

**Royal College of Nursing response:
Home Office and Welsh Government consultation on a new legal duty to
support a multi-agency approach to preventing and tackling serious violence**

1. Introduction

1.1. The Royal College of Nursing (RCN) welcomes this opportunity to respond to this consultation on the multi-agency approach to preventing and tackling serious violence in England and Wales. Reducing and preventing serious violence is an important issue for RCN members. During RCN Congress in May 2019, RCN members passed a resolution to support public health strategies on violence prevention and reduction, following the increase in violent knife crime across the UK.

1.2. Due to the breadth and range of ways RCN members engage in and experience serious violence, our response focuses on two specific consultation questions. These are:

- ‘Do you agree that the vision and focus for a multi-agency approach to preventing and tackling serious violence is correct?’; and
- ‘What other measures could support such a voluntary multi-agency approach to tackling serious violence, including how we ensure join up between different agencies?’

2. Summary

2.1. Violence is a major societal problem requiring urgent societal action. The RCN welcomes Government support for a public health approach to reducing violence, with its focus on prevention and inter-agency collaboration. We would welcome greater clarity in the vision on the need for the multi-agency approach to include agencies from across all sectors.

2.2. Within a public health approach to reducing and preventing violence, specific policies and interventions should be designed based on evidence and learning about what is and is not effective. Crucially, strategies should be underpinned by a robust understanding of the specific contextual issues and underlying risk factors causing and affecting violence. In both England and Wales, sustained investment in children and young people, family and community, and more broadly in public health, is essential for delivering the public health approach.

2.3. Serious violence affects nursing staff as both professionals and individual members of societies and communities. Nursing has a critical role to play in preventing and reducing serious violence. However, across the UK, the nursing workforce is in crisis. In England alone the NHS has around 40,000

nursing vacancies, and potentially thousands more vacancies across public health and community services commissioned and/or delivered outside of the NHS. In Wales, staff shortages are affecting key services and the NHS is heavily reliant on nurses' willingness to work overtime. In this context, nurses are concerned about providing safe and effective care, patient safety is increasingly compromised due to staffing shortages, and working conditions are increasingly pressured, posing significant risks to retention.

- 2.4.** Across the UK urgent investment is needed to ensure that we have the right number of nurses in the right places at the right time to keep people safe. This must be delivered within a clear legal framework which sets out who is responsible for the health and care workforce at each level of the system.
- 2.5.** In England, a lack of clarity about roles, responsibilities and accountabilities for the workforce across the health and care system has resulted in fragmented and incomplete approaches to workforce planning which means services cannot be delivered safely or effectively. Shortages could mean that there are not enough nurses to care for victims of violence but also undermines the success of public health approaches to preventing violence, in which nurses have an essential role to play.
- 2.6.** In England and Wales nursing staff are facing challenges with accessing training, learning and development. Not only does this exacerbate the existing workforce crisis, which in turn reduces the capacity of nursing to respond to and prevent violence, but it could result in a failure to equip nurses with the knowledge and specialist skills required to maximise their contribution to the public health approach to reducing violence.
- 2.7.** While intelligence and data sharing is an essential part of a public health approach, we have concerns about any move towards mandatory reporting of children and young people at risk of or involved in violence for health professionals. This idea was discussed by the Home Secretary and in the media in relation to this consultation. The RCN strongly believes that the mechanisms for data and intelligence sharing as part of public health approaches must be rooted in evidence of what works for prevention and keeping people safe. This should aim to build trust rather than reduce it, and we are concerned that such a duty could discourage people from seeking health and/or other support, thereby undermining a public health approach by increasing exclusion and risk factors. It is also unclear how such a new duty would support or enhance existing ethical and safeguarding duties on nurses, notably the Nursing and Midwifery Council (NMC) Code.

