

An evaluation of the Hospital-based Independent Domestic Violence Advisor service in Wroughtington, Wigan and Leigh NHS Foundation Trust

Final Report – Executive Summary
(September 2020)



Working in collaboration with:

Wrightington, Wigan and Leigh NHS Foundation Trust

NHS England & Improvement

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Preface

NHS England and Improvement provided funds to Wrightington, Wigan and Leigh NHS Foundation Trust (WWLFT) to evaluate a Hospital-based Independent Domestic Violence Advisor (HIDVA) service. WWLFT supplemented the evaluation funds and commissioned the National Institute for Health Research Applied Research Collaboration Greater Manchester (NIHR ARC-GM) to evaluate the service.

The evaluation aims to assess the processes, activity and outcomes associated with the WWLFT HIDVA service, providing a comprehensive assessment of the implementation and impact of the new service that will inform future decision making.

This report provides the executive summary of the evaluation. The full report will be published in 2021 and covers a brief background that describes the context for the evaluation, an overview of the evaluation approach taken, and the findings of the evaluation related to qualitative assessments with a focus on the experiences of people involved with the HIDVA service; activity generated by the service; impacts on secondary care service use; quantitative assessments of impacts on MARAC activity and an assessments of costs and notional cost savings of the service.

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Executive Summary

Background

- In England and Wales, 2.4 million people between the ages of 16-74 experienced domestic abuse in 2018/19 (5.7%), and over 20% have experienced domestic abuse at some point. Prevalence is greatest among women (7.5%) than men (3.8%). In addition to the psychological and physical impacts on health and wellbeing of victims, domestic abuse has wide social and economic impact.
- The financial cost of domestic abuse is estimated at £66 billion (£34,015 per victim) annually.
- Independent Domestic Violence Advisors (IDVAs) are specialist casework roles that act as a point of contact for victims at crisis point, assessing risks, options and safety plans for victims. IDVAs are placed in various sectors. Evidence suggests there may be benefits of placing IDVAs in a hospital setting (Hospital-based IDVAs, HIDVAs).
- Wrightington, Wigan and Leigh NHS Foundation Trust (WWLFT) commissioned a HIDVA service in 2018 in response to the locality experiencing higher than average rates of domestic violence. The service differs from typical HIDVAs due to the way the service is commissioned, with the HIDVA employed by the Trust rather than seconded to the Trust
- NIHR ARC-GM worked in collaboration with WWLFT and NHS England and Improvement to conduct an independent evaluation of the HIDVA service. The study was a mixed-methods evaluation using qualitative and quantitative methods.

Qualitative process evaluation

- Eleven interviews were conducted with participants of varying levels of seniority, working across several areas of the Trust.
- The HIDVA service was a new innovation at the Trust and was implemented within a context where levels of awareness, skills and confidence amongst Trust staff relating to (undisclosed) domestic violence and abuse presenting at the Trust, and the ability to address this, were low.
- Considerable time and effort were invested in raising awareness of the HIDVA service and building relationships throughout the Trust. There was consensus this work was worthwhile and that good working relationships had been built. The HIDVAs had become known to staff in person across the Trust.
- The HIDVA roles were further embedded into the organisation by being employed directly by the Trust and located within the Safeguarding team.

- The HIDVAs drew on an extensive network of contacts beyond the hospital; this was key to carrying out the role successfully; they had also built effective working relationships with the local MARAC and community IDVA service.
- The HIDVAs were valued by staff in frontline and strategic roles. Having a role dedicated to domestic violence and abuse, able to provide an immediate response, was recognised as fulfilling a previously unmet need. The HIDVAs were positively perceived, with their knowledge, skills, approachable and reassuring manner appreciated. Having an identity as an independent advisor was important in encouraging patients to disclose abuse.
- The HIDVA service expanded skill mix within the Trust and altered work undertaken, in terms of case identification, referral and support. Awareness of and confidence amongst frontline staff, in dealing with domestic violence and abuse increased.
- The HIDVA service contributed to the disclosure of cases of domestic violence and abuse amongst i) staff within the Trust, ii) long-term victims, and iii) cases that may often remain hidden in the community. Disclosures from staff had not occurred prior to implementation of the HIDVA service; these were an unanticipated consequence, which reinforced the need for the service within the Trust.
- During the first period of COVID-19 restrictions, the need for social distancing also enabled opportunities for disclosure at testing sites and on hospital wards.
- Future challenges for the service are capacity as awareness of the service increases, and with specialised support for sexual violence cases.

Referrals to the HIDVA service

- A total of 938 people were referred into the HIDVA service over the period 1st May 2018 to 31st March 2020. Source of referral was predominantly from WWLFT, with A&E in particular representing the highest number of referrals (58%), followed by midwifery services (10%), these are larger than the 3% of referrals made by hospitals to IDVA services in England and Wales.
- In year 1 (May 2018 to March 2019) 14% of referrals were male and in year 2 (April 2019 to March 2020) 13%; higher rates than those of IDVA services (4%) though lower than estimated prevalence shares in the general population (33% - 1.6 million women and 786,000 men).
- Victims referred to the HIDVA service are older than those seen in IDVA services nationally with the WWL HIDVA service having a greater proportion of victims aged 60 and over (15% compared to 3% in IDVA services nationally).

- The main outcome for victims referred to the HIDVA service was that of support provision by the HIDVA service (72%). 8% were referred to the local Multi-Agency Risk Assessment Conference (MARAC).

