



Llywodraeth Cymru
Welsh Government

Good Practice Framework for Violence Against Women, Domestic Abuse, Sexual Violence and Substance Misuse

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This document is also available in Welsh.

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1. Summary

It is the priority of the Welsh Government to reduce the harm to individuals and their families from the increasing problems of domestic abuse and the misuse of drugs and alcohol. It is the aim of this Substance Misuse Treatment Framework (SMTF) to assist violence against women, domestic abuse and sexual violence (VAWDASV) including substance misuse planners, commissioners and providers to establish robust links between VAWDASV and substance misuse services which will provide a seamless care pathway for all clients. This framework also makes reference to issues with identified domestic abuse perpetrators.

This SMTF is an updated version of the previous Domestic Abuse Joint Working SMTF that was originally published in 2008. This framework is victim focused and considers the needs of those who have co-existing domestic abuse and substance misuse issues and needs to be read in conjunction with the following published documents:

- the National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-2021,
- The Guidance for the commissioning of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Services in Wales, and
- The Working Together to Reduce Harm Substance Misuse Strategy for Wales 2008-2018.

It should also be considered alongside existing and developing Substance Misuse Treatment Framework for Wales documents, which can be found at:

<http://gov.wales/topics/people-and-communities/safety/substancemisuse/policy/treatmentframework/?lang=en>

2. Models of Joint Working between Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) and Substance Misuse Services in Wales

There are four models in which the delivery of services to people with co-existing domestic abuse and substance misuse problems can potentially be delivered. These are set out below, along with some of the issues and risks that come with each approach.

Models of Treatment, Description, and Issues for Consideration

1. **Joint liaison/collaborative approach** - The care of clients is jointly managed by both substance misuse and VAWDASV services, possibly with a link

worker. This joint responsibility ensures the skills and expertise of both spheres of care is utilised.

2. **Parallel** - Substance misuse and VAWDASV services are to establish links in order to provide the two services concurrently. By doing this, there are risks that clients could be shunted between two services with problems that are treated as separate entities. The client care responsibility may not be clearly defined, which may result in clients having to go through their details twice and build up relationships with two sets of professionals and negotiate two different systems.
3. **Integrated** - There is concurrent provision of both VAWDASV and substance misuse interventions by the same team (designated service). However, this may mean isolation from mainstream services and could result in expensive service provision.
4. **Serial** or consecutive VAWDASV and substance misuse issues are treated consecutively with little communication between the services. Clients may be shunted between two services with the problems treated as separate entities with limited or no communication between the services. Clients would have to go through their details twice and build up relationships with two sets of professionals and negotiate two different systems.

Models 2 and 4 above are not considered effective models for the delivery of seamless care. Model 3 would be the most effective model in order to deliver effective care but taking into consideration that this model does not fit comfortably with the VAWDASV and current substance misuse strategies within Wales.

Therefore model 1 the joint liaison or collaborative approach should be adopted as the preferred model for the delivery of care to people with a co-existing substance misuse and VAWDASV problem. The application of the model will require local interpretation that reflects local geographic, demographic and service configuration issues. The definition of a link worker in this module is a specialist in risk assessment, case/care management and also support for co-existing cases. It is essential that information and communication from/to the key worker is continuous throughout all service provision.

3. Joint Working Aims and Objectives

Whichever model of provision is adopted, VAWDASV and substance misuse services need to agree clear aims and objectives for co-existing services.

These should ensure:

- Effective joint working protocols between VAWDASV and substance misuse services; to include care pathways, referral options and eligibility criteria;
- a comprehensive staged approach including, where appropriate, assertive outreach, motivational interventions and provision of help to clients using skills to manage both domestic abuse and substance misuse problems;
- cultural sensitivity and competence;
- the availability of early interventions;
- rapid access to services that should be flexible and appropriate to individual need;
- broadly based interventions that include social, housing, education and employment components;
- advocacy, with key workers helping service users through the processes;
- realistic expectations of what can be achieved;
- joint planning;
- the provision of in-reach to refuges and detoxification facilities.

