



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Cymunedau a Diwylliant
The Communities and Culture Committee**

**Dydd Mercher, 14 Mai 2008
Wednesday, 14 May 2008**

Cynnwys
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Inquiry into Domestic Abuse—Evidence for Committee Inquiry

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Paul Davies	Ceidwadwyr Cymreig Welsh Conservatives
Nerys Evans	Plaid Cymru The Party of Wales
Janice Gregory	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Lesley Griffiths	Llafur Labour
Mark Isherwood	Ceidwadwyr Cymreig Welsh Conservatives
David Lloyd	Plaid Cymru The Party of Wales
Joyce Watson	Llafur Labour

Eraill yn bresennol
Others in attendance

Andrew Edwards	Prif Gwnstable Dros Dro, Heddlu Dyfed Powys Temporary Chief Constable, Dyfed Powys Police
Rhiannon Hodges	Ditectif Uwcharolygydd, Heddlu Gwent Detective Superintendent, Gwent Police
Owain Richards	Arolygydd Dros Dro, Heddlu Dyfed Powys Temporary Inspector, Dyfed Powys Police
Yr Athro/Professor Jonathan Shepherd	Ysbyty Athrofaol Cymru University Hospital Wales

Swyddogion Gwasanaeth Seneddol y Cynulliad yn bresennol
Assembly Parliamentary Service officials in attendance

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Chris Reading	Clerc Clerk

Dechreuodd y cyfarfod am 9.01 a.m.
The meeting began at 9.01 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Janice Gregory:** Good morning, everyone, and welcome to the Communities and Culture Committee this lovely sunny morning. Today, we will continue our evidence gathering for our inquiry into domestic abuse. Before I start the meeting proper, I will just go through the usual announcements. I would like to welcome everyone to committee this morning. The National Assembly for Wales, as I am sure you are aware, operates through the mediums of the Welsh and English languages. If you require translation, you will find it on channel 1 of your headsets, while amplification of the sound is on channel 0. I ask everyone

to switch off any electronic devices, including mobile phones, BlackBerrys, pagers or anything else that they have with them, as they can interfere with our sensitive sound equipment. I am given to understand that there is to be no routine fire alarm this morning and so, if the fire alarm does sound, we will be required to leave the building in a safe manner. Please be guided by the ushers who will ensure that we find ourselves outside the building safely. Lynne Neagle, unfortunately, is unable to attend committee this morning; I have no substitutions.

9.02 a.m.

Ymchwiliad i Gam-drin Domestig—Tystiolaeth ar gyfer Ymchwiliad Pwyllgor Inquiry into Domestic Abuse—Evidence for Committee Inquiry

[2] **Janice Gregory:** I will now move swiftly on to item two, which is our evidence session. I am delighted to welcome to committee representatives of the Welsh Association of Chief Police Officers: temporary chief constable Andrew Edwards of Dyfed-Powys Police—Andy, as I understand he is happy to be called; temporary inspector Owain Richards of Dyfed-Powys Police; and, detective superintendent Rhiannon Hodges of Gwent Police. Thank you, all three of you, for coming to committee this morning and sparing time to give evidence to this very serious inquiry that we are undertaking at the moment. Andy, I understand that you are going to make an introduction. Members have been given a brief and they will then ask you questions. As I said to you before the meeting, there are no trick questions; this is a serious undertaking for us to gather as much evidence as we can for this review. So, Andy, it is over to you.

[3] **Mr Edwards:** Thank you, Chair, very much.

[4] **Diolch yn fawr am y cyfle i siarad â'r** Thank you for the opportunity to speak to the
pwyllgor heddiw. committee today.

[5] I am very grateful to you. Perhaps I should, first of all, outline why it is the three of us who are sitting in front of you today when there are four police services in Wales. First of all, to the people who really know what they are talking about as far as this subject is concerned, Rhiannon Hodges on my right is a superintendent from Gwent, and she leads for the four Welsh forces on domestic abuse. On my left is Owain Richards. Owain, until very recently, was the lead staff officer for England and Wales in respect of public protection issues, which incorporate domestic abuse. My own position is that, going back a couple of years now, you will recollect that there was a lot of talk about amalgamating the forces in Wales and we undertook a fair amount of work, looking at what it would mean to harmonise processes within the four forces. We all know that that work came to nothing at the end of the day, but a number of us within the service highlighted that there were some areas of threat and risk within the Welsh policing environment—nowhere perhaps more so than within public protection generally, within which we incorporate domestic abuse—where we felt there was a requirement to carry on that work. What we have tried to do in the last two years is to establish a forum that now meets quarterly and works informally throughout the four forces to introduce a series of standards to ensure that what we are doing in Wrexham equates to what we are doing in Fishguard, Blaenau Gwent, or wherever it might be.

[6] I mentioned threat and risk, and nowhere, in our view, is that more acute than in public protection. Within the public protection environment we are dealing with everything from the management of sex offenders through to child abuse and domestic abuse. That, I think, is one of the key themes that we would like to explore, and I am sure that the committee would like to explore that today and in its deliberations in the future. If we cannot work together on some of these issues, we are going to have some significant problems in the future. I am pleased to say that, over the last couple of years, one of the things that has

impressed me and has impressed the practitioners throughout Wales is the degree to which people from the different agencies want to work together. Procedurally, there are sometimes issues that prevent us working as closely as we might, but nevertheless that is one of the areas where we would wish to see something positive coming out of the committee's work. When you look at the all-Wales national strategy, one of the things that that implored agencies to do in 2005 was to consider what they were doing in terms of joined-upness.

[7] Our response has been to create all-Wales public protection procedures, building on the work that has been done nationally in England and Wales, and there has been some really good work undertaken. The four forces have been determined to introduce a number of principles and standards that effectively serve as a benchmark for each of the four forces. The first set of principles was in respect of child abuse, and that is now working through action plans to ensure that we have the same standards of training and the same trigger points for certain mechanisms in each force. Now, due to Rhiannon's lead, we have introduced the same principles as far as domestic abuse is concerned. What we now have are a set of documents for the whole public protection agenda, which we are working through. That is about turning to the four chiefs in Wales and saying to them, 'Okay, this is a mirror that is reflecting your performance in respect of domestic abuse, whether it is in north Wales, Gwent or wherever'.

[8] We submitted our paper to you and I do not doubt that you will be picking up on one or two themes, but by way of closing this initial opening, I would just say that there are some really good documents out there in respect of guidance. The important thing for us as a police service is that we learn the lessons and implement the best practice from that guidance. That is part of the work of the group that we have established. There is currently ongoing work in respect of forced marriage and honour-based violence, and that is something on which we will see a large national document coming out in the not-too-distant future. Again, through our policy group for Wales, we will ensure that that is implemented in its entirety throughout the country.

[9] Another issue that we wish to highlight is that there is a good, emerging relationship with policy leads within the Welsh Assembly Government. One of things that I think we can do particularly well in Wales is to work together, where there is a will to do that. We are a fairly small community at the end of the day, and I think we can achieve a great deal. I am pleased that we have senior officers, like Rhiannon, working within Welsh Assembly Government structures to try to deliver for the benefit of all.

[10] I mentioned the domestic abuse principles. Overseeing that, we have the police authority structure and I know that you have received some written evidence from the Welsh police authorities. We have encouraged them to adopt an oversight role, and within the principles document that we put together, we have established a template that the four police forces might care to look at on a corporate basis.

[11] One of the things that Wales has done well in recent years has been the establishment of the MARAC process—the multi-agency risk assessment conference—and looking at some of the issues that fall out of that. We have also been developing sexual assault referral centres, which, again, are something of a coup as far as Wales is concerned. That, again, is an area that would perhaps benefit from greater oversight and even more investment. Within the three forces in south Wales—Gwent, South Wales and Dyfed-Powys—we are looking to establish a national centre for domestic violence work, in which we hope that we will be working together to ensure a better quality of advocacy for the victims of domestic violence. One cloud on the horizon—and I am aware that you are taking evidence from the court service and local criminal justice boards—is that the initial success of specialist domestic violence courts is potentially jeopardised by developments elsewhere within the criminal justice system.

9.10 a.m.

[12] What was happening until fairly recently was that the police service was effectively fast-tracking domestic violence cases, quite properly. One of the biggest problems is that justice delayed is justice denied, of course, and that is particularly true as far as victims of domestic violence are concerned. So, it was the case that we, as a service, were able to put victims into the court process very quickly. We were dealing specifically with domestic-violence-trained advocates from the Crown Prosecution Service, for example, and we had specialist courts to deal with those issues. The recent advent of a new criminal justice initiative called SSSJ—which stands for simple, speedy, summary justice—now places a tremendous burden on front-line officers to produce court-ready files at a much earlier stage in the process than was envisaged some years ago. What that has served to do is to bypass the specialist domestic violence courts, in that we are not able to put as much emphasis on domestic violence files as we were historically able to do because now everything, frankly, is a priority. That is putting great pressure on front-line police officers who, as you know, are the officers who are attending these instances of domestic violence 24/7. The most recent figures suggest that they are attending somewhere in the region of 31,500 incidents of domestic violence in Wales annually. That gives you some indication of the sort of pressures that our front-line officers are under because we have been putting domestic violence under greater scrutiny than was ever the case previously. Twenty nine years ago, when I was a PC, I walked away from domestic violence—frankly, that was the culture of the day. The culture of today is to ask officers what they did, how they interacted with a particular problem to address it, and why they had not arrested someone. If bail conditions are to be given, the stringency applied to those bail conditions is considered and, as far as bail for court is concerned, we keep that as short as we possibly can.

[13] That was a really quick run-through, Chair, of some of the issues. We are more than happy to take questions and we look forward to the dialogue. Thank you.

[14] **Janice Gregory:** That was great; thank you very much, Andy. That was a really comprehensive run-through. You covered a huge area and have given us a picture of what is going on in Wales with the police forces. We are going to move on to the questions now and the first question is from Paul Davies.

