felt as a survivor.

RQ6: How effective is Ask and Act? How could the Ask and Act training be improved?

- 9.23 Overall, Ask and Act is fairly effective, however participants did identify ways in which the training could be improved in order to improve their knowledge and confidence in delivering or implementing Ask and Act.
- 9.24 There was recognition amongst participants that the Ask and Act Train the Trainer course faced a challenge in the need to cater to two audience types – those in training roles and those with specialist VAWDASV knowledge. Striking a balance between the needs of these two audiences frequently left participants feeling that the course should have covered different areas, however these were often in contrast to each other. For example, whilst some participants felt that the course should focus more on how to deliver training, others felt there should be more focus on how to deal with disclosures.
- 9.25 Some gaps in training content (related to different forms of VAWDASV) were identified but the continuous development approach taken by Welsh Women's Aid was acknowledged as helping with the development of the training.
- 9.26 Although many respondents gave positive feedback on the Train the Trainer course itself and went away feeling confident about delivering the training, a substantial minority did not feel adequately equipped and felt nervous about delivering training, particularly given its sensitive nature. With this in mind, the importance and value of delivering training alongside third sector specialists was highlighted.
- 9.27 The ability to adapt the training package was helpful and preferable to being required to deliver an overly rigid model, affording trainers a sense of ownership and autonomy over the content. However, there was uncertainty in some regions about the extent to which they were permitted to make changes.

RQ7: How has the Covid-19 pandemic affected identification and disclosures of VAWDASV? What implications has this had on the delivery of training and impact of Ask and Act?

- 9.28 Wider research suggests that Covid-19 has had an impact on identification and disclosures of VAWDASV in complex and uneven ways and has affected the ways in which organisations can support survivors, and this was reflected in evidence from this evaluation. However, detailed evidence on this part of the question was beyond the scope of the evaluation. The key focus within this research question was on the impact of Covid-19 on the delivery and impact of Ask and Act.
- 9.29 The Covid-19 pandemic has had a considerable impact on the rollout of Ask and Act training. It resulted in delays to the start of Awareness training, whilst organisations adjusted to online platforms and adapted Ask and Act for online delivery.
- 9.30 Although adapting the training did create barriers initially, most adapted well and were able to continue delivery throughout the pandemic with many meeting their targets. However, some barriers have remained, with interaction and engagement with the training content reportedly lower due to the remote nature of the sessions. Delivery of the training online was also a concern in terms of the sensitivity of the subject. Trainers had aimed to mitigate any additional risks for attendees by putting in place additional health and wellbeing support. Staff capacity was also affected by the pandemic as some were redeployed elsewhere.
- 9.31 On the other hand, there were advantages to online delivery. In particular, this made the training more widely accessible, removing travel time and expenses, and being more convenient and less resource intensive for individuals and organisations. This meant in some cases that sign-up and attendance at Awareness sessions were improved.

Contribution of Ask and Act to the National Strategy

- 9.32 As outlined in the Introduction (Section 1), Ask and Act is particularly relevant to Objectives 1, 4 and 5 of the National Strategy on VAWDASV (Welsh Government, 2016).

Objective 1: Increase awareness and challenge attitudes of violence against women, domestic abuse and sexual violence across the Welsh Population

- 9.33 The findings from this evaluation indicate that awareness of VAWDASV is being increased by Ask and Act training. Further and ongoing research will be required to assess the extent to which longer term impacts of increasing awareness and challenging attitudes to VAWDASV more widely across the Welsh population are addressed through Ask and Act.

Objective 4: Make early intervention and prevention a priority

- 9.34 Many participants highlighted the importance of making support for survivors of VAWDASV a priority within their organisations and saw Ask and Act as an effective way of achieving this. Respondents reported a clear need for Ask and Act and recognised the gap in training that it is filling in terms of developing skills in 'asking and acting' and early intervention.

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

- 9.35 The ongoing rollout of Ask and Act is ensuring that professionals in relevant authorities are trained to provide effective, timely and appropriate responses to victims and survivors through 'asking and acting'. Continued support and investment in the rollout of Ask and Act across Wales is needed to ensure that all relevant professionals receive this training.

