



Response to the consultation on draft statutory guidance on “Ask and Act” 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.

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**MAE POB PLENTYNDOD WERTH BRWYDRO DROS
EVERY CHILDHOOD IS WORTH FIGHTING FOR**

About the NSPCC

We're leading the fight against child abuse in the UK and Channel Islands. We help children who've been abused to rebuild their lives, we protect children at risk, and we find the best ways of preventing child abuse from ever happening.

Abuse ruins childhood, but it can be prevented. That's why we're here. That's what drives all our work, and that's why – as long as there's abuse – we will fight for every childhood.

We help children rebuild their lives, and we find ways to prevent abuse from ruining any more. So when a child needs a helping hand, we'll be there. When parents are finding it tough, we'll help. When laws need to change, or governments need to do more, we won't give up until things improve. Abuse changes childhood. But so can we.

1. Do you agree with the proposal for relevant authorities to demonstrate how they will implement “Ask and Act” (the guidance issued under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015)?

Yes.

NSPCC Cymru/Wales welcomes the opportunity to respond to this consultation on draft statutory guidance on “Ask and Act”. We welcome the proposed introduction of “Ask and Act” as a process of targeted enquiry to be practiced across the Public Service to identify violence against women, domestic abuse and sexual violence. We are also supportive of the outlined aims of “Ask and Act” to increase identification, improve referrals and interventions for those identified, to create a culture where these issues are accepted business, to improve the response to those with other complex needs such as substance misuse and mental health, to proactively engage with those who are vulnerable and hidden at the earliest opportunity.

While the VAW, DA, SV Act creates a duty for relevant authorities to implement “Ask and Act”, we believe that the language used throughout the Guidance could make the responsibility of relevant authorities clearer. We believe the Guidance should avoid terms such as ‘should’, being more directive would help to ensure Ask and Act achieves the aim of becoming integrated into ‘normal business’ of core relevant authorities. We also believe it is important to clearly align Ask and Act with other duties especially under the Social Services and Wellbeing (Wales) Act (SSWA). Without this we would be concerned that additional responsibilities introduced by the SSWA and the Future Generations Act, which will also require significant resource for implementation, could mean that responsibilities under ‘Ask and Act’ may not receive the priority required.

NSPCC Cymru/Wales would congratulate Welsh Government on ensuring that how “Ask and Act” and statutory processes to safeguard children align are addressed right throughout the draft Guidance document. We are pleased to see this reinforced in both implementation and delivery sections of the guidance. However, our main points (which we go into detail on in subsequent sections) revolve around how the Guidance around this element of Ask and Act is structured. We believe that a range of changes are needed to ensure the greatest clarity for professionals and to achieve the aim of integrating the processes and culture change of Ask and Act into ‘normal business’ and everyday practice of relevant authorities.

The key priority of NSPCC Cymru/Wales for Ask and Act is that it improves the response to and therefore support for children. It remains the case that key agencies do not always appreciate that the incidence of domestic violence should be seen as an indicator for assessing those children who are living in the same house as the victim¹. We would also highlight that the “Ask and Act” Guidance is an important opportunity to make absolutely clear to professionals across the public service that Section 120 of the Adoption and Children Act 2002 extends the legal definition of ‘significant harm’ to children to include witnessing the abuse or harm of another. Therefore Domestic Abuse **is** child abuse. We believe that although significant harm is mentioned in the guidance, this could be made more explicit and strengthened throughout. We will make detailed comments in the relevant sections throughout this response.

We believe therefore that Ask and Act needs to embed a relatively simple approach into the Guidance as a key plank of Ask and Act. We would suggest the Guidance should make clear that as soon as vulnerability or indicators are spotted in an adult, the next question should

¹ Clarke, A. and Wydall, S.(2013). *From ‘Rights to Action’: practitioners’ perceptions of the needs of children experiencing domestic violence*. Child & Family Social Work Volume 20, Issue 2, pages 181–190, May 2015.

be to ask whether there are children present in the home. This would be a trigger for relevant safeguarding referrals and procedures to be followed. Our response therefore makes a series of detailed comments and suggestions that we hope will help to better embed and recommend this approach for professionals. We hope this will help to clarify how “Ask and Act should apply to children for Public Service professionals ahead of the publication of the final Guidance.

We are particularly supportive of the stated aim of “Ask and Act” to improve the response to those who experience violence against women, domestic abuse and sexual violence with other complex needs such as substance misuse and mental health. From the point of view of safeguarding children domestic abuse, substance misuse and mental health problems are known risk factors for all forms of child abuse and neglect. Moreover, reviews of cases where a child has died or been seriously injured regularly find that some or all of these factors were present. In addition, their presence during pregnancy poses physical risks to unborn children.

We know that these stressors often occur together, and have a cumulative effect- and the more of them there are in the family, the greater the risk to the child. Children who are abused and neglected are more likely to experience negative outcomes in adulthood including domestic abuse, substance misuse and mental health problems, bringing risks of abuse and neglect to their own children. This is corroborated by the results of the recently published Welsh Adverse Childhood Experience (ACE) study which show that suffering four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times.²

Working with families facing adversity is a core priority for the NSPCC over the next 5 years and our focus will be on developing, delivering and evaluating interventions that help to prevent parents or carers with these problems from abusing or neglecting their children. The NSPCC’s Minding the Baby and Safe Care programmes already work to reduce the likelihood of child abuse in families where domestic abuse, substance misuse or mental health problems are present³. Building on our experience in early intervention and the evidence-base we are developing, we are in an ideal position to develop programmes that disrupt the cycle.

We will continue to develop new interventions over the next few years and would therefore be keen to ensure appropriate referrals from Ask and Act into our services delivered from our three Service Centres in Prestatyn, Swansea and Cardiff. We therefore also welcome point f. on page 25 which highlights the importance of an agreed and simply presented referral protocol which clarifies the referral options for those who disclose the experience of any form of violence against women, domestic abuse and sexual violence. We welcome that it is recommended that this should involve formal arrangements with local and national specialist service providers and we hope that the NSPCC’s services will be able to included in the range of options for referral. We would however welcome further information and guidance about how this will work in practice.