4. Service Standards

The relevant planning organisations and provider agencies need to establish effective service standards for their locally developed substance misuse and VAWDASV services. VAWDASV specialist services operate within a framework of accredited quality service standards which provide benchmarks for service providers, funders and commissioners about the extent and mix of services that should be available including who should provide them and the principles and practice base from which they should operate.

These should include as a minimum:

- Duty of care responsibility for the client/victim,
- A clear and agreed local definition of substance misuse and VAWDASV,
- Clear and agreed care pathways,
- Training plans to ensure the delivery of training and supervision at a sufficiently senior level, in substance misuse treatment for all members of the

VAWDASV services and equivalent training in VAWDASV issues for substance misuse workers¹,

- The provision of a single co-ordination point within VAWDASV and alcohol and drug services ensuring access to services outside normal office hours,
- The provision of a link worker specialising in assessment of risk, care management and support,
- The use of compatible models and conceptual frameworks for both services,
- Clear definitions of which clients will receive which appropriate services to avoid any confusion,
- Service User involvement at all stages,
- Common referral criteria and process,
- Routine questioning,
- Access to out-reach services, community treatment, home visits, outpatient treatment, inpatient treatment and day care provision,
- Involvement with patient's GP,
- Retention of clients in active treatment,
- Provide interventions that facilitate motivation to change,
- Access to relapse prevention services,
- Facilitation of reintegration into the community.

5. Access to VAWDASV Services

A national helpline is available, the details can be found at Appendix 2. There is also a range of different services available in each local area and as part of the standard procedures all VAWDASV services in Wales must complete a holistic risk assessment. This assessment will ensure that the VAWDASV needs can be met, ensuring that any potential risk can be managed, and that a correct referral is made to the most appropriate support service for the client.

6. Refuge

Access to refuge which is considered temporary safe accommodation can be accessed 24 hours, 7 days a week for people who are fleeing domestic abuse. The priority need will be based on the risk of becoming homeless due to domestic abuse. Some barriers that may prevent people being accepted into refuge may consist of people dealing with substance misuse issues with limited support from local substance misuse specialist services and difficulty in the transferring of

¹ The National Training Framework on violence against women, domestic abuse and sexual violence outlines the Welsh Government's requirements for training on these subjects across the public service and specialist third sector. <http://livefearfree.gov.wales/guidance-for-professionals/national-training-framework/?lang=en>

prescriptions between pharmacies/services in the local refuge areas and whether this makes the risk unmanageable.

It is important to note that, within a refuge environment, men/ women will share their own bedroom with their children but have access to communal facilities. Refuges are staffed generally from 9:00am - 17:00pm and have an out of hours on call service for emergencies. Refuge operates an open door policy and will accept referrals outside their local authority area. Traditionally refuge provision has been available for women and children only. However, there are now a number of refuge bed spaces available for men and their children.

7. Safe Houses

Refuge is not always the most appropriate domestic abuse service, and some localities have “safe houses”. These safe houses are fully self contained and are often available to people whose needs can not be met within the traditional “refuge” environment. These facilities will accept referrals outside their local authority area.

8. Floating Support

Floating support services are offered to service users who have a housing related support need and wish to remain in their own homes. Support can be offered irrespective of whether they are still in a relationship with their abuser. The support will either take place in their homes, a more public place or external offices (dependant upon risk assessment). The provision of floating support is established to meet local needs and can vary across Wales.

9. Outreach and Drop in Services

Outreach and Drop in Services are available to anyone who has experienced domestic abuse. The availability and open hours of these services can vary.

10. Child Protection issues

VAWDASV in any family unit that includes children is a child protection issue and should be dealt with using the relevant safeguarding procedures. Many women who are the victims of violence have children, and ensuring the wellbeing of those children must be a priority for both public services and the victim.

We need to ensure that partner agencies are able to identify children who are at risk so that appropriate action can be taken. The report of an Inquiry by the Advisory Council on the Misuse of Drugs (ACMD) -Hidden Harm: Responding to the needs of

children of problem drug users, published in 2003, states that the safeguarding and promoting the interests of the children of problem substance misusers and reducing drug-related harm is the responsibility of statutory and voluntary organisations. They are to ensure that this is translated into effective, integrated, multi-agency service provision.