[15] **Paul Davies:** On the basis of the experience of police officers in Wales, how would you characterise the main differences in the domestic abuse suffered by women and men?

[16] **Mr Edwards:** I will pass over to Rhiannon in a second but, from my perspective, there really is no difference. One of the issues that we highlighted early on in our submission was that the term ‘domestic abuse’ is slightly different depending on your perspective, whether it is from the prosecutorial side, the Welsh Assembly Government side or the ACPO side. Within the four forces, not unnaturally, we adopt the ACPO definition, but it is basically any type of abuse between adults, irrespective of gender.

[17] **Ms Hodges:** There is no difference in the abuse, but I think that there is probably still a greater reluctance to report when you are a male victim, and I think that that is cultural, and not because you will get a different response. It probably is underreported.

[18] **Paul Davies:** How would you characterise the main differences in the domestic abuse perpetrated by women and men?

[19] **Ms Hodges:** It is still about power and control; they are still exactly the same issues.

[20] **Peter Black:** Can I just come on to that? One of the biggest things said in terms of the differences between domestic abuse committed against men and against women is that when men suffer domestic abuse, they tend to be one-off incidents, whereas with women,

there is a pattern of abuse over a period of time. Would that also be your experience in terms of how you deal with it as a police force?

[21] **Ms Hodges:** Whenever you get a report of domestic abuse, because we are not the experts on all the research, what happens is that the front-line officer will fill out what is called the DV1, which is a risk indicator. It is a list of questions—the same questions for women and men—that has been formulated as a result of a great deal of research. Those questions are supposed to indicate the greatest level of harm that a person faces. We do not try to second guess what the effects are or what the patterns are; we go through the list of risk indicators and then our specialist domestic violence officers, with all the research, are able to make an assessment about how at risk that victim is at that particular time.

[22] **Mr Edwards:** If I can just add a point there, in her earlier answer, Rhiannon used the expression ‘power and control’ and that is at the heart of domestic abuse and that is where the domestic abuse is perpetrated man on woman, woman on man, man on man, or woman on woman. That is it at its heart. Of course, because of the nature of the environment in which that abuse takes place—that is, it tends to be in private and unseen—it becomes all the more insidious. In terms of the academic literature, historically there has been far more emphasis on the traditional domestic abuse, as it were. That, I think, is now changing and you will see more and more evidence on it but, I suspect, at its core, the issue will still be this one of power and control, one individual against another.

[23] **Nerys Evans:** Yn dilyn o’r cwestiwn hwnnw, i ba raddau y mae’r heddlu yn ymdrin â dynion a menywod yn wahanol yn dibynnu a ydynt yn dioddef neu’n gwneud y cam-drin? **Nerys Evans:** Following on from that question, to what extent do the police deal with men and women differently depending on whether they are the victims or the perpetrators?

[24] **Mr Edwards:** A gaf ateb yn Saesneg? **Mr Edwards:** May I answer in English?

[25] I am far more accustomed to dealing with professional issues in English, and my apologies for that.

[26] Picking up on the earlier answer, historically the training has always been in respect of the traditional male-female dimension. We have now moved away from that to become more sophisticated. I also mentioned very briefly the issues about forced marriage and honour-based violence. This effectively, as far as the police service in Wales is concerned, is a relatively recent phenomenon that we now have to train for. The important thing is that officers who attend are sensitive to the needs of the individual victims, but are also able to respond in a positive manner to the range of circumstances that they have encountered. The important thing is to put the victims—irrespective of their gender or race—at the heart of what we are now trying to do to protect them. I mentioned earlier that historically we had a fairly big sledgehammer with which to crack a nut, and it was very ineffective and so we did not use it. Now, through working in partnership and through working with the voluntary sector as well, there is more of an opportunity for us to develop more sophisticated responses to the way in which we manage domestic abuse. At its heart, it is putting the victim at the centre and trying to do something about this power and control issue, to try to address that. I do not know whether you have any other insights into that?

[27] **Ms Hodges:** I think that, sometimes, when you get to MARAC, it can feel like there is a different response, simply because most of the support networks for women, such as Women’s Aid, are much better established. There are networks out there for male victims, but, figures wise, there are statistically still far more female victims. Taking into account the underreporting issues that I referred to earlier, I still think that, statistically, there are more

female victims. So, at MARAC, when you are looking for measures to help victims or to help the perpetrators, there are more schemes for men who are perpetrators and there are more support networks for women who are victims. So, I think that, at that point, sometimes there are fewer options when you are trying to plan through a MARAC.

[28] **Nerys Evans:** What are the advantages of employing different approaches, if there are different approaches, to female and male victims and perpetrators?

[29] **Ms Hodges:** I cannot answer completely about learning programmes or perpetrator programmes. I would imagine that there are some techniques that are different. I would imagine that you have to get to the heart of why one person is abusing another in order to try to combat it. However, in terms of our role, there are no advantages. We formulate action plans with other agencies, where we can, to reduce the risk, but our role is still to arrest and to prosecute offenders. So, on that point, there is no difference for us.

9.20 a.m.

[30] **Joyce Watson:** Good morning; thank you for coming. I have read your paper and it was really good and informative. My question is on the same theme, and I do not know if you are the appropriate body that I should ask, but coming back to the reporting of incidents of male domestic abuse, I was wondering how many of those incidents of domestic abuse are counterclaims to female allegations of domestic abuse and whether you keep records or monitor those sorts of incidents.

[31] **Mr Edwards:** To the best of my knowledge, and my colleagues will correct me if I am wrong, we do not maintain the sort of statistics that I think you are looking for, Joyce, in terms of counter-allegations of one against another. Certainly, in my experience, that will happen, but in a great minority of cases. We are talking about, statistically, a very small proportion. I still think, picking up on Rhiannon's earlier theme, that there are cultural issues at play here from the male perspective in particular in not wishing to be seen to be a victim in this power and control dynamic. However, in terms of particular statistics, we do not concentrate on that element. We have a raft of statistics within the police service generally, but I am afraid that that is one that we do not have available to us, Joyce.

[32] **Joyce Watson:** Moving on now to forced marriage and honour-based violence, can you tell us more about the work that is currently being undertaken to address forced marriage and honour-based violence?

[33] **Mr Edwards:** Yes. I will ask Owain to pick up on one or two of these themes. You might be aware, particularly coming from the Dyfed-Powys area, that the previous chief constable, Terry Grange, had responsibility for some elements of public protection and, on his behalf, the year before last, I went to Pakistan to talk about some of the training that the British police service might be able to assist with, particularly in response to honour-based violence. Part of that group was judge Marilyn Mornington and, from chatting this morning, it appears that you are trying to get hold of Marilyn to task her to come here to give you some evidence. That would be helpful because I know that Marilyn has been engaged through the family court service in Pakistan and with the Pakistani and Indian communities in the midlands as well. So, I would commend that to you, if you particularly want to look at some of these issues. In fairness, in terms of the development of policies as far as honour-based violence is concerned, the larger metropolitan forces are leading the way on that and, in particular, forces in the midlands to which, when we did the initial scoping exercises in Pakistan, we handed over our findings about the extent of the issues, the degree to which cultural issues were transferable between the Indian sub-continent and the UK, and then some of the techniques that we might be able to introduce to assist them in developing some of their policies.

[34] **Mr Richards:** On a national level, ACPO is developing a strategy to introduce policy around honour-based violence and I understand that that is nearly complete. On an all-Wales basis, the domestic abuse principles, which were alluded to earlier, make a commitment to introduce the issue of honour-based violence into mainstream domestic policies within each of the four police forces. I think that there is a great deal of work going on to raise awareness amongst police officers of this issue, and I am aware that leaflets are being distributed to police forces in Wales to raise the profile of these particular incidents that are going on.

[35] **Ms Hodges:** A lot of it is coming through in the child protection agenda as well. At the local safeguarding boards, the education representatives are looking to track missing persons, such as pupils who have not re-attended school, where there are issues around the possibility of a forced marriage. That has come out of the Bradford experience. That is happening at a local level at the moment. Also, there is a lot of work being done with the mosques because it is seen very much as a community and traditional and cultural issue. There is a gentleman from the Assembly—I cannot remember his name—who was at the forced marriage and honour-based violence regional seminar that I went to. He was doing a lot of work with the mosques, trying to get at that level, saying that it is actually against the Qur'an and going in at it from that side.

[36] **Joyce Watson:** I was going to ask whether you were keeping records of missing children, especially in relation to forced marriage. ECPAT—End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes—which you might know of, has done a lot of work about large-scale numbers of missing children and I was particularly interested in that. I hear what you say about going to the mosques and, understanding a little bit about the culture, you will be meeting the male leaders of those communities. I would be particularly interested to know whether you are talking to some of the female leaders in the communities, who would be mostly based in the voluntary sector, because there are such voluntary sector organisations. The charge against us, when we are trying to help them, is always that we go to the male leaders in the mosques who sometimes are not the right people to speak for the females. I would be very interested to know whether you have any links with the females within those communities.

[37] **Ms Hodges:** Speaking for Newport, I was at the local safeguarding children board yesterday. It is not the police who are making those approaches; it is mainly the child protection co-ordinators, and they have been going into the libraries because many of the females who are working are in the libraries, and they have been able to give them links back into the community. I think that those efforts are being made, but it is not always the police who are the appropriate people to go in.

[38] **Mr Edwards:** Could I add an observation to that? Rhiannon is quite right, and one of the elements that I noticed in your circular that you were keen to look at was the role of local community safety partnerships in this agenda, and indeed that is highlighted in 'Tackling Domestic Abuse: The All Wales National Strategy'. One of the concerns that I have is that in trying to do the best that we possibly can, we are in danger of having a very crowded marketplace, where perhaps roles and responsibilities become blurred. What you then have are individuals within areas who assume responsibility because nobody is quite sure whose responsibility it is and sometimes it tends to be the police who might pick up on some of those issues.