We also welcome the aim of ‘Ask and Act’ to support earlier identification and prevention in order to stop violence against women, domestic abuse and sexual violence from escalating and to make these issues accepted business across the Public Service. It is our view that

² <http://www.wales.nhs.uk/sitesplus/888/news/40000>

³ Eg. Minding the Baby: Sadler, L.S. et al (2013). “Minding the baby: Enhancing reflectiveness to improve early health and relationships outcomes in an interdisciplinary home-visiting program” *Infant Mental Health Journal* 34: 391-405; Parents Under Pressure: Dawe, S. & Harnett, P. (2007). “Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial.” *Journal of Substance Abuse Treatment* 32(4): 381-390; and Safecare. <http://safecare.publichealth.gsu.edu/>

everyone needs to understand abuse, violence and neglect and how they can be a part of preventing it. We therefore strongly support the preventative aims at the heart of 'Ask and Act'. Attitudes and beliefs matter because they influence behaviour. NSPCC research shows that many people do not believe child abuse and neglect can be prevented. If we want to prevent all forms of violence and abuse we have to tackle these beliefs. Evidence tells us that if people have greater understanding about what causes child abuse and neglect, they are more likely to support interventions, and to take action to keep children safe. This would extend also to VAW, DA, SV. We also know that a barrier to children disclosing abuse and neglect and getting help, is not understanding that what's happening to them is abuse or neglect. Children and young people need to be provided with better knowledge about boundaries, their rights to protection and safety, and healthy relationships, and information about where and how to seek help⁴. By helping more children understand about abuse and neglect we will help more children to seek help. NSPCC Cymru/Wales therefore believes that providing high quality age appropriate preventative education to all children and young people in Wales will be core to supporting "Ask and Act" in achieving its preventative aims.

2. Section 3 of the guidance relates to the pre-planning, planning and implementation of a local or regional approach to "Ask and Act". It is aimed at leaders, co-ordinators and managers. Is this section fit for purpose? What additional information is required?

No – we believe this section could be strengthened with regards to safeguarding.

Overall we believe that Section 3 provides a useful and detailed guide to support the pre-planning and implementation or 'framework' for the implementation of "Ask and Act". We would however comment that the role of 'lead' is a large task and providing advice on the qualities and skills set to fulfil this task would be important. We believe the Guidance needs to make clearer that "Ask and Act" leads will need to dedicate a significant amount of time in terms of management and liaison with colleagues and practitioners to ensure successful implementation. We welcome the suggestion made on p.20 under 'pre-planning' that states suitable leads are likely to be those who already have a lead for safeguarding. We believe that ownership of Ask and Act by safeguarding would be beneficial for ensuring appropriate and joined up support for children experiencing or at risk of harm from domestic abuse. We also welcome the recommendation of the involvement of Regional Safeguarding boards but would also highlight the importance of involvement of new Public Service Boards to be established under the Wellbeing of Future Generations (Wales) Act which are not currently mentioned in detail by the Guidance. We would also suggest it would be helpful to reference recently published Guidance on the functions of new Regional Safeguarding Boards under the Social Services and Wellbeing (Wales) Act, particularly the sections relating to prevention.

NSPCC Cymru/Wales has commented extensively on the development of the National Training Framework and we are therefore pleased to see the inclusion of education and ambulance staff in the list of groups encouraged as priorities for training on Ask and Act. However, with regards to education, in previous responses we have highlighted the importance of a whole school approach to prevention of violence and abuse and we would still recommend that a broader approach that ensures training of school-counsellors, education welfare officers and a proportion of teachers in the process of 'Ask and Act' would support and reduce the burden on those with safeguarding roles in schools ensuring more opportunities for professionals to noticing the signs of abuse and to hear disclosures in all of their forms.

⁴ Allnock, D. & Miller, P. (2013). No-one Noticed, No-one Heard': A study of disclosures of childhood abuse. London: NSPCC. Available at: <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2013/no-one-noticed-no-one-heard/>

We understand the rationale for separating the groups by LHB, LA and Fire and Rescue Authority but we have reservations about this approach. We would make the point that vital to an adequate approach to safeguarding children (as is the case for all victims of violence and abuse or neglect) is embedding a multi-agency approach across the public service. We are also aware that the Care Council for Wales is in the process of developing a series of training to support professionals through the implementation of the Social Services and Wellbeing (Wales) Act, we would suggest it would be helpful that Ask and Act training is cross referenced with the roll out of this new training.

One group of professionals that we are concerned are missing from the list of professionals to be trained on Ask and Act are representatives from the services that fall under the 'Family Support' umbrella this would include Youth Workers and Afterschool, Holiday Club and Childcare Providers (Flying Start), Families First funded support including Team Around the Family and Communities First. Given the emphasis on supporting families with complex needs/multiple adversity we believe that guidance on how relevant authorities should ensure these professional's (who are often at the frontline of work with families) involvement in Ask and Act would be very important.

While Mental Health is listed under the professionals to be prioritised under the Local Health Board we would also underline the importance that this should also apply to Child and Adult Mental Health Services (CAMHS). Feedback from our practitioners working from our Service Centres in Wales was their experience of CAMHS keeping children on waiting lists for many months despite serious need. Furthermore as part of our 'Its Time Campaign' launched this week, the NSPCC has recently conducted a survey with professionals about the level of support available to children and young people who have experienced abuse. We asked health, education and social care professionals whether the current provision of therapeutic services is meeting the needs of children for whom the effects of abuse or neglect are a primary concern. Although the Welsh response sample is limited, results indicate that the level of service provision is currently insufficient to meet need.⁵ Barriers to accessing support include higher thresholds, fewer services and longer waiting lists. It is crucial that the right support is available to children to help them recover and we believe that Ask and Act has the potential to contribute to improving current provision for children and young people. The impact of abuse includes mental health problems such as anxiety, depression, substance misuse, eating disorders, self-harm, anger and aggression, sexual symptoms and age inappropriate sexual behaviour.⁶ Receiving support can mean the difference between overcoming their trauma, or a life marred by these experiences.

