Leeds Routine Enquiry: GPs and Health Practitioners in 8 GP Practices in Leeds

Evaluation Report 2019

Authors

Michelle O'Keeffe, *Safer Leeds Safeguarding & Domestic Violence Team*

Gill Marchant, *Leeds CCG Safeguarding Team*

Contents

Executive Summary 3
Acknowledgements 4
Introduction 5
The Report 6
The Role of the DV&A Support Worker 7
Aims and Objectives 7
The Evaluation Approach 7
Data analysis 8
MARAC (Multi Agency Risk Assessment Conference) Referrals 12
Staff Training 12
GP Training Feedback 13
Case Study 14
Summary 15
Conclusions 16
What we hope to achieve 16
Recommendations 16
Statistics Update 17
References 18

Executive Summary

This report explores data on the short term impact for victims where GPs and Health Practitioners, who have access to a specialist worker, have proactively screened female patients over the age of 16 for Domestic Violence and Abuse (DV&A).

DV&A is a serious problem that includes, but is not limited to, physical, emotional, sexual and economic abuse. Physical signs such as visible injury are often easier to recognise than the emotional and psychological forms of abuse including coercive control and stalking behaviours.

In the year ending March 2019, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 786,000 men) with women much more likely to experience serious harm and homicide.

Domestic violence has a devastating impact on children and young people that can last into adulthood. One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood which affects them in many ways.

Since April 2011 there have been 24 domestic violence related deaths in Leeds including five children who were killed alongside their mothers, coercive control has been a key feature in the majority of these cases. Lessons learned from Domestic Homicide Reviews (DHRs), both on a local and national level have often revealed that victims of domestic homicide have had some contact with their GPs in the lead up to their death. A 2016 Analysis of 24 Domestic Homicide Reviews by Standing Together Against Domestic Violence found just over half of interpersonal homicide reports note that the GP missed opportunities to ask the victim about abuse.

It is widely acknowledged that asking individuals about their experiences of domestic violence and abuse is more likely to encourage disclosures, in fact, evidence suggests that victims want to be asked about their experiences of DV&A and equipping GPs with the knowledge and skills to identify domestic abuse victims, risk indicators and referral pathways can mean earlier interventions for victims and their families.

NHS Leeds Clinical Commissioning Group (CCG) recognises that health services, particularly primary care, are integral to identifying and responding to domestic violence and abuse. The CCG works in partnership with Safer Leeds Domestic Abuse Team, to ensure that all GP practices in Leeds are provided with the skills and knowledge to implement the Leeds Routine Enquiry model with their patients. In 2018 the CCG Safeguarding Team successfully bid for NHS England funding to facilitate:

- The employment of a Specialist DV&A Worker
- Training for GPs and Practice Staff in 8 practices, raising awareness and understanding of Domestic Violence and Abuse (DV&A) including coercive control, how to ask the question and respond appropriately

- Support for Practices to achieve the Safer Leeds Domestic Violence and Abuse Quality Mark
- The development of robust referral pathways and the implementation of the same by primary care.

Due to this funding between April and December 2019 473 patients were asked about DV&A and subsequently referred on to the specialist worker. Of these, 347 were seen by the worker. 49 went on to receive ongoing support whilst the remaining 298 clients were provided with a one off assessment, given advice and information and/or signposted to appropriate agencies that were better able to meet their needs. Following a continuation of funding there are updated statistics from the work of a 21 hour Specialist DV&A worker covering the same practices during the covid-19 pandemic, at the end of this document.

The report recommends that funding should be secured to ensure that all practices across Leeds have access to specialist support, alongside this it is suggested that further analysis of the longer term impact on patients referred to the specialist worker is advised to ascertain if those patients who were making very frequent visits to the GP before getting help have reduced in attendance after being supported by the DV&A Worker. This would help to establish whether, in the longer term, savings to primary care can be identified.

This report comes as the Government's 'landmark' Domestic Abuse Bill[1] returned to parliament for a second reading on 5 January 2021, following long delays. As well as creating the first statutory definition of domestic abuse and 'transforming' the response in the justice system, the bill aims to 'drive better performance in response to domestic abuse across all local agencies and sectors'.

Acknowledgements

Thank-you to all the people who contributed to the piloting and evaluation of the Leeds Routine Enquiry model and to the GPs and Health Practitioners in Leeds involved in this project.

The following practices were crucial in this process:

Armley Moor Medical Practice

Bellbrooke Surgery

Leeds City Medical Practice

Lingwell Croft Surgery

Manor Park

Oakwood Lane Medical Practice

Shaftesbury Medical Centre

Windmill Health Centre

We would also like to thank all the people who took part and allowed us to use their information in this evaluation, Leeds Women's Aid, the Front Door Safeguarding Hub and the 8 practices who took part in this model.

We are so grateful to Anna Sanghera and Lindsey Goodwin our incredibly efficient specialist support workers and huge thanks to Janet Taylor from Leeds Women's Aid/Leeds Domestic Violence Services for all her hard work and continued commitment to the project.