[39] Rhiannon made the point that our role is effectively investigative but, more and more, we are drawn into other issues that relate to the reduction of community tension and so on. Some of the issues that you have just highlighted, Joyce, are to do with trying to engage with those very-hard-to-reach groups and even harder-to-reach elements within those groups. That is sometimes where I think we do miss the big picture, in that we try to create structures that,

for example, protect children or whatever it might be, and, in doing so, we create quite a complex environment in which, particularly within Wales, one or two people are performing three or four different roles and wearing different hats. I am sure that that is also your experience around the table, as it is mine—I sometimes wonder which meeting I am in, which hat I have on, and what my responsibility is. I think it would be really nice to have clarity in this regard, and there should be clear guidance underpinning that clarity as to what information could and should be shared in these circumstances. I can remember sitting here with some of your colleagues on the safeguarding vulnerable children review during the last couple of years and, time after time, the frustration that kept coming from practitioners was that they want this information, but it is not routinely being shared with them. Within the community safety partnership environment, where we have a tremendous opportunity to develop these themes, because it is such a crowded and complex agenda and people are not too sure whose responsibility it is, it seems to fall between the gaps, as it were. I think there are some tremendous opportunities for health, for example, to share some of the information that is coming in, whether that is through the doctors' surgeries or through the accident-and-emergency units, that is not being made available to partners. We could argue whether that information should be shared with partners or with the police service, but what I am trying to say is that if we do not share that information, things are not going to get better.

9.30 a.m.

[40] **Joyce Watson:** That leads me quite nicely into the next question. How is the police service addressing the issue of genital mutilation in Wales?

[41] **Mr Edwards:** I have to be honest that I do not have any tactical experience of that. I do not know, Rhiannon, whether it is something that you have come across in Wales.

[42] **Ms Hodges:** In terms of prosecutions, no, there have not been any, but I do not think that there have been hardly any nationally either. The midwives are the people who are picking this up but, by the time they pick that up, if they share it with us, the women are no longer children, so we cannot go down the child protection route. That is the dilemma at the moment. So, we know that it is taking place and statistically, with the communities that we now have in Wales, it is going to be happening because it is part of that culture and it will have happened. It is seen very much as a child protection issue and it is back to that engagement with the communities for us ever to know the point at which we can act.

[43] **Mr Edwards:** It also touches on the issue of whose responsibility this is, and I am picking up on that point. The health service could share the information with the police service, but I do not know whether the practitioners within health, for example—I am not picking on those specifically—feel that it is their role and within their remit to share those concerns.

[44] **Peter Black:** In the evidence that we have taken so far, a number of factors have come out around domestic abuse, factors such as sexual orientation, disability, old-age, relationships between carers and the person being cared for, morality, geographical isolation and so on. Could you outline the various challenges faced by the police in dealing with each of those factors?

[45] **Mr Edwards:** I will say something briefly, Peter, and then I will hand over to Owain and Rhiannon for them to give their perspective. I cannot emphasise this enough because it does come back to those two key words that we outlined earlier on, power and control. You talked specifically there about vulnerable adults and the elderly in particular, and I think that that is going to be an issue that is going to emerge as a significant problem for society generally and the police service particularly. All too often, the victims of this type of abuse are vulnerable. As I said earlier, so much of this abuse takes place in a private environment in

any case, so there is little opportunity for corroborative evidence and there is still a stigma attached, particularly by some sections of the community and the elderly particularly, to engaging with the police service generally, which is why, all too often, this type of abuse comes to our attention through a third party, whether it is education or health or whatever it might be. I am pleased you have outlined the issue about abuse of the elderly because I do think that it is a significant emerging problem for society generally and within Wales in particular. I will hand over to my colleagues.

[46] **Mr Richards:** I would say from experience that the challenges are that these vulnerable groups are in need of special measures. When it comes to charging decisions and prosecutions, clearly we have to ensure that the witness, the victim, is giving evidence in the least intrusive way possible and that special measures are provided through the court service. I would say that that is a key challenge. In terms of investigative work, police officers will investigate any allegation fairly and impartially, regardless of disability, gender and race, and I think that that is highlighted within the ACPO definition, supported by the national diversity training that police officers are currently receiving in respect of this area.

[47] **Ms Hodges:** I think that there is a lot more that we can do and we are trying to do around what we call the golden hour of investigations, when there is evidence there to be collected. However, I still feel that how we can get these vulnerable victims to a point where there is a realistic prospect of conviction is extremely difficult and it is often falling down before that point. Whether that means that you could ever move to a point where you did not have to cross that threshold for these offences so that more of it is tested in court is not for me to say, but that is the difficulty.

[48] **Peter Black:** Obviously, if you could, you would want to get to the point where you could prosecute, but I would guess that you often end up compromising and trying to get the various support agencies in to help, if you cannot get that prosecution. Would that be a way forward? Is that the way that you would tend to work when you come across particular instances where you have vulnerable people and you do not see how you can get a prosecution? Would you then try to get support agencies in to work with them?

[49] **Ms Hodges:** That is the essence of a MARAC. Yes, our role is that we are trying to get a prosecution, but, ultimately, everyone's role is that they want the abuse to stop, so the MARAC is about trying to reduce the risks in any way that you can and prosecution is one answer.

[50] **Mr Richards:** May I pick up on that one point? The justice system is very much perpetrator orientated, whereas the multi-agency risk assessment conference is focused on the needs of the victim, how we can manage risk to the victim, identify a risk and reduce that risk. That will involve a shared ownership with the agencies involved, such as health, social services, and housing, in bringing them around the table, and in getting them to commit resources. I think that another challenge that we face is to have people around the table who can make decisions and commit resources to manage the risk to repeat victims, certainly, and high risk victims.

[51] **Peter Black:** When I talk to the police in my local community, they always tell me about the challenges of the paperwork in terms of a prosecution. Is that going to add to the time that police officers need to spend on these cases and add additional pressures? I am not saying it is unwelcome, but does it add to those pressures and do the police themselves need more support to deal with these mechanisms as they come in?

[52] **Mr Edwards:** If the committee has some money for the police service in Wales, we would be grateful for it. However, in all seriousness, Owain quite rightly highlighted the issue that the service, in many ways, has moved towards a risk-identification and a risk-reduction

culture, particularly on the public protection side of things. This entire mechanism was unheard of some years ago. To the best of my knowledge, we have received no additional funding to manage this process and this process is key to managing these issues within society and on behalf of society. So, it is critical that we try and get those issues as right as we can and unfortunately, of course, underpinning these new processes is the administration to ensure that it works. It is interesting that Sir Ronnie Flanagan, Her Majesty's Chief Inspector of Constabulary, came out the other day and talked about us moving towards a less risk-averse culture within the police service, but unfortunately that is the environment that we are operating in. We, just like you, operate in a highly litigious environment and unfortunately, when we are engaged in the management of risk, where an awful lot of judgment is being brought to bear on the issues, we have to ensure that any decisions made are defensible. Therefore, associated with these new responsibilities and new ways of working comes this new bureaucracy that certainly was not around five years ago and that we have now come to terms with. I have to say that, in the main, it works particularly well. Also, despite some of the headlines to the contrary in some sections of the popular press about the way that we manage sex offenders within the community, as a community, because we do not do that alone, although we do take a significant lead in managing it, I think that we do it rather well. However, a whole host of additional bureaucracy comes with that responsibility and this is no different in that regard.

[53] **Lesley Griffiths:** You talk in your paper about police forces recognising the clear links between domestic abuse and child protection and that referrals are made between the different teams. From your perspective, what are the links between domestic abuse and child protection, and how are these links taken into account in terms of internal working practice and links with external organisations?

[54] **Ms Hodges:** On internal working practices, if officers go to an instance of domestic abuse and there are children present or there are children normally resident in that house, there is an automatic referral to social services. So, that happens regardless, and then there would be a strategy meeting about the effect on those children of witnessing any domestic abuse. In the all-Wales child protection procedures that have just recently been launched, there is a category for emotional abuse that is due to domestic violence. That has come out of a lot of research on the way in which children perform in schools and in exams, and it is found that domestic abuse has much more effect on a child's welfare in school than most other things that we naturally think of. You look at substance misuse or alcohol, but often it is domestic abuse that was at the root of that.

9.40 a.m.

[55] So, that happens internally and then, on the local safeguarding boards, there are close links with the domestic violence fora. It is recognised now in child protection circles that when you look at the number of referrals to the child protection register, sexual abuse has come down quite a lot and there is a lot more around emotional abuse and neglect. It is seen as part of the whole domestic violence scenario, and if the parents are being abused, their ability to protect their child is put into question.

[56] **Mark Isherwood:** Your written submission refers to the development of domestic abuse principles. What are the main barriers to their implementation that have been encountered at operational level, and how have these been overcome?

[57] **Mr Edwards:** I will respond initially, Chair, and then I will ask Rhiannon to come in. The background to the principles documents arose as a result of our acknowledgement of the threatened risk that public protection posed, particularly within Wales. It seemed to me indefensible that we were perhaps doing things slightly differently in north Wales than in Gwent, or wherever. Now, in putting the principles document together, what we have

undertaken as a police service in Wales is that, first of all, we will consider what the issues are for us. So, for example, to take something really straightforward, surely, it makes sense that only officers who are trained in child abuse investigation should investigate child abuse. So, that was one of the very early principles as far as child abuse was concerned. As we work our way through, I think that we are up to something like 48 principles that have been adopted. Those principles become adopted by the four chief constables and the four chairs of the police authority as part of the all-Wales work that is still ongoing. That is then underpinned by an action plan, which addresses whatever needs might come out. So, to take that earlier example that I outlined, if we are to say something that is perfectly straightforward, that then means that there are implications for budgets and training, to ensure that we have training that is up to date, appropriate, and refreshed periodically. So, we need to build that into the budget.