3. Section 4 of the guidance relates to good practice for "Ask and Act". It is aimed at practitioners. Is this section fit for purpose? What additional information is required?

No. NSPCC Cymru/Wales believes Section 4 needs to be considerably strengthened in order to provide absolute clarity and ensure safe and consistent practice by professionals for children and young people in the context of 'Ask and Act'. As highlighted under Question 1 this is largely a question of structure and appropriately 'guiding' the professional to incorporate Ask and Act into 'normal business' and existing safeguarding practice. Unfortunately we believe that the current approach of Section 3 and 4 to safeguarding is disjointed and the structure could be made much easier to navigate.

Firstly, we would suggest that right at the outset of Section 4 (ideally p.46) there should be a clear statement about the need for professionals to think about the different approaches to

⁵ 97% of professionals (135) said there are not enough CAMHS services. 98% of professionals (127) said there are not enough "other" therapeutic services such as counselling, CBT and attachment based therapies)

⁶ Lanktree, C. B, Gilbert, A. M, Briere, J, Taylor, N, Chen, K, Maida, C. A and Saltzman, W. R (2008) Multi-informant assessment of maltreated children: convergent and discriminant validity of the TSCC and TSCYC. Child Abuse Neglect 32 (6) pp. 621-625.

'the process' if they are dealing with a child (0-13), a young person (13-18) or adult (18+). This should make a clear link back to the relevant part of Section 3. Currently, advice and guidance about a different 'process' for young people is mentioned for the first time at *point 6 Risk Identification* (p.68 – more than 20 pages into the section and after the bulk of the information on the process) when the CAADA checklist for young people is first mentioned. It is also not discussed in any detail until p.73 we believe this is too late in the guidance and as per comments above, would suggest that this needs to be moved to the beginning of Section 4. We also believe the Guidance would be considerably strengthened if it was accompanied by illustrative case studies of best practice Ask and Act consultations for different age groups. This could be provided as an appendix to the guidance.

The flow chart/diagram at p.48 needs to incorporate additional boxes to cover the scenario of a child or young person client presenting. We believe this needs amending and would be pleased to advise further on the detail. We would suggest learning could be taken from the flowchart developed as a pathway by the Welsh Government Anti-Slavery Leadership Group which makes clear the different pathways for adults and children – we believe a version of this could be adapted for inclusion in the Ask and Act Guidance.

That said, we believe the section from **p.73-78 'consider safeguarding issues'** is clear and broadly sends the right messages, our main point, as above would be about positioning and that this information needs to appear at the outset of section 4. Messages could then be reinforced throughout the section. However we would specifically question the sentence on p.78 that states *'it is good practice to gain parental consent to this referral but a judgement should be made whether this could increase risk to the child'*. We would question whether this sentence should mention consent or rather focus on informing and endeavouring to work with the parents, as the professional in accordance with duties under the SSWA would have a duty to report regardless of parental consent.

In the rest of this section, we make a series of comments about how various parts of Section 4 could be strengthened within the structure we suggest:

2. The confidentiality policy (p.49). We welcome that this section covers **some** aspects of the confidentiality process for children. We were pleased to see specific mention that *'in some cases, such as those where a Local Authority believes a child is likely to suffer harm, and that child lives or proposes to live in the area of another authority there is a duty on one Local Authority to inform the other authority.'* However we do not believe that this section deals sufficiently with confidentiality in the case of children and young people. We believe that it is crucial to include information at this point in the Guidance on the new duties on relevant authorities under the Social Services and Wellbeing (Wales) Act. We note new duties under the SSWBA are mentioned in Section 3 at p.37 of the Guidance but we would suggest that due to the current structure, the existing wording does not make it sufficiently clear that the duty applies to children *'The Social Services and Well-being (Wales) Act 2014 strengthens safeguards through the introduction of new duty to report to the local authority someone suspected to be an **adult** at risk of abuse or neglect.'* we would suggest inserting **'or child'** after adult and before risk in this sentence. We would also suggest that information on p.39 about how "Ask and Act" and statutory processes to safeguard should align and p.40 about addressing safeguarding concerns for children should be cross-referenced in the section on confidentiality. As it stands, the section on 'confidentiality policy' does not make clear that when speaking to a child it is important to be clear that in most cases, the experience of domestic abuse at home or the experience of relationship abuse by a young person will be a safeguarding issue and require a referral to the safeguarding children team. This is vital to ensure transparency for the young person about how and when the information they disclose might be used and shared.

3. Recognition of Indicators: We note the section on p.51, 52, 53 concerning indicators, focusing on the signs, symptoms and cues or settings through which violence against women, domestic abuse and sexual violence can be identified. We note the statement that *'these indicators could reflect a range of issues and also prompt safeguarding concerns for children or associated vulnerable adults...'* We would recommend that somewhere on p.55 it would be useful to reference relevant safeguarding Guidance, particularly pg. 6 of the All Wales Practice Guidance⁷ highlighting that in the case of a child or young person the signs and indicators of domestic or relationship abuse are likely to be consistent with the range of signs and indicators of child abuse and neglect. The NSPCC website also contains useful information on the signs, symptoms and effects of children who are experiencing or witnessing VAW, DA, SV.⁸

Settings, We would also question the section under 'Settings' which highlights that *'professionals working in a range of identified settings should routinely ask all clients whether they are experiencing violence against women, domestic abuse and sexual violence due to the known, co-occurrence of domestic abuse with the core service they provide.'* We are not clear about the meaning of this section. We would question whether *'concerns about maltreatment'* is a 'setting', we are unsure what this means exactly and we are concerned it lacks clarity for professionals. We would suggest that there needs to be more explanation of the types of settings being referred to. We welcome the point that *'missed opportunities to identify violence against women, domestic abuse and sexual violence are missed opportunities to identify risk to children'*. We believe this section should be strengthened by a clear statement to support public service professionals in understanding the significant harm that domestic abuse has on children who are exposed to it (and that witnessing domestic violence is itself classed as child abuse under the broadened definition of significant harm under the Adoption and Children Act 2002). We believe that at this point there needs to be a further link back to relevant safeguarding guidance.

