



## **Welsh Women's Aid response to the Children, Young People and Education Committee Consultation on First 1,000 Days.**

### **1. Introduction**

Welsh Women's Aid is the national charity in Wales working to prevent domestic abuse and all forms of violence against women<sup>1</sup> and ensure high-quality services for survivors that are needs-led, gender-responsive and holistic. Established in 1978, we are an umbrella organisation that represents and supports a national federation of 23 local independent charities delivering specialist domestic abuse and violence against women prevention services in Wales, as part of a UK network of provision. These specialist services constitute our core membership, and they provide lifesaving refuges, outreach, and community advocacy and support to survivors of violence and abuse - women, men, children, families - and deliver innovative preventative work in local communities. We also deliver direct services including the Welsh Government funded *Live Fear Free Helpline*; a National Training Service; refuge and advocacy services in Colwyn Bay and Wrexham; and the national *Children Matter* project which supports local services to help children and young people affected by abuse and to deliver preventative STAR group work in every local authority in Wales.

Welsh Women's Aid is able to draw on our members' expertise and survivor voices to address the question of whether Welsh Government policies and programmes are effective at reducing the adverse impact of violence against women and domestic abuse on children within the first 1,000 days.

Below, we outline our feedback on considerations to be taken into account when reviewing whether Welsh Government policies and programmes support the early years period for parents and children, and how effective these are in supporting children's capabilities and development, with regards to:

### **2. Promoting and protecting the health and wellbeing of children from pregnancy through recognising the adverse impact of all forms of violence against women, domestic abuse and sexual violence**

2.1 There is good evidence of interventions that can prevent or mitigate factors which increase the risk of poor outcomes at age 2 (such as domestic abuse, exposure to violence and abuse, poverty and disadvantage, exposure to problematic substance use, mental ill-health and poor emotional well-being of mothers) and these have been well described in research and within professional and NICE guidance (eg NICE Domestic Violence Guidance). However there are significant challenges in ensuring that this evidence is implemented and embedded into professional practice.

2.2 Early identification and appropriate intervention and access to independent specialist support services in the third sector will promote and protect the health and wellbeing of children adversely impacted by violence against women, domestic abuse and sexual violence. Significant progress can be made to improve women and children's lives during the early years period through informed, structured training of public sector staff and clear referral pathways to specialist services. New public sector duties within the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, require trained public sector professionals including health professionals to make direct enquiries, called 'Ask and Act'<sup>2</sup>. However within

<sup>1</sup> Domestic abuse is the exercise of control by one person, over another, within an intimate or close family relationship; the abuse can be sexual, physical, financial, emotional or psychological. Violence against women is violence directed at women because they are women or that affects women disproportionately, and includes domestic abuse, rape and sexual violence, forced marriage, female genital mutilation, sexual exploitation including through trafficking and the sex-industry, so-called 'honour-based violence' and sexual harassment.

<sup>2</sup> 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. See Welsh Government, 'The National Training Framework on violence against women, domestic abuse and sexual violence: Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006', *Welsh*

the National Training Framework , it remains unclear how and when the Welsh Government will cascade this statutory training across all relevant public bodies in Wales.

2.3 Within health settings, a good practice example that can enable early intervention and therefore the effective protection of the health and wellbeing of children affected by violence against women, domestic abuse and sexual violence, is the PATHway Pilot at St Mary's Maternity Hospital. This pilot examined the impact of co-locating a dedicated Independent Domestic Violence Advisor (IDVA) on the maternity unit. As a result, midwives stated that they felt more confident in asking the routine enquiry questions, secure in the knowledge that if they did receive a disclosure, they had a clear and effective pathway for making a referral to the IDVA.<sup>3</sup> Similarly, there is significant evidence that co-locating specialist domestic abuse support workers in GP practices (e.g. IRIS), mental health services and A&E facilitates early intervention and access to support for women who would otherwise not seek help or disclose abuse access help. If applied to Welsh maternity wards and other healthcare settings, the co-location of specialist domestic abuse support workers (advocates) could heighten the impact of current 'Ask and Act' practices, set out in the National Training Framework, by strengthening the quality of support available to mothers and children and the speed and efficiency of referral pathways, while also supporting staff. One PATHway client stated: *"I was worried about the baby (in pregnancy), did not want to entertain the idea of going to the police or social services, but when the midwife offered me to talk to someone who could help me with the abuse, I was glad."*<sup>4</sup>

