

Established in 1995, Bawso is an all-Wales specialist support provider for Black and Minority Ethnic (BME) people affected by domestic abuse (DA) and violence against women (VAW). Bawso provides culturally sensitive support and advocacy to vulnerable people experiencing domestic abuse, forced marriage (FM), honor based violence (HBV), or who are victims of trafficking and female genital mutilation (FGM). The advocacy and support enables service users to transcend the barriers they face and gain access to the services, entitlements and information they need and to which they have a right.

Support is provided to more than 4,000 service users annually through 12 projects including: - purpose built refuges which are specially adapted to meet the cultural and religious needs of service users; outreach; information and advice; floating support and FGM health and safeguarding community based project. Bawso has 'Investors in People' award and the Quality Mark at General Advice Level by the Legal Services Commission. Both sustain and maintain the quality of services.

Bawso is committed to challenging all forms of violence against women, and works in partnership with national, regional and local governments, statutory bodies and voluntary organisations to devise and deliver appropriate strategies and support services. All services are planned, developed and delivered in partnership with beneficiaries and partner organisations.

Response to Questions

- *To what extent the approach to tackling violence against women, domestic abuse and sexual violence is improving as a result of the obligations in the Act?*

The approach to tackling violence against women, domestic abuse and sexual violence is gradually improving. There is evidence of local authorities and health boards starting initiatives to fulfil their obligations under the Act to ensure that staff are adequately trained to effectively and consistently support victims and survivors of VAWDASV. For example ABMU health board is actively piloting the Ask and Act training and South Wales PCC has commissioned training for staff on specialist areas such as FGM and FM.

However, implementation of the Act is still in early stages so it is difficult to indicate the extent the approach to tackling VAWDASV is improving because only a few sections of the Act have been executed. Most of the work remains in developmental stages. However, it is worth noting that there is still a strong focus on domestic abuse and not violence against women and sexual violence in the guidance being developed. For example, although harmful practices such as FGM, FM and HBV are mentioned in the legislation, there isn't a strong enough commitment to change attitudes as well as support provision. Emerging strategy which is out for consultation there is neither central government nor local authority commitment to resource work in the areas.

Emerging guidance should commit some level of funding resource and indicate more specifically what strategy under the Act will intend to achieve. In addition, there is a lack of understanding at local authority and local health authority of what their responsibilities are under the Act.

- *What are the most effective methods of capturing the views and experiences of survivors? Are arrangements in place to capture these experiences, and to what extent is this information being used to help inform the implementation of the Act's provisions?*

Listening to survivors of VAWDASV is of paramount importance. They have the lived experience which no support provider can bring to the table. The involvement should be led by survivors and community. Survivor involvement should be a continuous process that uses different methods to gather information including:

1. Focus group discussions – for those who feel confident enough to speak out about their experience.
2. Survivor panels – which are led by survivors. They are more effective because when the survivors lead, they are able to determine key issues affecting them unlike when support providers lead the discussions. The advantage is that they would have strength in numbers. The panellists could regularly inform development and delivery of policy and services.
3. One to one discussions or non-randomised surveys – particularly for those who are able to communicate fluently in English or Wales.
4. For BME survivors it would be worth considering non traditional ways of gathering information for policy development and service delivery. Approaches adopted should be empowering the whole community because some types of violence are promoted by the multiple perpetrators (i.e. FM FGM and HBV). In such instances engaging only with the individual increases risks. To this end the methods used should be non Eurocentric and could include: peer data gathering; activities, food sharing, and sport.

It is also imperative that feedback is given to survivors about how their input has been used. For example, most BME people feel over researched, and do not know how their information is used.

- *Whether survivors of abuse are beginning to experience better responses from public authorities as a result of the Act, particularly those needing specialist services?*

There is a beginning of initiatives to dispel tensions between BME survivors and the public service. Through some of the work that has started BME survivors are gaining understanding of the role of public services, and how they can engage with them to make them aware of their issues. On the other hand, public service is beginning to move away from the myth that BME communities are “hard to reach”. The Act allows for resource input and further commitment.

The current practice under the Act is promising although it is still early days yet in the process. An example of this is the roll out of the national training framework. Group 1 training was implemented last year and it was supposed to reach almost all public sector employees. Group 6 training (short videos for organisational leaders) were

rolled out concurrently with group 1 training to ensure that there was buy-in at the top. Group 2 training is also being piloted in a few areas at present.

The challenge however is that there has been no evaluation of what has been implemented to assess the impact. An evaluation would pull together information on the number of people who have accessed the material as well as the difference it is making in their work. There would also be a lot of lessons learned coming through the evaluation which would benefit widespread implementation.

- *Whether the National Adviser has sufficient power and independence from the Welsh Government to ensure implementation of the Act?*

The post of National Advisor is a move in the right direction in principle. However it remains to be seen how independent and effective the role is. It is not clear how the role of National Advisor will be able to hold LA and other organisations to account if they fail to comply with the legislation.

The National Advisor role would be more effective if it was full time and there was a staff team working collaboratively to ensure that they gather data to inform the strategy on an ongoing basis other than relying on focus groups for example.

To what extent the good practice guide to healthy relationships is successfully influencing the development of a whole school approach to challenging violence against women, domestic abuse and sexual violence?

Welsh Women's Aid consulted widely when developing the good practice guide to healthy relationships which sets out robust principles. However, there is no clear indication where and how the guide is being implemented. It would greatly benefit the different stakeholders if information was made available of where the good practice guide is being used so that lessons can be learned from early adopters or pilot areas.

The written statement entitled "Educational Provision and the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Bill states that Local Authorities would have to comply with such statutory guidance unless they could demonstrate, to the satisfaction of Welsh Ministers, that they had found a satisfactory alternative approach. However, it at present, it is not clear how local authorities will be engaged with to ensure that they are implementing the whole school approach. It is also not clear if any local authorities have been asked to demonstrate how they are implementing section 14 of the VAWDASV (Wales) Act. Therefore it is challenging the express a view on the extent the good practice guide is influencing the development of a whole school approach.