5. Process of 'asking' - children and young people NSPCC Cymru/Wales welcomes the section on p.57-59 which deals with the process of *'asking the question'* and the sections that highlight the importance of environment, rapport (questing approach) and questioning style. We also welcome the inclusion of the statement that *'the indicators of violence against women, domestic abuse and sexual violence could reflect a range of issues and also prompt safeguarding concerns for children or associated vulnerable adults. As such, acknowledgement and exploration of them should already be an integral part of good practice'*. However we would suggest that this could be strengthened to read: *'the presence of indicators of violence against women, domestic abuse and sexual violence in a young person under the age of 18 is likely to be a safeguarding issue and in this case safeguarding procedures should be followed. Acknowledgement and exploration of them should already be an integral part of good practice'*

NSPCC Cymru/Wales has previously highlighted the importance of carefully considering **'how'** to ask children and emphasised there are significant implications of asking children and young people. We would reiterate that the content of this section further underlines our earlier point about the need for the beginning of section 4 'the process', to clearly set out that in cases of children and young people, whether witnessing VAW, DA, SV or experiencing it in their own relationships, is likely to be a safeguarding issue. While we are not saying that children should never be asked (in fact NSPCC research shows that children and young

⁷ <http://www.childreninwales.org.uk/wp-content/uploads/2015/09/Domestic-Abuse-Protocol-Final-27-04-11-Pdf.pdf>

⁸ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/signs-symptoms-effects/>

people want to be asked and heard when they make disclosures of abuse⁹), we would however make clear that there needs to be additional work, thought and guidance on how to appropriately ask children and young people within Ask and Act and what follow-on support is needed in these cases.

We are also concerned that although an alternate route is described in this section for young people (13-18 yrs old) there is no detailed explanation or reminder of the process for younger children (0-13 yrs old). NSPCC Cymru/Wales would draw attention to our 2013 research 'No-one Noticed, No-one Heard'¹⁰ which describes the childhood experiences of abuse of young men and women and how they disclosed this abuse and sought help. Researchers interviewed 60 young adults (aged 18-24 years) who had experienced high levels of different types of abuse and violence during childhood. The young adults were asked whether they had tried to tell anyone about what was happening to them, and what had happened as a result of their disclosures. Although much research suggests that few children disclose sexual abuse, in this study over 80% had tried to signal their abuse to somebody. While some children and young people disclose abuse directly and verbally, others attempt disclosures indirectly, behaviourally and non-verbally, we believe that understanding of this needs to be supported in professionals as part of Ask and Act. The experiences of disclosure to professionals provided many examples of poor communication throughout the report, but examples of positive communication were also identified. Professionals need to remember that they should use developmentally age-appropriate language with children and young people. Disclosing abuse can raise feelings of shame, embarrassment and guilt, so it is not surprising that young people wanted to be spoken to directly, but sensitively about the abuse. Young people told us they wanted to be asked in a **direct and developmentally appropriate manner, while ensuring they are safely able to disclose**.¹¹ This research has highlighted the need for greater awareness about the signs of abuse, **that children do disclose but we don't hear those disclosures**.

It is clear that the series of questions set out in the draft Guidance would generally not be appropriate for use with children and young people but this is not made clear to professionals until much later in the section. We would also highlight that while we agree it is an important point, some evidence is needed to support the statement on p.61 '*this will be particularly true for younger people who may tend to normalise the experience of intimate partner violence*' and we believe that the statement that 'it is important the professional is able to explore and explain what these terms mean and to break them down into questions on behaviour, rather than terminology' is not sufficient guidance about the approach to asking children and young people in a developmentally appropriate and safe way. We believe this needs to be explored in more detail by the Guidance.

We would recommend that taking a rights-based focus to questioning would be helpful for children and young people would be a useful starting point. Framing questions in terms of what a child has a right to and then if that isn't happening then it's not right or abuse can be a useful way to think about broaching sensitive issues in a developmentally appropriate manner.

The research¹² also shows that in the context of working with children and young people professionals need to be guided to consider not only "how" they communicate, but "where" and "with whom". Ensuring that young people have a safe and private location to speak to a professional is paramount. Professionals should take care

⁹ Allnock, D. & Miller, P. (2013). No-one Noticed, No-one Heard': A study of disclosures of childhood abuse. London: NSPCC. Available at: <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2013/no-one-noticed-no-one-heard/>

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

to determine if parents and carers may be perpetrators of abuse or colluding with perpetrators. Some young people emphasised, for example, that they delayed their disclosures – or did not disclose – because no one asked them or no one noticed they were struggling. It is not surprising that having someone notice and ask was a key catalyst for disclosure for some young people – although not all children and young people may be ready to disclose, even if someone asks them. We would also underline that there needs to be careful consideration about the time available to build trust and confidence which is important when talking to children and young people about these issues. This point is made in the Safe Lives Risk Identification Checklist which is recommended as the appropriate ‘form’ to use with young people ‘*Whilst it is vital to work through the Young People’s Checklist quickly in order to gain an understanding of the client’s situation, it is also important that a relationship with clear boundaries is created first where safety and trust is informed by active listening. The young people consulted during the development of the checklist were clear that they would respond best to the questions if they had an existing relationship with the person who was asking them.*

Our research also presented evidence that even if young people were not ready to disclose fully about the abuse, being asked about it provided them with a pathway to seek help later when they were ready. Finally, young people noted that there were many missed opportunities for intervention because signs and disclosures went unrecognised or were ignored. This emphasises the vital importance of getting Ask and Act right in the context of children and young people.

