PATHway:
An Independent Domestic Violence Advisory service at St Mary's Maternity Hospital, Manchester

NHS Manchester

Summary of findings and recommendations from the independent evaluation

October 2010

Rationale

30 per cent of domestic abuse starts in pregnancy and it escalates in situations where abuse already exists[1]. A 2007 report showed that 24 per cent of maternal deaths occurred in women who had experienced domestic abuse and of these women 19 were murdered[2]. The physical impact of abuse can result in miscarriage, low birth weight, ruptured uterus and pre-term labour.

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.

A Department of Health report in 2010 set out the role for the NHS in responding to violence against women and girls[3] and argued that the health consequences of violence and abuse need to be taken more seriously by health professionals.

Independent Domestic Abuse Advisors (IDVAs) are specialist caseworkers who focus on working pre-dominantly with high-risk victims, those at risk of murder or serious harm. Manchester has a team of 10 IDVAs who are based in the City Council, but referrals from health professionals to the IDVA service were low compared to referrals from other services.

A large national study[4], reporting on the effectiveness of IDVA services, found the IDVA service has a positive impact on safety; 2 out of 3 women receiving intensive support reported cessation of abuse and 9 out of 10 women reported feeling safer. The report recommended that there were more direct links with health services and professionals.

The PATHway Pilot

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 surrounding areas in the North West. 6000 deliveries are carried out a year with a complex case mix of medical problems, deprivation, high South Asian population and a high proportion of women who do not speak English.

An IDVA was seconded for two years (April 2019 to March 2011) from the main IDVA team to work five days a week, based in the maternity unit at St Mary's. She has been line managed by the IDVA manager and receives professional and group supervision with her IDVA colleagues.
Every woman who books to have her baby at St Mary's is asked routinely by the midwife about domestic abuse. There are procedures in place to ensure if for any reason the question is not asked, other professionals are aware and that the question should be asked when it is safe to do so.

All women who disclose abuse or where there is serious professional concern are referred to the Midwife with special responsibility for Safeguarding and to Children's Services as well as to the IDVA, since the PATHway project has been in place.

Midwives at St Mary's do not complete the Risk Indicator Checklist (RIC)[5] and prior to PATHway they referred or signposted women who disclosed to local agencies.

1. McWilliams, M. and McKiernan, J. (1993) *Bringing it out into the open,* in DH 2005 'Responding to Domestic Abuse – a handbook for professionals'
2. 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. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom, CEMACH 2007 London
3. Department of Health (2010) *Responding to violence against women and children – the role of the NHS,* March 2010
4. Howarth E, Stimpson L, Barran D, Robinson A (2009) *Safety in Numbers,* Commissioned by The Hesta Trust. http://www.caada.org.uk/
5. CAADA-DASH Risk Indicator Checklist (RIC) are used by IDVAs and other agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed

IDVAs have a pivotal role in the multi agency response and have particular knowledge and advocacy skills to deal with crisis situations and connect women with a range of agencies. In 15 months, the PATHway IDVA undertook **697 actions** with a range of agencies on behalf of clients. The project has had **196 referrals** of which **160 women** were seen by the IDVA. Of those, **28 were referred to MARAC**[6] indicating the high number of women at high or very high risk of murder being identified.

Key Findings

The overarching evaluation question was: Is the model of locating an IDVA in maternity services a good model for improving the safety of women and their children? The data was collected from April 2009 to June 2010.

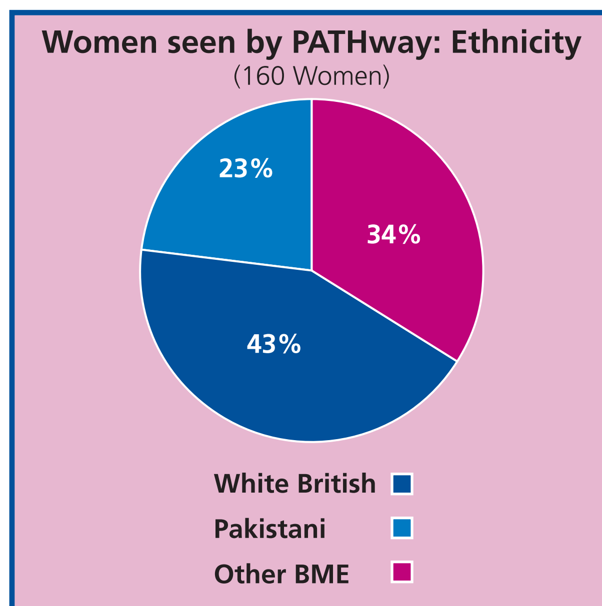
Increased number of referrals
The number of women accessing a specialist domestic abuse service (IDVA) from St Mary's has increased. **196 women** were referred and **160** were seen in 15 months. The highest number seen in a month was 19 and the lowest was 5. Significantly, when the IDVA was on holiday or sick leave, the referrals from St Mary's to the main IDVA team dropped to nil.

