

## The business case for continuing the service

October 2010

### 1. Outline Description – evidence of effectiveness

- 1.1** NHS Manchester through its 'Improving Health in Manchester' scheme has funded a two year pilot project (April 2009 to March 2011) in St Mary's Maternity Hospital. The external evaluation reported in September 2010 and shows the effectiveness of the pilot with positive outcomes achieved and a recommendation that the service be continued. Evidence and learning from the pilot will be used to shape the on-going service.
- 1.2** St Mary's Maternity Hospital is part of Central Manchester University Hospitals NHS Foundation Trust. It is located in Central Manchester and receives patients from Greater Manchester and surrounding areas in the North West. It carries out 6000 deliveries a year with a complex case mix of medical problems, deprivation, high South Asian population and a large proportion of women who do not speak English.
- 1.3** This briefing provides evidence of the need for the service and the effectiveness of placing an Independent Domestic Violence Advisor (IDVA) in maternity services.
- 1.4 Outcomes from PATHway**
  - The safety of women and children attending St Mary's has been improved
  - Early intervention with women experiencing abuse in pregnancy has occurred
  - The number of South Asian women using the IDVA service in Manchester has increased
  - An enhanced response from midwives to the routine enquiry responsibility
  - Midwives have become more competent in recognising and responding to domestic abuse

### 2. Description of the service

- 2.1** The PATHway service is a specialist domestic abuse service for women at high risk of domestic abuse who attend St Mary's Maternity Hospital. One full time Independent Domestic Abuse Advisor is currently based within the maternity unit from Monday to Friday each week. Current knowledge suggests that this pilot service was the first in the UK and there has been keen interest in the findings.
- 2.2** The Independent Domestic Violence Advisor was seconded from the City Council's main IDVA team and it was the first time an IDVA has been located in a maternity setting in Manchester. The worker has been supervised and line managed by the IDVA manager at the City Council.

- 2.3** An IDVA has received specialist training in working with abused women at high risk of serious harm or murder. Their role is in crisis intervention and safety planning for the victim and her children. IDVAs have a clear multi agency perspective and they hold a pivotal role in liaising with, and co-ordinating, a multi agency response to abuse.
- 2.4** The service has required the IDVA working at St Mary's to develop skills in working with abused pregnant women and working within an NHS setting. In particular, victims are often still living with the perpetrator and the father of the child and this presents the extra complexity of the safe guarding of an unborn child.
- 2.5** Every woman who discloses abuse when asked routinely by midwives at ante-natal booking or where there is serious professional concern is referred to the IDVA service. A high proportion, **160** from **196 referrals** (data collection period March 2009 – June 2010), met with the IDVA, which is a higher engagement rate than IDVA services in general.
- 2.6** In the first 12 months of the project (April 2009 to March 2010) there were **159** referrals to the IDVA service from St Mary's staff. This compares with **40** referrals to the main IDVA team from **all** health professionals from the three acute hospitals, mental health and primary care services across the area in the previous year (2008/9).
- 2.7** During 15 months of the project, the IDVA made **533 telephone calls** to clients and carried out **697 actions** with a range of agencies on behalf of 160 clients. **28 women** have been referred to Multi-agency Risk assessment Conferences (MARACs)<sup>1</sup>, which is an indication of the large numbers of high-risk women seen.

### 3. Local, regional and national priorities, key partners and multi agency benefits

- 3.1** 30 % of domestic abuse starts in pregnancy and it escalates in situations where abuse already exists<sup>2</sup>. A 2007 report showed that 24 % of maternal deaths occurred in women who had experienced domestic abuse and of these women 19 were murdered<sup>3</sup>. The physical impact of abuse can result in miscarriage, low birth weight, ruptured uterus and pre-term labour.
- 3.2** Domestic Abuse is often a feature in serious case reviews.
- 3.3** Recent guidance from the National Institute for Health and clinical Evidence (NICE) concerning pregnant women with complex social problems<sup>4</sup> includes domestic abuse and recommends that commissioners and providers should ensure that a local protocol is written which include clear referral pathways that set out the information and care that should be offered to women.
- 3.4** For many women who experience violence and abuse, NHS settings often represent the one place where it is possible for a woman to talk to someone about her experiences without discovery or reprisal from the perpetrator.
- 3.5** A Department of Health report in 2010 set out the role for the NHS in responding to violence against women and girls<sup>5</sup> and argued that the health consequences of violence and abuse need to be taken more seriously by health professionals.

1. The Multi-Agency Risk Assessment Conference (MARAC) model of intervention involves risk assessment in all reported cases of domestic abuse to identify those at highest risk so that a multi-agency approach may be taken. The goal of these conferences is to provide a forum for sharing information and taking action to reduce future harm to very high-risk victims of domestic abuse and their children.

