

Wales Safer Communities Network response to: Welsh Government - Single Unified Safeguarding Review (SUSR) draft statutory guidance

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Consultation Questions:

1. Does the Introduction provide clarity on the aims and reasons for producing the Single Unified Safeguarding Review process (SUSR)? Is the Introduction as set out in Section 1 clear and easy to understand?

Yes ⊠ No □

Please comment:

We agree that the introduction is clear and written in plain language making it easy to understand. However, it is noted that the SUSR Stakeholder Reference Group, which has already begun to meet, is not included within the introduction but that the Steering Group is included.

It may also be appropriate to move the Victim and Family Reference Group so that it is more prominent, so sit directly after the Ministerial Board. This is because Victims and Families are meant to be at the centre of the Reviews and there is likely to be input from this Group into all of the different levels of governance and delivery.

For clarity, it may be appropriate to list the main bodies who may be involved in the process, such as devolved – Local Authorities (including Youth Offending Services, Housing, Education as well as Social Services), Health Boards, Fire and Rescue Services; and reserved – Police, Probation, and the Prison Service. Alongside these, there may be private and third sector service providers such as care services, domestic abuse organisations, substance misuse and other mental health organisations. Police and Crime Commissioners may be part of the process if they are involved in the CSPs or RSBs but otherwise they should come into the process at the recommendation stage to enable and monitor implementation within their own force area.

The partnership landscape in Wales may be subject to change over time. To assist in the longevity of the Guidance it may be useful to include lines similar to "...over time governance structures change and Boards required under legislation may also change. Where these



changes happen this Guidance will continue to be relevant and will remain in place within the newly named structures or replacement or reconfigured Boards."

2. Do the Principles which underpin the SUSR set out in Section 2 achieve the desired outcome of a proactive approach to taking solutions forward and a positive shared learning culture which avoids multiple reviews of an incident, helping to reduce further trauma for victims and families?

Yes⊠ No □

Please comment:

Yes, in principle. However, in workshops we ran the issue of suicide reviews were discussed at length. It was recognised that whilst there is an element of concern that the number of reviews would be large and capacity and resourcing may be limited to cope with demand, it was also widely recognised that there is a gap in knowledge and there is a need for more information (and not just where domestic abuse in the form of coercion is involved). It is suggested that suicide reviews carried out by the British Transport Police ought to be added to the Wales Safeguarding Repository as potentially an important first step.

Whilst the Principle's as they appear should enable a positive culture, it may also be worth noting that many of the partners who will be involved in SUSRs also have frameworks within which they work, namely: Hallmarks of Effective Practice; Sustainable Development Principle; Public Health Approach; Wellbeing Goals and Five Ways of Working; Principles of Safeguarding from Social Care Institute for Excellence; JESIP Principles; 4P's of Policing; and a whole system approach. Linking existing working framework principles with the ones laid out in the Guidance may assist in the SUSR and its Principle's being embedded into practice.

3. Does Section 3 provide the clarity required to determine when a SUSR should be undertaken and are the criteria clear and useful?

Yes ⊠ No □

Please comment:

There is nothing notable missing that was raised during the sessions we ran on the Guidance with community safety practitioners and strategic leads. However, it may be worth including with the detail on Domestic Homicide Reviews that a decision can be overturned by the Home Office where locally a decision has been made not to proceed with a Domestic Homicide Review.

4. Does Section 4 provide clarity of the SUSR process and is there sufficient detail for each stage?

Yes 🛛

No 🗆



Please comment:

We agree there appears to be enough detail for each stage. It will be dependent on the training, the templates and only truly known once implemented.

5. Are each of the Roles and Responsibilities as set out in Section 5 clear and useful?

Yes 🛛

No 🗆

Please comment:

The roles and responsibilities appear clear and useful, but we suggest that they are reviewed after the first group of SUSRs to make sure that how they read is actually how they work in practice and that they don't leave any gaps or cause duplication of tasks during the process.

6. Do paragraphs 5.6-5.9 and appendix 3 of the guidance help Reviewer(s) to consider whether community partners (such as independent and third sector organisations) should be engaged in the SUSR process? If not, how could the guidance improve on this?

Yes ⊠ No □

Please comment:

The information that is currently present is appropriate, but there is a gap when it comes to the types of organisations who should be engaged in the SUSR process where DHRs are involved. For example, there is currently no mention of VAWDASV organisations such as the local Women's Aid organisations who may be involved, either as they had contact with the victim or to provide specialist expert advice.

7. Do paragraphs 5.7 – 5.9 and Appendix 3 of the guidance help Reviewer(s) to consider whether specified information should be requested from a 'qualifying person or body'? If not, how could the guidance improve on this?

Please comment:

Whilst the detail appears appropriate there are ongoing data protection and information sharing arrangement issues that are present currently for all review types. Therefore, only once the Guidance is implemented will it really be known if this is resolved via the SUSR or if the existing issues continue and other options need to be utilised to eliminate inappropriate barriers.

