

WWL Hospital Independent Domestic Violence Advisor (HIDVA) service evaluation



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NIHR ARC Greater Manchester
Organising Care Theme

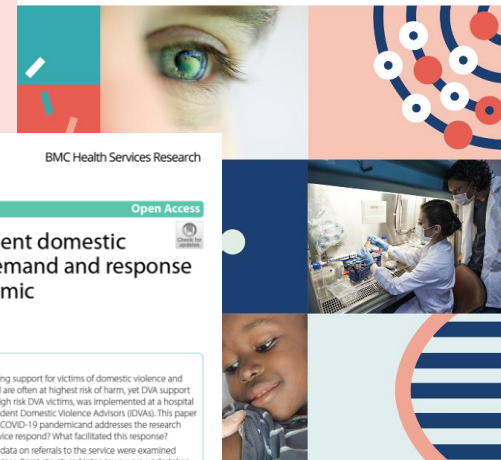
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**An evaluation of the Hospital-based
Independent Domestic Violence
Advisor service in Wrightington,
Wigan and Leigh NHS Foundation**

Final Report (September 2020)



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RESEARCH

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**A hospital-based independent domestic
violence advisor service: demand and response
during the Covid-19 pandemic**

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Abstract

Background and aims: Recent UK policy has focussed on improving support for victims of domestic violence and abuse (DVA), in healthcare settings. DVA victims attending hospital are often at highest risk of harm, yet DVA support in hospitals has been inadequate. A targeted service supporting high risk DVA victims, was implemented at a hospital Trust in North West England. The service was provided by Independent Domestic Violence Advisors (IDVAs). This paper assesses the activity in the hospital-based DVA service during the COVID-19 pandemic and addresses the research questions: What was the demand for the service? How did the service respond? What facilitated this response?

Methods: A mixed-methods study was undertaken. Quantitative data on referrals to the service were examined using simple descriptive statistics and compared to other DVA services. Semi-structured interviews were undertaken with IDVAs and other hospital staff involved with the service and the data subjected to thematic analysis.

Results: The quantitative analysis showed that referrals dropped at the start of lockdown, then increased and continued to rise; the qualitative findings reiterated this pattern. Referrals came from a range of departments across the Trust, with the majority from A&E. Pre-pandemic, the population supported by the service included higher proportions of males and people aged 40 and over than at other DVA services; this continued during the pandemic. The qualitative findings indicated a flexible response during the pandemic, enabled by strong working relationships and by using workarounds.

Conclusions: The hospital-based IDVAs provided an efficient, flexible service during the COVID-19 pandemic. Referrals increased during the first lockdown and subsequent relaxing of restrictions. Locating the IDVAs within a team working across the organisation, and building good working relationships facilitated an effective disclosure and referral route, which endured through social restrictions. The IDVAs supported high-risk victims who may otherwise not have been identified in traditional community-based DVA settings during the pandemic. Hospital-based DVA services can broaden access by supporting vulnerable, at risk populations whose needs may not be identified at other services.

Keywords: Domestic violence and abuse, COVID-19, Hospitals, Health services, Evaluation, Qualitative, Quantitative

What we did

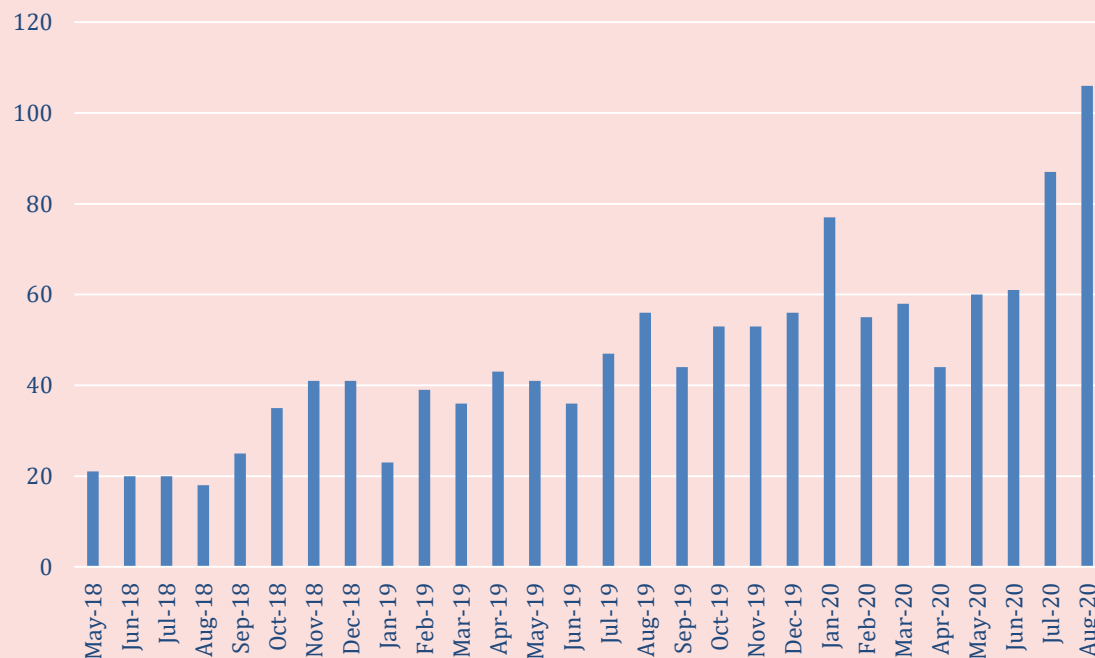
- In 2018 Wrightington, Wigan and Leigh NHS Foundation Trust introduced a hospital-based Independent Domestic Violence Advisor (HIDVA).
 - Response to to the locality experiencing higher than average rates of domestic violence.
 - NHS England and Improvement provided funds to evaluate the HIDVA service with WWLFT supplementing the evaluation funds.
- Organising Care theme conducted a rapid evaluation.
 - The evaluation aimed 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.