10. Recommendations

- 10.1 Ask and Act is seen as an important and valuable programme which is having an impact across Wales for those participating, both individually and at an organisational / sector level. There is wide recognition of the need for Ask and Act and broad support for the aims of the programme and the Train the Trainer model is felt to be the most appropriate method for delivering and disseminating the training.
- 10.2 However, in order to ensure the sustainability and positive impact of Ask and Act going forward, a number of issues need to be considered and addressed. These recommendations draw on the findings from each stage of the evaluation, where several key themes and areas for action and development have emerged.

Delivery and rollout

- 10.3 **Recommendation 1:** Continued and additional support and funding from Welsh Government for relevant authorities to enable organisations to allocate greater resources (staff time for trainers and administration) to the programme and secure support from specialist partners.
- 10.4 **Recommendation 2:** Earlier communication from Welsh Government of allocations of the Subsidy Grant to allow more effective planning of resources in relevant authorities.
- 10.5 **Recommendation 3:** More flexibility for relevant authorities in accessing Ask and Act training in response to specific relevant authorities' level of demand / capacity to deliver and/or need to train additional trainers. For example, providing a rolling training programme allowing relevant authorities to book individuals onto training outside of the scheduled training programme rollout to ensure organisations can maintain a pool of active trainers.
- 10.6 **Recommendation 4:** Continuation of some online training sessions to enable greater flexibility and remove geographical barriers to attendance.
- 10.7 **Recommendation 5:** Providing online refresher courses (including Group 1) to ensure staff knowledge and confidence is maintained.

- 10.8 **Recommendation 6:** Sharing and dissemination of findings from this evaluation and ongoing monitoring with relevant authorities. Focusing on highlighting the value and importance of the programme to sectors / organisations to encourage commitment to supporting staff with accessing Ask and Act training and delivering (e.g. providing additional resource / time).
- 10.9 **Recommendation 7:** Mechanisms to allow trainers (non-specialist and third sector specialists) to review evaluation forms on a regular basis to support them with continuously developing Awareness training.
- 10.10 **Recommendation 8:** Provision of additional support mechanisms giving staff involved in Ask and Act at all levels opportunities to share learning and experiences, raise issues and ask questions (peer-to-peer and with Welsh Government).

Course content and training materials

- 10.11 **Recommendation 9:** Changes to the content of the Ask and Act Train the Trainer and Awareness courses, including:
- a) more practical examples and case studies for discussion
 - b) a greater focus on how to ask questions, have conversations about VAWDASV, and deal with disclosures ('asking and acting')
 - c) inclusion of workplace scenarios.
- 10.12 **Recommendation 10:** Changes to the microteach element of the Train the Trainer courses including:
- a) asking attendees to present a part of the course they will be delivering rather than an element of VAWDASV
 - b) asking attendees to focus on an area covered in the first session
 - c) allocating more time for attendees to prepare for the presentation.
- 10.13 **Recommendation 11:** Provision of additional supplementary materials to support the delivery of Ask and Act and improve take-up including:

- a) creation of 'role profiles' for Group 2 trainers and Group 3 'Champions' to support regional coordinators and training leads in 'recruiting' staff to those roles
- b) creation of short 'information leaflets' and email templates to succinctly communicate the aims, objectives and format of Ask and Act to staff at all levels to increase understanding and awareness of the programme
- c) more specific materials or modules for the training courses tailored to each sector / type of organisation covered by the National Training Framework.

10.14 **Recommendation 12:** Consultation and involvement of relevant authorities in developing supplementary materials (described in Recommendation 11) to support the delivery of Ask and Act.

Evaluation

10.15 **Recommendation 13:** Ongoing monitoring and evaluation nationally to monitor longer-term outcomes, including through development of template data collection tools (e.g. a shorter version of the survey used in this evaluation) to enable more consistent data collection and inclusion of Ask and Act on national indicators which local authorities are required to report on.

10.16 **Recommendation 14:** Establishing consistent processes within Welsh Government and across regions to enable better data collection within organisations, whilst minimising the burden on professionals. Improved joined-up working between relevant authorities and third sector (referral) organisations to monitor whether referrals have come through as a result of Ask and Act (e.g. adding Ask and Act as an option on 'where did you hear about us?' forms)

10.17 **Recommendation 15:** Further research with:

- a) relevant authorities to identify additional priority groups who may benefit from the training
- b) specialists to monitor numbers of referrals and identify ways of tracking referrals via Ask and Act (for impact measurement)
- c) survivors to explore and monitor the impact of Ask and Act on the experience of survivors as the programme is rolled out.