3. Recommendations:

- 3.1.** Investment in children and young people, family and community, and public health services must be viewed as an essential part of the public health approach to reducing and preventing serious violence. The RCN calls on the Government in England to urgently reverse the cuts to the public health grant and ensure that funding for public health and for services commissioned by local authorities is sustainable and sufficient to meet population need. Additionally, the future funding mechanism for public health and local authorities must be sustainable, equitable and sufficient to meet demand. In Wales, the RCN is calling for the planned 'Shared Prosperity Fund' to be devolved to the Welsh Government, to support investment in social inclusion.
- 3.2.** Across the UK, urgent investment is needed to ensure that we have the right number of nurses in the right places at the right time to keep people safe. In England the RCN is calling on the Government to invest at least £1bn annually into growing the supply of nurses through the nursing higher education route, via tuition fee and maintenance support for an additional 24,000 nurses over five years. Additionally, we are calling for growth via the postgraduate degree route, and hardship support for those who need it.
- 3.3.** The Government in England should build on the progress made in Scotland and Wales with legal accountability for staffing in the health and care system and introduce a clear legal framework for accountability throughout all levels of the health and care system. This would help to resolve the worsening workforce crisis and ensure that the health and care workforce is fit for purpose and meets current and future demand.
- 3.4.** To support the multi-agency public health approach, the RCN urges the Government to invest in training, specifically strategies for collaboration between organisations and professions. Training for professionals as part of serious violence reduction approaches should be tailored, relevant and accessible.
- 3.5.** The Governments, health system leaders, and employers in England and Wales must ensure that all nursing staff can access mandatory training during work time and are supported to access the right level of Continuing Professional Development (CPD) to practise safely and effectively. In England, funding for CPD should be restored to its previous annual budget of £200m.
- 3.6.** Mechanisms for data and intelligence sharing as part of the public health approach must be rooted in evidence of what works for prevention and keeping people safe. This should aim to build trust rather than reduce it, and ensure that it does not exacerbate exclusion and risk factors or health inequalities.

3.7. New and different approaches to violence reduction should be piloted for an interim period to assess what works in particular settings (with regard to the fact that there is no one-size-fits-all model) and scalability. This should be done alongside a robust monitoring and evaluation framework to best capture learning.

4. *Do you agree that the vision and focus for a multi-agency approach to preventing and tackling serious violence is correct?*

4.1. The consultation document¹ sets out the Government's vision for the multi-agency approach and asks for feedback on this. Below is the RCN's view.

4.2. *The RCN's view on the multi-agency approach.* The Royal College of Nursing (RCN) believes that serious violence is a major societal problem which must be addressed as a matter of urgent priority.

4.3. Serious violence is not a single agency issue and the RCN believes that it requires a societal response. We support the need for a broad multi-agency preventative approach which aims to address the root causes of violence, rather than merely responding when it occurs. In light of this, we welcome the Government's support for a public health approach which prioritises prevention and more and better collaboration between agencies to tackle and prevent violence. We would emphasise that such an approach must seek to understand the scale of the problem and be rooted in evidence of what works to reduce serious violence. Learning from what has worked in other areas, particularly Scotland's Violence Reduction Unit, is important. For example, the need for sustained and long term action, as in the case of Scotland where progress has been shown over a decade.

4.4. However, the issues and root causes of violence differ widely across locations and communities and therefore there is no one-size-fits-all public health approach to violence reduction. Rather the public health approach and strategies adopted within different areas must be driven by a robust understanding of the specific local issues and risk factors and the underlying causes of serious violence. This will require meaningful engagement with communities affected by serious violence. In light of this, we would encourage the Government go further than just 'consulting with communities' as it refers to when setting out its approach in this consultation, and to prioritise ongoing meaningful engagement with communities in order to understand the issues and design the most effective interventions.

¹ Home office Consultation on a new legal duty to support a multi-agency approach to preventing and tackling serious violence

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791253/SV_Legal_Duty_Consultation_Document.pdf

- 4.5.** A meaningful ‘multi-agency’ approach will require collaboration between agencies spanning all sectors, not only public sector agencies. We would welcome greater clarity on this within the Government’s vision, as all agencies will be required to take action and work together in order to make progress on this broad societal issue.
- 4.6.** While we welcome the Government’s support for new ways of working to address serious violence and the broad vision for a public health approach, it is as yet unclear how this would work in practice. The evidence base for the key areas of the approach is also unclear and we would strongly urge that the vision and any flowing policies and interventions are evidence-based and data-driven. Furthermore, we would expect to see greater recognition and reflection on similar and interdependent existing and previous programmes and strategies including the Prevent counter-terrorism programme.
- 4.7.** *The role of nursing in preventing violence.* Serious violence affects our members and the nursing profession in a multitude of ways. Professionally, nurses and nursing staff work in a wide range of roles that manage, respond to and prevent serious violence. This includes treating and supporting victims, potential victims and ‘perpetrators’ of violence across a range of settings including homes, schools, GP surgeries and hospitals. They also provide support and assistance to individuals, families and communities, and lead and deliver essential public health, health promotion and prevention services with individuals and communities.
- 4.8.** Serious violence is also an issue which affects our members on a personal level as individual members of society and communities affected by serious violence, and unfortunately also as relatives of victims of violence or as victims themselves.
- 4.9.** Nursing has an essential part to play in serious violence reduction and prevention strategies. Rather than nurses and nursing staff simply receiving victims, treating them and then sending them back out onto the streets - often seeing the same patients time and time again - nursing has a key role to play as part of a broad societal effort to prevent serious violence from occurring and keep people and communities safe, healthy and resilient. The importance of this issue to our members was highlighted at our recent RCN annual Congress which passed a resolution on supporting public health approaches to serious violence.
- 4.10.** *The nursing workforce is in crisis.* Across the UK, the nursing workforce is in crisis. The NHS in England alone has around 40,000 nursing vacancies, with potentially thousands more nursing vacancies across key public health and community services commissioned and/or delivered outside of the NHS. In this context, nurses are already concerned about providing safe and effective