Why is it important

- 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.
- 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 is sparse but suggests there may be benefits of placing IDVAs in a hospital setting (HIDVAs).
 - WWLFT approach differs from this evidence, with the HIDVA employed by the trust rather than seconded.

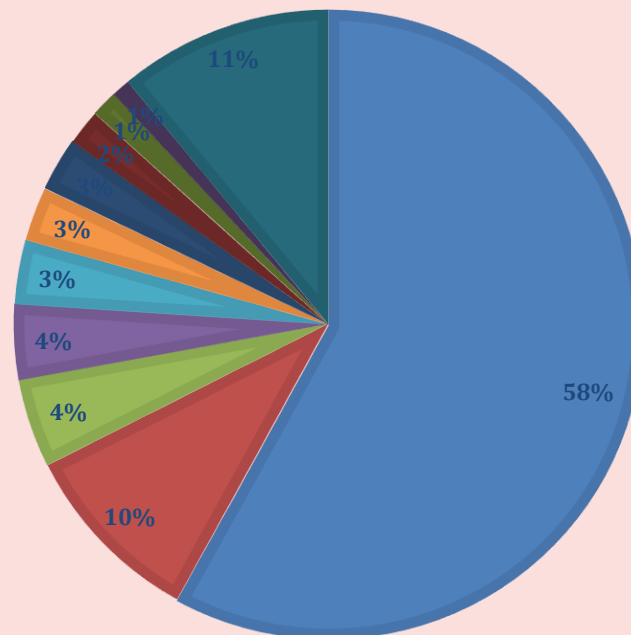
What did we find? (Referrals)

- A total of 1,296 people had been referred into the HIDVA service over the period 1st April 2020 to 31st August 2021.
 - Referrals have increased to new peaks during the easing of lockdown.



Referrals to the HIDVA service

- Referral sources vary from those observed in IDVA services where only 3% of referrals are made by hospital (SafeLives 2019).



Referrals to the HIDVA service

- Higher proportion of male clients and older clients than IDVA services.
- Locality has smaller rate of BAME than England and Wales but similar gender and age demographics.

Victim demographics	Year 1 1 st May 2018 – 31 st March 2019 (n=319)		Year 2 1 st April 2019 – 31 st March 2020 (n=619)*		COVID-19 1 st April 2020 – 31 st August 2020 (n=358)		Other IDVA referrals^ (n=3,556)	
Gender								
Male	49	13.54%	78	12.60%	47	13.13%	130	3.66%
Female	270	86.46%	541	87.40%	311	86.87%	3381	95.08%
Age*								
Under 16	0	0.00%	1	0.18%	0	0.00%	13	0.87%
16-19	24	7.52%	34	6.19%	27	7.54%	202	5.68%
20-39	191	59.87%	293	53.37%	177	49.44%	2415	67.91%
40-59	56	17.55%	140	25.50%	95	26.54%	800	22.50%
60+	48	15.05%	81	14.75%	59	16.48%	108	3.04%
LGBT	-		7	1.13%	5	1.40%	78	2.19%
Learning Disability	-		12	1.94%	1	0.28%	40	1.12%
BAME	-		7	1.13%	3	0.84%	574	16.14%

Notes: ^Safe Lives (2019); *Age bands provided for 549 referrals in Year 2; age bands for SafeLives IDVA demographics differ slightly (Under 18, 18-20, 21-40, 41-60, 61+)
 - Not provided in data by WWL NHS Foundation Trust

Outcomes of the HIDVA service

- Data on the outcomes of referrals were provided for 565 referrals in year 2.
 - The vast majority of referrals resulted in support given.
 - The HIDVA service appears to have limited impact in expanding workloads in community IDVAs and Adult and Child Social Care.

Outcome	Volume April 2020 to August 2020	Share of referrals (%)	Volume May 2019 to March 2020	Share of referrals (%)
Support	261	75.87%	405	71.68%
Unable to establish contact	37	10.76%	48	8.50%
MARAC referrals	18	5.23%	46	8.14%
Referral to refuge	8	2.33%	9	1.59%
Referral out of area	6	1.74%	5	0.88%
Support from Community IDVA	5	1.45%	2	0.35%
Declined support	5	1.45%	35	6.19%
Adult Social Care referral	3	0.87%	6	1.06%
Child Social Care referral	1	0.29%	2	0.35%
Application for civil orders	0	0.00%	7	1.24%
Total	344		565	

What did we find? (Interviews)

- The HIDVA roles were embedded into the organisation by being employed directly by the Trust and located within the Safeguarding team.
 - Helped raise awareness, skills and confidence amongst Trust staff in dealing with domestic abuse (previously was low).
 - Facilitated immediate response (meeting unmet need).
 - Having an identity as an independent advisor was important in encouraging patients to disclose abuse.
- The HIDVA service contributed to the disclosure of cases of domestic violence and abuse amongst:
 - Staff within the Trust (unanticipated consequence).
 - Long-term victims.
 - Cases that may often remain hidden in the community.

What next?

- Report:
 - <https://arc-gm.nihr.ac.uk/projects/hidva-service-evaluation>
- Publication:
 - <https://pubmed.ncbi.nlm.nih.gov/35790985/>
- Evaluation provided 13 recommendations:
 - Implementation (barriers and facilitators).
 - Value of the service (efficiency and equity).
 - Future research around sustainability (data limitations).
- Fed into WWLFT decision making and NHSE evidence base.
- Example of rapid evaluation of an innovation at a local level that can inform the national agenda.