11. References

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Welsh Government (2021). [Programme for Government.](#)

Welsh Women's Aid (2020). [Welsh Women's Aid briefing: Short, medium and long-term actions needed to support survivors of VAWDASV throughout and beyond the COVID-19 pandemic.](#)

12. Annexes

Annex A: Professional groups prioritised for Ask and Act training

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

Annex B: Research sub-questions

Process evaluation

1. How effective is the delivery of Ask and Act across the relevant authorities?

- a. What are the barriers and enablers in delivery of the training? How does this differ between Group 2 and Group 3?
- b. Are there differences in delivery across the relevant authorities?
- c. Are outcomes of the training affected by different modes of delivery? In what way? Which models are best aligned with the aims of Ask and Act?
- d. What is 'best practice' in terms of implementation of the programme? What recommendations can be made for the continued rollout of Ask and Act?

2. To what extent does Ask and Act support, complement or enhance existing approaches to supporting survivors of VAWDASV?

- a. How does Ask and Act training compare to existing VAWDASV training programmes? What learning can be taken from these?
- b. How sustainable is the Ask and Act training model? How effective has the 'Train the Trainer' approach been?
- c. How does Ask and Act interact with existing domestic abuse protocols, programmes and services?
- d. To what extent has Ask and Act impacted relevant authorities' resources?

3. What forms of monitoring and evaluation have been / could be useful for the programme?

- a. What has been the impact of changes to delivery following previous in-house evaluations?
- b. What existing data sources could be used to inform an outcome evaluation? What additional data is needed and how might this be collected?
- c. How should the programme be monitored and evaluated in the future?

Outcomes evaluation

4. To what extent is the training programme contributing to the aims of Ask and Act?

- a. To what extent has the training improved individuals' understanding of VAWDASV?
- b. To what extent has the training improved individuals' confidence in their understanding of VAWDASV?

- c. To what extent has the training resulted in individuals feeling better able to offer referrals and interventions?
 - d. To what extent has the training resulted in individuals feeling better able to engage with survivors of VAWDASV?
- 5. To what extent has Ask and Act influenced the culture relating to VAWDASV in organisations where staff have received the training?**
- a. What are the drivers and barriers in recruiting Ask and Act 'champions' in organisations?
 - b. Are there differences between different types of organisations covered by the National Training Framework in terms of the culture relating to VAWDASV?
- 6. How effective is Ask and Act? How could the Ask and Act training be improved?**
- 7. How has the Covid-19 pandemic affected identification and disclosures of VAWDASV? What implications has this had on the delivery of training and impact of Ask and Act?**

Annex C: Workshop participants

Participant	Relevant authority	Region	Role
Participant 1	Local authority	Ceredigion	VAWDASV/safeguarding and training background
Participant 2	Health board	Carmarthen	VAWDASV/safeguarding background
Participant 3	Local authority	Powys	VAWDASV/safeguarding and training background
Participant 4	Local authority	Gwent	VAWDASV/safeguarding and training background
Participant 5	Health board	Swansea	VAWDASV/safeguarding background
Participant 6	Health board	Swansea	VAWDASV/safeguarding background

Annex D: Interviewees

Label in report	Trainer type (non-specialist/specialist/training lead)	Relevant authority	Region	Background
Trainer 1	Non-specialist; training lead	Local authority	Mid & West Wales	VAWDASV/safeguarding and training background
Trainer 2	Non-specialist	Local authority	Swansea and Neath Port Talbot, Western Bay	VAWDASV/safeguarding and training background
Trainer 3	Non-specialist	Local authority	Cwm Taf Morgannwg	Training only
Trainer 4	Non-specialist	Local authority	Mid & West Wales	Training only
Trainer 5	Non-specialist	Local authority	Swansea and Neath Port Talbot, Western Bay	VAWDASV/safeguarding and training background
Trainer 6	Non-specialist	Local authority	Cwm Taf Morgannwg	VAWDASV/safeguarding and training background
Trainer 7	Non-specialist	Local authority	North Wales	Training only
Trainer 8	Non-specialist	Local authority	Mid & West Wales	VAWDASV/safeguarding and training background