Adverse Childhood Experiences (ACEs) are traumatic events that affect children while growing up and maltreatment or living in a household affected by domestic violence, substance misuse or mental illness. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life. Adverse Childhood Experiences are not just a concern for health. Experiencing ACEs means individuals are more likely to perform poorly in school, more likely to be involved in crime, and ultimately less likely to be a productive member of society.

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

The strategy for social services in Wales, *Fulfilled Lives, Supportive Communities (2007)* identifies a need to focus services on family support across the life-course. In particular it identifies a number of key themes for development to strengthen the links between children and adult services. One of these key themes is to develop early support and targeted interventions which meet the needs of all family members, arising from risk to children from parental substance misuse, mental health problems, learning disabilities, domestic abuse and relationship breakdowns.

The role of statutory and voluntary organisations and their responsibilities for the safeguarding and promoting the welfare of children is described in *Safeguarding Children: Working Together Under The Children Act 2004*. When children and young people are identified as at risk refer to the 2008 All Wales Child Protection Procedures.

Referrals can either be made to the Welsh Women's Aid peripatetic children's workers for children in refuge or who require outreach support, or the children and young people development workers. Referrals can also be made to specialist substance misuse children and young people's workers.

11. Protection of Vulnerable Adults

The Welsh Government's 'In Safe Hands' guidance (2010) sets out the framework for the development of local policies and procedures for the safeguarding of vulnerable adults.

This guidance generally defines a vulnerable adult as a person over the age of 18 who is or may be in need of community care services by reason of mental or other disability, age or illness and who may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation.

The guidance defines abuse as abuse means physical, sexual, psychological, emotional or financial abuse;

- “domestic abuse” means abuse where the victim of it is or has been associated with the abuser;
- “financial year” means a period of 12 months ending on 31 March;
- “gender-based violence” means—
 - (a) violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
 - (b) female genital mutilation;
 - (c) forcing a person (whether by physical force or coercion by threats or other psychological means) to enter into a religious or civil ceremony of marriage (whether or not legally binding);²

Local authority social services departments have the key co-ordinating role in developing and implementing local adult protection arrangements. The multi agency methodology of local adult protection arrangements is effective in focussing upon the best ways to achieve or work towards safety for clients of abuse and has access to resources which might otherwise not be available such as qualified, specially trained and experienced investigators who can carry out detailed investigations of possible abuse and assessments of risk.

It is important for colleagues in VAWDASV and substance misuse services to develop links with their local social services adult protection co-ordinators to ensure that an effective co-ordinated local approach to the protection of vulnerable adults is achieved that also provides the necessary clarity about the roles and responsibilities of those involved.

12. Multi Agency Risk Assessment Conference

The Multi Agency Risk Assessment Conference (MARAC) is a process to address the safety and protection of those most at risk from serious assault or murder as a result of domestic abuse. Effective protection of clients, including their children and

² <https://www.legislation.gov.uk/anaw/2015/3/contents>

vulnerable adults is a multi agency responsibility and the purpose of this conference is to facilitate the risk assessment process and is attended by a partnership of criminal justice agencies, other statutory bodies and the voluntary support sector.

The MARAC process is aimed at high or very high risk victims of domestic abuse. In order to establish the level of risk, a domestic abuse Risk Indicator Checklist should be completed for all clients who are experiencing domestic abuse. On completion these checklists are to be referred to the Regional Domestic Abuse Co-ordinator (<http://www.safelives.org.uk/>).

If a substance misuse key worker considers there is a high risk of domestic abuse they should refer the case immediately to an appropriate local domestic abuse service or directly to the MARAC co-ordinator in accordance with the Wales Accord on the Sharing of Personal Information (WASPI) (Tier 1).

13. Wales Integrated In-depth Substance Misuse Assessment Toolkit (WIISMAT)

The Wales Integrated In-depth Substance Misuse Assessment Toolkit (WIISMAT) includes questions/enquiries which can help identify a high potential risk to children or vulnerable adult(s). Due to the nature of the questions/enquiries, it is considered imperative to respond by urgently discussing the outcome in a multi agency context and/or taking immediate action, based on professional judgment.