Introduction

In the year ending March 2019, an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 786,000 men) with women much more likely to experience serious harm and homicide (HO 2020). In 75% of the domestic abuse-related crimes recorded by the police in the year ending March 2019, the victim was female, and between March 2016 and the year ending March 2018, 74% of victims of domestic homicide were female compared with 13% of victims of non-domestic homicide. (ONS 2019)[2]

Domestic Violence and Abuse (DV&A) is a serious problem. It can include, but is not limited to, physical, emotional, sexual and economic abuse. A physical sign such as visible injury is often easier to recognise than the emotional and psychological forms of abuse including coercive control and stalking behaviours. Abusers may limit access to finances, social contact or what a person may do in order to have control over them.

Domestic violence has a devastating impact on children and young people that can last into adulthood. One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. *Birchall, J. and Choudhry, S. (2018)*[3] Children who witness domestic violence and abuse will be affected in many ways.

Since April 2011 there have been 24 domestic violence related deaths in Leeds including five children who were killed alongside their mothers, coercive control has been a key feature in the majority of cases. Lessons learned from Domestic Homicide Reviews (DHRs), both on a local and national level have often revealed that victims of domestic homicide have had some contact with their GPs in the lead up to their death. A *2016 Analysis of 24 Domestic Homicide Reviews* by *Standing Together Against Domestic Violence (STADV)*[4] found just over half of interpersonal homicide reports note that the GP missed opportunities to ask the victim about abuse.

It is widely acknowledged that asking individuals about their experiences of domestic violence and abuse is more likely to encourage disclosures; in fact, evidence suggests that victims want to be asked about their experiences of DV&A. *Feder G, Hutson M, Ramsay J and Taket AR (2006)*[5] GPs can play an important role in identifying victims of domestic abuse, particularly where victims are reluctant or unwilling to disclose to other professionals. Equipping GPs with the knowledge and skills to identify domestic abuse victims, risk indicators and referral pathways can mean earlier interventions for victims and their families.

The Report

This report will explore data on the short term impact for victims where GPs and health practitioners, who have access to a specialist worker, have proactively screened female patients for DV&A.

NHS Leeds Clinical Commissioning Group (CCG) recognises that health services, particularly primary care is integral to identifying and responding to domestic violence and abuse. The CCG works in partnership with Safer Leeds Domestic Abuse Team, to ensure that all GP practices in Leeds are provided with the skills and knowledge to implement the Leeds Routine Enquiry model with their patients.

To achieve this end, the CCG Safeguarding Team successfully bid for NHS England funding to facilitate:

- The employment of a Specialist DV&A Worker
- Training for GPs and Practice Staff, raising awareness and understanding of Domestic Violence and Abuse (DV&A) including coercive control, how to ask the question and respond appropriately
- Support for Practices to achieve the Safer Leeds Domestic Violence and Abuse Quality Mark*
- The development of robust referral pathways and the implementation of the same by primary care

The funding allowed 8 practices, selected for this project due to their high number of Multi Agency Risk Assessment Conference (MARAC) patients and/or who have been in involved in a Domestic Homicide Review (DHR), to have direct access to a specialist DV&A support worker who :

- Supported the delivery of DV&A training in partnership with Safer Leeds Domestic Violence Team.
- Supported GPs and practice staff to introduce Routine Enquiry with all female patients age 16+.
- Supported GPs and practice staff following a disclosure of DV&A by a patient.
- Supported patients following disclosure, including the completion of DASH Risk Assessments and referral to MARAC as appropriate.

**The purpose of the Domestic Violence and Abuse Quality Mark is to promote consistent and high quality service provision to women, children and men affected by domestic violence and abuse.*

The Quality Mark for primary health care providers focusses on ensuring a safe and appropriate response to individuals who disclose DV&A.

The Role of the DV&A Support Worker

The specialist DV&A support worker works alongside GPs and practice staff to help them to develop the skills and knowledge required to support and encourage patients to disclose DV&A to their GP or other primary care staff in a safe environment. The specialist worker provides support to patients in each practice one morning or one afternoon per week. She is based within the surgeries and has access to the electronic patient records systems; SystmOne and EMIS, this allows her to update on the patient's records details of any safety/support plan that has been agreed during the assessment. In addition, practices achieving the Safer Leeds DV&A Quality Mark will ensure they promote consistent and high quality service provision to women, children and men affected by domestic violence and abuse.

Aims and Objectives

- Reduce the risk of serious harm and homicide to patients and their children through timely intervention
- Increase awareness of DV&A by practice staff leading to increased awareness in the wider practice population
- Increase GPs confidence in terms of Routine Enquiry - 'asking the question'
- Increase the number of disclosures of DV&A
- Ensure early intervention & Safety Planning
- Improve identification of high risk victims
- Increase number of referrals to MARAC from Primary Care
- Ensure appropriate referrals to other support agencies ensuring a holistic and wrap around approach
- Improve identification of perpetrators and subsequent referral to support agencies.

The Evaluation Approach

In order to monitor the project outcomes, both qualitative and quantitative data is collected through Leeds Women's Aid monitoring processes and numbers of direct referrals to the specialist worker from the GPs and health practitioners. The data includes:

- Total number of patients referred and supported
- A breakdown of the support provided for each case
- Number of referrals signposted (to which agencies)
- Number of client referrals into MARAC by the specialist worker
- Details of any additional issues affecting patients (e.g. alcohol, mental health)
- Demographic details of client
- Number of health practitioners trained on DV&A and routine enquiry
- Number of practices achieved the GP DV&A Quality Mark
- Case studies and feedback from GPs and clients
- Number of referrals by GPs into the MARAC

Data obtained for this report was recorded from **1st April 2019 – 31st December 2019.**

Data analysis

The specialist worker received direct referrals from GPs and practice staff including practice nurses and health care assistants.