Trainer 9	Non-specialist	Local authority	North Wales	VAWDASV/safeguarding and training background
Trainer 10	Non-specialist	Local authority	Cardiff & Vale	VAWDASV/safeguarding and training background
Trainer 11	Non-specialist	Local authority	Cwm Taf Morgannwg	VAWDASV/safeguarding background only
Trainer 12	Specialist	Third sector	Cwm Taf Morgannwg	N/A - specialist
Trainer 13	Non-specialist	Local authority	Mid & West Wales	VAWDASV/safeguarding and training background
Trainer 14	Specialist	Third sector	Sits across different areas	N/A - specialist
Trainer 15	Non-specialist	Local authority	Gwent	Training only
Trainer 16	Non-specialist	Local authority	Gwent	VAWDASV/safeguarding and training background
Trainer 17	Non-specialist; training lead	Local authority	Cardiff & Vale	VAWDASV/safeguarding and training background
Trainer 18	Specialist	Third sector	Mid and West Wales	N/A - specialist
Trainer 19	Non-specialist	Local authority	Swansea and Neath Port Talbot, Western Bay	VAWDASV/safeguarding background only

Trainer 20	Specialist	Third sector	Mid and West Wales	N/A - specialist
Trainer 21	Training lead	Local authority	Cwm Taf Morgannwg	VAWDASV/safeguarding background
Trainer 22	Non-specialist; training lead	Health board	Hywel Dda University Health Board	VAWDASV/safeguarding and training background
Trainer 23	Non-specialist; training lead	Health board	Aneurin Bevan University Health Board	VAWDASV/safeguarding and training background
Trainer 24	Non-specialist	Health board	Betsi Cadwaladr University Health Board (Wrexham)	VAWDASV/safeguarding and training background
Trainer 25	Non-specialist	Health board	Betsi Cadwaladr University Health Board (Flintshire)	VAWDASV/safeguarding and training background

Annex E: Sample interview topic guide (for non-specialist trainers)

Non-Specialist Trainers: Topic Guide

At the start of the interview

1	Information sheet given to participant prior to interview (in Welsh & English).	<input type="checkbox"/>
2	Thank interviewee for giving up their time and provide an overview of the research. <i>Aim of evaluation is to assess the progress and impact of Ask & Act. Interview will last about 45 to 60 mins.</i>	<input type="checkbox"/>
3	Explain the reasons why we are speaking to them and what we hope to achieve by doing so. <i>Speaking to those who can offer an insight into the delivery of Ask & Act training.</i>	<input type="checkbox"/>
4	Emphasise the confidentiality and anonymity of all respondents. <i>All data anonymised and any identifying information will be removed from transcripts and write-ups. Emphasise small possibility they may be identifiable through specificities of role.</i>	<input type="checkbox"/>
5	Gain consent to record (and make sure captured on recorder).	<input type="checkbox"/>
6	START RECORDER with permission. <i>Do you have any questions before we start?</i>	<input type="checkbox"/>

Introduction / About You

1. Your job title / role / organisation / directorate?
2. (How) does your role/background involve addressing VAWDASV? Do you have a training background?
3. Are you a Group 2 or Group 3 trainer (or both)?
4. When did you complete the G2/3 TTT training and become accredited?

(If interviewee is based in **health**, ask following questions to begin:

1. Did you attend WWA or NHS Act and Act training?
2. What are the reasons (if known) for using this version?
3. What are the differences between the WWA TtT course and NHS TtT course *if known?*)

WWA TTT Training Sessions

1. How did you hear about Ask & Act training, and what made you decide to become a trainer? (Probe whether volunteered or approached).
2. Were there any requirements of signing up to the TTT training? (Probe whether needed prior experience of training or VAWDASV knowledge).
3. Were you made aware of what to expect from the TTT training? (Probe in terms of content / workload / time commitments).
4. Was allowance made within your organisation to undertake TTT training and assessment? Any difficulties fitting this into normal role?
5. Did you feel prepared to deliver your own Awareness training after completing TTT training? If yes, what did you learn? If not, what could be improved? Any further follow-on training required afterwards?
6. How soon after completing TTT training did you start delivering your own Awareness sessions? Probe reason for delay if there was one – assessment/accreditation turnover / admin issues / access to materials / confidence?
7. Have you been asked about / considered doing the G3 TTT training? Barriers / enablers to completing?