2.4 Additionally, health professionals have been integral to early identification and contributing qualitative and quantitative data around the crime of female genital mutilation of girls, which is further supported by the Serious Crime Act 2015 making it mandatory for frontline professionals to report safeguarding concerns in relation to FGM. This has helped to highlight the prevalence of the practice, as well as increasing the number of cases reported to the police and Social Services<sup>5</sup>, with the aim of preventing girls and women from experiencing FGM and eradicating this by 2030. Further work is needed in Wales to ensure robust data and responses to the prevention of FGM is embedded across all services, working in partnership with and being led by specialist BME services like BAWSO, who are leading the way on developing community prevention of FGM in Wales.

2.5 It is important to listen and hear the voices of children and young people, including their experiences as infants. This needs to be done in an age-appropriate manner, as well as – if appropriate and safe – listening to the needs of the non-abusive parent. Survivor-informed specialist violence against women organisations have an expert understanding of the impacts of violence against women, domestic abuse and sexual violence on children and can also facilitate the involvement of survivors and their children in any early years services and systems development and review. Welsh Women's Aid has launched the Survivor Empowerment and Education Services (SEEDS) project, which enables voices of survivors to be heard in the development of policy and practice around addressing ACEs. We can facilitate the process of ensuring that the voices of survivors and children across Wales are central to the Welsh Government's programme to tackle children's exposure to ACEs.

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Government, 2016, <http://gov.wales/docs/dsjlg/publications/commsafety/160317-national-training-framework-guidance-en.pdf>, (accessed 5 January 2017).

<sup>3</sup> Not only did the report estimate that the 196 referrals saved the public sector £170,800, the cost of employing an IDVA over this timeframe was £50,591, demonstrating clear financial benefits to the scheme.

<sup>4</sup> G. Granville & Susan Bridge, 'PATHway: An Independent Domestic Violence Advisory service at St Mary's Maternity Hospital, Manchester: Summary of findings and recommendations from the independent evaluation', *NHS Manchester, 2010*.

<sup>5</sup> CPS, 'Violence against women and girls: Crime report 2015-16, *Crown Prosecution Service, 2016*, [http://www.cps.gov.uk/publications/docs/cps\\_vawg\\_report\\_2016.pdf](http://www.cps.gov.uk/publications/docs/cps_vawg_report_2016.pdf), (accessed 5 January 2017).

### **3. Supporting effective child development outside of the health service through specialist violence against women and domestic abuse services and community approaches**

3.1 Due to the current lack of evidence, it is not possible to offer a definitive statement on whether specific programmes in Wales are effective and/or cost-effective for reducing the harm caused by violence against women and domestic abuse during a child's first 1,000 days. However, there are many interventions that are examples of promising practice for children and young people and for pregnant and post-partem mothers, including the following programmes run by Welsh Women's Aid members.

3.2 Port Talbot and Afan Women's Aid (PTAWA) has been providing the Video Interaction Guidance (VIG) Project since October 2015, which is a unique project in Wales that uses the method of Video Interaction Guidance to help women with infants (under the age of 2) who have been effected by domestic abuse, promoting positive parenting and rebuilding the relationship between non-abusive parent and child.