Throughout the risk assessment a numerical value to most questions has been offered, however in these questions/enquiries a response in the affirmative must be regarded as a serious and immediate threat to the welfare of those involved. If this is the case, immediate action should be taken to engage appropriate safeguards.

The toolkit also includes questions/enquiries which indicate potential risk to domestic abuse clients and the imperative to respond is the same as for children or vulnerable adults as mentioned above. If the response to these questions indicates the client is a victim of domestic abuse, depending on the level of assessed risk, immediate action should be taken or a safeguarding action plan agreed.

Patients with co-existing drug and alcohol and VAWDASV issues who present themselves to Accident & Emergency, Obstetrics, Mental Health, Primary Care and other National Health Services are to be encouraged to seek advice from the local substance misuse and VAWDASV services. In order to transfer patients quickly and effectively systems should be in place to assist staff to make referrals to both services with the patients consent.

In 2014, the National Institute for Clinical Excellence (NICE) issued “*Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively*”. This guidance, which applies across England and Wales, highlights that domestic abuse is a complex issue that needs sensitive handling by a range of health and social care professionals. The cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective.

In 2016, NICE issued further Domestic Abuse Quality Standards for healthcare providers. The Welsh Government has an agreement in place with NICE covering the Institute's guidelines, and there is an expectation that NHS bodies in Wales take full account of the recommendations made by the Institute when commissioning and delivering services to patients.

Those presenting to mental health services with co-occurring mental health and substance misuse problems will be subject to the Care Programme Approach (CPA). All referrals are to be made in accordance with the Wales Accord on the Sharing of Personal Information (WASPI) (Tier 1).

14. Groups with special needs

All diversity needs for clients must be considered and met as necessary.

15. Perpetrators

Substance misuse services will have clients who are perpetrators of VAWDASV. However, perpetrators are unlikely to present to services and disclose their violence as a problem with which they need help. In drug and alcohol services they are more likely to associate their violence as a negative effect of their substance misuse (Stella Project, London).

Perpetrators who disclose to substance misuse or VAWDASV key workers should be encouraged to contact the Live Fear Free Helpline or the RESPECT Helpline (see Appendix 2 for further details) website at www.respect.uk.net.

The Welsh Government is working with Cardiff University to identify effective approaches to working with perpetrators. This will inform a framework for commissioning of effective and sustainable perpetrator services. The framework will be launched later this year.

16. Forced Marriages

Guidance is available from the Foreign and Commonwealth Offices' Forced Marriage Unit about how to identify the possible signs of a forced marriage, and can be found at <https://www.gov.uk/guidance/forced-marriage>

. In particular, there is a helpline number operated by trained professionals who are able to provide confidential advice and assistance for anyone worried that they might be forced into marriage, or are worried about someone else, Tel: 0207 008 0151.

Within Wales, support is also provided by Black Association of Women Step Out (BAWSO) which operates a 24 hour helpline, Tel: 0800 731 8147.

17. Needs Assessment and Service Planning

Local Health Boards (LHBs) and Local Authorities (LAs), through their Community Safety Partnerships, Supporting People Planning Groups and Substance Misuse Area Planning Boards, need to be aware of the nature and the scale of co-existing substance misuse and VAWDASV problems within their local population, and should consider including services to meet local needs in their plans.

Gaps in current service provision need to be identified and the voluntary sector should be resourced to play a key role in both the planning and delivery of care to this client group which will allow services to be targeted appropriately. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 places a duty on local authorities and Local Health Boards to prepare and publish joint local strategies for tackling gender-based violence, domestic abuse and sexual violence. These strategies should be based on needs assessments.³

In order to enable a holistic and effective response to promoting the safety of individuals who are at risk of all forms of gender-based violence, violence against women, domestic abuse and sexual violence, to ensure an effective response a collaborative and partnership approach between public services and third sector organisations is vital.