[58] That is the way in which the principles document has been put together, and underpinning it is a quite comprehensive action plan that acknowledges that each of the four forces is at a slightly different stage in its development with regard to public protection. That will come as no surprise to anybody, because it depends upon where the issues have been historically, where the investment has been historically, and so on. What we are trying to do by the end of 2009 is to move to a position, through this action planning, where the four forces are really harmonised in respect of everything that we do in public protection, across the widest range of issues. At the moment, we are concentrating upon the internal issues that we need to get right, and we are succeeding in terms of child abuse and domestic abuse and we are in the middle of managing the sex offender agenda. The issue, however, is far wider than our internal processes; we have already touched upon the issues of interoperability with partner agencies. Our view is that we need to get our house in order first. We acknowledge that there are issues externally that we need to address as well, but we do not have leverage within our partner agencies to say, for example, ‘We need that piece of information, why has it not come to us?’ We need to make sure that we are managing our information flows properly internally first, and so we have given ourselves this challenge, largely based upon the all-Wales national strategy, about getting things right internally first. We are then moving towards our partner agencies, and we are doing that tentatively with multi-agency public protection work in respect of the management of sex offenders. Once we have our house in order—and we are not doing too badly, but it still needs to be worked on—then we need to be sharing with our duty-to-co-operate agencies and our key partners in the probation service, prison service, and so on. So, we hope to influence others by ensuring that we have our house in order first. In fairness, Rhiannon was the principal author of this.

[59] **Ms Hodges:** One of the key principles that I am trying to push is consistent data and performance. Although that sounds dry, and you cannot believe that police officers are asking for more performance indicators, the one that I think is crucial in this is repeat victimisation performance. We need to be able to pull that out at each level of risk so that we know whether the interventions that we are doing across all the agencies are having any effect. That one is the key—we must look at victims that go to MARAC that have been repeat victims, because they are at very high risk. Once they go through the MARAC process, are they victims again? If so, what was the element of that plan that broke down, or was there nothing more that we could do? Then, at the earlier stages where they are low to medium risk, I was really concerned about what gets done, other than waiting until they get to a higher risk. So, by getting our thresholds for that consistent across Wales we have been able to talk to victim support and domestic abuse helplines and develop protocols with them, so that they are willing to contact some of these lower-risk victims and intervene at that stage. Therefore we need to know whether that is effective across the agencies, to look at that category of risk and see whether they become repeat victims. That one is very important, and we need to collect the same data across Wales to be able to show what is working and what is not. Therefore, you will get consistent levels of intervention across Wales, so you do not have a postcode lottery for victims of domestic violence.

[60] The other main point is that we should all be working to the same risk assessment tools, so that we are consistent about the way that we are identifying the risk. That has been taken on nationally as well, so that we should have one risk assessment tool. However, there is then the issue of whether there should be a different risk assessment tool for forced marriage and honour-based violence, because the risk factors could be different, and whether it should be different for stalking and harassment, because of the Harvey Nichols shooting. There may be different questions to be asked, and it is complicated, because you end up with a million different tools, but that is what we are trying to do, and it is so much stronger if we do it on an all-Wales basis.

[61] **Lesley Griffiths:** In your paper you acknowledge that not all Welsh forces would undertake a review of the public protection units, and domestic abuse sits at the basic command unit level. You state that such reviews are done by chief officers with a regular overview of performance. How does the head of the public protection group intend to ensure that all Welsh forces undertake regular reviews of the work of their public protection units?

[62] **Mr Edwards:** It would be wrong to say that chief officer groups do not regularly review what goes on within public protection. Picking up on a point that Rhiannon just made, the issue for us was consistency. This is a particularly difficult area of police work and I have said a number of times that the risks and the threats associated with it are high. What we have tried to do is to ensure within the principles document that we have consistency in the way in which we manage public protection. It has largely arisen as a result of happenstance. I will not say chance—that is unfair, because people have managed this process—but it has depended largely upon whether there was a big inquiry in the past, for example, or whether a particular group of chief officers has an interest in this particular area of work.

[63] What we are seeking to do is not only to have consistency in terms of oversight arrangements, which we have now largely moved towards, but also to engage the police authorities in exercising an oversight role as well, and so we have provided them with a template of what they should be looking for. We have definitely moved a long way down the road of routinely overseeing what is a particularly difficult area. I probably should not say this, because my chief officer colleagues will shout at me, but the strength of the principles document is in somebody at chief officer level—in this case it happens to be me—speaking to the senior practitioners and asking about the issues in this particular part of our business. Rhiannon came up with a set of principles together with colleagues in north Wales, south Wales and Dyfed Powys. After we had taken it apart and teased out the issues, I was able to take that and say what the things that we can deliver on are, what are the things we might have difficulty with, and then present that to chief officers and chairs of police authorities and get their signatures on it. Once their signature is on it, I can turn round and ask what we are doing about it. So, that is a little piece of paper in my back pocket that I take out every now and then if we are talking about issues surrounding data collection. Rhiannon made the point that police officers do not want to see more key performance indicators, but there are some that are crucial and if we get them right then we are showing that we can do a good job here, and that means every force has to be collecting that information in the same way so that we can say that this is a national response to this problem.

9.50 a.m.

[64] **Joyce Watson:** I have a short question. On the key indicators and everything that you have just mentioned, how many local policing plans include domestic abuse in their strategy?

[65] **Mr Edwards:** That is an interesting point and I would have to acknowledge that there is a degree of truth in that, Joyce, without a shadow of a doubt. Interestingly, one of the things that struck us when we first started looking at the way in which public protection is

managed in Wales is that we have slightly different arrangements. A lot of BCUs, the basic command units, the divisions at the local level that you would be used to, tend to manage themselves, to a degree; they are semi-autonomous. This tends to be one of the areas that you get a lot of central direction on, for the very reasons that we have outlined earlier—there are a lot of national directives that we need to engage with.

[66] Forces manage this in a slightly different way. Gwent, for example, is changing the way it is managing public protection. Dyfed Powys, which is a huge geographical area, relies upon local decision making and accountability. North Wales is similar, south Wales slightly different. That is why we adopted what we call principles documents, so that it does not really matter which way you manage this process; the important thing is that there are certain principles that you adhere to. When it comes to issues surrounding informing local plans, there is an issue that we need to address there, in raising the standard and the stakes as far as public protection is concerned. I was divisional commander for eight years. Did anybody turn to me and say, ‘What are you doing in respect of public protection?’ To be honest, they did not. What we are now doing in expanding the areas of interest, and the key performance indicators, is putting more of a focus on public protection, which has historically been a little bit of an add-on. Going back a few years, you were looking at people going into public protection because it was considered to be somewhat pink and fluffy. That is no longer the case and I would disabuse anybody of that notion. The sort of teams that Rhiannon is leading now, for example, are dealing with some of the most complex, contentious and harrowing issues that people can deal with, and so they need to be good detectives before they even go into public protection. That has not historically been the case. What we are trying to do in this work is to raise the profile of public protection in Wales, and I think we have succeeded in doing that, and we have also succeeded in changing views within the police environment, so that this is no longer seen as an add-on. It is part of the business of the day, particularly when you are looking at engagement with CSPs and so on, but it is becoming far more high-profile than was the case previously. I do not know if you agree with that, Rhiannon?

[67] **Ms Hodges:** Yes, I do. I think police authorities’ scrutiny is important as well. It is definitely included in our force policing plan for Gwent, and that is as a result of the scrutiny and the questions and what is being asked of the police authority. The national intelligence model, which brings you into the force control strategy—are you familiar with that? It is like a business process for how you prioritise resources within the police, and how you analyse your problems. Without performance indicators and other data, beyond the number of child protection referrals, or the number of domestic violence incidents, it is very difficult to paint a picture, and that is what we are moving towards. Once we are able to show that you can have a real impact if you do this, this and this, it will be there in the plan.

[68] **David Lloyd:** Yr wyf i eisiau canolbwyntio am ychydig funudau mewn ychydig o fanylder ar y system MARAC, neu, yn Gymraeg, y Cynadleddau Aml-Asiantaeth Asesu Risg—nid yw’n cyfieithu yn dda iawn fel MARAC. A allech fanylu ar pa ganran o’r sawl sy’n dioddef camdriniaeth sydd yn dod i’ch sylw sydd yn cael eu cyfeirio ymlaen i’r system MARAC? A oes gennych unrhyw syniad pa ganran o’r bobl sydd yn dod i gysylltiad â chi sy’n cael eu cyfeirio ymlaen i’r system MARAC?

David Lloyd: I wanted to concentrate for a few minutes in some detail on the MARAC system, or the Multi-Agency Risk Assessment Conferences—it does not translate very well in Welsh as MARAC. I wondered if you could go into some detail on the proportion of victims that come into contact with you who are then referred on to the MARAC system. Do you have some idea of the proportion of victims that you come into contact with who are referred on to the MARAC system?

[69] **Mr Edwards:** Esgusodwch fi—gaf i ateb yn Saesneg unwaith eto?

Mr Edwards: Excuse me—may I answer in English again?

[70] It is important to remember that the MARAC process deals with the most difficult cases, the highest-risk cases, and as Rhiannon mentioned earlier, one of the successes, if we can measure it as a success, of the all-Wales process is that we are now able to engage partner agencies in looking at slightly lower-risk cases, because they are becoming happier with the way in which we are managing the process internally. There are still differences across Wales, and a lot of that is to do with risk aversion. I talked a bit about defensible decision-making earlier on; when you have to put your signature on the bottom of something that says you believe this to be a low risk, then that is quite a responsibility. However with MARAC, it is a success; it has been introduced within Wales earlier than the national rollout, which is the year 2010. So, we are ahead of the game in that respect and we are developing our inter-agency working within MARAC effectively, but at the highest end. In terms of the exact proportion that we would be looking at, it is a very small percentage.