Referrals to the HIDVA service during the first COVID-19 restrictions period

- Referrals for the period when COVID-19 restrictions were first introduced and then eased, (April 2020 to August 2020 - hereafter referred to as the 'first COVID-19 restrictions period') declined, but with the easing of restrictions, referrals hit new peaks.
- The HIDVA service was particularly resilient to the first period of COVID-19 restrictions. The hospital setting looks to have provided a safe and secure opportunity for disclosure at a time where there was growing concern nationally of the impacts lockdown measures may have on the prevalence of domestic violence and abuse. Indeed, the service experienced new peaks in the volume of referrals, particularly as lockdown eased. This suggests the service may prove to be an important tool to address rises in domestic violence and abuse during lockdown periods.
- The first COVID-19 restrictions period impacted on referral outcomes: the proportion of outcomes that were MARAC referrals declined, and a smaller proportion of people referred to the HIDVA service declined support.

Comparisons of hospital activity prior- and post-HIDVA referral

- Comparisons of hospital activity prior- and post-referral to the HIDVA service suggest that prior to a referral, there are increases in A&E attendance, inpatient stays, and respective costs attributed to these services. Following a referral to the HIDVA service we found evidence that activity and costs declined but aside from emergency admissions, these were largely insignificant. It is important to note that these effects do not account for activity that may have occurred to these patients had they not been referred to the HIDVA service, in this respect the findings may be either an under- or over-estimate of the impacts of the service on hospital activity.

Cost implications of the HIDVA service

- In the first year the HIDVA service cost £39,897 in workforce costs (a single Band 6 HIDVA at FTE 1.0). In the second year workforce costs amounted to £77,058 (a Band 6 HIDVA and Band 7 HIDVA, both at 1.0 FTE). The total workforce costs over the evaluation period thus amounted to £116,955.

- It was not feasible, with current data, to accurately assess the impacts of the HIDVA service on costs and notional savings to the Trust. More research is necessary that covers a longer time period and greater volume of referrals.
- Preliminary findings suggest patients referred into the HIDVA service were estimated to have greater costs the year following referral (£112.53 per patient), though this was not statistically significant and may be inaccurate due to the limitations of the data available. Further, this assessment does not incorporate other impacts beyond secondary care activity (such as health and wellbeing).

Recommendations

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| 1 | There is a need across NHS Trusts for greater awareness, improved identification of, and support (referral and case management) for, victims of domestic violence and abuse. These findings suggest that a HIDVA service is an appropriate and effective way of meeting this need. Other Trusts should consider setting up a HIDVA service. |
| 2 | Seek to recruit an experienced IDVA, with training (national qualification) and a background in community working. A network of relevant community organisations beyond the hospital and ability to make decisions rapidly in a crisis situation, are key to making appropriate, timely referrals. |
| 3 | Embed HIDVAs within the Trust, as permanent employees. Spread their involvement across as many relevant clinical areas as possible, rather than locating them in one department such as A&E. |
| 4 | Ensure that frontline staff are able to refer to the HIDVA service proactively – ensure they are trained in awareness of domestic violence indicators and promote the HIDVA service throughout the Trust so that staff refer to it. |
| 5 | Consider whether systems are in place to accommodate the issues raised (e.g. SARC), to enable maximum impact from the HIDVA's skills to be realised. |
| 6 | Review the current situation with domestic violence and abuse disclosures amongst staff at the Trust – are these frequently disclosed and supported within the Trust? If not, consider how staff disclosures will be supported and who will carry these cases, the HIDVA or other (e.g. community IDVAs). |
| 7 | Particular regard should be paid to the potential for HIDVA services to identify previously unmet need for domestic violence and abuse services when assessing the value of a HIDVA service. This unmet need was anecdotally evident for male patients and staff members within the Trust itself. |

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| 8 | The service appears to be a valuable resource within which to identify and address an unmet need for domestic violence and abuse services in the locality and may help reduce inequalities in access to IDVA services, particularly for those aged 40+ and males. This should be considered when appraising the service. |
| 9 | Monitoring of referrals and support workload for the HIDVAs would help to understand whether further HIDVAs are required. |
| 10 | The service had 938 referrals in the first two years, 72% of these received support by the HIDVA service. As referrals grow so too will support needs. The stresses this may place on the HIDVAs should be monitored and where possible, solutions to reduce workload should be considered (such as dedicated administrative support). |
| 11 | The HIDVA service was particularly resilient to the first period of COVID-19 restrictions. The hospital setting looks to have provided a safe and secure opportunity for disclosure at a time where there was growing concern of the impacts lockdown measures may have on the prevalence of domestic violence and abuse. Indeed, the service experienced new peaks in the volume of referrals, particularly as lockdown eased. This suggests the service may prove to be an important tool to address rises in domestic violence and abuse during lockdown periods. |

Future Work

- The evaluation was limited in the ability to identify the causal impacts of the service on hospital activity. An assessment of the full sample of referrals would address any concerns of representativeness of the sample estimated in this study.
- To ascertain the true economic impact of the service, further evaluation is needed that should consider the impacts of the service over a longer follow-up period, ideally using comparator areas to allow for a stronger design, and to consider impacts across a broader range of domains. For the service to be cost-effective, only small improvements in emotional and physical harms would be required. Future evaluations should examine impacts on these domains.

For more information, please contact Dr William Whittaker (William.Whittaker@manchester.ac.uk)

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