

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 67

Ymateb gan: | Response from: Cymorth i Ferched Cymru | Welsh Womens Aid





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Welsh Women's Aid
Rhoi Merched a Phlant yn Gyntaf
Putting Women & Children First

Health and Social Care: Priorities for the Sixth Senedd – Welsh Women’s Aid Response

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These are the views of:	<i>Welsh Women’s Aid (Third Sector) - the national charity in Wales working to end domestic abuse and all forms of violence against women.</i>

About Welsh Women’s Aid

Welsh Women’s Aid is the umbrella organisation in Wales that supports and provides national representation for independent third sector violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales (comprising our membership of specialist services and members of the regional VAWDASV Specialist Services Providers Forums). These services deliver life-saving and life-changing support and preventative work in response to violence against women, including domestic abuse and sexual violence, as part of a network of UK provision.

As an umbrella organisation, our primary purpose is to prevent domestic abuse, sexual violence and all forms of violence against women and ensure high quality services for survivors that are needs-led, gender responsive and holistic. We collaborate nationally to integrate and improve community responses and practice in Wales; we provide advice, consultancy, support and training to deliver policy and service improvements across government, public, private and third sector services and in communities, for the benefit of survivors.

We also deliver the Wales National Quality Service Standards (NQSS), a national accreditation framework for domestic abuse specialist services in Wales (supported by the Welsh Government) as part of a UK suite of integrated accreditation systems and frameworks. (More information on the NQSS can be found here: <http://www.welshwomensaid.org.uk/what-we-do/our-members/standards/>)

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Introduction

Welsh Women's Aid welcomes the opportunity to respond to this consultation on priorities for the Health and Social Care Committee under the Sixth Senedd. VAWDASV is both an affront to women's human rights and a major public health concern.¹ All directorates have a role in supporting survivors and ending violence against women in all its forms, as acknowledged in the duties in Welsh Government and devolved public sector bodies in the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.²

Welsh Women's Aid would suggest that the committee recognise that violence against women is a key agenda to incorporate within its scrutiny programme both in the next 12-18 months and in the longer term regarding health and social care and consider the following areas as possible priorities by which it could include violence against women in its future plans.

A public health approach to ending VAWDASV: Prevention and early intervention

There is a correlation between the prevention of violence against women and the promotion of wellbeing and wider public health. When proposing priorities for the Health, Social Care and Sport Committee under the Fifth Senedd³ we highlighted research into adverse childhood experiences (ACE's) in Wales⁴ which demonstrated that experiencing adversity in childhood, including violence and abuse, can impact on health and wellbeing. Since then, Welsh Women's Aid has published a 'Blueprint for Prevention'.⁵ The blueprint further evidences the negative health impacts of violence and abuse, and demonstrates how a public health approach, focussed on prevention and early intervention can help eradicate VAWDASV in all its forms.

Applying a public health approach to VAWDASV requires implementing three types of prevention interventions: primary, secondary, and tertiary prevention. Primary prevention interventions, designed to stop the abuse before it occurs, are increasingly recognised as critical to preventing VAWDASV. Public Health Wales⁶ have recognised that reducing violence

¹ <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

² <https://www.legislation.gov.uk/anaw/2015/3/section/1/enacted>

³ <https://www.welshwomensaid.org.uk/wp-content/uploads/2016/03/Priorities-for-Health-Social-Care-Sport-Committee-Final.pdf>

⁴ <https://phw.nhs.wales/files/aces/aces-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population-pdf/>

⁵ <https://www.welshwomensaid.org.uk/wp-content/uploads/2020/12/A-Blueprint-for-the-Prevention-of-VAWDASV27918.pdf>

⁶

https://www.wales.nhs.uk/sitesplus/documents/888/PHW%20Making%20a%20difference%20ES%28Web_2%29.pdf



and abuse could result in substantial savings to health and social care and estimate that implementing the NICE guidance⁷ on Domestic Violence and Abuse could save £4,700 a month per person on longer term costs associated with treating and supporting victims of violence and abuse. Public health and health services also have an important function in supporting and collaborating with the piloting, evaluation, and scaling up of primary prevention programmes that challenge harmful gender norms and practices.