Total Number of Clients 1st April 19 – 31st December 19	
Total Referred	**473**
Total who did Not Attend	**126**
Total Seen	**347**

Of these cases referred, 49 clients went on to receive ongoing support with more than one contact with the specialist worker and were opened on the Women's Aid monitoring system, OASIS Reporting. The remaining 298 clients were provided with a one off assessment, given advice and information and/or signposted to appropriate agencies who were better able to meet their needs.

The data information for the 49 ongoing cases are set out below:

Figure 1

The ages of survivors ranged from under 18 to over 70, with the most common age group being 21 - 25 years.

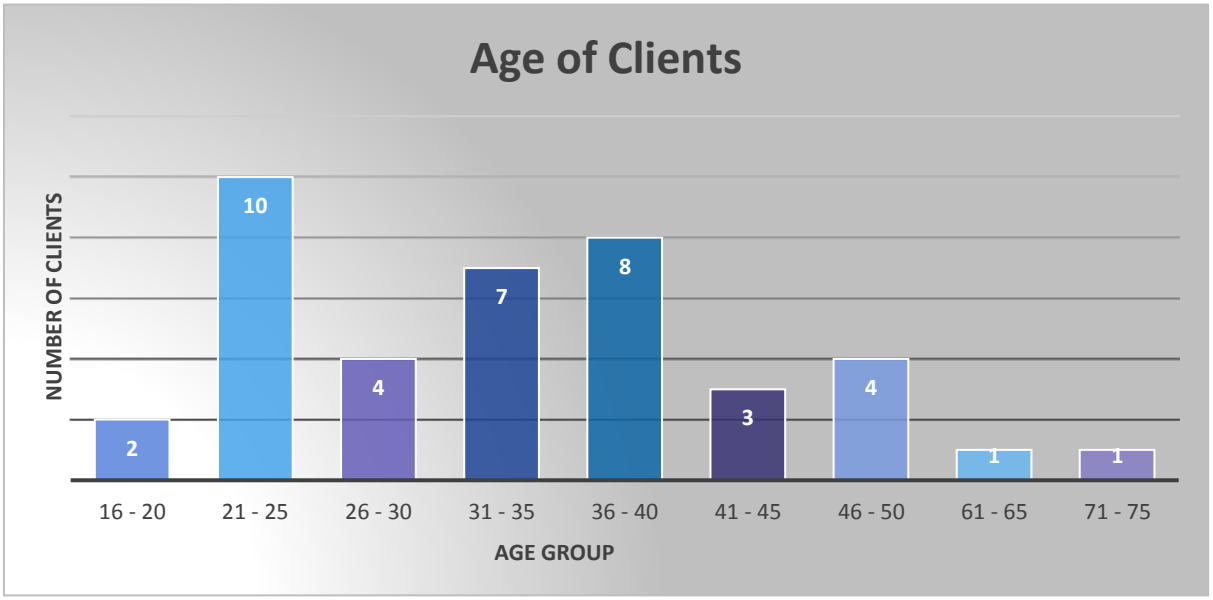


Figure 2

65% of clients were White British.

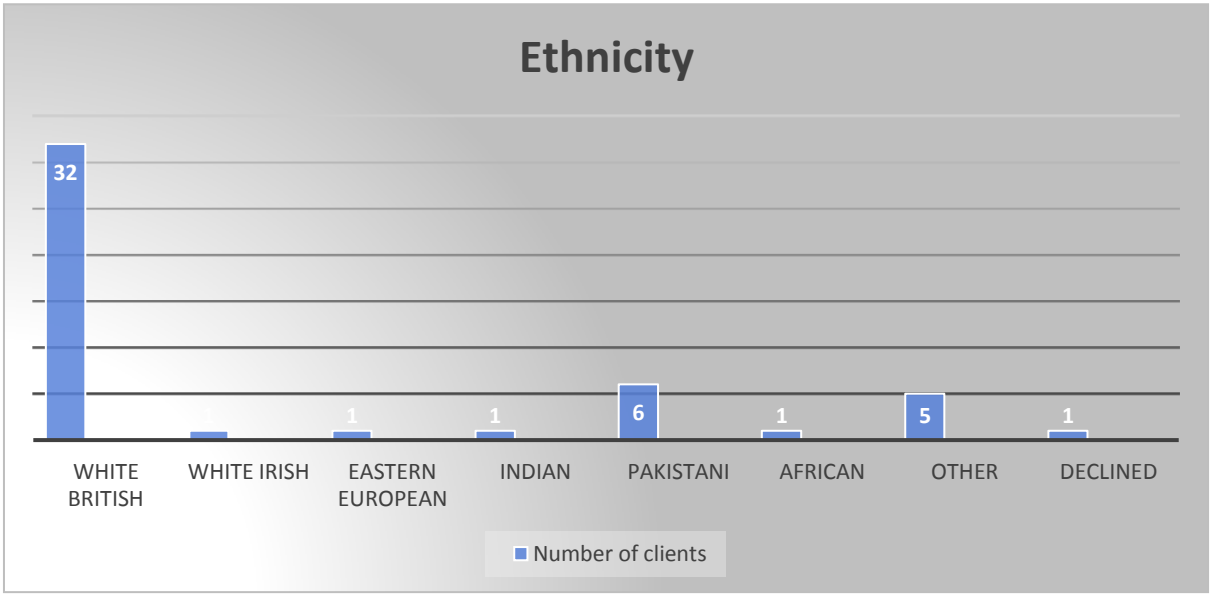


Figure 3

The highest number of children fall into the 0 - 5 age range with children between 6 – 10 years the next highest.