Existing data on co-existing substance misuse and domestic abuse problems are currently poor and services should therefore be provided on the basis of perceived need, by incorporating what data is available. This should include the needs mapping data that the local authority Supporting People teams collect. However,

³ In developing local strategies, local authorities and Local Health Boards are required under section 7 of the Act to have regard to the most recent needs assessments undertaken under the Social Services and Well-being (Wales) Act 2014 and strategic assessments under s6 of the Crime and Disorder Act 1998 relating to reducing crime and disorder, combating substance misuse and reducing re-offending.

improved data collection methods should be pursued with partner organisations to enable future accurate needs assessments to be undertaken.

The Domestic Abuse Forum and the Substance Misuse Action Team are responsible to the Community Safety Partnership. These groups have responsibility for developing formal plans to meet the needs of those people within their local population.

In order to ensure a co-ordinated approach to provision, all planning groups must share and reconcile their strategies and action plans. This includes linking into the Supporting People Planning Group (SPPG). Both the Domestic Abuse Forum and the Substance Misuse Action Team should feed into the Supporting People planning process to ensure that people with a substance misuse or domestic abuse issue have access to appropriate services that have been planned in a co-ordinated way and are based on an analysis of the needs and supply of services within the local area.

18. Care Pathway

An example of a care pathway for clients with co-existing domestic abuse and substance misuse issues can be found at Appendix 1.

19. Helplines

Information for helplines for both VAWDASV and substance misuse can be found at Appendix 2.

20. Training and Qualifications

Staff, whether in VAWDASV or substance misuse services, need to develop the skills necessary to identify and understand clients with co-existing problems in order to develop the confidence to deal with them and to be given the capacity to have full awareness of the referral system.

Effective staff supervision, both clinical and managerial, is equally important and support structures should be in place for staff at all levels to help them cope with this challenging client group. Training and continuous professional development (CPD) is therefore vital to develop and sustain effective services. Training and CPD should include as a minimum:

- development of assessment skills based upon substance misuse assessment frameworks;
- development of routine VAWDASV questioning skills; and

- awareness of the referral process to ensure clients receive seamless care and support.

Each local area should develop a training strategy to ensure all staff working in statutory and voluntary organisations have formal training in dealing with clients with co-existing substance misuse and VAWDASV problems.

The National Training Framework⁴ on violence against women, domestic abuse and sexual violence outlines the Welsh Government's requirements for training on these subjects across the public service and specialist third sector. The Framework is made up of six groups. All professions within the Public Service will fall into one of these groups and a minimum training requirement is outlined per group.