8. To what extent do you think engagement from relevant community partners or the supply of specified information from a 'qualifying person or body', where appropriate, could assist the SUSR process?'

Please comment:

As the needs of each review will be different the demands will vary.

Many community partners are specialists in their own field, for example with domestic abuse there are the specialist victim support services but also specialist support for perpetrators to



prevent offending or re-offending who may bring in a different perspective or hold different information.

9. Are the guidelines for engagement with victims, families and principal individuals as set out in Section 6 clear and useful? Consider whether it is clear that the Reviewer(s) and Review Panel need to approach each participant in the review on a case-by-case basis and ensures that the victim, families and principal individuals are at the heart of the review process.

Yes ⊠ No □

Please comment:

We agree that it is clear, but we would suggest including perpetrators within the group of 'principal individuals' along with friends, neighbours, colleagues and community representatives is not appropriate. How a perpetrator is managed within the process is likely to need to be different to the other principal individuals. For example, the need to keep them separated, travel restrictions, or incarceration should be taken into account. Timing for their involvement is also likely to vary from the others due to the need to not prejudice any case or appeal against them.

10. Section 7 outlines the number of stages which need to be undertaken as part of the review process. Are these stages in the appropriate chronological order and clear in terms of what is required?

Yes ⊠ No □

Please comment:

No comments were raised in this matter through the workshops which may be a reflection of the fact the SUSR Statutory Guidance was drafted from the Adult Practice Review, Child Practice Review and Domestic Homicide Review Guidances in the first instance.

11. Does Section 8 ensure that learning is a key component of the SUSR process and a statutory obligation by providing clarity on how learning and information is shared as part of the wider process including working with relevant partnerships such as Community Safety Partnerships and Public Services Boards?

Yes 🗵

No 🗆

Please comment:

The Guidance provides clear indications that the learning and recommendations need to reach relevant bodies, the concern is how this will be done in action. How do Regional Safeguarding Boards step back from the regional and engage at the Local Authority level with Community Safety Partnerships, Public Service Boards and Local Criminal Justice Boards, as well as reaching across to other regional boards such as the Regional VAWDASV Boards, Substance Misuse Area Planning Boards, Regional Housing Support Collaborative Groups and Regional Partnership Boards? Whilst we do not think that the SUSR Statutory



Guidance will provide the solutions, we think it should be a catalyst for improving communication and links between all the Boards and ensuring best practice and improvements are made where required, including in Welsh Government.

Historically, there does not appear to have been much involvement and collaboration between the Regional Safeguarding Boards and the Community Safety Partnerships. This is something that is being looked at locally but is also worth considering at a national level. The SUSR, as mentioned previously may strengthen these relationships naturally with chairs, case review and panel members being involved from both areas of work, plus recommendations being shared with both from all review types. However, we thought it was worth including as it may be advantageous to include something in the Guidance about the importance of building these links and relationships to enable the process to run smoothly and reduce any potential delays at any point in the process.

It is less clear how any learning or recommendations on reserved matters will be managed whether this is via the SUSR Coordination Hub, Regional Safeguarding Board or Welsh Government engaging with Westminster Ministers and Departments such as the Home Office or Ministry of Justice.

There may be a role for Police and Crime Panels in ensuring the Police and Crime Commissioners are aware of any recommendations that impact on them or the Police Service and enable and monitor the implementation of learning and recommendations from Reviews.

12. Does Section 9 set out the data protection considerations in a way that is clear and useful? Would you like to see a clear legal obligation in this section requiring review partners to share information for SUSR review purposes when requested, if one could be found?

Yes ⊠ No □

Please comment:

There is very little information on the need for anonymisation and redacting which may be required ahead of sharing the Review to wider audiences or publication. The Reviews can be stressful for victims, family and friends and may include personal information which should not be in a wider domain. It may be that in some instances only the Recommendations can be shared publicly. Whilst this risks losing some of the context, it may be required to protect children and adults at risk / vulnerable adults. The focus of the SUSR is to protect and prevent future instances but there also needs to be awareness that information in the review itself may have safeguarding implications for those partaking in it.

We believe that Data Protection and Information Sharing should be strengthened to assist the removal of barriers for sharing relevant information for the review (taking into consideration any coroner, legal or civil court cases where disclosure of information may be time restricted so as not to have consequential impacts). A clear legal obligation may assist in enabling the sharing of information, but care will need to be taken to ensure all those



involved are covered, not just devolved bodies but also the reserved bodies such as Police and Probation.

13. Does the guidance provide sufficient clarity and flexibility to ensure that key partners including Community Safety Partnerships and Public Services Boards will be effectively engaged and involved within the SUSR process, where this is appropriate and helpful?

Yes ⊠ No □

Please comment:

The Guidance is clear that where a Domestic Homicide or Offensive Weapons Homicide is involved, there needs to be notification to the CSPs as well as the RSBs, as well as involvement from the CSP on the Case Review Panel and through all the stages including the role of the CSP chairs.

