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**Burdett Empowerment Programme - Strengthening the Health Visitor Response to Families
Affected by Domestic Abuse
Final project report 30th August 2014**

1. Project Team

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The project was supported by an advisory group with representatives from Police Scotland, The Women's Support Project a specialist third sector agency and practicing health visitors.

2. Overview of the Project

This project aimed to empower health visitors to reassert their role in supporting women and children exposed to domestic abuse by increasing their knowledge about abuse experienced by their service users and utilising their existing knowledge and skills in service development. Improved knowledge of the nature and extent of service users' experience of abuse can increase recognition of abuse and create an opportunity to reduce further harm, actively engage in health promotion and prevent ill health through the delivery of a comprehensive needs led service.

This project ultimately aimed to develop a health visitor response model which identifies a realistic response to women affected by domestic abuse and complements the current response to children. Six key objectives were identified to achieve this.

3. Progress by Objective

Of the six objectives identified at the start of the project, five have been fully achieved. Given the study findings and recent changes to provision of health visiting services the sixth objective, a feasibility study, is no longer appropriate.

3.1 Objective 1: To analyse local health and police data to determine the nature and extent of domestic abuse amongst health visitor service users

A source of reliable health data could not be identified and so attention focussed on routinely recorded police data. A sample of data relating to women with children aged less than 5 years, living within the study area and involved in police reported domestic incidents in the calendar year 2012 was analysed. The findings from this study provide unique data relating specifically to the experiences of abuse for health visitor service users. This study found that repeat abuse, experience of physical violence and involvement of children in abuse incidents were common characteristics of abuse experienced by health visitor service users. From a sample of 100 health visitor service users who had been involved in a police reported domestic abuse incident:

- The 100 victims reported a total of 521 domestic incidents in the preceding 10 years
- 79% of the victims experienced more than 1 incident in this period (range 2 to 31 incidents)
- At least 62% of victims had weapons or physical violence used against them
- At least 40% of victims sustained injury as a result of an incident
- 52% of women had children who were aware of an incident and 41% of women had children who were directly involved in an incident.
- In 45% of all the incidents neither the victim nor accused was under influence of alcohol.

Importantly this study demonstrated that when individual incidents are considered in isolation, the impact of abuse and risk of further harm is significantly underestimated. This provides valuable evidence to challenge practitioner perceptions of the nature and extent of abuse. Importantly, the findings provide reliable evidence for health visitors to cite when working with women who disclose abuse, report abuse to the police or who health visitors' suspect are experiencing abuse.

3.2 Objective 2: To identify support requirements and views on service delivery from women involved in police reported domestic incidents on health service responses.

Despite challenges in recruiting service users to this study (detailed in previous progress report), 17 health visitor service users involved in police reported domestic incidents were successfully recruited and consented to participate in telephone (seven participants) or in person, face to face interviews (10 participants).

The service user interviews found that women rarely experienced isolated incidents of abuse and indeed, frequently experienced extensive violence and psychological abuse. Further the study identified limitations of the current health visitor service response; the majority of service users reported very little contact with their health visitors, stated they had little or no relationship with their health visitor and expected little support from health visitors in response to their health or that of their children. As a result women did not consider the health visitors when seeking support for their experiences of abuse and were reluctant to disclose their experiences. Through interviews key features were identified which women who had experienced abuse would like from the health visitor service. These included:

- Regular contact
- To be asked about abuse and to discuss their relationship
- Confidentiality
- Support to discuss abuse with their children
- Hear about other women's experiences
- "Help a bit more." (Participant 12)

This study is important as it provides a voice for service users to influence service providers and future service provision.

Service user participants completed a questionnaire at the end of the interview which asked them to reflect on the experience of taking part. Findings indicate that participants found this a positive experience and all who were asked to take part in future research stated that they would be happy to do so.

3.3 Objective 3: To undertake a review of the current literature on health visitor responses to domestic abuse.

The literature review found little evidence of interventions which demonstrated an effective health visitor response; however, there was a general consensus around barriers to effective responses and recommendations for good practice which included asking about abuse and providing information on supports available including legal support. The findings of the review were summarised in a briefing paper for health visitors.

3.4 Objective 4: To utilise findings from above to increase health visitor knowledge and inform development of response model.

Findings from the secondary analysis of police data and interviews with service users were shared with health visiting teams across the three NHS Board areas. A series of briefing papers were created to inform health visitors of the study findings. These will be shared electronically with senior nursing staff across NHS Scotland and sent to health visitor team leaders in each of the participating boards and available online. In addition, study findings will be submitted for publication in peer reviewed journals bringing this information to a wider audience.

In addition, the findings were presented at two international conferences:

- The European Network on Gender Violence, Valetta Malta on 21th April 2014
- The Joanna Briggs Biennial International Colloquium “Scaling New Heights: Challenging the Status Quo” in Singapore 12th November 2014 where the researcher won an award for Best Oral Presentation.

Informing the development of a response model will be discussed in the following sections.

Dissemination plans are detailed at the end of this report.

3.5 Objective 5: To engage with health visitors and service users to design a comprehensive service response to domestic abuse.

A key finding of the interviews with service users was that they expected little from the health visitor response in terms of their own health or their experiences of abuse. Positive experiences of health visitor responses were associated with frequent, regular contact; having their experiences of abuse recognised and validated; hearing about other women’s experience of abuse; being supported to access other services and feeling that they could speak in confidence about their lives and their health. These factors are part of the recommended best practice in responding to disclosure of domestic abuse. However, many service users described a minimal, often disappointing service and

reported that health visitors often focussed solely on the child's physical health or had little or no contact with the family.