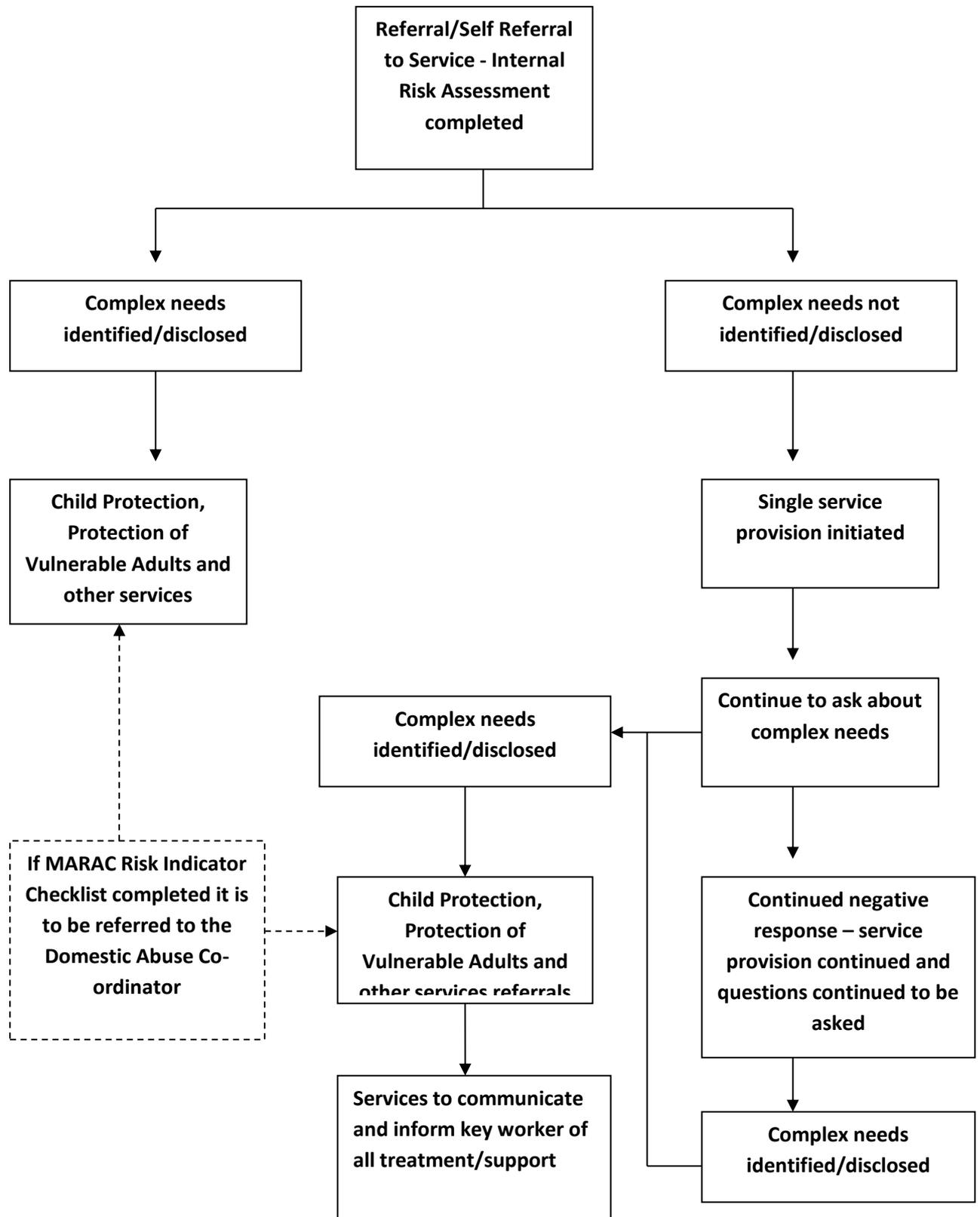
The Framework also includes a specialist subject syllabus which will ensure that any training can be accessed locally by any profession and meets certain learning outcomes which can then be assessed against certain criteria ensuring it is consistent with other training delivered across Wales.

*Understanding VAWDASV and Working with Individuals with Co-Existing Multiple Support Needs*⁵ has been designed to raise awareness about the interactions between VAWDASV and individuals with co-existing multiple support needs.

⁴ <http://livefearfree.gov.wales/guidance-for-professionals/national-training-framework/?lang=en>

⁵ <http://www.agored.org.uk/default.aspx?id=236&natcode=PS23CY045>

APPENDIX 1 - COMPLEX NEEDS CARE PATHWAY



APPENDIX 2 - HELPLINES

Wales Drug and Alcohol Helpline

Freephone: **0808 808 2234**

Or text **DAN** to: **81066**

<http://dan247.org.uk/>

A free and bilingual telephone drugs helpline providing a single point of contact for anyone in Wales wanting further information or help relating to drugs or alcohol.

The drug and alcohol helpline will assist individuals, their families, carers, and support workers within the drug and alcohol field to access appropriate local and regional services.

Live Fear Free - All Wales Abuse and Violence Helpline

Tel: **0808 8010 800**

Disabled Access: Yes

Email: info@livefearfreehelpline.wales

Website: <http://livefearfree.gov.wales>

National Helpline Number: **0808 8010 800**

Female Genital Mutilation: **0800 028 3550**

Live Fear Free is a Welsh Government helpline, providing information and advice for those suffering with domestic abuse, sexual violence and other forms of violence against women. The helpline number is free and staff are available 24 hours, 7 days a week. They provide information, support and signposting to anyone who is suffering.