

**Written submission to the Communities, Equality and Local Government Committee of the Welsh Assembly Government in respect of the Committee's inquiry into the Gender –based Violence, Domestic Abuse and Sexual Violence (Wales) Bill**

**By**

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**National Strategy**

- This strategy should be prepared in the context of existing national strategy; clarity with regard to the standing of existing strategies is needed.
- The relationship between national and local strategies needs to be clear so that duplication of effort is avoided. It is not clear, for example, whether local strategies need to be consistent with the new national strategy. As drafted, the bill refers to local strategy setting “having regard” to the national strategy; such a statement seems unlikely to be strong enough.
- The national strategy needs to focus on and refer to specific evidence-based interventions. Past experience is that high level strategic intent often does not translate into the specific actions and outcomes ministers intend

**Local strategies**

- Local strategies should focus on and refer to specific evidence-based interventions. Lack of such focus will open the door to interventions of no proven utility, leading to waste of resources which might otherwise be focussed on effective interventions.
- The development of effective local strategies requires that relevant authorities have the expertise to identify interventions with a strong evidence base and to identify – and discard – interventions of unproven utility
- Why are local strategies needed at all? Instead, why not introduce a statutory duty on relevant authorities to implement the national strategy?

**Improving public sector responses**

- The provisions in the bill need to guard against relevant authorities' drive to cut costs to the detriment of local implementation. Recent examples include substantial reductions in Community Safety Partnership analyst resource and cost cutting of CCTV schemes – both increasing the risk of gender-based violence
- It is not clear whether the “Cardiff Model” of information sharing by emergency departments for the purpose of violence prevention is still operating across CSPs in Wales. There is, therefore, merit in making provision in this bill for auditing compliance
- The identification of risk of victimisation is assisted by introducing the provision for confidential reception of patients in NHS facilities
- Adequate responses to victimisation or the risk of victimisation could be audited by Health Boards as part of their clinical governance responsibilities

## **The Ministerial Advisor**

- Limitation of the responsibilities of the advisor to giving advice, gathering information, and providing reports seems very likely to reduce the potential effectiveness of this role. Powers would usefully include the facility to initiate local reviews; such reviews might lead, for example, to the imposition on local authorities of special measures with respect to violence prevention
- The bill should provide for formal links – directly or indirectly - between the advisor and existing regulatory machinery
- The bill states that the advisor would undertake research. It seems unlikely however that a suitably qualified advisor would have the necessary research skills – especially with regard to evaluation. A better option would be, perhaps, to give the advisor powers to commission research; funding would be needed for this which could be channelled through existing research arrangements such as the National Institute for Health and Social Care Research

## **Barriers**

The work required to formulate national and many local strategies may be a barrier to achieving quality assured local delivery

Cost cutting by local authorities and health boards already is a barrier to implementing violence reduction interventions.

## **Unintended consequences**

- If enacted, the bill is likely to have positive consequences which are not currently envisaged in the draft legislation. These include more effective violence prevention and support services for those at risk in categories of violence not listed in the bill. Any improvements in privacy in NHS reception facilities would improve care quality for many more patients than just those harmed or at risk of gender based and sexual violence.
- As drafted, the bill might result in a great deal of resource being expended on strategy setting – to the detriment of improving local delivery
- Revising national indicators often leads to confusion about, and distrust in indicators. For example, the repeated revision of crime recording rules has severely undermined CSP confidence in police records as a measure of violence – and therefore confidence that progress is being achieved

**Jonathan Shepherd**

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