[71] **Ms Hodges:** It is a small percentage, and in terms of success, of the 22 people that went through MARAC in Newport over the last three months, only five have appeared again. I do not have the percentage of the overall numbers.

[72] **David Lloyd:** Yn dilyn ymlaen o hynny, yr wyf yn cymryd y byddech yn cytuno y byddai'r system MARAC, neu rywbeth tebyg i'r system MARAC, yn gallu cael ei ddefnyddio i gefnogi canran uwch o bobl; hynny yw, ei ehangu er mwyn ei ganiatáu i helpu pobl sydd â lefel is o risg? A fydddech yn cytuno y byddai system MARAC neu rywbeth tebyg iddi yn gallu cael ei ehangu i bobl sydd â llai o risg nag sydd o fewn y system MARAC bresennol?

David Lloyd: Following on from that, I take it that you would agree that the operation of the MARAC system, or something similar to the MARAC system, could be used to support a greater proportion of people; that is, so that it could be extended to allow it to help people at a lower level of risk? Would you agree that the MARAC system or a similar system could be extended to those who are at a lower risk than are within the current MARAC system?

[73] **Mr Edwards:** Yr wyf i'n cytuno yn llwyr. **Mr Edwards:** I completely agree.

[74] It touches on an answer that I gave earlier. We have, as an industry, if I can use that word, moved towards trying to manage risk within the community, whether we are dealing with sex offenders, violent offenders, or whether we are dealing with trying to reduce the incidence of domestic abuse. In moving towards more risk-based processes, that carries with it a massive bureaucracy that we have to manage. You are absolutely right, and I would endorse it: if we can prevent these things happening, that is a benefit to us all because, as we said earlier, it is the victim that is at the heart of this process, and we would prefer to manage something at the very early stages of its development rather than at its most acute stages. That makes perfect sense but the issue from our perspective is: where is the resourcing for that going to come from? We are happy to engage in the process, and we are developing an expertise in managing the process, but it is ultimately a resourcing issue.

[75] **Joyce Watson:** What impact have sexual assault referral centres, or SARCs, had in Wales?

[76] **Mr Edwards:** As far as the SARCs are concerned—I know that you are undertaking a visit as part of your inquiry, which will be helpful—they are very much based upon this view of putting the victim at the heart of what it is that we do. The sexual assault referral centres are located somewhere that is fairly neutral. It tends to be in the health arena, quite understandably. It is resourced with a bit of a mix of funding, but I can speak from our own experience in Dyfed Powys—we opened the last one in June of last year, and we are dependent there on our own input, in terms of resources, health, and also the voluntary sector, and even things as basic as toiletries and dressing gowns being provided by Marks and

Spencer. So, it really is a societal response to try to provide an opportunity for a victim to access a range of services in a neutral environment.

10.00 a.m.

[77] They are not necessarily associated with the police service, or health, or whatever, although it is more health-oriented than police-oriented. This touches on an earlier theme that we picked up on, in that the police are engaged in this process, and it is not necessarily the case that an investigation will arise as a result of someone attending the SARC. However, there is an opportunity, for example, for evidence to be gathered at a very early stage, so that if a victim decides initially that they do not want to follow a prosecution and engage within an investigation, that is fine; but at least the evidence has been taken, and can be stored suitably, so that it could be utilised at some stage in the future. There is perhaps an issue in respect of the way in which SARCs are overseen and managed; it is something that we have been happy to put in place, but perhaps we need to sit down and think about how we are going to manage this process—is there going to be funding in two years time, and so on? Particularly for the more rural elements within Wales, that is an issue. You will always argue that within the big urban centres that there is a requirement for a SARC, although I think I am right in saying there is no SARC in Cardiff, so you wonder why there is a SARC in Carmarthen and there is not one in Cardiff. Having said that, our SARC opens its doors to people from Swansea and anywhere else, so we need to be thinking strategically about regional centres and the way that we manage and fund those, rather than the slightly ad hoc way that they have developed of late.

[78] **Janice Gregory:** I understand that the SARC we are going to visit in Merthyr, New Pathways, is open to people in Cardiff and the Valleys area.

[79] **Joyce Watson:** Have reporting and conviction rates for sexual assaults increased in areas where the SARCs have been established? Have you got those figures and would you like to give them to me?

[80] **Mr Edwards:** We can try and research them, by all means. It is still early days, and the important thing to remember is that the SARC is not an investigative tool. It is an opportunity to gather evidence, but it is far more about putting the victim at the heart of a care bubble, and one little element of that care bubble is the police investigation. It is far more about the wellbeing of the victim.

[81] **Peter Black:** On specialist domestic violence courts, I am interested in what the impact of these courts has been in areas where we operate.

[82] **Mr Edwards:** I will give a quick response and then I will ask Rhiannon to come in with her experience. We introduced a domestic violence court into Haverfordwest, initially, and then in Carmarthen. The initial impetus was exactly what we had hoped for, and that was due to a number of issues. It was down to the fact that we were able to put people before the courts very quickly and, as I say, in this particular instance justice delayed is justice denied. So, we were able to put cases up very quickly. The Crown Prosecution Service had a particularly robust prosecutor and the court itself was fairly robust in the way in which it dealt with some of the potential delaying tactics from defence representatives. All of that worked together to provide a really good service, and what happened as a result was that victims themselves, through victims' networks, became far more engaged with the process and far more confident with the process.

[83] What has happened subsequently in Haverfordwest and Carmarthenshire is a reduction in the number of cases going through and, more disturbingly, delay in the process by which we are putting alleged perpetrators before the courts, and that is wholly the result of

the added pressures that simple speedy summary justice, CJSSS, now imposes upon the police service. That is a concern, because all of a sudden everything has now become a priority. In your earlier question you alluded to the administrative demands on police officers; what is now being asked of police officers is effectively a full file every time, first time. That is not within the experience of police officers in recent years, so we have moved away from what used to be called a threshold evidential test to the full evidential test. The timescales that have been imposed mean that we have now gone straight to the full evidential test, and that imposes far more rigour on the process. Obviously, if I was sitting here as a defence advocate, I would say that that was all good and proper and is the way it should be. However, somewhere, the system has to give and, at the moment, the system is giving within the police service, and that means that we have to put far more into the provision of full files of evidence in every case at a very early stage in the process. That is where my concern is, especially in domestic violence courts: that you are going to lose that thrust and that impetus that was there originally.

[84] **Ms Hodges:** In effect, we lost domestic violence courts for a while because we were having to try to bypass the CJSSS, and at the custody unit try to get the domestic violence bailed to the same days in different courts in order to, by default, set up a specialist domestic violence court again. So, it all got very difficult. Subsequently, you did not always have the dedicated prosecutor. CJSSS has effectively got rid of the pre-trial review—that is what it is supposed to do—but that was a very useful time for the domestic violence officers, and the specialist prosecutor, to go through the case. With domestic violence cases it was often very valuable. So, we are in the middle of a lot of meetings at the moment with CPS and with the courts to try to iron out some of these difficulties. The other thing is that the statutory charging scheme has also had an effect on the cases going through, and HMIC are doing a joint exercise with CPS at the moment looking into those issues, so we await their findings to see whether you feel it has made a difference or whether it actually has.

[85] **Mr Edwards:** I have some figures in front of me from Pembrokeshire Court at Haverfordwest, and last year there were 33 cases going through, whereas this year, with the same process, it is down to 14. So, there are some significant pressures being brought to bear. Between January and March last year there were 24; there were 16 this year. From April to June there were 33, and this year it was down to 23. Those are the sorts of reductions we are seeing. In an environment such as Pembrokeshire that will have an impact.

[86] **Peter Black:** I guess that, as a committee, we would be interested in seeing any initiative like specialist domestic violence courts being rolled out across Wales, if they had a value. The question which you have raised in our minds is whether or not they any longer have that value in terms of helping you and other agencies to deal with domestic abuse. If they still have that value, would you agree that we should be rolling them out more across Wales, and how many additional courts do you think we would need to get coverage for the whole of Wales?

[87] **Mr Edwards:** There are a couple of questions there. In terms of the response, absolutely, they have a value. However, they will only have a value where everyone concerned—whether we are talking about the magistracy, or the CPS prosecutors, in particular—is robust in the way in which they deal with the problem. Once an expertise is built up, that is something that will be quite apparent. So, absolutely, they are what is required. When CJSSS was introduced, I am sure it was not in the minds of the legislators that they should do the legwork for SDVCs; it was not the case. We are back to this issue of joined-up working, and one of the unfortunate by-products is that that has impacted upon timeliness and justice within the domestic violence context. However, in terms of their effectiveness, I do not think anybody who has seen the way in which they deal with cases successfully will argue that we will see more. However, it needs to be part of a wider process that acknowledges that domestic abuse is a particular issue with particular problems that the

system needs to address. At the moment it has been lumped in to CJSSS, but it has diluted the effectiveness that it had initially.

10.10 a.m.

[88] **Joyce Watson:** I have a very quick supplementary. [*Inaudible.*]—the police would say in giving reports or information, particularly to CAFCASS. We have evidence from CAFCASS that the information from police forces in Wales has been inconsistent. It also admits that the types of requests that you receive vary. So how are you, the police forces in Wales and CAFCASS, working together to improve important information that keeps children safe? That is the one key area that we see time and again that, if you get it wrong, it results very often in the death of children.

[89] **Mr Richards:** At a national level, I can say that the ACPO national child protection working group, in which I have been involved formally, has sought to agree a protocol with CAFCASS Cymru and CAFCASS England to introduce minimum standards for information-sharing, whereby the requests are proportionate, necessary, and within the timescales. So, the request that CAFCASS has coming through from the court is to look at the important aspect of the information that can aid decisions around children in the court. That is not a blanket request for all information. That CAFCASS protocol has been rejected by chief constables nationally due to concerns around funding police forces to give the information. That particular issue has been addressed now, and it has been tabled back before ACPO for national sign-up to the CAFCASS agreement, because, as you say, there are inconsistencies in, first, the type of information that CAFCASS requests, and, secondly, the responses from the different police services. I can perhaps give some reassurance that practitioners in this area are driving it forward with ACPO nationally, to get a sign-up to the CAFCASS protocol.