It is less clear the role, involvement and engagement with the Public Service Boards (PSB). This may be because in many areas of Wales the CSPs sit under the PSBs, but in others there is not the same governance relationship. We think it may be advantageous to make it the role of the CSP to escalate recommendations from SUSRs to PSBs that are strategic and require action from PSB partners, and for the same responsibility to be given to RSBs to the Regional Partnership Boards.

Please also see our answers to questions 11 and 13 in regard to this matter.

14. What in your view would be the likely impacts upon individuals and groups with protected characteristics of the ways of working set out in this guidance? Your views on how positive effects could be increased, or negative effects could be mitigated, would also be welcome. Please use the text box to explain your reasoning. The Guidance makes little to no reference around engagement for those with limited cognitive capacity and how they may be involved either as a victim, family or friend. The cognitive capacity could be due to dementia, learning disability, brain injury (possibly due to being a victim), or mental health which impacts on reality. Each of these may require a different approach.

Similarly, there is no mention of using alternative communication methods such as British Sign Language, Makaton, Tactile Sign Language. Whilst this may be managed by utilising advocacy services, there is a risk that it may reduce the ability for true engagement, so alternatives should be made available where possible and appropriate.

Engagement with victims, family and friends may need to take place using a language other than English or Welsh, especially at the interview stage. For example, one form of abuse and control includes preventing the victim from learning the language where they live so keeping them restricted to whom they can communicate with. Therefore, in order to hear their stories and details, they may require other languages or interpreters to be utilised. Standards and confidentiality should form part of any interpreters involvement.



Dyslexia may result in a person not being able to read and assist in redacting a Review. Whilst this will need to be handled on a case by case basis, it may be worth including this as something which may need to be managed towards the end of the process.

Reliving a traumatic experience is likely to be stressful and may cause Post-Traumatic Stress Disorder (PTSD). It may therefore be appropriate to include information on organisations and referral processes to support and services for PTSD as part of the information to be given to victims, families and others involved in the SUSRs.

The wellbeing of Reviewers, who may be processing difficult personal information as part of the Review, is not included within the Guidance. Support for them and the panel members should be considered either on a national scale or at a local or regional level.

15. What in your view are the likely other impacts of the ways of working set out in this guidance? You may wish to consider, for example, benefits, and disbenefits; costs (direct and indirect), and savings; other practical matters. Your views on how positive effects could be increased, or negative effects could be mitigated, would also be welcome. Please use the text box to explain your reasoning.

We think the ways of working are appropriate for SUSRs and it is not yet clear what the financial benefit or cost is likely to be. This is because currently DHRs are commissioned by CSPs, but most APRs and CPRs are carried out by public body employees. It is not clear how bringing them all together will result in external commissioning or how the Mental Health Homicide Reviews will impact, given that none have been undertaken in Wales for many years. Whilst reducing the different types of review is likely to save on resources, these savings may be in different departments within organisations so resulting in increases in some and decreases in others which are not yet clear to everyone.

Carrying out one SUSR in place of up to seven other separate review types will result in the saving of staff time in needing to attend multiple review panel meetings, but how much longer these may take as they deal with the full complexities of people and carry out a full holistic review may reduce the resource impact. We won't know this level of detail until they are able to be undertaken.

16. We would like to know your views on the effects that the SUSR process would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

If Welsh is to be treated equally with English then the opportunity to engage in language of choice between English and Welsh should be included in the Guidance. This may provide additional challenges to identify chairs or additional draw on finances and other resources to provide translation for interviews, panel meetings and learning events. All SUSRs should be available bilingually with confidentiality and data protection protected throughout.



17. Please also explain how you believe the proposed policy could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language and on treating the Welsh language no less favourably than the English language.

Please note answer to question 16.

18. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them: We have been informed through workshops and other communications that Domestic Homicide Reviews are currently being delayed by the Home Office Quality Assurance Panel, with DHRs submitted in March/April not due to be looked at by the Panel until December. There are also a number of delays in getting Reviews signed off following feedback which is often inconsistent from the Quality Assurance Panel. This is unacceptable for both timely learning and it prolongs the process for victims, families and friends. It may be appropriate to establish a Quality Assurance Panel for Wales, which is based within Welsh Government, that understands the Welsh context and could respond in a more timely manner. This should include Home Office representation, as delaying an SUSR for what might be only one part seems excessive. A question was also raised at one of our workshops around how the Home Office Quality Assurance Panel would cope with a different format and the fact that there would be wider issues included within the Review for which they are neither trained or expected to comment on.

There have also been issues raised around the quality of some of the DHRs and the level of training or competency of DHR trained chairs. We therefore think there should be consideration to enable the DHR elements to form part of the wider SUSR training and not to continue as a separate entity.

In discussions, those who attended our workshops on the SUSR Statutory Guidance were comfortable with the guidance, but managing the transition will need to be done carefully, with engagement with CSPs as well as RSBs.

Having provided all of the information, the general consensus was summarised by one participant in our workshops: "This is straight forward and the right way to go".