care, patient safety is increasingly compromised due to staffing shortages, and the working conditions for the existing workforce are increasingly pressured, posing significant risks to retention. Given the essential role that nurses do and can play in reducing and tackling serious violence, urgent investment in the nursing workforce is needed to ensure that we have the right number of nurses in the right places at the right time to keep people safe.

4.11. In England, the RCN is calling for the Government to invest at least £1bn annually into growing the supply of nurses, through the nursing higher education route via tuition fee and maintenance support for an additional 24,000 nurses over five years, as well as growth via the postgraduate degree route, and hardship support for those who need it. We are also calling for Continual Professional Development (CPD) funding to be returned to its former levels of £200m annually. The RCN in Wales is also calling for investment in its nursing workforce.

4.12. In England, across the health and care system and at the various levels within this system, there is currently a lack of clarity regarding roles, responsibilities and accountabilities related to the workforce. This has resulted in fragmented and incomplete approaches, and workforce planning is often missing from wider strategies. This in turn means services cannot be delivered safely or effectively. The RCN is calling on the Government in England to follow the positive examples of Wales and Scotland, and introduce a clear legal framework for accountability which would support the system to resolve these workforce issues.

4.13. *Data and intelligence-sharing is crucial, but must be appropriate.* The RCN recognises the importance of intelligence and data sharing as part of a public health approach to preventing and reducing serious violence. This is essential for defining the issues in a particular context, developing an understanding of their root causes and the risk factors involved and sharing learning about what is effective (in line with the World Health Organisation's work definitions of the public health approach to violence²). However, the mechanisms for this must be rooted in evidence of what works for preventing violence and keeping people safe (including nurses and nursing staff, patients and their families). Evidence shows that nursing is a well trusted profession³ and any approach to data sharing and monitoring must be sensitive to this and aim to build trust rather than reduce it.

4.14. As part of the discussions about a legal duty to facilitate the multi-agency public health approach, the Home Secretary has discussed the idea of a

² https://www.who.int/violenceprevention/approach/public_health/en/

³ https://www.ipsos.com/sites/default/files/ct/news/documents/2018-11/veracity_index_2018_v1_161118_public.pdf

mandatory duty on nurses and other professionals to report children and young people at risk of or involved in violence. The RCN has concerns about this proposal. Such a duty on nurses and other professionals could discourage people from seeking health and/or other support, thereby undermining a public health approach by increasing exclusion and risk factors. A narrow focus on high risk individuals will not solve the problem and could actually detract from the broader preventive agenda and it is unclear how such a duty or reporting mechanism would serve to understand the problems, their root causes or to promote the public health approach to violence more broadly.

4.15. It is also important to consider that nurses are already accountable to professional ethical responsibilities and requirements as set out in the Nursing and Midwifery Council (NMC) Code.⁴ The Code requires nurses, midwives and nursing associates to “share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality” (section 5.4). Many organisations and employers of nursing staff also have specific safeguarding policies in place and it is unclear how such a new duty would enhance these.

4.16. Strategies for data sharing should be subject to regular review and evaluation in order to ensure that they are effective and appropriate. Furthermore, at design stage they should be subject to assessments of their impact on equality to ensure that they do not discriminate against particular communities or individuals, or result in exacerbating existing health inequalities.

5. *What other measures could support such a voluntary multi-agency approach to tackling serious violence, including how we ensure join up between different agencies?*

5.1. In relation to this consultation question about other measures for supporting a multi-agency approach to tackling serious violence the RCN has the following points to make.

5.2. *Adequate funding and sustained investment in prevention is vital.* In England, strategies to reduce serious violence must be viewed within the broader context of financial pressure and insecurity for local authorities. Local authorities have been subject to significant budget cuts since 2010, which has put pressure on councils to cut and/or reduce services. For example, in the context of children’s services, funding cuts have led to local authorities focusing spend on statutory late stage intervention services for children, with

⁴ **The Code:** Professional standards of practice and behaviour for nurses, midwives and nursing associates

significant cuts to early intervention and preventative services such as children's and youth centres and family support services. Research by the All Party Parliamentary Group on Knife Crime (APPG) has found that the average council cut spending on youth services, such as youth clubs, by 40% from 2014/15 to 2017/18. The APPG also reported that the four areas worst-hit by youth spending cuts also saw some of the biggest knife crime rises⁵.