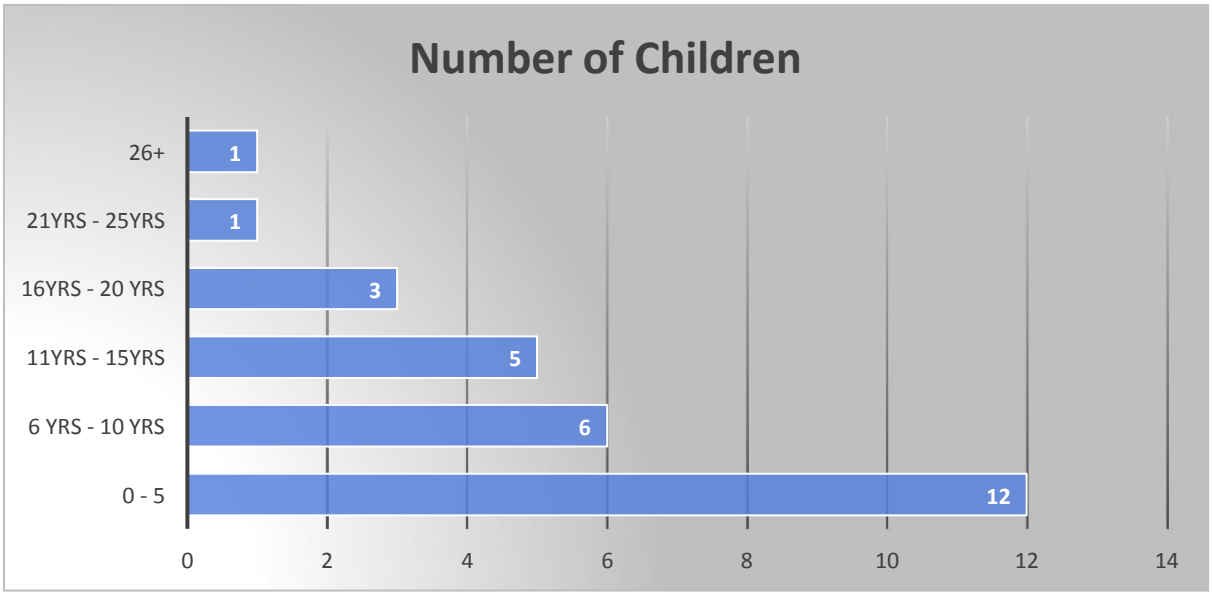


Figure 4

Over half of clients disclosed that they were experiencing emotional abuse with around a third of clients experiencing jealous and controlling behaviours and harassment and stalking. A victim is likely to experience multiple abuse types.

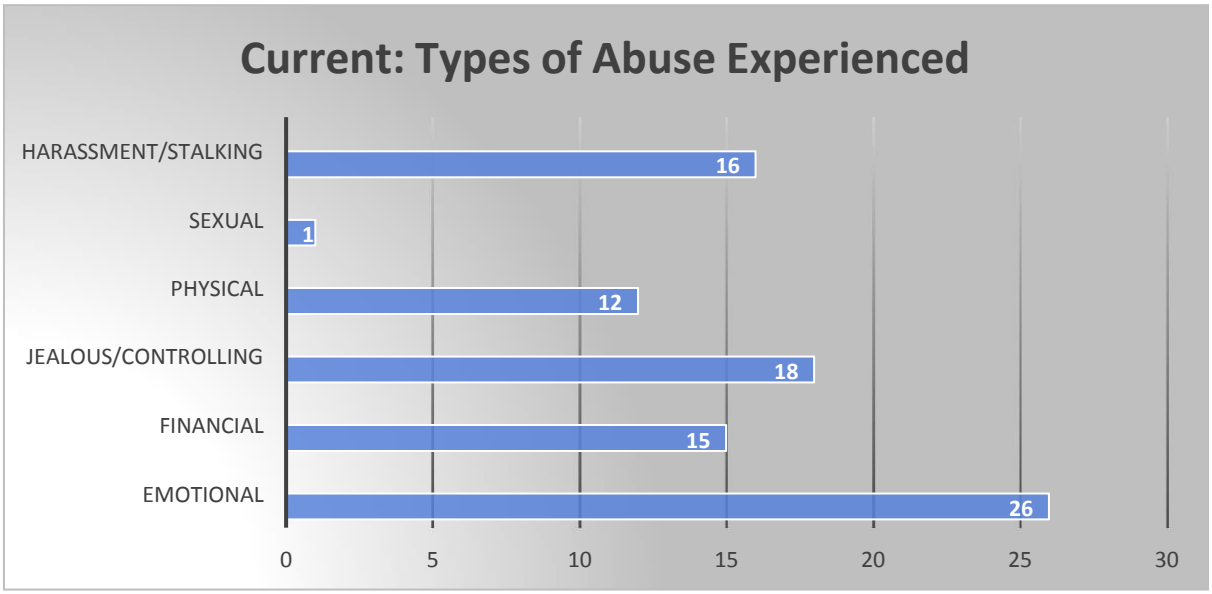


Figure 5

Almost two thirds of clients disclosed that they had felt depressed and/or suicidal at some point in the relationship and just under a third visited their GP with injuries as a result of the abuse.