It is also important to highlight that our research¹³ highlighted that a key element of a positive experience of disclosure was ongoing emotional support to help them through the process. On this point we would strongly suggest that as well as the relevant safeguarding process any child or young person who seems to display indicators of abuse or neglect due to violence against women, domestic abuse and sexual violence should be routinely given information about ChildLine (ChildLine produces a series of wallet cards/leaflets and we would be pleased to facilitate conversations regarding resources) and the confidential counselling service it provides which would be an important option for young people to seek additional support or the opportunity to further explore their feelings/experiences. Any child or young person up to the age of 19 can contact ChildLine free on **0800 1111**. Calls are confidential and won’t appear on a home phone bill. Calls from 3 (Three), BT Mobile, EE, O2, Orange, T Mobile, Virgin or Vodafone mobiles won’t show up on the phone bill either. It is also possible to contact ChildLine online via 121 chat or email as well as visiting the website, which contains a wealth of information and resources. We believe this would be an important minimum to providing ongoing support for children and young people following disclosure or discussion of potential disclosures with professionals.

We strongly believe this whole area of the ‘process’ regarding both children and young people needs careful consideration and professionals need clear additional guidance that the approach to children and young people should differ to the approach to adults. We would suggest that Welsh Government conducts additional work in this area and the NSPCC would be keen to offer expertise from across the NSPCC and ChildLine to contribute to and support this work.

6. Risk Identification

The comments made above would also apply here. We note that the Guidance does mention at p.68 and again at p.73 that is a specific amended form for use with young people is available. However, on a technical point, the links to the young people’s version do not work and we had to contact SafeLives directly to obtain a copy, this obviously needs to be resolved ahead of final publication to make navigation as easy as possible. We would also

¹³ Ibid.

highlight that this checklist is designed for use with young people aged 13-18 years old which isn't made clear in the body of the guidance. We would also question whether this checklist has been evaluated and how widely and in what contexts it has been used. We note the checklist states that *'the checklist forms part of the Young People's Programme and will be piloted during 2013 and 2014 alongside the collection of data through the work of (Young People's Violence Advisors) YPVAs and other practitioners specifically trained to work with young people and/or domestic abuse. This form will be reviewed from April 2014'*. There are therefore two key points to consider. Firstly if this form is to be recommended for use by public service professionals implementing Ask and Act, what was the outcome of this pilot and how has the form been reviewed based on learning from the pilots since 2014? We would welcome further information on this point. Currently best practice and relevant procedure is limited to the SaferLives DAH RIC for YP but we believe there needs to be investment in research and evaluation to support the development of other risk assessment tools where necessary.

Secondly, we would highlight that the SafeLives checklist makes clear the importance of building trust and use by specialist YPVAs who are specifically trained to work with young people in the context of domestic abuse. We are aware of training under the National Training Framework that could cater to this need but we would be concerned that the time available for this training may not suffice to upskill professionals to the level required.

We would also highlight that the flowchart at p.69 'Applying the Risk Identification Checklist in Practice' does not make clear it is for use with adults only. We would suggest it needs amending to include additional boxes to cover scenarios where the client is a child or young person and reiterate the process set out in Section 3.

Using the tool with different forms of violence against women, domestic abuse and sexual violence (p.72)

We note that it is stated that 'the form' (SafeLives checklist) *is not suitable in cases of slavery, sexual violence perpetrated by a stranger or acquaintance or for Female Genital Mutilation. No equivalent risk assessment exists for these forms of abuse'*. We would highlight that in health a **new clinical pathway** has just been introduced in Wales and is currently in the process of roll out and pilot. We believe that there is significant scope for this pathway to be adapted for use across the Public Service. We would suggest this is further investigated and at a minimum, the new pathway in health is signposted in the Guidance. We are pleased that the Pathway includes details of the support offered by the NSPCC FGM helpline. We also believe it would be beneficial and help to achieve consistent practice if Public Service professionals were provided with details of the NSPCC FGM helpline in the Ask and Act Guidance.

Young people (p.82). NSPCC Cymru/Wales would question whether this additional section is needed within the section on 'applying "Ask and Act" to those with additional diverse needs. We would also argue that the points made in this section would benefit from being more evidence based. As per our comments throughout this response, we would highlight all of the points made in this section should have already been incorporated into the relevant section on Safeguarding. We are particularly also concerned that grooming and sexual exploitation are only mentioned very briefly in this section, almost at the end of the guidance when they should be flagged much earlier as a form of sexual abuse in line with the range of child abuse and neglect issues that should trigger a safeguarding response.

We also strongly welcome the points made about online safety and the risks of social media sexting etc. This area of work is a core priority for the NSPCC and we believe this is a new and still little understood frontier of child protection and an area that the range of relevant authorities covered by the VAW, DA, SV (Wales) Act would benefit from further

guidance and training about. We will be seeking opportunities to work with Welsh Government and relevant professionals on this agenda over the next few years. We would also underline that this context should be incorporated into relevant safeguarding sections.

4. It is important that “Ask and Act” integrates complements and aligns to existing statutory safeguarding processes. What more should this guidance include to clarify practice around these issues?

Our comments in this section incorporate a range of the points already made in Section 3 and 4 and apply to the Guidance as a whole. As we have highlighted previously, it is very welcome that guidance recognises the importance that “Ask and Act” integrates, complements and aligns to existing statutory safeguarding processes. Welsh Government should be congratulated on this point. As the UK’s leading Child Protection charity NSPCC feels that it is a priority that the guidance appropriately clarifies practice on child safeguarding in contexts of VAW, DA, SV.