3.3 Llanelli Women's Aid is one of several specialist domestic abuse services across Wales which delivers dedicated children's and young people's support for children in refuges, which is age appropriate from age 0-18, offering help and support through one-to-one and group sessions. This is a joined up approach in partnership with Social Services, playgroups, schools, and other children's organisations to offer coordinated support to mitigate the trauma experienced by children who have been exposed to 'adverse' experiences.

3.4 In addition, many member services use Welsh Women's Aid Children Matter S.T.A.R. suite of services. This includes age appropriate group work programmes that support children and young people who have experienced domestic abuse and parallel group support programmes for their mothers, to enable them to support their children and increase their protective factors which in turn mitigates the impact of trauma.

3.5 Welsh Women's Aid and Women's Aid Federation England, working with local authorities, has launched the 'Ask Me' scheme to train 'community ambassadors' in Powys, as part of the new *Change that Lasts* early intervention service model. This enables more opportunities for safe disclosure and sign-posting to help and support within local communities through local businesses and community centres. This is particularly important in cases where perpetrators have used language and integrational barriers in, for example, Black and minority communities to further isolate survivors, and in some cases denying expectant/new mothers some or all maternity and post-natal care, therefore effectively bypassing any access to good 'Ask and Act' practices.

**'I was totally cut off. I was taken away for my daughter to be born, I had no midwife or health visitor in this country, they didn't even know I had children. Training and posters wouldn't have meant anything... I was just too frightened, that's the biggest barrier. Being physically locked up, isolated, kept like a prisoner, and being frightened.'** (Survivor, FG)<sup>6</sup>

3.6 Perpetrators understand survivors' fears that any involvement of Social Services may result in their children being taken from them, and such fear can be used to silence and control mothers. Survivors stated that the safety of them and their children should be paramount in cases of violence and abuse. Safeguarding training was a particular concern for some survivors who recommended that there is further training to ensure professionals have a trauma-informed, needs-led and gender responsive understanding of violence against women, domestic abuse and sexual violence.

**'Safeguarding training for agencies just isn't enough. It gives a bit of knowledge but there's no information or in depth understanding of domestic abuse included in safeguarding courses.'** (Survivor, FG)<sup>7</sup>

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<sup>6</sup> Welsh Women's Aid, 'Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales', *Welsh Women's Aid*, 2016.

<sup>7</sup> Ibid.

3.7 Survivors have told us that they feel judged and sometimes asked to mediate with the abuser by professionals working with children, which places both women and their children at increased risk of harm. Welsh Women's Aid is currently working with CAF/CASS Cymru to deliver a programme of work to enhance their understanding of coercive and controlling behaviour and the impact on children and young people to enhance their response to women and children using the family court.

**'...what happens time and again is they expect women to mediate with their own abusers when they've lived with them in a war zone, and if you don't do this you're judged by agencies for failing in some way or for not doing what they expected you to do.'** (Survivor, FG)<sup>8</sup>

#### **4. Reducing the adverse impact on the child**

4.1 A whole-education approach to preventing violence against women, domestic abuse and sexual violence is imperative in order to mitigate the impact of adverse childhood experiences associated with exposure to domestic abuse and sexual violence that happened or began during a child's first 1,000 days. All education institutions should develop and implement a whole-education approach, as outlined in the Welsh Government 'Good Practice Guidance'<sup>9</sup>, which promotes staff and student learning on violence against women, domestic abuse and sexual violence, as well as gender equality, respect, and healthy relationships. In addition, staff should be informed about all forms of violence against women and appropriate ways of opening the discourse around this within the whole school setting.

4.2 Welsh Women's Aid's national Children Matter Project delivers training programmes and services for professionals working with children and young people (including young mothers of infants) across Wales to ensure adverse childhood experiences associated with violence against women, domestic abuse and sexual violence are identified early and addressed effectively. The S.T.A.R. suite of services (Safety, Trust and Respect) include preventative healthy relationship programmes which are available to all children and young people across Wales, as well as group work for survivors and younger children who have experienced domestic abuse.