Delivery of Ask & Act Awareness Training

1. About your Awareness sessions (for G2 and G3) – style / content / length / format
2. Do you deliver with third sector / in-house specialists? How do you share the work? Benefits / drawbacks of this collaborative approach? How long does it take to prepare for sessions? How easy/difficult is it to find a date/time that you can both deliver? Do you always work well with the people you're matched with?
3. What's your remit in terms of delivering training? Probe whether role is just to deliver training or do they also deal with advertising, booking, admin etc.?
4. Who have you delivered to so far? Professions / roles etc. How well-attended are courses?
5. How many sessions are you expected to deliver per month / year? Does this match reality? Is this manageable? What would make it more manageable?
6. *[If a G3 trainer]* What are your other responsibilities as a Group 3 Champion?
7. How did you manage the transition to online delivery? Benefits / drawbacks?
8. How has Covid-19 affected delivery?
9. Do you ask for feedback from course attendees? What do you do with this feedback? Do you get a sense of how attendees might be benefiting?
10. Do you feel supported as a trainer? Probe support mechanisms. Would you feel prepared to deal with disclosures if they came up?

Ask & Act – general

1. Do you feel there's a need for Ask & Act? Does it fill a gap? Any similar training?
2. Have you seen any impacts so far?
 - Increase in identifying VAWDASV
 - Culture where importance of addressing VAWDASV is understood and embedded within organisations
 - Improved responses and referral pathways
 - Informal feedback – will people use it?
3. Have you 'applied' your training of 'asking and acting' so far? How do you feel that went? Probe if they felt more confident, how their training had changed their practice.

4. How could Ask & Act be improved? Probe effectiveness / sustainability of TTT model
5. What do you need in order to continue delivering Ask & Act training?

Evaluation Questions

1. Can you suggest anyone we can talk to within your organisation who has received the Awareness training? Ask if we can get back in touch.

Annex F: Survey questions

Ask and Act survey

Introduction

This survey is part of the evaluation of Ask and Act. The evaluation is commissioned by the Welsh Government and is being undertaken by researchers from the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University and Sonnet Advisory and Impact.

The survey questions will help us to understand how effective the Ask and Act training is, including:

- what works well
- how the training could be improved
- the extent to which it is effective in supporting survivors of violence against women, domestic abuse and sexual violence (VAWDASV)

Participation in the evaluation is completely voluntary. However, your views and experiences are important in order to inform future policies.

Your survey response will be anonymous. We will not ask for your name and any information you provide which could identify you will be removed during analysis before being provided to Welsh Government. Anonymised information will be included in reports published on the Welsh Government website and possibly in further publications by CRESR, Sonnet and Welsh Government. The information you provide will be used by Sheffield Hallam University in accordance with the Data Protection Act 2018, GDPR and other applicable legislation.

The contact for this research is Cathy Harris (Sheffield Hallam University (CRESR)). Telephone: [phone] Email: c.h.harris@shu.ac.uk

The survey should take approximately 15 minutes to complete. The closing date for the survey is Friday 2nd July 2021.

Background information

Please select your area of work:

- Health / health boards
- Local authority
- Fire and rescue service
- Third sector / specialist
- Other (please specify)

If health / health boards...**Which health board / organisation do you work for?**

- Aneurin Bevan University Health Board
- Betsi Cadwalader University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board

- Public Health Wales
- Swansea Bay University Health Board
- Velindre NHS Trust
- Welsh Ambulance Service Trust
- Other (please specify)

If local authority...**Which local authority do you work for?**

- Blaenau Gwent
- Bridgend
- Caerphilly
- Cardiff
- Carmarthenshire
- Ceredigion
- Conwy
- Denbighshire
- Flintshire
- Gwynedd
- Isle of Anglesey
- Merthyr Tydfil
- Monmouthshire
- Neath Port Talbot
- Newport
- Pembrokeshire
- Powys
- Rhondda Cynon Taf
- Swansea
- Torfaen
- Vale of Glamorgan
- Wrexham

If fire and rescue...**Which fire and rescue service do you work for?**

- North Wales Fire and Rescue Service
- Mid and West Wales Fire and Rescue Service
- South Wales Fire and Rescue Service

If third sector / specialist...**What is the name of your organisation?**

[open]

- Prefer not to say

Which of the following most closely describes your role / area of work?

If health / health board...