The health sector, have a substantial financial (as well as moral) interest in seeing reductions in VAWDASV, and should invest in its prevention accordingly. Regular analysis of investment in VAWDASV by health within our annual State of the Sector Reports⁸ has shown ongoing low levels of funding for health related responses to VAWDASV. For instance, despite the specialist mental health and therapeutic support provided by sexual violence services very limited funding comes from health funding streams; they remain heavily reliant on non-devolved criminal justice funding. Similarly, our mapping and scoping exercise on children and young people services within Wales, found that more intensive, specialised, therapeutic services are needed for children and young people experiencing mental health issues as a result of VAWDASV.⁹ These services offer significant health and social care outcomes, both in meeting immediate health care needs and longer term prevention.

The committee therefore should have a role in scrutinising health and social care policy to ensure that it effectively reduces health inequalities and provides value for money provision including reducing future health costs. Effective interventions that address inequality and the social determinants of health, rather than focussing primarily on practice of individual lifestyle factors, will be more sustainable and cost effective in the long run.

Intersectionality

'Targeted' interventions are often justified on the basis of 'increased risk of victimization / perpetration', it is essential however, to understand that this 'risk' is shaped / exacerbated by multiple systemic factors, such as the marginalisation of minority voices, limited access to justice and support, and an effective erasure of their experiences (e.g. children and young people, disabled women, Black and ethnic minority women, migrant women, and LGBTQ+ women). Targeted interventions are therefore essential in order to communicate and engage in the most suitable way with a diversity of people.

⁷ <https://www.nice.org.uk/guidance/qs116/resources/domestic-violence-and-abuse-pdf-75545301469381>

⁸ <https://www.welshwomensaid.org.uk/wp-content/uploads/2020/11/State-of-the-sector-2020-PDFdesign.pdf>
<https://www.welshwomensaid.org.uk/wp-content/uploads/2019/01/State-of-the-Sector-2018-Eng.pdf>

⁹ <https://www.welshwomensaid.org.uk/wp-content/uploads/2019/11/Children-and-Young-People-participation-report-FINAL.pdf>

In our response on the 2021-22 budget we raised that 80% of people employed in human health and social work activities in Wales are women. There is further over-representation of Black, Asian or minoritized women filling these roles and frontline keyworker roles in supermarkets and cleaning services across the UK. There is an obvious increased risk to the health and wellbeing of themselves and their family. Though no one is immune to COVID-19, structural inequality reproduces disproportionately across diverse communities and exacerbates existing racialised inequalities. For women and girls with protected characteristics, the two pandemics increase the risks at multiple interlocking levels¹⁰ in which health boards have a role to play from multiple perspectives.

Health is a critical entry point for tackling violence against women. Health professionals are ideally placed to make early identifications that could potentially transform the lives of those experiencing all forms of violence against women including domestic and sexual violence.

Welsh Women's Aid would recommend that the committee consider how the healthcare sector can be transformed with an understanding of violence against women to maximise the health and wellbeing implications for survivors and their families. In particular examining its role in early identification of abuse and ensuring survivors are able to access needs-led, gender responsive and holistic support.

VAWDASV Strategy and Delivery Plan

The current National VAWDASV strategy comes to an end in 2021. Welsh Women's Aid are preparing information to inform the development of a new strategy, considering achievements since implementation of the VAWDASV (Wales) Act 2015 and laying out our key priorities for ensuring all survivors of VAWDASV are protected. We are keen to see a new national strategy and delivery plan which includes cross-government action, and is developed, implemented, and monitored in partnership with survivors and the VAWDASV specialist sector.