As highlighted in Question 1, our priority for Ask and Act is that it improves the response to children. As we have already mentioned agencies do not always appreciate that the incidence of domestic violence should be seen as an indicator for assessing those children who are living in the same house as the victim¹⁴. We therefore advocate that Ask and Act embeds a relatively simple approach into the Guidance, which would be to make clear that as soon as vulnerability or indicators are noted in an adult, the next question should be ‘are there children present in the home which would be a trigger for relevant safeguarding referrals and procedures to be followed?’ We believe asking this question up front and making clear appropriate safeguarding processes would help to simplify the structure of the Guidance and achieve the clarity required for professionals. The Guidance currently gives the impression that thinking about children in cases of VAW, DA, SV is an additional consideration or afterthought whereas we believe that Ask and Act will achieve its full potential if the approach to children is embedded at the heart of the process and it is tightly aligned to safeguarding processes. Our response to this question makes some detailed comments about how we believe this could be achieved.

We welcome the mention of the Social Services and Well-being (Wales) Act 2014 in part 3 on p.37 but we would question the appropriate positioning of this section – as this applies to adults and to children and will be the overarching legislative framework within which safeguarding will operate in Wales- this probably needs to be at the top of p.36 under the heading ‘Aligning Ask and Act” with statutory safeguarding processes. It should also be made clear that it is within this framework that subsequent sections on safeguarding vulnerable adults and safeguarding will operate. As per the comments we made earlier on the ‘confidentiality policy’ would also highlight that the current wording of the section on the Act is problematic it currently states that ‘*The Social Services and Well-being (Wales) Act 2014 strengthens safeguards through the introduction of a new duty to report to the local authority someone suspected to be an adult at risk of abuse or neglect.*’. We would underline that this duty also applies to a **child at risk** – the current wording and separating out adults and children risks confusion for professionals.

NSPCC Cymru/Wales welcomes the specific section on p.37 on Safeguarding Guidance. We note the reference to the All Wales Practice Guidance on Safeguarding Children and Young People which is welcome, although a direct hyperlink/reference would be helpful. We would however express reservations about four central imperatives of any intervention for children living with domestic abuse drawn from the Practice Guidance on p.38. The impact of domestic abuse on parenting is complex. Ultimately, the primary concern of the NSPCC is to ensure that the safety of children is prioritised. We therefore believe it is important to make

¹⁴ Clarke, A. and Wydall, S.(2013). From ‘Rights to Action’: practitioners’ perceptions of the needs of children experiencing domestic violence. Child & Family Social Work Volume 20, Issue 2, pages 181–190, May 2015.

clear that any safeguarding procedure must ensure that the capacity and ability of any parent to care for their child is carefully considered and that this is reflected every decision taken. It can therefore sometimes be problematic to make a stark distinction between 'abusive' or 'non-abusive' parents. This is because these classifications refer to abuse through the prism of the adult relationship, rather than the relationship between parent and child, which we would argue is the priority from a safeguarding perspective. We underline that it is possible for a mother to be abused within her own intimate relationship but still be abusive towards her own children. Although the perpetrator of abuse might not be a suitable candidate to care for the child, the victim, for diverse reasons, may not be suitable either. Therefore it is imperative that each parent is assessed as to their own capacity to care for the child involved. We would highlight that as currently worded; using the four central imperatives does not make this point clear to professionals.

We welcome the specific mention of Female Genital Mutilation (FGM) and the new mandatory reporting duty to report known cases that is now in force. However we would suggest that this should be integrated into the section on how *"Ask and Act" and statutory processes to safeguard children should align* and the information on *'existing statutory duties relating to safeguarding children'*. We believe that it is not helpful to separate FGM in the way the Guidance does currently, professionals should be encouraged to see it as part and parcel of standard child protection/safeguarding procedure and FGM and the new duties under the Serious Crime Bill should be factored in to established procedures. The same would apply to Forced Marriage and Honour-based Violence. We believe that this approach would support and build the confidence of professionals in dealing with cases.

What related guidance/processes/protocols should be referenced?

We would also like to make a series of suggestions about the structure of the section on child safeguarding. Firstly, while we welcome the section on young people in abusive relationships (p.38) and the specific advice and guidance it contains, we would suggest that this should appear **after** the sections on *'How should Ask and Act" and 'statutory processes to safeguard children align'* (p39-40). We would also highlight that there are some key omissions from the 'existing statutory duties relating to safeguarding children' section, particularly Section 120 of the Adoption and Children Act 2002 which extends the legal definition of 'significant harm' to children to include witnessing the abuse or harm of another. Therefore Domestic Abuse **is** child abuse. We note the mention of the Social Services and Well-being (Wales) Act 2014 and the new duty to report a child at risk which comes into force April 2016. However, we would suggest the Guidance should also reference the range of Guidance that Welsh Government is issuing under Part 7 of the SSWBA (Wales) which is already published and available on the Welsh Government website. We welcome the reference to the Safeguarding Children: Working together under the Children Act 2004 Guidance but would suggest that the information particularly about revised guidance included in footnote 8 would be important to include in the text of the guidance, as would a hyperlink/reference.

We would also highlight that a range of NICE practice guidance published over the last few years may also be useful to signpost for professionals.¹⁵

NSPCC Cymru/Wales would suggest that the importance of aligning Ask and Act with Safeguarding and the recognised interwoven but often siloed nature of the two areas of work means that the guidance needs to be as clear and user friendly as possible for professionals who are attempting to navigate the relevant procedures and guidance to be followed. This is vital to provide the best and most responsive service as possible. We would therefore

¹⁵ <https://www.nice.org.uk/guidance/population-groups/vulnerable-groups>

recommend that Welsh Government develop an **appendix or table containing a list of all relevant guidance (relating to the SSWA, FG Act, All Wales Child Protection Procedures, Mandatory reporting FGM and POVA policies), their relevant sections and hyperlinks** to facilitate professionals to navigate the range of guidance, duties and procedures that should be adhered to. Inclusion of details on criminal law would also be useful.