These findings were shared with eight practicing health visitors from three NHS Boards at a half day workshop. During this workshop health visitors made recommendations for practice improvement based on their own experience and the views of participant service users. Others related to enhancements or adaptations of current practice such as using listening visits more frequently with women who experience abuse, making in-person contact with women who have reported abuse to the police and ensuring that women understand that information is only shared when necessary and then, only pertinent information.

Some recommendations were aspirational and require multi agency and multi-level support.

These included:

- Increase contact between HVs and service users
- Introduce a structured risk assessment for women following police reported domestic incidents
- Engage with specialist agencies to develop individual health visitors' approaches to discussing domestic abuse
- Develop training resources for health visitors engaging with families affected by abuse over a longer period of time
- Facilitate engagement of service users with survivors of domestic abuse
- Health visitors to inform research priorities
- Identify / develop reliable indicators of impact of abuse and criminality in families.

3.6 Objective 6: To assess the feasibility of delivering this response within current service provision.

Recommendations made by service users and health visitors supported existing good practice, rather than identify a need for a new kind of response. The findings suggest that practice significantly differs from policy and expectations of the service. Health visitors state that this is a consequence of service change, service constraints, as well as their own training and support needs.

Rather than develop a new intervention, health visitors identified some areas for further research which would support their practice and decision making.

4. Outcomes of the project

Many of the anticipated outcomes for this project are longer term goals and will continue to progress beyond the life of the project. It was anticipated that the project would improve practice, contribute to the evidence base and inform service provision.

Health visitors directly contributed to this project in a number ways: as study participants, as advisers on conducting the study, as providers of feedback on the initial study findings and by supporting recruitment of service users. For many practitioners this created an opportunity to reflect and discuss their practice with colleagues.

The project has provided information on the nature and extent of domestic abuse experienced by health visitor service users and therefore, immediately increases awareness and knowledge of practitioners who access these findings. Dissemination is discussed in the following section.

On a wider scale, the findings have been brought to the attention of those leading the development of health visiting service delivery and education of health visitors in Scotland and so will inform future developments.

The findings from this project make an important contribution to the existing evidence base. In addition to enhancing knowledge about the extent, impact and service responses to domestic abuse, the use of a research tool to measure the impact of participation for service users (the Response to Research Participation Questionnaire) supports continuing involvement of service users in research.

5. Project Outputs

Briefing papers are available which provide a summary of the findings from each stage of the project to practitioners. The reports cover the following:

- Findings of secondary analysis of police data on domestic incidents involving health visitor service users.
- Findings of qualitative study with health visitor service users involved in police reported domestic abuse incidents.
- Recommendations from health visitor workshop

6. Dissemination of Findings

A variety of dissemination activities have been undertaken as follows:

- Distribution of summary reports through existing email lists and networks in the NHS and voluntary sector from February 2015. This will be supplemented by distribution of hard copies of the same to target audiences such as health visitor team leaders and service managers in the NHS.
- Presentation to key partners in NHS, Third sector and Scottish Government
A half day conference was held for 30 delegates from the above agencies on 18th September 2014. The findings of the study were presented and followed by a panel discussion. This generated interesting discussions between practitioners and policy makers. Delegates included Scottish Government representatives from the department of the Chief Nursing Officer and the Children and Families Directorate and the Programme Director for the NHS Health Scotland Gender Based Violence Programme.
- Conference Presentations: It was anticipated that the project findings would be reported at one UK conference but unfortunately, it was not possible to identify an appropriate conference which could be accommodated around data collection. However, abstracts were accepted for two international conferences, reaching both domestic abuse specialists and health care professionals.
- The research team are in the process of submitting articles to peer reviewed journals such as Public Health Nurse, Journal of Advanced Nursing and the Journal of Interpersonal Violence. We anticipate two publications.
- The researcher will continue to respond to invitations to speak to practitioners, service users, policy makers and third sector agencies as required.
- Resources including briefing papers, a power point presentation, abstracts from conference presentations, and links to publications will be available through the University research pages.

7. Project Budget

The most significant change from proposal to completion of this project related to delays in staff recruitment and changes in staff provision (detailed in previous report) which resulted in an underspend. A full budget report will be sent directly by our finance department.

8. Summary

This project has successfully established the foundations for practice improvement by providing sound evidence on the nature and extent of domestic abuse experienced by health visitor service users which is accessible and relevant to practicing health visitors.

An increased awareness of the extent of domestic abuse and the consequences of experience of abuse amongst their service users can empower health visitors to actively engage with women about this topic and explore health and support requirements in partnership with them.

Further, the project has identified what women who experience abuse want from health visitors and identified barriers to delivering this in practice. This can inform service and educational developments for health visitors.

Findings from health visitors and service users suggest that current best practice for health visiting, rather than a separate intervention for domestic abuse, should adequately address the health and support needs of families exposed to domestic abuse. However, real life practice often differs from the best practice model. In Scotland a programme of work has commenced to increase the number of practicing health visitors. It is anticipated that in the short term health visiting teams will face a burden of training and mentoring new staff, however, in the longer term this investment could reduce the case load on individual practitioners and this may improve on the current service response. In view of this there have been no recommendations or attempts to pilot a domestic abuse specific response.

The research team would like to thank the Burdett Trust for Nursing for the opportunity to conduct this valuable work and for the flexibility to re-shape the project staffing.