[90] **Mr Edwards:** That is absolutely right. I would highlight that there are still issues in respect of funding because, taking Gwent as an example, it has had to employ two people specifically to deal with the CAFCASS referrals. South Wales would have more. Those are resources that have not been budgeted for, and those are issues that have been imposed on the police service, quite rightly. No-one could argue that that information is not required, although we can argue around issues of how it is asked for and in what format, and to what detail. I am back to this issue of resources—the Police Service has not had an engagement on that, and issues are then being imposed upon us. We are back to this issue about the bureaucracy associated with the process.

[91] **Janice Gregory:** Thank you very much. We have come to the end. At the end of the evidence gathering we will submit a final report and in it will be recommendations that the committee will deem appropriate, having taken account of all the evidence that we have gathered. One question to you in terms of the recommendations: is there one recommendation that you could think of that would be number one on your list to include within that report?

[92] **Mr Edwards:** Clarity. What I would say, Chair, is that there is so much goodwill out there to deliver, and it does not matter where you go—there is so much goodwill. Yet, within that process, there are so many grey areas, whether we are talking about information transfer, or one element impacting upon another. It is just with a view to trying to clear our way through that fog, so that people know exactly what their responsibilities are, and what they are accountable for. That is what we have tried to do in the all-Wales public protection arena. It is why we set up the group initially and it is delivering for us now, but that is because hopefully we are trying to establish clarity and accountability through the adoption of common principles.

[93] **Janice Gregory:** Thank you all very much for coming to committee this morning and giving such comprehensive answers to Members' questions. You will be sent a transcript of

the meeting. You cannot alter anything you wish you had not said—Andy—but certainly check for factual accuracy and let us know, because very often we would like to take things out but we are not allowed to. Again, thank you so much for taking the time to come to committee this morning; it has been very interesting.

[94] **Mr Edwards:** Thank you very much. Diolch yn fawr.

[95] **Janice Gregory:** We will move on now to our next witness, Professor Jonathan Shepherd from the University Hospital of Wales. Professor Shepherd, thank you very much for coming at what is relatively short notice—we are very grateful. Professor Shepherd has not provided a paper because of the short notice, but rather a very interesting document, which I am sure we have all read. I invite you now to speak about your experiences in your field of expertise in terms of domestic violence.

[96] **Professor Shepherd:** Thank you, Chair, for the opportunity to come to speak to the scrutiny committee today. By way of introduction, I am a Professor of Oral and Maxillofacial Surgery in the Cardiff and Vale NHS Trust, and so my employer is Cardiff University. In effect, my specialist practice is predominantly treating victims of violence, because of the predominance of facial injuries that violence produces, and around 20 per cent of victims who attend accident and emergency departments are victims of domestic violence. I also head up a research team in Cardiff University, the violence in society research group, which measures violence and is interested in identifying the causes and effective interventions to prevent violence. In addition, I chair the violent crime task group of the Cardiff community safety partnership, so I am involved in delivery.

[97] There are four practical steps that I would like to focus on, and they are in the context of this model for violence prevention, which we produced on a multi-agency basis. After finding from our research that a great proportion of violence that results in NHS care is not reported to the police, and that some of it that is reported is not recorded—although that has changed with introduction of the national crime recording standards—I was convinced, along with my colleagues, that the NHS, and particularly accident-and-emergency departments, had a very important role in identifying those incidents. Many of them are domestic, which would not otherwise be reported to the police and not ascertained, to use a public health term, by the statutory agencies in crime and justice. So, that is the context, and there is a delivery chain here with regard to collecting information relevant to identification and prevention of harm, and particularly repeat harm. There is also a delivery chain with regard to the outworking of the Assembly Government's domestic violence strategy, the group on which I have been privileged to be a member.

[98] So, the four areas and the four practical issues that I would like to focus on are, firstly, that hospital trusts in Wales with accident and emergency departments should all have information systems which are capable of identifying repeat attenders, and particularly repeat attenders who are injured. Of course, it is predominantly an issue for women. The scrutiny committee, from my perspective as a practitioner at the front-end, as it were, would do very well to reassure itself that trusts in Wales have such systems in place, and that they are not just in place, but are actually used to identify repeat victims. This is consistent with the provisions of data protection legislation—that it is incumbent on data managers and users to use data responsibly, and it becomes almost negligent not to use the system for identifying repeat victims. So, it rather turns the usual argument on its head: that data protection should be used to hide data. The conclusion should be that these systems, if responsibly used, should be used to actively identify repeat attenders. That is the first thing.

10.20 a.m.

[99] The second issue is to follow that up with practical action, particularly in accident-

and-emergency departments in Wales, and the model on the ground, in my experience and in my research team's experience, that works best, is to have a nurse in the department from 9 a.m. to 5 p.m. who can sort through the information collected on the system that I have described, and work with the women and victims to support them, and refer them into women's safety units. In that way they can be supported, and the prosecution and other processes can take place as a result of the MARACs. So, MARACs will only work if the referrals are there. We need that delivery chain from identification, through someone who is working with the women, predominantly, to send them to the women's safety units for that purpose.

[100] The third aspect is that this prevention activity, this crime reduction, this domestic violence reduction activity, needs to be led in the NHS on the frontline. It seems to me that the individuals who are really key to this are accident-and-emergency consultants in Wales, and particularly those of them in the large departments who are clinical directors. For example, in Cardiff and Swansea there are five, six, seven or eight consultants, so it is right that one should lead, and that that should be a clear responsibility.

[101] The research shows that there are two things that make a real difference to driving down crime in this area. First of all, it is the provision of the unique data from accident-and-emergency units, some in aggregate form, about weapon use, and when and where, and the particular locations where the violence takes place. The second thing is that the involvement of the senior NHS practitioners in community safety partnerships makes a real difference. I was privileged to hear my police colleagues giving evidence before my turn, and one thing that is very effective is an accident-and-emergency consultant looking a police inspector in the eye and saying 'We have had 17 assaults', or so many cases of domestic violence in the last quarter from that area—'What are we going to do about it?'. That practitioner-to-practitioner dynamic is powerful; I think the research shows that.

[102] So, that is included in the job plans of accident-and-emergency consultants in Wales: a responsibility to contribute to and to implement community safety partnership activity. Of course, moving consultants' attention away from the hurly-burly of trolley waits and treatment provision might seem as if it is diverting them away from their standard tasks, but I think that in taking the initiative there, they can contribute greatly towards prevention and harm reduction. So, although it is a sea-change, in a way, and they should clearly keep their overall responsibilities to patient care, adding this crime reduction working with partnerships is a very logical, and would be a very effective, way to go.

[103] Lastly, the clinical audit process in the NHS has become very strong. It is now embedded and there is a culture of continuous clinical audit and, from where I am sitting as a practitioner who takes part in a mandatory rolling programme of clinical audits, the committee might do well to consider including a compulsory audit of domestic violence activity as part of the rolling programme of clinical audits in NHS trusts with accident-and-emergency departments in Wales. So, those are the four practical suggestions I have come up with on the basis of the research and my experience in chairing the violent crime task group in Cardiff.

[104] **David Lloyd:** Thank you very much indeed for that. Wearing another hat, I am a simple general practitioner, and we are quite used to prevention in general practice, so I was quite impressed with the wealth of papers here advocating that surgeons in general—who are known, usually, as the people who go in and sort a problem out—will now also get involved in prevention. I appreciate that there is a tremendous sea-change, and I am just going to explore and tease out a couple of issues because, with all due respect, the surgical mindset is all about seeing a problem and sorting it out once that problem has occurred.

[105] I am very impressed with those four headlines as regards what hospitals and the NHS

can practically do to reduce domestic violence because, when I was first reading these papers, I was not quite sure how that involvement could be crystallised. With all the best intentions in the world, we can talk about alcohol and all the rest of it, and all those various influences on domestic violence, but I am impressed with the way that you have teased that out. Certainly, a big recommendation for this review would be the need for NHS data collection to be taken onboard, particularly the repeat offenders bit, because we have had a lot of evidence from the voluntary sector, Women's Aid and obviously the police and various agencies, as regards what is happening on the ground—but a lot of it is obviously linked into the legal system, and some people have an aversion, for whatever reason, to reporting whatever crime it is to the police. Therefore, the NHS coming through strongly as a provider of data is a very valuable recommendation for this review.

[106] In terms of the third plank, on accident and emergency consultants taking the lead and involving themselves with, as some people would say, the cuddlier side of their job—which is not stopping people dying in casualty, but involving themselves with community safety partnerships—that is one of the main challenges in changing the surgeon mentality into a preventative mode. Do you foresee challenges? That is one question for you to address. I am impressed by that model, but I am worried about its practical application. Having several friends who are accident-and-emergency consultants, I can see what they might think of that, and that is the challenge: to change mindsets.

[107] I am also particularly taken with your suggestion about a dedicated nurse in accident-and-emergency units supporting victims, and being a link or co-ordinator to ensure that people do not fall through the net. That is a valuable recommendation, and it possibly has more practical applicability than the one involving the consultants—although I am greatly in favour of your suggestion about consultants getting involved in a wider, holistic preventative role, and talking to the police regularly.

[108] However, just to round up, the main point is about accident-and-emergency consultants and changing the mindset, but also to emphasise, in the context of this review, the fact that NHS data will be supremely important, because they add another dimension to other data that we may have received previously.

10.30 a.m.