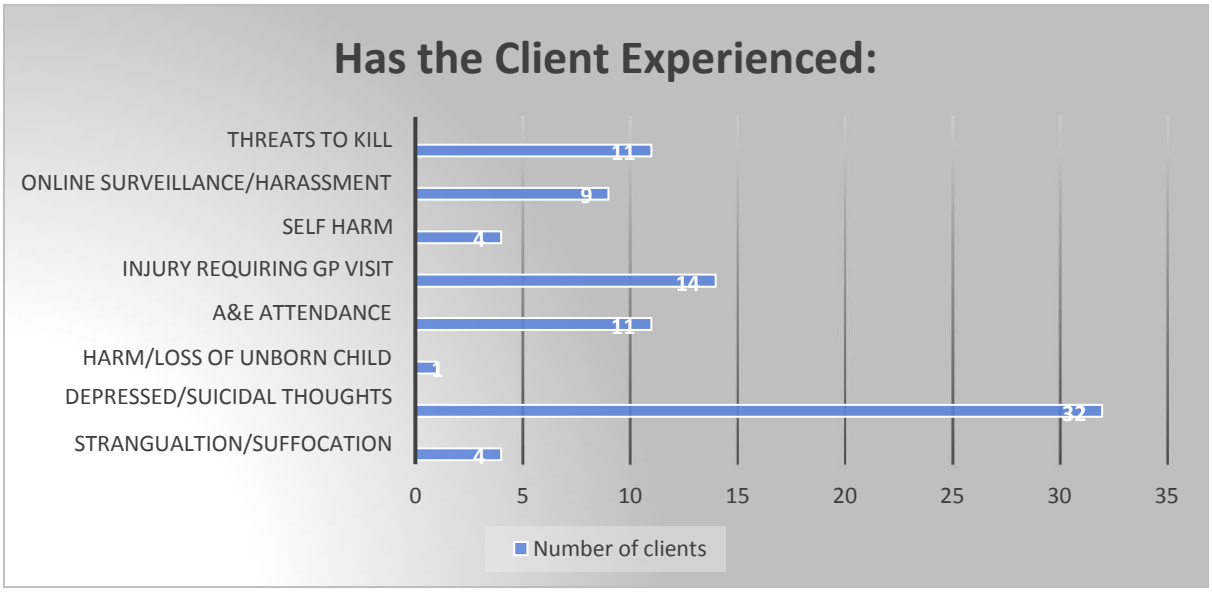


Figure 6

Just under half of all clients accessing support were no longer in the relationship, with some still experiencing abuse from their ex-partner.

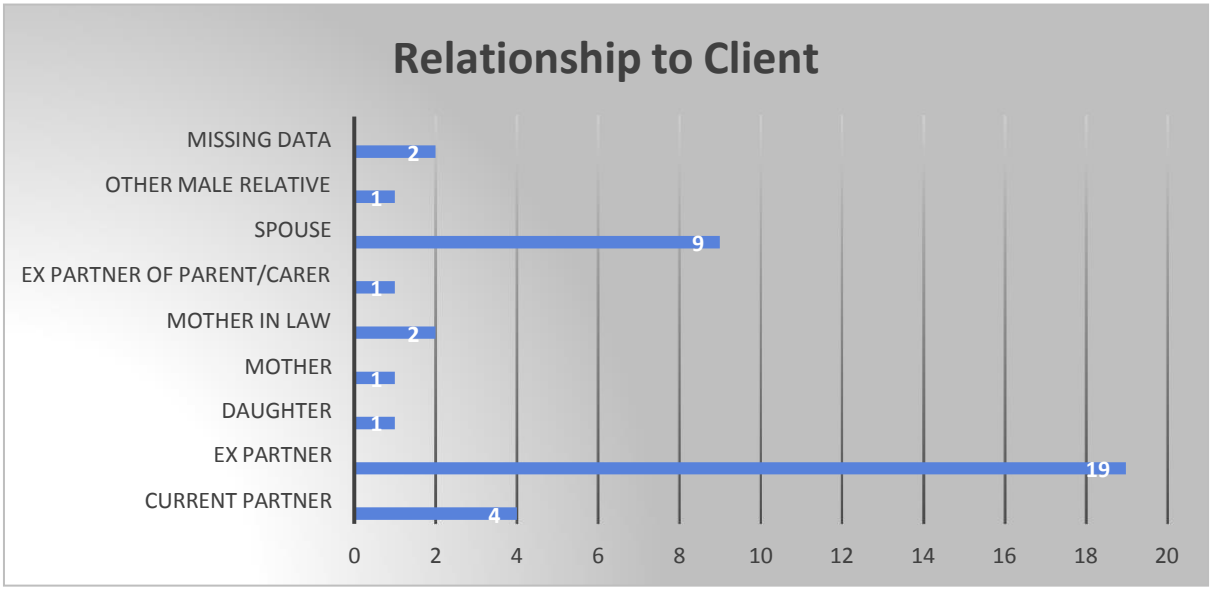


Figure 7

Mental health issues are an overwhelming factor for client's experiencing abuse. The data for drug issues was unclear with 41 stating they had no drug issues and the remaining 8 were recorded as "unknown."