2. McWilliams, M. and McKiernan, J. (1993) *Bringing it out into the open*, in DH 2005 'Responding to Domestic Abuse – a handbook for professionals'

3. Lewis, G The Confidential Enquiry into Maternal and Child Health (CEMACH) Perinatal Mortality: Saving women's Lives: reviewing maternal deaths to make motherhood safer women: 2003-2005, CEMACH 2007 London

4. *Pregnant Women with Complex Social Problems: a model for service provision*, National Collaborating Centre for Women's and Children's Health, commissioned by NICE, Draft for consultation February 2010. <http://guidance.nice.org.uk/CG/Wave14/29>

5. Department of Health (2010) *Responding to violence against women and children – the role of the NHS*, March 2010

- 3.6** The links between peri-natal mental health and domestic abuse were recognised in the response by the National Mental Health Development Unit's Gender Equality and Women's Mental Health programme to the NICE guidelines on Antenatal and Postnatal Mental Health (2007).
- 3.7** A national study<sup>6</sup>, reporting on the effectiveness of an IDVA service, looked at 2500 women who received the IDVA service and positive outcomes were identified; 2 out of 3 women receiving intensive support reported cessation of abuse and 9 out of 10 reported feeling safer. The study stressed the need for closer links with health services.
- 3.8** The City of Manchester Domestic Abuse Strategy in 2006 estimated that 40,045 women in the City will experience domestic abuse during their lives and at least 17,500 women will be experiencing domestic abuse each year. Currently, only 10% are likely to disclose their abuse.
- 3.9** The Manchester Domestic Abuse Strategy (2008-2011) launched in February 2007<sup>7</sup>, sets out how the City aims to reduce domestic violence and support survivors through a multi-agency approach. One of the objectives of the strategy is to increase the numbers of victims accessing core domestic abuse services and to ensure they receive that support promptly.
- 3.10** Manchester has well-established Multi-agency Risk Assessment Conference (MARAC) information sharing protocols for very high-risk cases of domestic abuse.

## 4. Key outcomes and impact of the service – what worked?

- 4.1** As a result of PATHway, **the safety of women and children attending St Mary's has improved.** Improved safety has been evidenced through:
- Prompt identification of high-risk victims
  - An enhanced response from midwives to routine enquiry
  - Early intervention reducing the risk of escalation of violence
  - On the spot support in a women-centred environment
  - Safety planning with a domestic abuse specialist
  - Easy and safe access to the service
  - Take up of other domestic abuse services
  - High proportion of referrals to MARAC
- 4.2** PATHway has been **successful in reaching a higher proportion of women from South Asian communities** than is apparent in other domestic abuse services, both locally and nationally. The IDVA has **seen** 43% (n69) white British women, 23% (n36) Pakistani women and 34% (n55) of women from other ethnic groups. These figures reflect the ethnically diverse population that St Mary's serves with Pakistani women being the second highest ethnic group, but PATHway has seen a much higher proportion of Pakistani women than in the hospital population<sup>8</sup>. Similarly, the Manchester community IDVA team saw 52.8% White British clients and 7.2% Pakistani clients.

6. Howarth E, Stimpson L, Barran D, Robinson A (2009) *Safety in Numbers*, Commissioned by The Hesta Trust. <http://www.caada.org.uk/>

7. A new strategy is being launched November 2010

8. Inpatient data (April 2009 to March 2010) shows women attending St Mary's are 42 per cent White British and 12.5 per cent are Pakistani.

A combination of factors appear to have come together to achieve this:

- The midwives enhanced confidence through the presence of the IDVA
- The sensitivity of the midwives in carrying out the routine enquiry
- The enabling, women-centred environment
- The opportunity for women to have a legitimate referral route without raising suspicion
- Concern in pregnancy for their children's safety
- The knowledge, skills and attributes of the IDVA in being sensitive to cultural difference.

**4.3** The **multi-agency response of the NHS to domestic abuse has increased** through identification of domestic abuse and through referral to specialist domestic abuse services. The referrals have escalated from a very low base to significant numbers (**see 2.6**)

**4.4** Through the presence of the IDVA, **midwives response through routine enquiry has been enhanced**. The midwives have felt more confident in asking the routine enquiry question, in part because they know that if a woman discloses abuse they can offer an immediate referral to a specialist service. Previously midwives felt they did not always have the knowledge, skills or time to offer the woman a full multi-agency response.

**4.4** There is evidence from PATHway that **institutional advocacy has taken place** in St Mary's. The term 'institutional advocacy'<sup>9</sup> refers to providing support and advice to institutions rather than individuals and is the process by which partners in multi-agency initiatives learn and improve their practice. Midwives in particular have become more competent in recognising and responding to domestic abuse. This knowledge transfer has happened through the IDVA being located in the hospital, through brief training sessions and the informal transfer of knowledge and wisdom.

## 5. Value for money

**5.1** Domestic abuse has very high human costs but also gives rise to very high service costs. Developments in the last decade have shown that taking a more proactive, preventive approach not only saves lives but also saves public money.

**5.2** The report, Saving Lives, Saving Money<sup>10</sup> estimates that every high-risk victim of domestic abuse currently costs the public sector £20,000 per annum and a conservative analysis shows that MARACs save on average at least £6100 per victim. One third of high-risk cases are identified by an IDVA.

**5.3** Based on the data in Saving Lives, Saving Money the 28 cases referred to MARACs in 15 months by PATHway resulted in **a conservative estimated saving to the public sector of £170,800**. The costs to the health service in employing a full time IDVA at St Mary's in the same time period has been **£50,591**.

9. Robinson A (2009) *Independent Domestic Abuse Advisors: a process evaluation*. Cardiff University and funded by the Home Office

10. CAADA (2010) *Saving lives, saving money: MARACs and high risk domestic abuse*.