It is also our view that these 'overview' or 'framework' sections (accompanied by the quick reference appendix) should appear upfront, followed by the section on 'young people in abusive relationships'. In addition, we would also highlight that given recent evidence about the prevalence of **Adolescent to Parent Violence (APVA)** and recent Home Office Guidance, this is something that professionals will encounter. We note the small section on Family Violence on p.73 but would again suggest that this appears too late in Section 4. The recent Home office guidance on Adult to Parent Violence (APVA), which we would suggest is clearly reference, makes clear that there are a range of underlying reasons for APVA.

"There is no single explanation for APVA and the pathways appear to be complex. Some families experiencing APVA have a history of domestic violence and abuse. In other cases the violence is contextualised with other behavioural problems, substance abuse, mental health problems, learning difficulties, or self-harm. In some cases there are no apparent explanations for the violence and some parents find it difficult to understand why one child is aggressive towards them when their other children do not display such behaviour " (p.5)

...

"APVA is a complex problem and the boundaries between 'victim' and 'perpetrator' can be unclear. The violence is often (although not always) contextualised within existing family problems and many 'perpetrators' of violence towards their parents are, or have been victims or secondary victims of domestic violence and abuse or child abuse. It is often difficult to observe or assign labels of 'perpetrator' and 'victim' and there are numerous concerns about criminalising a young person for their behaviour, and the negative impact that this may have on their future life chances. Professionals working with children and young people and parents should seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations. "(p.6)

...

It is important that a young person using abusive behaviour against a parent receives a safeguarding response." (p.7)

The NSPCC would strongly underline this point that children who perpetrate APVA require a safeguarding response. We are therefore very pleased to see the strong statement that '*the Local Safeguarding Children team should be involved where a child is identified as using abusive behaviour*'. We would suggest that a clear reference to Safeguarding Children - Working Together Under the Children Act 2004 (currently being updated) is also included at this point (or a link to the quick-reference appendix) is included at this point in the guidance. We would also highlight that the NSPCC helpline is available 24/7 for professionals or indeed anyone concerned about children displaying such behaviours.

Young People in abusive relationships - NSPCC Cymru Wales welcomes the inclusion of this section and the opportunity to feed in on this topic with relevant Welsh Government officials during the process of drafting the guidance. On a technical point, we welcome the statistics on prevalence drawn from the NSPCC commissioned research by Barter et al.

(2009) but we would highlight that footnote 35 needs to cite the research as well as the later footnote 36. We would reiterate comments above about the importance of recognising that young people under 18 who are displaying violent, controlling or sexually harmful behaviour should **receive a safeguarding response**. Echoing comments we have made above with regards to APVA, we believe the Guidance needs to make this clear and would be substantially strengthened by clear references to Safeguarding Children - Working Together Under the Children Act 2004 and/or relevant updated Guidance under Part 7 of the Social Services and Wellbeing (Wales). We would highlight that again the appendix we suggest could be a useful reference point here.

We would also, in the context of young people in abusive relationships, draw attention to resources the NSPCC has developed to support pupils who experience interpersonal violence and abuse in their own intimate relationships. We believe these have the potential for adaption to support professionals across the public service. These resources, developed in partnership with the Association for Teachers and Lecturers (ATL) specifically aim to support educational professionals, lecturers and support staff in Wales, but would be applicable to any Public Service professional working on these issues. This is particularly important given recent findings that a quarter of young people surveyed in the recent European-wide STIIR project had not talked to anyone about the interpersonal violence and abuse (IPVA) they had experienced in their intimate relationships. It found that most young people talked to peers rather than adults about their experiences of IPVA.¹⁶ We believe our resources are a ready-made package that could support the range of policies and procedures required to help public professionals to improve their response to abuse in young people's relationships. Our resources include a checklist for what should be in a model secondary school policy on abuse in young people's relationships and safety planning to ensure the safety of the young person in the school setting. It also includes a quick guide providing information about abuse in young people's relationships.¹⁷ We would be happy to speak to Welsh Government about adapting and translating these resources for use across the public service in Wales.

We would reiterate our point here that on p.39 it is imperative to be clear that in addition to the fact that *'there are also existing statutory responsibilities relating to risk of harm to children'* that witnessing violence or abuse is itself classed as significant harm under the Children and Adoption Act 2002. We are concerned that this is not clear enough for professionals in the guidance as currently drafted.

We would also highlight that the NSPCC Helpline is also a useful resource for professionals from relevant authorities which can be an additional source of advice and support in the case of concerns about the safety or wellbeing of a child. The helpline service is free and an NSPCC counsellor is available 24 hours a day, 365 days a year and they can refer on to relevant social services.

5. "Ask and Act" requires long term support and this is acknowledged within the Welsh Government's training plan for initial implementation. It is proposed that this guidance come into force in early 2016 with pre-planning and planning taking place between September 2016 and March 2017 with ongoing national rollout over three years thereafter. Does this timeframe seem appropriate, are there any aspects which cause concern?

¹⁶ Safeguarding Teenage Intimate Relationships (STIR) (2015). Connecting online and offline contexts and risks Briefing Paper 4: Young People's Views on Intervention and Prevention for Interpersonal Violence and Abuse in Young People's Relationships. <http://stiritup.eu/wp-content/uploads/2015/02/STIR-Briefing-Paper-4.pdf>

¹⁷ Resources are available at: <https://www.atl.org.uk/help-and-advice/school-and-college/relationship-abuse-young-people.asp>

NSPCC Cymru/Wales cannot emphasise enough, the importance the ‘care pathway’ or the ‘Act’ element of Ask & Act Work to ensure the development of robust care pathways needs to begin now with relevant authorities working with all key partners. We also believe adequate mechanisms need to be in place to facilitate this.

The Welsh Government’s original White Paper, the NICE Guidelines and the Task and Finish Group report are all clear that any approach to targeted inquiry and professional training needs to be underpinned by an ‘agreed multiagency care pathway.’^{xxviii} The Task and Finish Group report highlights the IRIS model as an effective method for increasing the identification and referral of victims within primary care settings. This one mechanism is identified as a method to strengthen the response from health. Recommendations 4, 5, and 6 of the NICE Guidelines published February 2014^{xxix} emphasise the importance that any programme of training for staff on how to ask people about domestic violence and abuse needs to be underpinned by formal established and embedded referral pathways for domestic violence and abuse. The NICE Guidelines make clear that ensuring all services have formal referral pathways in place relies on the commissioning of these care pathways.

Obviously, the NICE Guidelines focus on the commissioning of integrated care pathways in health and social care but it emphasises the importance that *‘all service pathways have consistent, robust mechanisms for assessing the risks facing adults who experience domestic violence and abuse and any children who may be affected. This includes ensuring those affected by, and the perpetrators of, the violence and abuse are kept separate from each other when receiving support’*. This will be equally important but alternate care pathways will be required for issues of gender-based violence and sexual violence, especially issues such as FGM.

We would also suggest that Recommendations 10 and 11 of the NICE Guidelines should be considered and referenced in the Guidance. We would welcome detailed information about the expectation and timing for the roll out of care pathways. We believe these should be in place before training of relevant groups of the NTF is carried. Otherwise, professionals may not be in a position to operationalise their training which will undermine confidence to act appropriately we would be concerned about potential dangers of this for victims and children.

The Guidance includes a range of information about the need for a training need analysis but no support services needs analysis. We have previously made the point that in order to effectively act, to ask with confidence knowing the next steps and to practice safely there need to be robust and clear care and referral pathways. The first step would be to assess whether there are sufficient services and adequate coverage across Wales of the range of violence and abuse that may be disclosed as part of Ask and Act. This is particularly important in the case of specialist services for children and young people which we know are lacking.

The timeframe also needs to consider the parallel timeframes for the implementation of the Social Services and Well-being Act, the Future Generations act and Local Government reorganisation. It needs to be considered that there will be competing demands of other training requirements on largely the same set of public service professionals.

6. Training for “Ask and Act” will be delivered through a “Train the Trainer” model which uses local expertise and experience to communicate the training messages. What existing local or regional training structures could such a model utilise? What are the challenges associated with this model and how can these be overcome?

We would highlight that trainers working within the ‘train the trainer’ model for Ask and Act would need to be specialist and have current up to date practice experience, this is likely to

be predominantly 3rd sector staff as in-house general trainers from Local Authorities may not have the skills or the experience necessary.

We have previously raised questions about resourcing the train the trainer model and who will meet the cost of the 'trained trainers' tasked with actually delivering the training under this model especially if this is to be carried out alongside other responsibilities. We are not clear about what the composition of the training consortia is envisioned to be, whether this is to be staff of relevant authorities only is there an expectation of involvement from the specialist sector. If so there are clear questions about how this should be resourced.

While the "Train the Trainer" model (which would likely fit within existing learning and development departments and systems that exist in relevant authority and ideally on a regional basis for maximum cost savings), is the most affordable model it would still require significant resource and this needs to be clearly acknowledged and accounted for. The time required by trainers needs to be closely examined by each authority and appropriately planned for. This may mean releasing staff from core work or the appointment of new staff. However this is delivered will require consistent support from staff in the specialist sector which are often struggling with limited resources. Alongside the train the trainers, trainers will also be called on to deliver and to support accreditation for group 3 learners, this could pose a potential barrier to recruitment of sufficient numbers of trainers.

The Guidance makes clear the duty to deliver Ask and Act but the duty to operationalise and create the expertise for Ask and Act and where this duty lies is less clear. We would suggest that there are significant resource, time, capacity and cost implications. Candidates or staff who are likely to take on the train the trainer role from relevant authorities are likely to already be under pressure to deliver on existing requirements and duties as well as a range of new duties on relevant authorities. We believe the expectation needs to be made clearer, and the additional resource needed needs to be highlighted rather than the current statement that they should be 'released from duties'.

There are important questions about funding and capacity and how third sector professionals will balance any undertaking to disseminate training within the context of increasing pressure on the delivery of frontline services. We are concerned that if not addressed, this could have knock on impacts in terms of variation in standards of practice and the quality of training.

Ask and Act also places a range of new expectations and additional demands on the Specialist Sector, mainly to support training and offer most of the referral pathways for support. We believe this is necessary for Ask and Act to be as effective as possible and to benefit from frontline practice and innovation. However there needs to be a recognition of the additional pressure this will exert on the Specialist Sector needs to be recognised and we believe the Guidance needs to deal with this in more detail. Particularly important would be making clear that there is an expectation that relevant authorities support the existence and commissioning of the range of services that will be required.

We believe it would also be beneficial for professionals to have a clear picture of how requirements under Ask and Act complement and align with other training requirements, particularly under the Social Services and Wellbeing (Wales) Act.

7. What opportunities exist to ensure "Ask and Act" provides opportunities to use the Welsh language? Do you have concerns that "Ask and Act" could have an adverse effect on opportunities to use the Welsh language?

People who speak Welsh as a first language will need to have the opportunity to access "Ask and Act" in Welsh. This means there will need to be practitioners using "Ask and Act"

across relevant authorities in the Welsh language. This would also apply to the ability to access training.

Please provide specific recommendations which can be incorporated into the “Ask and Act” guidance on the use of safe Welsh language and terminology.

N/A

8. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

NSPCC Cymru/Wales welcomes p.30-32 of the guidance which outlines the need for clear monitoring plans for recording a common baseline of data for Ask and Act. We believe that robust data and evidence on the impact and number of clients supported by Ask and Act is vital. We would however highlight that this would be a significant additional undertaking and that thought would need to be given to ensuring alignment with existing data collection processes. We believe that consideration needs to be given to how this will be encouraged and resourced appropriately and how the resulting data will be used to improve provision and practice.

We would request that the Children’s Rights Impact Assessment (CRIA) is published alongside the final “Ask and Act” Guidance.