Specialist role within IDVA team
The IDVA working in the maternity unit has developed specialist skills in working in a health setting. The work differs from her IDVA colleagues in a number of ways:

- Only pregnant women or those recently delivered are referred
- The women are often in an acute phase of abuse with visible strangle marks or bruising
- Referral follows disclosure at routine enquiry and may not include a full risk assessment
- Clients are seen within minutes or hours of disclosure
- There is the extra responsibility and complexity of safe guarding the unborn child
- Victims are often still with the perpetrator and father of the child
- The work involves understanding the culture and structures of an NHS setting

High number of women from South Asian Communities
PATHway has been successful in reaching a higher number of women from black and minority ethnic groups, and in particular from South Asian Communities, than is apparent in other domestic abuse services. The IDVA has seen 43 % (n69) white British, 23 % (n36) Pakistani and 34 % (n55) 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 is reflected in the hospital population[7]. The Manchester community IDVA team saw 52.8 % White British and 7.2 % Pakistani clients.

A combination of factors appear to have come together to achieve this: the cultural sensitivity of the worker; the enhanced the confidence of midwives referring to the project and the women-centred environment of a maternity clinic, where women can access a legitimate referral route without raising suspicion.



Referrals from midwives
The majority of referrals (85%) came from midwives and 7%(n 9) were referred by doctors in the first 8 months of the project. It is unclear why the referrals from doctors did not continue.

[6]. 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.

[7]. 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.

Early intervention
A unique feature of PATHway has been the speed at which women disclosing domestic abuse at routine enquiry have been seen. **82** of the women were seen and assessed within hours and **16** within minutes. The speed in which referrals are seen by the IDVA is significant for the safety of the women and their children and for prevention of escalation of the abuse. The location of the IDVA within the hospital setting has allowed this prompt action to be taken in a safe environment and before women leave the premises.

Improved safety for women and their children
In a sample of clients using the IDVA service, 116 women out of a total of 126 said they felt safer.

> *"I was worried about the baby (in pregnancy), did not want to entertain the idea of going to the police or social services, but when the midwife offered me to talk to someone who could help me with the abuse, I was glad".* **(PATHway client)**

> *"Being able to talk about a problem to someone who listened, understood and gave me options about how to cope to keep me and my baby safe".* **(PATHway client)**

Improved safety has been evidenced through the prompt identification of high-risk victims and referral to MARAC, 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 and an enhanced response from midwives to routine enquiry

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

> *"If there wasn't anyone to refer to – make a 'bash' at getting her some help, (as well as referring to the specialist midwife for safeguarding), give out the helpline number".* **(Midwife)**

> *"She (IDVA) knows exactly where to get help, where to refer (the women) to, we can't possibly have all that knowledge, can't all have it".* **(Midwife)**

Development of 'institutional advocacy'
'Institutional advocacy'[8] refers to providing support and advice to institutions rather than individuals. It is the process by which partners in multi-agency initiatives learn and improve their practice. There is evidence from PATHway that institutional advocacy has been taking place with midwives in particular becoming more competent in recognising and responding to domestic abuse. This knowledge transfer has happened through the IDVA providing brief training sessions and the informal passing on of knowledge and wisdom:

> *"Sometimes I find that a woman who hasn't disclosed has lots of niggling things, they get sorted but you just get a feeling that they don't want to go home, get a feeling that something's not right here. We know we can just ring (IDVA) and say 'I have a lady here, would you come and talk to her'. She is just so easily accessible and immediate – they would have just gone home".* **(Midwife)**

> *"In the kitchen, brewing up together, she's (IDVA) there, so you'll just say what happened".* **(Midwife)**

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

The community midwives office is situated next to the IDVA office and they spoke about "popping in" to see the IDVA if they were worried about a case to get advice on whether they should refer even without disclosure.

Cost savings

Based on the data in Saving Lives, Saving Money[9] 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.

Institutional advocacy and the recommendation that midwives carry out the CAADA-DASH Risk Indicator Checklist is likely to increase the numbers of referrals to domestic abuse services. This will have initial resource implications but ultimately will reduce the cost to public services through early intervention and prevention.

Key Recommendations

Recommendation 1.
The IDVA service at St Mary's should continue. It should be part of a joint commissioning, multi agency process across Manchester to safeguard women and children. The service requires an IDVA because IDVAs have a multi-agency perspective, as they co-ordinate services on behalf of victims[10]. They are trained to work with high risk and very high-risk victims and it can be argued that all pregnant women are a high-risk group.

As the confidence of midwives increases there is likely to be an increase in referrals to the service. Another IDVA should be trained to work with pregnant women to prevent isolation of the worker and provide full cover for the service, The population served by St Mary's, the high number of deliveries and significant ethnic minority population would warrant this.

Recommendation 2.
Clear patient pathways should be developed that link with safeguarding procedures and track the individual journey of a woman from routine enquiry to specialist services. This will enable clear referrals routes in and out of the system and lead to the best use of specialist domestic abuse services and multi-agency responses. Improved data systems would also assist with monitoring the effectiveness of the service.

Recommendation 3.
A team of specialist IDVAs should be developed to work in health organisations with other patient groups. Evidence from PATHway has demonstrated the value of developing knowledge and skills in working with pregnant women and how the IDVA caseload differs from the main IDVA team.

Recommendation 4.
Midwives should be trained and supported to carry out the CAADA-DASH Risk Indicator Checklist with all women who disclose or where they suspect abuse. This will further enhance their professional role in safeguarding women and their unborn children. It will enable the IDVA to focus on the identified high risk and very high-risk women. The implementation will have resource implications in an already busy and complex workplace. It is recommended that this is only implemented if the IDVA service continues while expertise is developed.

9. CAADA (2010) *Saving lives, saving money: MARACs and high risk domestic abuse*
10. Robinson A (2009) *Independent Domestic Abuse Advisors: a process evaluation.* Cardiff University and funded by the Home Office

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