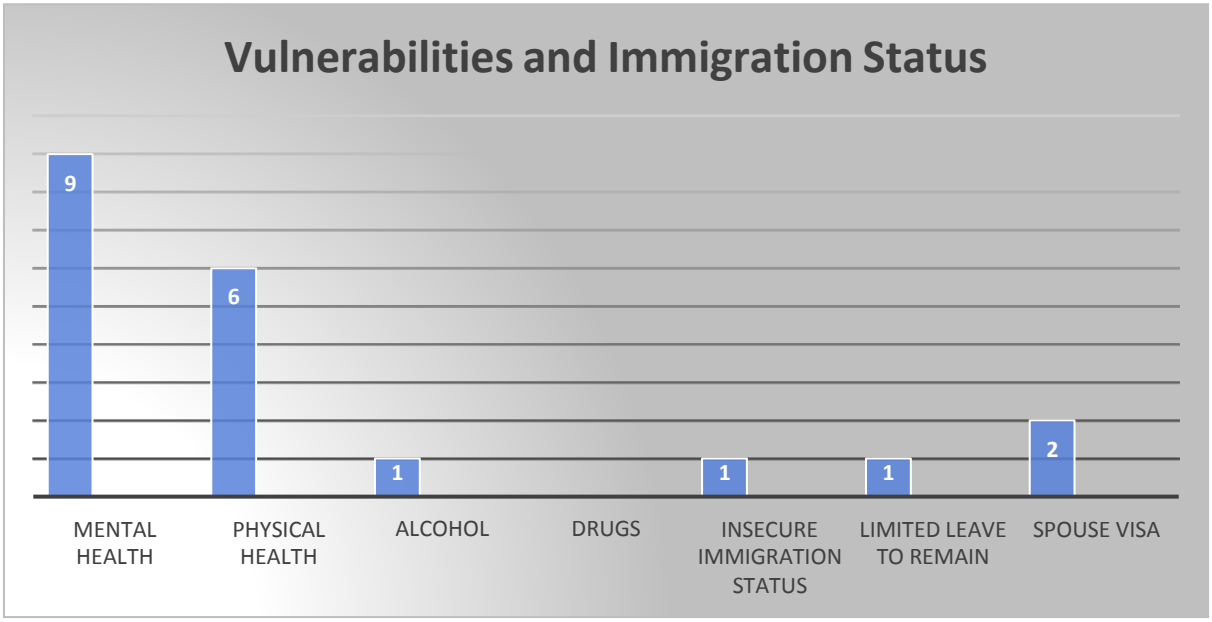
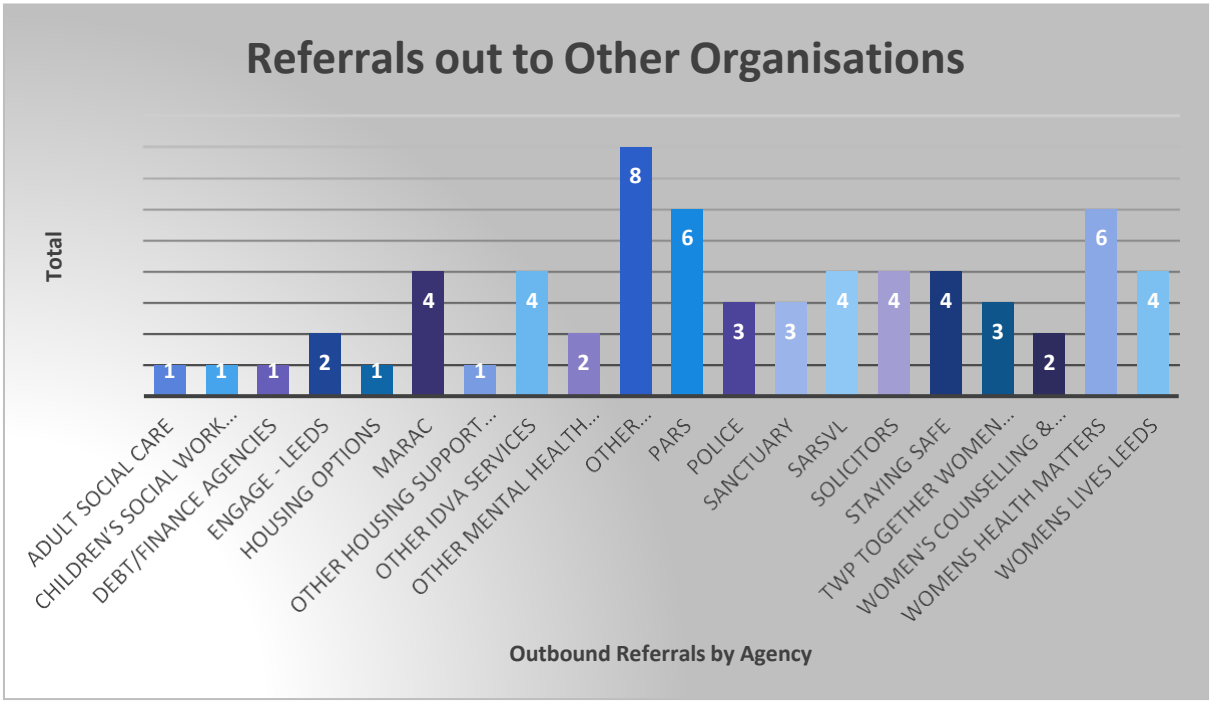


Figure 8

Clients were signposted to a variety of specialist organisations including PARS (Preventions and Recovery Service) and Women's Health Matters for group work. The majority of referrals went into voluntary sector projects.