As part of the new VAWDASV Wales Strategy and delivery plan we would urge the committee holds the Minister for Health and Social Services, as well as Deputy Minister for Social Services and Deputy Minister for Mental Health and Wellbeing to account on providing leadership to ensure Public Health Wales and all local health boards prioritise the prevention of VAWDASV and improve responses to survivors and perpetrators. Feedback from specialist services across Wales, repeatedly highlights the lack of engagement by local health boards within

¹⁰ https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/2f475d_2c6797da42c6454f933837a7290ffe21.pdf

VAWDASV strategic boards or commissioning processes. Similarly, health and social care data is required to inform how health boards and local authorities are delivering on their duties under the VAWDASV (Wales) Act 2015 and the national strategy.

Welsh Women's Aid believes that the committee should prioritise scrutiny as to how Welsh Government and Local Health Boards propose to prevent violence against women, domestic abuse and sexual violence and support of survivors accessing these services in light of the legislative changes that these acts introduce within the next 12-18 months to ensure the effective post-legislative implementation.

Children and Young People

All too often children and young peoples experiences of violence and abuse are forgotten about within in strategies and funding for VAWDASV provision. Welsh Women's Aid's findings have highlighted that provision of services for children and young people in Wales is *'limited, patchy and hugely varied due in large part to unsustainable, inconsistent and in some cases total non-existence of funding towards specialist dedicated services for children and young people'*.¹¹ This means children are not given the support they need to manage their experiences as survivors in their own right, leading to long term impacts on their health and well-being throughout their lives.

This is largely due to strategies and funding streams for VAWDASV being centred on adult provision and limited join up with social care children and young people focused strategic commitments and investment. The Regional Partnership Boards (RPB), overseeing elements of the social care budget offer an opportunity to improve investment into specialist support for children and young people experiencing VAWDASV. Regional Partnership Boards develop an integrated approach to the commissioning of services for children and young people with complex needs. The RPB population needs assessment offer an opportunity to identify the complex needs of children and young people affected by VAWDASV across Wales and ensure that this feeds into strategic commitment and funding to provide sustainable specialist support to address their needs and enable children and young people to live free from abuse. Welsh Women's Aid and NSPCC Cymru has written to all RPB chairs in June 2021 to offer to support the needs assessment with the evidence we have in the needs of children and young people, so far only one has responded. The committee needs to ensure it scrutinises the mechanisms created to implement the Social Services and Well-being (Wales) Act 2014 to ensure that it is investing in the health and well-being needs of the most vulnerable children in Wales.

¹¹ <https://www.welshwomensaid.org.uk/wp-content/uploads/2019/11/Children-and-Young-People-participation-report-FINAL.pdf>

Recommended Inquiries

- Scrutiny of Health Board's duties under the VAWDASV 2015 (Wales) Act and ensuring clear guidance included in the development of the new VAWDASV strategy and its delivery plan.
- Refresh the National Indicators to reflect all VAWDASV and draw in data from a range of sources. The National Indicators should align to the commitment to a public health model focused on measuring the effectiveness of the strategy in centring prevention and early intervention.
- Scrutiny of health inequalities and the promotion of wellbeing with reference to violence against women in its forthcoming scrutiny programme. This would include examining the current funding and commissioning of health interventions for violence against women, particularly mental health support to ensure that survivors and their families are able to access specialist trauma-informed support that enables them to gain long-term recovery.
- Scrutiny health and social care policy to ensure that it effectively reduces health inequalities and provides value for money provision including reducing future health costs.
- Carry out an inquiry into the adequate commissioning and provision of specialist services for children and young people affected by VAWDASV across Wales.

Welsh Women's Aid is keen to support the priorities where there is relevance to violence against women. In particular, we would recommend that the above areas are considered when the committee considers the terms of reference for the inquiries and their calls for evidence. Welsh Women's Aid would welcome the opportunity to provide evidence to the committee on these areas outlined above. We would be able to consult with survivors and specialist service providers to provide quantitative and qualitative evidence to the impact of the policies being scrutinised. We look forward to supporting the committee in these inquiries.