- 5.3.** Local authorities' public health budgets have also faced significant cuts - between 2014/15 and 2019/20 there was a £900m real terms reduction in funding for public health. This has resulted in essential services facing cuts, including health visiting and school nursing, drug and alcohol misuse support services and family support services. This is undermining the prevention agenda and ambitions to ensure that all children have the best possible start in life. Strategies to prevent and reduce violence must include sustained adequate investment in preventive public health and social services for children and young people, families and communities.
- 5.4.** The RCN calls on the Government in England to urgently reverse the cuts to the public health budget and ensure that the future funding mechanism for and spending on public health and for local authority budgets are sustainable and sufficient to meet population need. Investing in children, young people, families and communities, and public health more broadly, must be viewed as an essential part of a public health approach.
- 5.5.** Austerity has also taken a significant toll on funding to the Welsh Government, which in turn impacts on the Welsh Government's funding for local government. The RCN in Wales is also concerned about the impending withdrawal of European Union funding as a result of Brexit, which will have severe implications for social inclusion spending. Despite the UK Government having promised a "Shared Prosperity Fund", details about how this fund will be distributed has not been forthcoming. The RCN is calling for these funds to be devolved to the Welsh Government.
- 5.6.** One proposal the Government could consider as part of its broad multi-agency public health approach is a socio-economic duty, as part of the Equality Act 2010. This would require public agencies to assess and adjust their decision-making according to its likely impact on the socio-economic circumstances of those that are affected by the decision.
- 5.7.** *Nurses and other professionals need appropriate and relevant training.* In order to foster greater inter-agency and collaborative working, the RCN urges the Government to invest in multi-agency training in violence

⁵ BBC News 'Rising knife crime linked to council cuts, study suggests' May 2019
<https://www.bbc.co.uk/news/uk-48176397>

prevention and the public health approach and specifically strategies for collaboration between organisations and professions. This could usefully include sharing of best practice, learning and strategies to inform future action. It is imperative that training is meaningful for health professionals, which will necessitate consultation and engagement with health professionals as part of its design, testing and implementation. This is an important opportunity to capture learning from the Government's 'Prevent' agenda, as part of its counter-terrorism strategy, which includes training for professionals delivered by the Home Office. Training for professionals as part of serious violence reduction approaches should be tailored, relevant and accessible.

- 5.8.** As we have highlighted, nurses are involved in responding to and preventing violence from occurring across a diverse range of settings and services, and have a key role to play in the public health approach to violence reduction. However, in England the Continuing Professional Development (CPD) budget for nurses has been cut since 2012 and in 2017 it was reduced from £190m to £84m. Not only does this exacerbate the existing workforce crisis, which in turn reduces the capacity of nursing to respond to and prevent violence, but it can result in a failure to equip nurses with the knowledge and specialist skills required to maximise their contribution to the public health approach. We urge the Government to restore the annual budget for CPD for nurses in England to £200m.
- 5.9.** In Wales, the RCN has also highlighted the challenges nurses face in terms of access and support for training and development. The 2017 RCN Employment Survey revealed that only 64% of nursing staff in Wales had been able to complete all their mandatory training, with only 47% able to complete in working time. This training is essential for delivering safe and effective care. Furthermore, due to the difficulty of backfilling nurses on the team some Health Boards have stopped all access to CPD for nurses.
- 5.10.** We urge the Government, health service leaders and employers in England and Wales to ensure that nurses are supported to access their mandatory training during work time and supported to access relevant CPD to ensure they practise safely and effectively. In addition, we urge the Government to ensure that nurses and other professions across England and Wales are supported with adequate training in multi-agency working and the public health approach, to ensure that they can contribute meaningfully.
- 5.11.** *A safety/violence reduction observatory.* An area that the Government may want to explore as part of its approach to fostering multi-agency public health approaches is the establishment of a safety/tackling violence observatory. This observatory could serve to coordinate and facilitate the intelligent sharing of research and evidence about what interventions are successful in

eliminating harm/reducing violence/promoting safety and ensuring that there is intelligent multi-agency co-ordination.

About the Royal College of Nursing

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

For further information, please contact:

Rosie Stainton, Policy Adviser (rosalind.stainton@rcn.org.uk, 020 7647 3442).

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