4.3 Perpetrator programmes are an integral part of stopping abusive behaviour of perpetrators in both existing and future relationships. Changed behaviour can improve the safety, health and wellbeing of children who have been adversely affected by violence against women, domestic abuse and sexual violence. It is essential for the safety of survivors and their children that all domestic abuse perpetrator work and parallel partner safety work must adhere to the *Respect* accredited standard<sup>10</sup> and must form part of a wider coordinated community response that includes sufficient specialist provision for survivors, including refuges and community based support and advocacy.

#### **5. Recommendations:**

5.1 Welsh Women's Aid recommends that secure, long-term funding is essential if specialist violence against women, domestic abuse and sexual violence services across Wales are to be sustainable and can deliver needs-led support and grow to meet demand. There is significant inconsistency across Wales when it comes to available funding for dedicated violence against women, domestic abuse and sexual violence support services for children and young people. Feedback from survivors shows that specialist services (that offer gender responsive provision) are essential in order for support to be effective and achieve desired outcomes.<sup>11</sup> Specialised violence against women, domestic abuse and sexual violence services offer a safe

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<sup>8</sup> Welsh Women's Aid, 'Are you listening and am I being heard? Survivor Consultation: A report of the recommendations made by survivors of violence against women, domestic abuse and sexual violence, to inform the National Strategy in Wales', *Welsh Women's Aid*, 2016.

<sup>9</sup> Welsh Government Violence against Women and Domestic Abuse Team & Welsh Women's Aid, 'Good Practice Guide: A Whole Educational Approach to Violence against Women, Domestic Abuse and Sexual Violence in Wales', *Welsh Government*, 2015.

<sup>10</sup> Respect, 'The Respect Accreditation Standard', *Respect*, 2012, <https://respect.uk.net/wp-content/themes/respect/assets/files/accreditation-standard.pdf>, (accessed 31 January 2017).

<sup>11</sup> Women-only services, Women's Resource Centre, 2011 & 'The Crisis In Rape Crisis Centres', *WRC*, 2008.

and confidential space for a survivor independent from any statutory route that can enable them to disclosure at a time that is best suited to their experience.

5.2 Welsh Women's Aid recommends that the definition of 'domestic violence' within the Adverse Childhood Experiences (ACEs) research and policy be broadened from the narrow scope of parents/adults "slapping, hitting, kicking, punching or beating each other up".<sup>12</sup> UK law, strategy and policy recognises that domestic abuse is controlling, coercive, threatening behaviour violence and abuse that includes psychological, physical sexual emotional and financial abuse. We also recommend that all forms of violence against women, domestic abuse and sexual violence are fully recognised within work to mitigate trauma associated with adverse experiences in childhood and as adults.

5.3 Welsh Women's Aid recommends that the voices of child survivors of violence against women, domestic abuse and sexual violence need to be heard within the Welsh Government's policy framework with clear connections made across policy on Adverse Childhood Experiences and early years work, and the delivery of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014 and the Well-being and Future Generations Act (2015).

5.4 Welsh Women's Aid recommends the roll out of 'Ask and Act' and 'Ask Me' to ensure that public sector professionals and community members intervene early to sign-post and refer survivors to specialist services across all communities in Wales. This needs to be supported by high quality Welsh Women's Aid training.

*Further evidence on the extent and impact of domestic abuse and sexual violence on children, young people, and their mothers, during the early years period, can be provided as supporting evidence on request.*

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Welsh Women's Aid would again like to thank the National Assembly for Wales' Children, Young People and Education Committee for the opportunity to comment on this important issue and we look forward to working together in the near future.

Any comments or questions regarding our response can be directed to:

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<sup>12</sup> See page 9 which sets out the survey questions asked about domestic abuse: "How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?" 'Welsh Adverse Childhood Experiences (ACE) Study: Adverse Childhood Experience and their impact on health-harming behaviours in the Welsh adult population, *Public Health Wales NHS Trust*, 2015.