- Midwife
- Health Visitor

- General Practitioner
- Accident and Emergency staff
- Substance misuse team
- Community Psychiatric Nurse
- Mental Health Crisis team
- District nurse
- Paramedic
- Other (please specify)

If local authority...

- Child Protection
- Safeguarding Vulnerable Adults
- Safeguarding in Education
- School nurse
- Housing / Housing options / Homelessness Team
- Youth Offending Team
- Learning and development
- Other (please specify)

If fire and rescue...

- Firefighter
- Other (please specify)

Not including Ask and Act, does your role usually involve any of the following? Please select all that apply

- Coordination of training
- Delivery of training
- Working with survivors and/or perpetrators of VAWDASV or addressing VAWDASV issues
- None of the above

Are you / will you be delivering Ask and Act training to others?

- Yes - I already deliver Ask and Act training
- Yes - I will be delivering Ask and Act training in future
- No

If yes...**Have you attended an Ask and Act Train the Trainer course?**

- Ask and Act (Group 2) Train the Trainer course
- Ask and Act (Group 3 Champions) Train the Trainer course
- None of the above

If yes...**Which training package are you using?**

- Welsh Women's Aid
- NHS
- Don't know

If no...**Have you received any Ask and Act training through your organisation?** Please select all that apply

- Ask and Act training (Group 2)
- Ask and Act training (Group 3 Champions)
- None of the above

For each types of training selected...

Approximately when did you receive the training?

[month and year drop down box]

- Can't remember

Did you receive the training online or in person?

- Online
- In person

If selected that they had received Train the Trainer training complete the following section...

Experience of the Ask and Act Train the Trainer course

Please answer the following questions about your Group 2 Train the Trainer course. You will be asked about the Group 3 course separately.

How did you find the process of getting onto a Train the Trainer course?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Don't know

If quite difficult or very difficult...

Why was this difficult?

- Fitting the course around my work commitments
- Getting approval from within my organisation to attend
- Not enough course dates available
- Other (please specify)

Please select how much you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The course information was clear and easy to understand					

The course met my expectations					
The course resources were relevant to my role					
The course resources were relevant to my organisation					

Please select how much you agree or disagree with the following statements:

After completing the Train the Trainer course...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I felt confident in planning and delivering Ask and Act Awareness training					
I felt confident in supporting learners during Ask and Act Awareness training					
I felt positive about delivering Ask and Act					
I had everything I needed to explain the course to others					

What did you find most useful about the course? (select up to three answers)

- Information about VAWDASV
- Information about how to ask questions and have conversations about VAWDASV
- Information on how to deal with disclosures
- Information and guidance on delivering training
- Delivering the microteach session
- Completing the reflective workbook
- Having the training materials to take away and deliver
- Flexibility to adapt the training materials for my own organisation
- Practical examples and case studies to discuss
- Sharing ideas and experiences with other attendees
- Information on other services available (e.g. specialist services) to support with Ask and Act
- Having space to think about approaches to supporting survivors of VAWDASV
- Other (please specify)

Are there any ways in which you feel the training could be improved? (select up to three answers)

- More focus on how to deliver training
- More focus on subject matter (VAWDASV)
- More focus on how to ask questions and have conversations about VAWDASV

- More focus on how to deal with disclosures
- More specific materials or modules tailored to my sector / organisation
- More practical examples and case studies to discuss
- Role play exercises to explore how to approach 'asking and acting'
- Other (please specify)

Did you experience any challenges in receiving accreditation after the Train the Trainer course?

- Yes
- No

If yes...**What were these challenges?**

- Delays in receiving accreditation after submitting the workbook
- Difficulty finding the time to complete the workbook / tasks in workbook taking too much time
- Difficulty with the tasks in the workbook
- Lack of relevance of the tasks in the workbook
- Other (please specify)

Have you delivered any Ask and Act Awareness training since you completed the Train the Trainer course?

- Ask and Act Awareness training (Group 2)
- Ask and Act Awareness training (Group 3)
- No

How easy did you find it to deliver training once you had completed the Train the Trainer course?

- Very easy
- Quite easy
- Not very easy
- Not at all easy

Have you experienced any challenges in delivering Ask and Act Awareness training since you completed the Train the Trainer course?