MARAC (Multi Agency Risk Assessment Conference) Referrals

From April 2019 to December 2019 there were a total of 162 referrals from primary care in to the Daily MARAC. Whilst we are unable to compare this data due to the Oasis Data System did not go live until July 2019, anecdotal evidence suggests that this is a marked increase of referrals from GPs and practice staff.

Staff Training

Over 60 GPs and practice staff received training on routine enquiry, how to ask the question and respond appropriately.

GP Training Feedback

"I will endeavour to ask female patients the direct question relating to domestic abuse and try and get over my discomfort of asking the question. I will look for signs of abuse. Be more attuned to DNA's where abuse may be a factor."

"I feel much more confident carrying out the routine enquiry and have already noticed an increase in my day to day use of the questions."

"Increased effectiveness in enquiring about domestic abuse, increased awareness of when and how to refer cases to safeguarding and MARAC. Useful list of support services for signposting patients. New knowledge about 999 Text register."

"I will ask the question relating to domestic violence as a routine enquiry. Much more awareness and knowledge of the extent of this issue and the effects on the victims."

Case Study

Sarah was referred to the DVA support worker by the GP Safeguarding Lead, however she did not attend the first appointment. It can take time to build up confidence to attend appointments and it took Sarah 3 months and 3 missed appointments before she attended her fourth appointment scheduled by her GP. Sarah shared that she was in an abusive relationship for over 8 years and it was only when she was asked by her GP about DVA that she began to question her toxic relationship. Sarah stated that she was hospitalised whilst she was pregnant as a result of her ex-partner's abuse and went on to say that it was only after talking to her GP that she found the courage to make an application for a Non-Molestation Order against her ex-partner.

The Non-Molestation Order did not deter her ex-partner which led to Sarah experiencing anxiety, she was able to access support with this through the DVA worker within the GP practice.

Sarah disclosed how her ex-partner and his family continued to turn up at her house to emotionally abuse her and how he would encourage his family and friends to stalk and harass her. Sarah shared concerns of how her son was beginning to show worrying signs relating to a fear of groups at school and towards adult men.

Sarah was concerned that her ex-partner and his family knew where she lived and in January 2020 he physically attacked her at the property as she held her son in her arms.

Sarah decided that she wanted to report this incident and the breaches of her Non-Molestation Order to the Police. She also stated that she wanted to access counselling to help enable her to understand and recover from the abuse she suffered at the hands of her ex-partner since she was 16 years old.

Sarah required intensive support which was put in place to support both her and her son. A referral to specialist IDVA (Independent Domestic Violence Advisor) was made to support Sarah with reporting the breaches and incidents to the Police, a MARAC referral was made which led to increased support including a housing support referral and specialist counselling referrals for both Sarah and her son.

Sarah told the DVA worker:

"It feels that a weight has been lifted off my shoulders now I have support, I don't feel as alone. In an environment that I know, I have been offered loads of times to get help, but I could not allow myself to get support as then I would have to admit to myself there was a problem. I don't know if I would have ever got support if the GP had not asked me about domestic abuse as this allowed me to talk about my experiences from me being a survivor as well as a victim."

Sarah's decision to report to the Police led to criminal charges on her ex-partner. She continued to receive support from the IDVA to support her through the court process and to implement safety measures, including additional security to her property. Sarah was awarded Band A plus for housing, which ensures she has priority when bidding on properties. Her son has also demonstrated great emotional development in school and his confidence and interacting with other people continues to improve, furthermore, he has an ever growing support network in school.

Summary

There is little doubt that the added value of a specialist DV&A worker linked directly to GP practices does provide GPs with the confidence to ask about DV&A, knowing that they have a reliable referral route into specialist support. Research shows that GP practices are much more likely to spot signs of domestic abuse and to refer patients after receiving in-depth training.

It is widely acknowledged that victims are more likely to disclose DV&A if they are asked directly, however, as our figures show, they may not take up the offer of support at the first opportunity. Asking for help is not easy. Add into this the insidious nature of coercive control where the abuser will use tactics such as limiting access to money or monitoring all communication, as a controlling effort. This will often erode a victim's self-confidence and self-esteem, making it difficult for them to understand or explain what is happening to them. Furthermore, learning from DHR suggests that the absence of physical violence can often mislead victims and professionals into under-estimating risk. Over half the clients in our data disclosed that they were experiencing emotional abuse with around a third of clients experiencing jealous and controlling behaviours, harassment and stalking.

Mental health was a significant factor among victims in this pilot. Domestic violence and abuse is associated with depression, anxiety, PTSD and substance abuse in the general population. Exposure to DV&A also has a significant impact on children's mental health. In this pilot, the majority of clients had children under the age of 5 years. Mental health issues are an overwhelming factor for client's experiencing abuse. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems.

Almost two thirds of the clients disclosed that they had felt depressed and/or suicidal at some point in the relationship and just under a third visited their GP.