[109] **Professor Shepherd:** There are barriers to this, but they are surmountable barriers. In general terms, prevention is as important as cure, and that principle is embedded in the training of all medical students and specialist trainees, either in accident and emergency or elsewhere in primary care. It is about tapping into that and saying that we do not expect our consultants—at some accident-and-emergency departments, some are surgeons and some are physicians—to live up to the sawbones acute model that is in all our minds, which although traditional is very old-fashioned now. There is the room and the opportunity here to say it is about prevention as well as cure and what that means in terms of one's service and one's own job plan. There are few doctors now who would not subscribe to smoking cessation programmes and educational approaches to prevent illness and injury. It is about tapping into that and saying that it is not good enough to rush around in trolley bays and at the front door of accident-and-emergency departments treating large numbers of patients, important though that is, because as well as that, particularly in order to solve some of these trolley waits, burdens and clinical loads, we have to get involved in crime reduction, which in this case means domestic abuse reduction.

[110] In terms of principles, there are few accident-and-emergency consultants who would subscribe to the view that child protection should not be a central role. If child protection is therefore a central role, why not domestic abuse as well? In a sense, the acute treatment model can be used as an excuse by medics and clinicians not to look more widely, and it

would be a sad day if the education and training of doctors and other NHS staff did not take this wider view. It is not just about patient episodes; it is about working especially with accident and emergency, because accident and emergency is the only secondary care speciality that works in interface with the community. All the other specialties take referrals from primary care or elsewhere in secondary care. One other thing is that the College of Emergency Medicine, the professional body for accident-and-emergency specialists and consultants, has prevention as one of its objectives, so I think that there is an opportunity to tie in to that as well.

[111] **Joyce Watson:** Thank you for your paper; I found it more than interesting and very informative, as it deals with what is obviously a gap that exists at the moment. From the evidence that the police gave this morning—you will have heard the part for which you were present—part of their problem seemed to be how best to focus their resources. I read this last night, and it seemed fairly obvious that if the two bodies, the NHS and the police, were working together in partnership, it would help and assist them and you greatly in focusing on the needs of that community and on how to prevent further incident, because that is what it is about. We do not want to get to a stage where somebody has been injured so many times, each time worse than before, that it becomes life threatening. That partnership working plays a part.

[112] You have quite rightly focused on domestic abuse, but I would have thought it possible to slightly widen it to encompass the Ending Violence Against Women strategy. If there is one profession that can identify female genital mutilation or honour-based crimes in which the particular and specific nature of the injuries give rise to suspicion, it is the medical profession. However, I would not want to prevent this model from working while we wait for additional information. As you are more of an expert than me, do you not have an opportunity to look not only at the specific issue, but at wider aspects that I have just mentioned?

[113] **Professor Shepherd:** The partnership approach is really important. There is social capital, which would pay big dividends and could pay bigger dividends. The partnership approach embedded in community safety partnerships is very much the right thing to do. This was in the Crime and Disorder Act 1998, to which we were privileged to contribute. However, we are still learning, hence the practical suggestion of having the accident-and-emergency consultants, especially in our major centres, involved in this partnership activity. With regard to where the focus is, doctors and clinicians tend to look very much towards the evidence of what works, I dare say more than the police service tends to do. One way of focusing activity is to ask for the evidence of what is effective. If we are going to share information, do we have evidence that that is effective, and what difference does it make? If it does not make a difference, it is not only a waste of people's time, but a waste of resources as well. However, I am convinced by the multi-agency risk assessment conference process. In her evaluation, Amanda Robinson—she is part of Cardiff University—showed that repeat victimisation was reduced by the MARAC process, and so that clearly needs to be where the focus lies. The police service, in my view, can be pulled from pillar to post because it sounds good, but the health sector would ask to see the evidence that something works. That is one way of bringing more evidence to bear on the problem, and that then helps to set the agenda, because if there is no evidence that something is effective, you delete it from the agenda until there is and/or you charge the Wales Office of Research and Development for Health and Social Care with commissioning a research programme to evaluate those kinds of things. If they then prove to be effective on the back of that evidence, they can go on the delivery agenda.

[114] Prompt intervention is important. Last week in my out-patient clinic at the Heath, a woman attended; she had a broken jaw and that had not been reported. So, in the out-patient clinic, I decided that it would be good to ring South Wales Police, after checking with her that she was okay with this, which she was. We told her that here was an opportunity, while she

was in the safe haven of the out-patient clinic at the Heath, to speak to South Wales Police about the matter. An investigation was prompted on the back of that involvement. So, there are opportunities like that. It does not take long; it does not mean that there is a lengthy investigation and many questions. It just needs more awareness, and that is where the involvement of accident-and-emergency consultants in the partnerships would help very much, because they would then become more alert to these opportunities.

[115] Lastly, on the wider issues that you mentioned, I hope that we are in the final stages of negotiation with the Home Office for a research grant to look at hate-based violence from the perspective of accident-and-emergency departments because a lot of violence that results in NHS care is not reported to the police. Accident-and-emergency departments may be a very good place to pick up other hate-based crimes, particularly racist tension and violence, before it is evident to the police service. We hope that that research-and-development opportunity comes our way.

[116] **Janice Gregory:** Just stepping back to the answer before last, in terms of the identification of potential domestic abuse victims in your out-patients department, Professor Shepherd, do you think that there is an additional need for specialist training for nurses and consultants, not only in identifying such problems, which may or may not be fairly easy, but in how they would approach a potential victim to take forward, as you described, a referral to South Wales Police? How do you feel that training could be given to those health professionals?

10.40 a.m.

[117] **Professor Shepherd:** It is a really important point, because the training needs are certainly there and the director of community safety, Gillian Baranski, recently organised a series of training courses. That was in the context of data sharing, rather than specifically identifying victims and repeat victims of domestic violence. They involved two courses for consultants, targeted at particular accident-and-emergency departments in Wales rather than all of them—this is very much a first phase and there needs to be second, third and fourth phases to get everybody involved. The community safety division in the Assembly Government organised another two courses for accident and emergency reception staff to tell them about the importance of this and to train them in how to collect the data and enter it electronically. In parentheses, that is an issue too—it is happening in some places, but electronic data collection is very much the key to wider contribution by accident and emergency. Such collection should be standard throughout Wales, as it is not at the moment. It is prevalent in some places.

[118] The third course was for data analysts in the community safety partnerships. For the three groups, that was a pioneering set of courses that could very profitably be maintained as an ongoing series of courses. The committee will know the mechanisms better than I do, but to have the post-graduate medical deanery include courses on domestic violence would offer the potential for great dividends.

[119] **Peter Black:** I have to say that I start with fewer preconceptions than Dai Lloyd, but I am still not 100 per cent clear about how widely the model that you set out in this paper has been taken up across Wales. Is this model now common in accident-and-emergency departments, or is it still in its early days?

[120] **Professor Shepherd:** It has been established in Cardiff for around 12 years now, and the evaluations were published in 2004 and 2006 predominantly, so then we knew it worked. It is in operation to some extent in Swansea, although it is early days, in Merthyr Tydfil, in Aberystwyth and in Carmarthen. Those are the places.

[121] **Peter Black:** It is very patchy.

[122] **Professor Shepherd:** It is very patchy, yes. Certainly, further work needs to be done to get this embedded in the work of accident-and-emergency departments throughout the country.

[123] **Peter Black:** Where you have this model in place, what level of engagement do accident-and-emergency departments have with the MARAC process in terms of an input into particular cases of domestic violence?

[124] **Professor Shepherd:** The level of engagement is also patchy. I am not familiar in detail with the situation in every accident-and-emergency department in Wales. I would say that the real need is for those consultants to get engaged in this, because that is where the leadership will come from. Effectively, they lead the teams. Alternatively, it will be through engaging the chief executives of the hospital trusts. There is a very engaged consultant at the Princess of Wales Hospital at Bridgend, for example, but engagement is still patchy.

[125] **Peter Black:** There is a greater level of engagement where the model is in place, presumably.

[126] **Professor Shepherd:** Yes, absolutely. To follow on from Joyce Watson's question, the way in is to focus on violence reduction across the board and on the wider issues, to make sure that domestic violence is prominent on that agenda.

[127] **Peter Black:** So if we were, as a committee, to recommend that this model should be spread throughout all accident-and-emergency departments in Wales, is that something that needs to be led by the senior management of the trust, or would you need to convince the accident-and-emergency consultants of its value? What is the way in, in terms of rolling this out?

[128] **Professor Shepherd:** I would say that the chief executives in the trusts are key and that, along the way, training courses targeted at the consultants should be central so that there is a two-pronged approach. I would cite the recommendation of the College of Emergency Medicine, which is the accident-and-emergency doctors' professional body, that they should all be involved in prevention as well as cure and treatment. Certainly, it could be rolled out through the delivery chain through the trusts, possibly through the commissioning process as a headline—that is the formal way to do it—so that would be a commissioning issue. However, I feel very strongly that this data sharing model, which takes account of those wider issues, offers great benefits. We have started the process, and we do not want to see it stop.

[129] **Peter Black:** That is great, thank you.

[130] **Nerys Evans:** Diolch ichi am eich tystiolaeth ac am eich papur. Yr wyf am sôn am gasglu data. Beth yw'r sefyllfa ar hyn o bryd? Beth yw'r isafswm statudol sydd ei angen i bob adran damweiniau ac achosion brys gasglu data?
Nerys Evans: Thank you for your evidence and for the paper. I just want to mention data collection. What is the current situation? What is the statutory minimum required for accident-and-emergency departments to collect data?

[131] **Professor Shepherd:** Apologies, I missed the beginning of that. At the moment, the statutory dataset is very much a performance management-type tool, so it is four-hour trolley waits, numbers of patients through, and so on, and it does not take account of these prevention issues. I would argue that having refined this to eight basic questions about where the violence took place, when it took place, what weapon was involved, the location—because some domestic violence takes place outside the home in public places, in licensed premises

and in the street, for example—and something about the assailant, such as who it was, whether it was an acquaintance, a stranger, or whether it was a mugging. Those sorts of issues should be part of the core dataset. There have been a lot of negotiations and discussions and efforts on our part to try to get this incorporated in a minimum dataset, but to no avail so far in any meaningful way.