- Delays in accreditation
- Lack of demand in my organisation / area
- Lack of support from managers / supervisors in setting up training
- Difficulty in coordination with third sector / specialist partners
- Lack of capacity to deliver training
- Lack of capacity of staff to attend training
- Work required to adapt training materials to suit the needs of my organisation / colleagues
- I don't feel confident to deliver the training
- Managing different levels of skills and knowledge in a training group
- Managing disclosures from survivors
- Dealing with challenging behaviours or views
- Other (please specify)

Please use the box below to add any other comments you have on the Ask and Act Train the Trainer course, including any challenges experienced:

[open response]

If selected that they had received Ask and Act Awareness training complete the following section...

Experience of Ask and Act training

How did you find the process of getting onto an Ask and Act course?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- Don't know

If not quite difficult or very difficult...

Why was this difficult?

- Fitting the course around my work commitments
- Getting approval from within my organisation to attend
- Not enough course dates available
- Other (please specify)

Please select how much you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The course information was clear and easy to understand					
The course met my expectations					
The course resources were relevant to my role					
The course resources were relevant to my organisation					

What did you find most useful about the course? (select up to three answers)

- Information about VAWDASV
- Information about how to ask questions and have conversations about VAWDASV
- Information on how to deal with disclosures
- Having the training materials to take away
- Practical examples and case studies to discuss

- Sharing ideas and experiences with other attendees
- Information on other services available (e.g. specialist services) to support with Ask and Act
- Having space to think about approaches to supporting survivors of VAWDASV
- Other (please specify)

Are there any ways in which you feel the training could be improved? (select up to three answers)

- More focus on subject matter (VAWDASV)
- More focus on how to ask questions and have conversations about VAWDASV
- More focus on how to deal with disclosures
- More specific materials or modules tailored to my sector / organisation
- More practical examples and case studies to discuss
- Role play exercises to explore how to approach 'asking and acting'
- Other (please specify)

Ask following section to all, except specified questions...

Approaches to supporting survivors of VAWDASV

Overall, how well do you think your organisation supports survivors of VAWDASV? This could relate to policies in place to support survivors and enable disclosures and signposting, training for staff, organisational attitudes, behaviour and culture relating to VAWDASV.

- Very well
- Quite well
- Not very well
- Not well at all
- Don't know

If respondent has participated in training...

What, if any, impact do you think Ask and Act has had on how your organisation supports survivors of VAWDASV?

- Positive impact
- No impact
- Negative impact
- Don't know

Apart from Ask and Act, have you taken part in any other training in your workplace / role related to VAWDASV?

- Yes
- No

If yes...

Which of the following statements most closely fits your view on how Ask and Act fits in with other available training and approaches for supporting survivors of VAWDASV? Please select one.

- Ask and Act fills a gap in training
- Ask and Act supports and adds to other training and approaches
- Ask and Act improves upon existing approaches
- Ask and Act broadly covers the same content as other training and approaches
- Ask and Act contradicts other training and approaches
- Don't know

If completed TtT course...Is there anything that would support you to deliver Ask and Act more effectively? Please select up to three answers.

- Continued communication on any updates and changes to training
- Greater clarity on the overall hierarchy / structure of Ask and Act
- More frequent dates available for training sessions
- Pre-recorded sessions / e-learning options
- More 'live' online sessions
- More in-person sessions
- A different delivery model, i.e. not 'Train the Trainer'
- More opportunities for refresher training
- More funding for specialist support in delivering the training
- Other (please specify)

If completed TtT course...How well do you think the 'train-the-trainer' approach of Ask and Act works?

- Very well
- Quite well
- Not very well
- Not well at all
- Don't know

Please use the box below to add any other comments you have on the Ask and Act Train the Trainer approach. We would like to hear what you feel works well about this approach and what works less well and why.

- [open response]

Since you received Ask and Act training have you done any of the following?

- Asked a potential survivor about VAWDASV
- Received a disclosure from someone about VAWDASV
- Supported a survivor of VAWDASV
- Supported a survivor of VAWDASV to access further support
- Made a disclosure about VAWDASV that I have experienced
- Discussed the content of the training with colleagues

- Discussed other opportunities to put the training into practice in my organisation, e.g. policy changes
- Other (please specify)

The following questions relate to how Ask and Act may affect you if you have experiences of VAWDASV personally. Please remember that all questions are voluntary so please do skip these if they are upsetting. We will not be asking for any specific details of VAWDASV and all responses are anonymous. Details of support available from Live Fear Free will be provided at the end of the survey.

Are you a survivor of VAWDASV?

- Yes
- No
- Prefer not to say / skip questions

If yes...

Has Ask and Act had any impact on you personally?

	Positive impact	No impact	Negative impact	Don't know / unable to comment
Your likelihood of making a disclosure of VAWDASV				
How you think your colleagues would respond to a disclosure of VAWDASV				
How you think your organisation would respond to a disclosure of VAWDASV				
How supported you feel as a survivor of VAWDASV				

Please use the box below to add any other comments about how Ask and Act has had an impact on you as a survivor of VAWDASV:

[open response]

Outcomes of Ask and Act

For all who have received some Ask and Act training...

Please select how much you agree or disagree with the following statements:

After taking part in Ask and Act training...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have increased knowledge and awareness of the signs and symptoms of VAWDASV					
I have increased knowledge and awareness about different forms of VAWDASV					
I feel more confident to ask appropriate questions to encourage disclosures from survivors					
I feel more confident in knowing what to do (e.g. offering referrals or interventions) if I receive a disclosure from someone experiencing VAWDASV					
I feel able to implement my training directly following the course ('asking and acting')					

If Awareness training has been delivered in organisation...

To what extent do you agree with the following statements. Since Ask and Act training has been rolled out in my organisation...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / unable to comment

Disclosures of VAWDASV amongst staff have increased						
Disclosures of VAWDASV from our patients / clients have increased						
Referrals to specialist services have increased						
Awareness of VAWDASV has been increased in my organisation						
Survivors are having a more positive experience when disclosing VAWDASV						
We are supporting more survivors						
There is a more supportive and open culture around VAWDASV in my organisation						
Disclosures of VAWDASV are better supported and facilitated						
We are better able to offer appropriate support						
We have better links with organisations providing specialist support for VAWDASV						

Please use the box below to add any other comments you have on the impacts of Ask and Act:

[open response]

Thank you for completing this survey. Please click the 'submit' button at the bottom of the page to send us your answers.

Live Fear Free Helpline

For those experiencing domestic abuse, sexual violence or coercive control, or concerned someone is being abused, please speak to Live Fear Free in confidence. The helpline is open 24 hours a day, every day for support and advice.

Telephone - 0808 80 10 800

Text - 0786 007 7333

Email - info@livefearfreehelpline.wales Live Chat - gov.wales/livefearfree

Researcher contact details

If you have any questions or concerns about the survey please contact Cathy Harris at c.h.harris@shu.ac.uk or on [phone].

Annex G: Survey responses across the relevant authorities

Local authority	Number of respondents	Percentage
Cardiff	28	16.5%
Ceredigion	25	14.7%
Conwy	22	12.9%
Vale of Glamorgan	14	8.2%
Bridgend	11	6.5%
Newport	11	6.5%
Monmouthshire	10	5.9%
Neath Port Talbot	10	5.9%
Blaenau Gwent	8	4.7%
Caerphilly	8	4.7%
Denbighshire	7	4.1%
Carmarthenshire	6	3.5%
Torfaen	5	2.9%
Swansea	4	2.4%
Flintshire	1	0.6%
Gwynedd	1	0.6%
Isle of Anglesey	1	0.6%
Pembrokeshire	1	0.6%
Powys	1	0.6%
Wrexham	1	0.6%
Merthyr Tydfil	0	0.0%
Rhondda Cynon Taf	0	0.0%

Health board	Number of respondents	Percentage
Aneurin Bevan University Health Board	45	31.3%
Betsi Cadwaladr University Health Board	3	2.1%
Cardiff and Vale University Health Board	10	6.9%
Cwm Taf Morgannwg University Health Board	4	2.8%
Hywel Dda University Health Board	40	27.8%
Powys Teaching Health Board	2	1.4%

Public Health Wales	0	0.0%
Swansea Bay University Health Board	13	9.0%
Velindre NHS Trust	6	4.2%
Welsh Ambulance Service Trust	21	14.6%

Fire and Rescue service	Number of respondents	Percentage
North Wales Fire and Rescue Service	29	64.4%
Mid and West Wales Fire and Rescue Service	16	35.6%
South Wales Fire and Rescue Service	0	0.0%