Looking ahead to the New Domestic Violence NICE Quality Standards
Context

- Why the standards are needed / where did they come from
- How the quality standards support delivery of outcomes
- Co-ordinated services
- Training and competencies
- Some caveats about Quality Standards
Why the standards are needed

- Extent of the problem
- Severe, wide-ranging and long term health impacts
- Economic cost of the problem
- Health sector has lagged behind the CJS sector in developing responses
- Survivors more likely to use health services
How the quality standards support delivery of outcomes

- Patient safety
- Patient experience
- Clinical effectiveness

- Adult Social Care Outcomes Framework 2015–16
Public Health Outcomes Framework

• Improving the wider determinants of health
  • Improvements against wider factors which affect health and wellbeing and health inequalities

• Health Improvement
  • People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

• Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
  • %age of people who use services who feel safe
  • %age of people who use services who say those services have made them feel safe and secure
Co-ordinated services

- Integrated
- Person-centred
- Encompass a whole care pathway
Training and competencies

- Respond: [http://www.bristol.ac.uk/primaryhealthcare/researchthemes/responds/](http://www.bristol.ac.uk/primaryhealthcare/researchthemes/responds/)
- General Practice: [http://elearning.rcgp.org.uk/](http://elearning.rcgp.org.uk/) Violence against women and children
- AVA: [http://elearning.avaproject.org.uk/](http://elearning.avaproject.org.uk/) Understanding domestic violence and abuse level 1 and 2
- Complicated matters: domestic and sexual violence, problematic substance use and mental ill-health
Some caveats

- Evidence base is lacking for routine screening in all healthcare settings
- QS does not cover child abuse
- QS MUST derive from the NICE recommendations – which in turn are evidence based
- QS must be measurable
Identifying, preventing and reducing domestic violence and abuse

Plan services

Work in partnership to prevent domestic violence and abuse

Develop an integrated commissioning strategy

Commission and evaluate programmes for perpetrators

Establish integrated care pathways and information sharing protocols

Remove obstacles to people disclosing domestic violence and abuse

Ask about domestic violence and ensure formal referral pathways are in place

Provide tailored support and advocacy

Support people with mental health conditions

Health and social care professionals

Training and a referral pathway for GP practices and other agencies

Identify and, where necessary, refer children and young people at risk

Provide children and young people at risk with specialist services
Statement 1. People presenting to A&E departments with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Statement 2. Women presenting to maternity services with indicators of possible domestic violence or abuse have a private one-to-one discussion.

Statement 3. People who disclose domestic violence or abuse have an assessment of their immediate safety.

Statement 4. People experiencing domestic violence or abuse are offered a referral to specialist support services.

Statement 5. People perpetrating domestic violence or abuse are offered a referral to specialist support services.
People presenting to A&E departments with indicators of possible domestic violence or abuse have a private one-to-one discussion.

- Service providers (secondary care services) ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse. They provide facilities to enable people presenting to A&E departments with indicators of possible domestic violence or abuse to have a private one-to-one discussion with a trained healthcare professional.

- Healthcare professionals are trained to recognise indicators of possible domestic violence and abuse. They should make kind and sensitive enquiries as part of a private one-to-one discussion in an environment in which the person feels safe. The discussion should be documented.

- Commissioners (clinical commissioning groups) commission services that ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse, make kind and sensitive enquiries as part of private one-to-one discussions and document these discussions.
• People who experience domestic violence or abuse presenting to A&E departments can have a private talk with a healthcare professional trained in this area. This may help them to talk about their experiences, to know that they are not alone, that they will be believed and that their experiences are not unusual. They should be offered help and support.
Women presenting to maternity services with indicators of possible domestic violence or abuse have a private one-to-one discussion

- Service providers (secondary care services) ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse. They provide facilities to enable women presenting to maternity services with indicators of possible domestic violence or abuse to have a private one-to-one discussion with a trained healthcare professional.

- Healthcare professionals are trained to recognise indicators of possible domestic violence and abuse. They should make kind and sensitive enquiries as part of a private one-to-one discussion in an environment in which the woman feels safe.

- Commissioners (clinical commissioning groups) commission services that ensure that healthcare professionals are trained to recognise the indicators of possible domestic violence and abuse, make kind and sensitive enquiries as part of private discussions and document these discussions.
Women presenting at maternity services who experience domestic violence or abuse can have a **private** talk with a healthcare professional **trained** in this area. This may help them to **talk** about their experiences, to know that **they are not alone**, that **they will be believed** and that **their experiences** are not unusual.
People who disclose domestic violence or abuse have an assessment of their immediate safety.

- Service providers (primary, community, including third sector, secondary and tertiary care providers of health and social care services, including prison health services) ensure that **protocols** are in place for health and social care practitioners to **respond to disclosures** of domestic violence or abuse by **assessing a person’s immediate safety**.

- Health and social care practitioners follow **protocols** by assessing a person’s **immediate safety** when a **disclosure** of domestic violence or abuse has been made.

- Commissioners (NHS England, clinical commissioning groups and local authorities) commission services that ensure that health and social care practitioners follow **protocols** by assessing a **person’s immediate safety** when a **disclosure** of domestic violence or abuse has been made.
People who reveal that they have experienced domestic violence or abuse are treated **kindly and with understanding**. They have a check of their immediate safety.
People experiencing domestic violence or abuse are offered a referral to specialist support services.

- Service providers (primary, community, including third sector, secondary and tertiary care providers of health and social care services, including prison health services) work with commissioners to design local referral pathways for domestic violence and abuse and ensure that health and social care practitioners offer referrals to these specialist support services to people who need them.

- Health and social care practitioners are aware of local referral pathways for domestic violence and abuse and offer referrals to specialist support services to people who need them.

- Commissioners (NHS England, clinical commissioning groups and local authorities) ensure that referral pathways and a full range of specialist support services are in place for people experiencing domestic violence and abuse. These include community based domestic violence and abuse advocacy services. Commissioners may wish to adopt a multi-agency approach and work with health and wellbeing boards and local strategic partnerships on domestic violence and abuse.
People experiencing domestic violence or abuse are offered a referral to specialist support services, such as refuges and services offering legal, housing and financial advice, safety planning advice and psychological help. This will mean that they can get the help and support that they need.
People perpetrating domestic violence or abuse are offered a referral to specialist support services.

- Service providers (primary, community, including third sector, secondary and tertiary care providers of health and social care services, including prison health services) work with commissioners to design local referral pathways for domestic violence and abuse and ensure that health and social care practitioners offer referrals to these specialist support services to people perpetrating domestic violence or abuse.
- Health and social care practitioners are aware of local referral pathways and offer people perpetrating domestic violence or abuse referrals to specialist support services.
- Commissioners (NHS England, clinical commissioning groups and local authorities) ensure that referral pathways and a full range of specialist services are in place for people perpetrating domestic violence or abuse. They may wish to adopt a multiagency approach and work with health and wellbeing boards and local strategic partnerships on domestic violence and abuse.
People perpetrating domestic violence or abuse are **offered a referral to specialist support services** that can help them to **change** their views and understand more about violence. These specialist services can make it easier for them to get the help and support that they need to change their behaviour.
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