A recent report by Safe Lives, *Safe and Well*[6] found that people with mental health needs were more likely to have experienced physical abuse, harassment and stalking, jealous and controlling behaviour and in particular, sexual abuse. The report also revealed that people with mental health needs had also visited their GP and A&E more times on average compared to those without. (GP: 5.9 times compared to 3.8 times. A&E: 1.5 times compared to 1.2 times)

A misunderstanding about domestic abuse often prevents professionals from knowing what to do, how to talk about it or where to direct women disclosing abuse. The DV&A support worker offers a unique opportunity for GPs and health staff to access guidance and support and provides a clear referral pathway for victims and their children. GPs and health care staff may not be experts in DV&A, nor do they need to be, the specialist worker is key to providing this service.

Conclusions

Between April and December 2019 there were 473 patients who were asked about DV&A and subsequently referred on to the specialist worker. Of these, 347 were seen by the worker. 49 went on to receive ongoing support whilst the remaining 298 clients were provided with a one off assessment, given advice and information and/or signposted to appropriate agencies who were better able to meet their needs.

Identifying DV&A through routine enquiry does allow for support to be offered to patients at an earlier stage.

Providing GPs and Health Practitioners with DV&A training does increase awareness of the issue and provides Health Practitioners with a platform in which to begin asking patients about DV&A.

Whilst we are relying on anecdotal evidence in relation to MARAC referrals, the fact that the number of referrals from GPs has increased over time suggests that health staff are recognising and responding to cases where there is a high risk of serious harm or homicide.

As demonstrated in our case study, asking about DV&A does provide clear benefits to the patient.

By ensuring better-informed practice, improved responses and support for patients experiencing DV&A, we believe that ultimately lives are changed and quite possibly saved as a result of the implementation of routine enquiry.

What we hope to achieve

To create and maintain an ethos which acknowledges the prevalence of DV&A and encourage both health practitioners and patients to get comfortable talking about it.

To embed good practice and ensure that all GPs and health staff receive DV&A training and support to achieve the DV&A Quality Mark.

Continue to promote and support routine enquiry, further strengthening the clear message that DV&A is recognised as an important health issue, is unacceptable and ensures that patients who do disclose receive an appropriate and timely response.

It is clear that DV&A has become increasingly visible in health settings and is something that requires health professionals to be aware of and act upon.

We acknowledge that routine enquiry is a long term cultural change to working practices and requires leadership and support if it is to be embedded and maintained.

Recommendations

There is currently one specialist DV&A support worker providing support to eight GP practices at an annual cost of £36,916. It is recommended that each Primary Care Network (PCN) in Leeds funds and appoints its own DV&A support worker to ensure that all women over the age of 16 have equitable access to specialist Support

Further research is recommended to review the longer term outcomes for patients that have been referred to the specialist worker. Research should include:

- Has intervention from the DV&A worker improved outcomes in the mental and emotional health of victims and children within the family?
- Has the intervention from the DV&A worker resulted in a reduction in the frequency of visits to the GP?
- Has the intervention from the DV&A worker resulted in monetary savings to Primary Care?

Statistics Update

Summary of Outcomes for cases supported by the GP Drop In Service & closed June-December 2020 - The following figures relate to clients who were admitted to ongoing support from the GP Drop In Service and who's cases were closed between 1/6/20 - 31/12/20

62	Cases closed
92%	completed a programme of support (8% disengaged with the service)
96%	of clients supported received emotional support
84%	of clients supported were advised & supported around their mental health
61%	of clients supported went on to access support relating to mental health
43%	were informed about legal options available to them (both civil and criminal) and chose not to pursue at that time
13%	were supported to report incidents to the police
34%	went on to receive specialist women's and DV support from agencies such as Behind Closed Doors Prevention & Recovery Service (PARS); Support After Rape & Sexual Violence Leeds (SARSVL), Women's Lives Leeds, Shantona
11%	went on to receive additional support from other LDVS/LWA services
26%	went on to receive other support from non-DV agencies – including Engage Leeds, Sanctuary, other mental health support agencies
47	onward referrals were made for clients supported by GP Drop In – to services including Early Help Hub; MARAC; PARS (Behind Closed Doors); Sanctuary; Women's Lives Leeds; Shantona, Women's Counselling & Therapy Service

We should take into account when looking at these recent figures, the devastating impact that the Coronavirus and lock down has had on all of society. With that in mind, it's extremely encouraging that the DV&A support worker has continued to provide support to victims of DV&A, albeit in different ways. Furthermore, the GP, health providers and chemists have remained a safe space for victims to access support during this time.

References

[1]*Home Office (2020) Domestic Abuse Bill 2020: overarching factsheet*

[2]*Office for National Statistics (ONS), Domestic abuse victim characteristics, England and Wales: year ending March 2019*

[3]*Birchall, J. and Choudhry, S. (2018) 'What about my right not to be abused?' Domestic abuse, human rights and the family courts. Published online: Women's Aid*

[4]*Domestic Homicide Review (DHR) Case Analysis Report for Standing Together, Nicola Sharp-Jeffs and Liz Kelly, June 2016*

[5]*Feder G, Hutson M, Ramsay J and Taket AR (2006) Women exposed to intimate partner violence: Expectations and experiences when they encounter health care professionals: A meta-analysis of qualitative studies, Archives of Internal Medicine, 166 (1) 22 –37.*

[6]*Safe and Well, mental health and domestic abuse https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf*