



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Evaluation of the All Wales Ante-Natal Domestic Abuse Pathway

Research Summary

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Research Summary

Background

The All Wales Ante Natal Domestic Abuse Pathway (Pathway) is a legal record of care provision which provides Midwives and Health Visitors with an evidence-based, structured approach to encourage disclosures of domestic abuse and to assess the level of risk faced by the woman and unborn child. The Pathway was launched in 2005 across Wales, which involved training all Midwives and Health Visitors in the use of the Pathway and raising awareness about the impact and nature of domestic abuse. The Pathway is still being rolled out in Wales and three NHS Trusts are yet to implement it.

The Pathway itself consists of two forms. The first form, RE DA1 (Routine Enquiry into Domestic Abuse 1) is used to document the initial enquiry made by the Midwife or Health Visitor. The second form, RE DA2 (Routine Enquiry into Domestic Abuse 2) is completed if a disclosure of domestic abuse is made. The RE DA2 form consists of a risk assessment and signposts the health worker to a course of action, depending on the level of risk determined.

The Pathway is supported by a training resource pack which can be accessed via a website.

Fieldwork for this evaluation was conducted from November 2006 to April 2007 and involved a postal survey of all health visitors and midwives in Wales, telephone interviews and case study visits. The evaluation was sponsored by the Welsh Assembly Government.

The aims of the evaluation were to provide:

- An assessment of the extent to which the Pathway has been implemented across Wales
- An examination of the interim impacts of the Pathway on Health Visitors and Midwives' practice and attitudes, as well as on women patients
- An assessment of the key mechanisms through which the Pathway has realised its outcomes
- An assessment of the transferability of the Pathway to other healthcare settings

Additionally, the research resulted in a set of recommendations for the future development of the Pathway and provided a framework for the ongoing evaluation and monitoring of the project.

Main findings.

A total of 302 Midwives and Health Visitors, two women survivors of domestic abuse and four women patients took part in the research. A further twelve key members of staff from across the NHS Wales, the Welsh Assembly Government and voluntary sector organisations took part in a Policy Forum to discuss the findings of the research and to decide where the Pathway could be introduced in other health care settings.

Midwives and Health Visitors identified historical problems in dealing with domestic abuse including:

- Partners or another members of the family being present and not being able to find confidential time alone with the woman
- Difficulties with broaching the issue of domestic abuse initially
- Women's inability or reluctance to accept that abuse is a problem.

Midwives and Health Visitors reported that the rationale for the Pathway was that it should bring about a change in professional attitudes towards domestic abuse so that it is seen as part of Health Visitors' and Midwives' responsibility to address the issue. The Pathway was seen by Midwives and Health Visitors, who took part in the research, as an agent for change in professional practice and attitude.

The main priority for the Pathway, identified by Health Visitors and Midwives was for women and children's safety to be improved.

Staff training and resources were felt by health staff participants to be the most important mechanisms in order for the desired outcomes of the Pathway to be achieved.

Overall levels of support for the Pathway were high amongst Midwives and Health Visitors who felt that it was a good idea.

The training that health workers received helped to improve confidence in dealing with domestic abuse in a number of ways including:

- Being able to ask the question about domestic abuse routinely
- Knowing where to go for further information and support about the issue of domestic abuse with clients
- Being able to share information and under what circumstances with Social Services Child Protection teams
- Being able to work with Health Visitors/Midwives to ensure that there is continuity in support when a woman has disclosed

It was felt that the Pathway would help to bring about a change in professional practice that would ensure domestic abuse is routinely tackled as part of routine health care.

Key barriers to implementation

Health workers reported some of the barriers and difficulties faced by Trusts as they implement the Pathway including:

- Problems in gaining confidential time alone with women to undertake routine enquiry
- Historical difficulties in sharing information between Health Visitors and Midwives
- Constraints on staff time
- Some uncertainty amongst health care staff about what the Pathway involves and its processes

The main barrier facing health professionals in using the Pathway is obtaining confidential time alone with women, particularly at the early stages of pregnancy.

Participants at the Policy Forum felt that a significant barrier is faced by women from Black and Minority Ethnic Communities who may not be able to communicate with health workers due to language differences. It is difficult and costly to organise translation.

Summary

The Pathway is well on the way to achieving the desired outcomes through bringing about a change in professional knowledge and culture so that domestic abuse is routinely addressed. Levels of awareness of the issue and the dangers domestic abuse presents to women and unborn children has increased as a result of the Pathway being introduced.

An important barrier which is still faced by health workers is difficulty in obtaining confidential time alone with women in order to undertake the enquiry. However, Trusts are thinking about these problems and in some cases, taking steps to address them, probably as a result of the introduction of the Pathway.

It is possible to introduce the Pathway in other health care settings across NHS Wales, although the focus will not necessarily be on women and unborn children but on all potential victims of domestic abuse. The aims and objectives of the Pathway are applicable in other health care settings and the key mechanisms identified for the Pathway, essential for its success, do not preclude it being introduced elsewhere.

Roll out of the Pathway into other areas is currently focused on Accident and Emergency and Gynaecology settings. The focus for future settings for roll out of the Pathway should be in areas recommended by research which strongly supports roll out in GUM and sexual health clinics (Martin et al, 1999). Respondents to this evaluation study were also supportive of rolling out the pathway to alcohol and substance misuse centres.

Main recommendations for the Pathway

- Each trust should assess the feasibility of developing a Trust-wide privacy policy for the ante-natal period whereby all women are seen privately, as a matter of course
- The Networking Group, which oversees the implementation of the Pathway, should work with organisations representing women from Black and Minority Ethnic Communities to ensure that issues of language barriers or other cultural barriers to implementing routine enquiry are addressed.
- Trusts should develop ways of ensuring that advice and support is available to staff who need it, about domestic abuse cases
- Lead staff, preferably heads of Midwifery/Health Visiting or Consultant Midwives should be responsible for continuously monitoring the use of the RE DA1 and DA 2 forms and this should happen as part of regular monitoring, preferably more than bi-annually
- Agencies that receive referrals from Midwives and Health Visitors should be regularly contacted to ensure that referrals are appropriate and so that health workers are kept up to date on developments within these agencies
- Materials and training should regularly share good practice with health workers, particularly in terms of ensuring privacy or enlisting support of agencies for minority ethnic women
- The role of the Health Visitor and the steps they need to take if a Midwife has been unable to undertake the RE DA1 enquiry should be clarified and communicated again at a local level, probably through staff supervision.
- Annual surveys of women clients' views should be undertaken to establish levels of satisfaction with the way that health workers had handled their referral
- Each Trust should clearly state and communicate to all relevant health workers, including Health Visitors, Midwives, GPs and Social Services where RE DA1 and RE DA2 forms are being stored.
- Other health care settings should share an understanding of risk assessment, referral routes and record keeping around domestic abuse.
- Robust human resources/staff policies and support mechanisms around domestic abuse should be in place as a matter of urgency.

Reference

Martin, L. Matza, L.S. Kupper, L.L. Thomas, J.C. Daly, M. and Cloutier, S. (1999). 'Domestic violence and sexually transmitted diseases: the experience of prenatal care patients', *Public Health Reports*.