[132] **Nerys Evans:** Felly, a ddylai hynny fod yn argymhelliad canolog gan y Cynulliad i'r ymddiriedolaethau iechyd gasglu'r wybodaeth honno? **Nerys Evans:** So, should that be a central recommendation from the Assembly to the health trusts to collect those datasets?

[133] **Professor Shepherd:** Yes, I think that it should be. Part of the commissioning process should mean that the NHS, and accident-and-emergency departments in particular, are engaged with this agenda and applying this model. These basic questions about violence should be part of the minimum dataset. I think that it should be a recommendation, and it would be a real step forward if it was.

[134] **Nerys Evans:** Mae'ch pedwar argymhelliad yn ddiddorol iawn, ond beth yw'r sefyllfa mewn gwledydd eraill? Yr ydych yn sôn am yr Alban yn eich papur. Yn anffodus, nid yw'r problemau hyn yn unigryw i Gymru. Beth mae gwledydd eraill y Deyrnas Unedig yn ei wneud? **Nerys Evans:** Your four recommendations are very interesting, but what is the situation in other countries? You mention Scotland in your paper. Unfortunately, these problems are not unique to Wales. What are the other countries of the United Kingdom doing?

[135] **Professor Shepherd:** I think that it is true to say that Wales is leading the way in this area because research here in Wales showed the big discrepancy between violence measured in accident-and-emergency departments and violence measured in police data. In other words, it was studies in Cardiff, Swansea and Rhyl in particular that showed that a lot of violence resulting in NHS care was not reported and did not appear in police records. The main thing internationally is that the World Health Organisation has decided that violence prevention should be a multidisciplinary activity and that it should involve not just the criminal justice system, but health as well. Violence is a leading cause of death—it is in the top eight causes of death for those aged 15 to 30 around the world. In low-income or middle-income countries, it can be even higher than that and it is a really big issue. So, there is no doubt that violence, overall, is a health issue in terms of the injury, the death and the harm that it causes. The WHO has decided that this multi-sectoral approach involving criminal justice agencies and local government is the way forward. We were delighted that it included this model in its recommendations and guidelines about this issue.

10.50 a.m.

[136] You mentioned Scotland. The driver there is the fact that knife crime is a big issue in the Strathclyde and Glasgow area. A violent crime unit has been set up by the Scottish Government to address this problem. Of course, domestic violence is very much a part of the problem. In England, the Government Office for the South East has taken a lead, and there are now 24 accident-and-emergency departments in the south-east region of England that are involved with this. Elsewhere in England, it has to be said, it is patchy, but there are signs now that the Government Office for London and the Government Office for the North East have decided to take this kind of approach.

[137] **Mark Isherwood:** I am a great fan of hospital data; they have shown their worth in many areas, including traffic accidents and alcohol-related injuries, sometimes conflicting with the previously accepted official records. You said that much of the violence seen in NHS care is not reported to the police. Equally, however, your paper highlights increased violent

crime in police records but a reduction in hospital records, which would suggest that a greater proportion of injury is now being reported. In terms of providing assurance to the victim in the hospital environment—particularly the high risk victim, often with children—that they will be safe in authorising you to refer a matter to the police or other agencies, how does your experience of the multi-agency aftercare then provided justify the assurance given? Do those victims leave the hospital with the support that they need to protect them from the alleged perpetrator?

[138] **Professor Shepherd:** We have been very careful with the confidentiality issues in developing this model. First of all, when it was in the research-and-development phase, it involved getting ethical committee approval for the research and development and consulting with the data commissioner with regards to issues of confidentiality as well as, indeed, consulting the General Medical Council on its view. Without going into the details of data sharing ethics, it is clear now—it is encouraged, and almost a duty—that agencies should share data for the purposes of identifying violence, investigating the assailants and bringing them to book. This model involves the production of an information leaflet, which is given to all victims treated in accident-and-emergency departments. That leaflet is produced in Cardiff by the Cardiff Community Safety Partnership and it gives information about how a victim might feel and the psychological and emotional process that a victim might go through—I say ‘might’ because it is amazing how resilient, and heroic even, some victims are. It also gives advice about police reporting and it gives contact details for local victim support schemes and Women’s Aid. So, signposts are given to the patients, all of them, who report injury and violence, for further care should they require it.

[139] **Mark Isherwood:** In practical terms, have you found that those people, particularly the high risk groups, have received the support and the psychological and physical protection necessary when they have left?

[140] **Professor Shepherd:** Not all of them have. Provision has been very patchy, and that is often because, in the early days, we did not have a nurse to contact and support domestic violence victims or suspected victims. Over the past four years or so in Cardiff we have had such a nurse, and that is key. That is why I emphasise the important of the appointment of such nurses in accident-and-emergency departments to ensure that the patients—the victims—get the necessary support. We set up a traumatic stress clinic with colleagues in mental health, and one of the issues there was that uptake was very low. Even though all the patients were written to and pointed in the direction of support, very few took it up. The same happened with the victim support scheme. We set up a prototype victim support clinic in the hospital, and very few of the victims came back. That is one of the reasons why we think that the nursing support to identify those in need is important. Dai Lloyd has left the meeting, but with regard to his point, in primary care we have shifted the attention to primary care as well as including accident-and-emergency departments, so that there is more of a culture of awareness of domestic violence in primary care issues. With regard to the support, it is about offering it to all victims, and not putting them through intrusive questioning when they are coping well. It is about identifying at an early stage those who are not coping well and who may go on to develop post-traumatic stress, and then making sure that they are referred appropriately to mental health colleagues.

[141] **Janice Gregory:** Something you said earlier about the refusal of these eight basic questions spiked my interest. Reading your lecture paper, in the core data for prevention, you mention that there are six questions. Forgive me if I am wrong, but that is just for violence in general; were you suggesting that the eight questions should be part of the practitioners’ questions specifically to the victims of domestic violence?

[142] **Professor Shepherd:** It depends on whether you include the date and the time as two separate questions or as one; that is the difference. Effectively, these are general questions

and they do not focus only on domestic violence; they include wider violence issues. This really provides intelligence, to use a police term, that can be combined in a partnership with police intelligence so that the locations of violence in particular can be identified. That means particular licensed premises, particular streets, and particular schools, for example, where violence is common so that, once they have been identified, they can be prioritised for targeted activity.

[143] One of the questions is about the relationship between the victim and the assailant—these are asked in the safe haven of an accident-and-emergency unit, of course. There are ways of speaking confidentially to the victim without the partner or the suspect being anywhere near. That approach identifies whether it is an acquaintance or a partner who has inflicted the injury and then, on the basis of that, the next day the nurse, by going through the records, says, ‘Ah, this is domestic’, or she or he will have a strong suspicion that the case is domestic. She or he will then take the necessary action to contact the victim in a confidential way with due regard for, usually, her safety, followed by prompt referrals to the women’s safety unit for the MARAC process to begin.

[144] **Janice Gregory:** It sounds like basic stuff, and important and practical, but there is a refusal to allow these questions to be asked. Have I understood you correctly?

11.00 a.m.

[145] **Professor Shepherd:** No. Forgive me, if I was not clear on that. The training of reception staff in Cardiff has been going on for 12 years now, so it is really embedded. I was on call around a month ago—I remember going to do a ward round on the Sunday morning—and one of the receptionists said to me, ‘Prof, why can’t we write the name of the assailant down?’. So, there is keenness to do this and once the reception staff—a perhaps neglected group in the NHS who can nonetheless contribute greatly—become engaged in this, they can really contribute in a big way. Sometimes, in a busy accident-and-emergency department where there is no confidential registration, in other words, registration takes place in a big waiting room where other people can hear, it is hard to ask the question about the relationship and reception staff are not keen to do that. That points to the important issue of the design of accident-and-emergency departments. In banks, post offices or in passport control in an airport, we are used to standing behind a line until called forward, but we realise that this is not part of the NHS culture, in that you just queue up and you can hear why the person in front has attended, how to contact them, and so on. Along the way, I would recommend to the scrutiny committee, as perhaps a practical action, making sure that confidential registration is designed into accident-and-emergency departments as a system. Put a red line on the carpet and put up a sign that says, ‘Wait here until called forward’. Then, there is an opportunity, and only then, for a confidential chat between the receptionist and the victim.

[146] **Janice Gregory:** Thank you. We have come to the end. Thank you very much for your interesting paper and for the answers to Members’ questions. You will be sent a transcript. As I said to the police, you cannot alter something that you wish you had not said, but you can check it for factual accuracy. You have given us so many ideas for recommendation, but I just wondered whether you had one recommendation that overshadows all the others to go into this report.

[147] **Professor Shepherd:** If I am allowed one, it is the embedding of this into the standard practice in accident-and-emergency departments and hospital trusts in Wales and, within that, to highlight the opportunities and to formally engage accident-and-emergency consultants in a job planning process with this responsibility. It is only through their leadership that this is really going to happen, I feel, in hospitals in Wales.

[148] **Janice Gregory:** Thank you very much indeed, Professor Shepherd. We are at the

end of the meeting now. Just to remind you, our next meeting will be in Merthyr on 5 June, and then we are going to New Pathways to see the sexual abuse referral centre. I am launching the Community Enterprise Wales website in the Oriel at 11.30 a.m., so if anybody would like to wander along, they would be most welcome. Thank you very much. We are launching the committee's report on voluntary sector funding on 21 May, which is next Wednesday, at 11.30 a.m. in the Oriel, so you cannot say that you did not know. Thank you all very much for your attendance. I declare the meeting closed.

Daeth y cyfarfod i ben am 11.04 p.m.
The meeting ended at 11.04 p.m.