

Independent Domestic Violence Advisor Pilot Project - Update

Health and Wellbeing Board

Date: 25 May 2016

Author:	Police and Crime Commissioner
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report sets out details of progress of the Hospital Independent Domestic Violence Advisor (IDVA) and GP Outreach Worker pilot project for consideration by the Board.
- 1.2 The report details some of the challenges involved in developing the project and some of the achievements of the service to date in supporting individuals affected by Domestic Abuse (DA).

2. Recommendations

The Board is recommended to:

- 2.1 Note the progress of the pilot project.
- 2.2 Support continuation of strong links between health services and specialist support for people affected by Domestic Abuse, including consideration in future commissioning decisions.

3. Detail

Background

- 3.1 The Health IDVA/Outreach pilot project was established as a transformation project for the One Swindon Project Board. IDVA/Outreach posts support women who are risk of further harm through DA. The aim of the project was to support individuals who may disclose DA when accessing GP or other health services or on admission to GWH.
- 3.2 The intended benefits of the project included:
 - 3.2.1 Increased access to confidential specialist support for victims,
 - 3.2.2 Improved awareness of DA, and access to DA support services for medical staff,
 - 3.2.3 Early intervention to reduce repeat victimisation and to reduce repeat hospital admissions/GP consultations,

Further information on the subject of this report can be obtained from Office of the Police and Crime Commissioner, 01380 861540, pcc@wiltshire.pcc.pnn.gov.uk.

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3.2.4 Identification of individuals who may not otherwise access support services.

- 3.3 Previous national research into evaluating the impact of co-locating IDVAs in hospitals (Safe Lives Themis Research 2013) has shown that they are able to reach a more vulnerable group of victims, including younger victims, victims with complex needs, victims who have a higher usage of Accident and Emergency departments and victims who make fewer reports to the police.
- 3.4 The Health IDVA posts have been in place since June 2015. There has been a challenge in partnership arrangements for delivery of this pilot where one partner is initially funding (PCC) another is leading on oversight (SBC) and another is hosting (GPs/GWH), and the service is provided by a voluntary sector organisation. Some of these challenges have now been resolved and are included in the report.

GP Based Outreach Worker

- 3.5 The outreach worker is based in GP surgeries. At the moment practices involved include Abbey Meads Medical Centre, Hawthorn Medical Centre, Kingswood Surgery, Ashington House Surgery, Priory Road Surgery and Great Western Surgery. Carfax Health Enterprise have recently joined the project and Moredon Medical Centre and Eldene Health Centre have both expressed an interest.
- 3.6 In the last 6 months of 2015/16 there were 51 referrals to the Outreach service, 34 came from GPs, the others came from other health professionals or self referrals. Referrals from GPs have continued to increase during the life of the project.
- 3.7 Patients attend the IDVA 'drop-in' at their surgery at the suggestion of their GP, Midwife or Health Visitor or as a result of seeing advertising. Referrals have also been made through GP attendance at Child and Adult safeguarding boards.
- 3.8 Training on the impact and issues involved in DA has been delivered to Clinical and administration staff.
- 3.9 The service is being accessed by clients who do not wish to report DA to the Police, but are at risk of further harm.
- 3.10 In December 2015 the IDVA attended a practice managers meeting at Swindon CCG and received positive feedback on the project with other GP practices being interested in accessing support and training.
- 3.11 It is worth noting that during the recent Domestic Homicide Review (DHR) in Swindon it was identified that the victim had disclosed DA to her GP and had not contacted other agencies, although the police were eventually involved.

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GWH based IDVA

- 3.12 The hospital IDVA gained access to work at GWH in October 2015. The service supports high risk victims identified on admission to hospital as a result of DA. The IDVA conducts and reviews risk assessments, develops safety and support plans and also signposts to other relevant support services. The IDVA also provides training to other professionals.
- 3.13 Since 6th October 2015 the service has received 49 referrals of patients in the hospital (to 03.03.16). One of the main aims of this service is to reduce repeat admissions. One individual that has accessed the service was admitted 15 times between May and December 2015 as a direct result of experiencing DA. Working collaboratively with other professionals in ED and with CRI a successful result was obtained for that individual.
- 3.14 The IDVA 'hot-desks' within GWH which creates some challenges when staff wish to refer, or patients wish to access services in a confidential manner. Telephone contact is also difficult because of challenges to use mobiles, however a bleep system is now in place to allow hospital staff to access the service.
- 3.15 There have also been challenges in making the service known to staff. This is now improving, particularly in ED and Maternity. Posters and leaflets have also been produced and distributed around the hospital.
- 3.16 The presence of the IDVA post has been welcomed by hospital staff at GWH. Feedback from a Staff Nurse stated 'I think this (project) is working really well. The IDVA has managed to form some relationships with patients not used to engaging. I know other staff members including doctors, and specialist nurses in other fields have used the IDVA and found her to be extremely useful and helpful.'
- 3.17 A Safeguarding Nurse at GWH also stated 'The IDVA at GWH is a real asset, allowing staff to concentrate on the medical issues knowing that specialist support will be available for the victim. There has been an increase in referrals to the Multi-Agency Risk Assessment Conference (MARAC) from the hospital. Between January and March 2016 there have been 6 high risk cases referred. Some of these victims have never engaged with either the hospital or other services for their DA issues before
- 3.18 A case study of an individual victim, who regularly accessed hospital services, is included at Appendix 1.

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Future Arrangements

- 3.1 Funding is secured for 2016/17 through the PCC for the continuation of the pilot. Discussion will take place with all relevant partners as to how this scheme could be funded from 17/18 onwards. SBC will continue to monitor the success of the project throughout 2016/17, including assessing equality characteristics of individuals accessing the service in comparison to other DA provision.

4. Alternative Options

- 4.1 Alternative option would be to return to health professionals at GWH and GP surgeries referring into support services based in non-health settings.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 These are outlined in the report.

Legal and Human Rights Implications

- 5.2 No adverse or significant implications have been identified.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 The aim of the project is to improve health outcomes and reduce harm.

Diversity Impact Assessment

- 5.4 The service is provided to all individuals.

Risk Management

- 5.5 There are no significant risks indicated.

6. Consultees

- 6.1 SBC, Swindon Women's Aid, hospital staff.
- 6.2 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 Safe Lives Themis Research June 2013 #1.

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8. Appendices

8.1 Appendix 1 - Case Study: Sandra's Story.