Improving services for women and child victims of violence: the Department of Health Action Plan

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Foreword

Violence against women and children is an unacceptable violation of human rights. The World Health Organisation recognises violence as a public health issue. As the Minister with responsibility for public health, I understand how important it is to take a public health approach to preventing and responding to violence.

We know from the independent Taskforce on the Health Aspects of Violence against Women and Children that health professionals come into contact with people affected by violence and abuse every day, and that NHS response to victims is inconsistent.

Health services are involved because of the significant impact of violence and abuse. Violence and abuse can lead to increased risk of poor mental health, injuries, chronic physical conditions, unwanted and complicated pregnancy, sexually transmitted infections and substance misuse, and the effects can last a lifetime and into subsequent generations. If we can intervene early, we have a chance to reduce the impact of the many health consequences. For many victims, the police are not always the first port of call. The victim may attend A&E, sexual health clinics or go to their GP. Health professionals are therefore in a position to identify violence that is occurring or has occurred; and to intervene and refer women and children to the appropriate services and support. For some extreme cases, there may only be one chance to save a life.

Health services have a duty to provide quality of care to the most vulnerable. This also means commissioning the right services, and working alongside other agencies and the voluntary and community sector. We recognise that the new commissioning arrangements, public health service and the Big Society approach will present new opportunities and challenges for improving services for women and child victims of violence. At the heart of the new structures still lies the patient and the needs of that patient.

I am pleased that this action plan, which responds to the work of the Taskforce on Violence against Women and Children, sets out how we will improve the way health services support the many victims who continue to experience suffering due to violence and abuse.

Anne Milton

Anne Milton
Parliamentary Under Secretary of State for Public Health

Introduction

Violence against women and children (VAWC) can take many forms including domestic violence, sexual violence, child sexual abuse, forced marriage, and female genital mutilation (FGM). The scale of violence against women and children is enormous. We know that the statistics that are collected underestimate the true extent of the problem as violence and abuse remain a hidden issue and are significantly underreported.

- *More than one in four women in England and Wales (4.4 million) had been affected by domestic violence since the age of 16;*[1]
- *In 2009/10, there were 20,000 sexual assaults and 14,000 rapes of women recorded by police in England and Wales*[2]*; and around one fifth (20.9%) of all rapes recorded by the police were committed against children under 16;*[3]
- *A UK study of 18 to 24 year olds found that in 1998, 16% of respondents (which equates to an estimated 1.9 million in UK) were sexually abused as children;*[4]
- *An estimated 66,000 women in England and Wales have been affected by female genital mutilation (FGM) at some point in their lives. An estimated 16,000 girls under 15 years old are also at risk of the most severe type of FGM.*[5]

The cost of violence and abuse in terms of people's lives, the cost to public services and lost productivity is vast. The Home Office estimates that the cost of violence against women and girls to society is around £36.7 billion. The true cost is likely to be much higher, given the under-reporting of violence, in particular around historic child abuse.

The independent Taskforce on the Health Aspects of Violence against Women and Children brought together a wealth of expertise and experience from clinicians, academics and voluntary and community sector organisations in England that support victims on a day-to-day basis. The Taskforce published its findings in a report in March 2010 and made 23 recommendations on how the NHS can improve its response to victims. The full report and accompanying, more detailed subgroup reports, can be viewed at www.dh.gov.uk/vawc.

The Department of Health is committed to improving standards of care and support for women and child victims of violence. This action plan sets out how the Department, in partnership with others will take action in England to address many of the issues that arose from the Taskforce work. Preventing violence and improving the NHS response aligns closely to the priorities for the Department in improving health outcomes, better public health and putting the patient at the centre of services. The Department regards safeguarding vulnerable children as a high

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[1] **British Crime Survey, 2009/10**
[2] **British Crime Survey, 2009/10**
[3] **British Crime Survey, 2009/10**
[4] **Cawson, P. and May-Chahal, C. Measuring child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect. 2005**
[5] **A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales Summary Report. Foundation for Women's Health, Research and Development (FORWARD). 2007**

priority and is supporting the NHS to improve safeguarding arrangements. To ensure momentum and progress in this area, the Department has established an NHS Implementation Group to oversee the work programme on VAWC.

The role of charities, voluntary organisations and social enterprise is critical to the delivery of services for victims of violence. Many voluntary sector organisations provide much needed support, counselling and advocacy for women and children. Yet we know that they face an on-going challenge to maintain and develop cost effective services in partnership with mainstream service providers in the current fiscal climate. Ensuring that comprehensive services are commissioned appropriately, where there is evidence of need, means that health services will be better able to respond to local need. In the future, commissioning may be done by the NHS Commissioning Board, GP commissioning consortia, public health service, or local government. This will present opportunities for the voluntary and community sector, as we move towards an any willing provider commissioning model and extend the choice people have over their care and support.

There is a well established human rights framework which highlights the importance of tackling violence against women and children. The UK government has signed up to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which includes committing to tackling gender based violence. In addition, the UN Convention on the Rights of the Child (UNCRC) recognises the vulnerability of children and the importance of ensuring they are free from violence. NHS bodies also have responsibilities under UK Domestic Human Rights and European Human Rights legislation. Everyone has the right to enjoy their basic human rights such as right to life and not to be treated in an inhuman or degrading manner, protected by the Human Rights Act 1998. For example, there could be human rights implications if policies neglect or have a negative impact on certain groups on issues such as life expectancy and liberty.

The Equality Act 2010 provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all. Until April 2010, the Gender Equality Duty will continue to place public authorities (including NHS bodies) under a legal obligation to identify and take action on the most important gender equality issues, including VAWC. The Duty also applies to other organisations, including within the private and voluntary sectors, which are exercising public functions (for example delivering VAWC services). From April 2011, the Equality Duty (which will cover all the protected grounds: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion and belief and sexual orientation) will continue the requirements currently set out by the Gender Equality Duty, and will introduce a requirement for public authorities to have due regard, when exercising their functions, to the need to foster good relations between men and women.

In developing this document, we recognise the challenges that health services face with competing priorities, a tighter fiscal climate and the transition towards new commissioning arrangements. We hope this action plan will be the start of a process to improve awareness and understanding of violence and abuse, and lead to improved care and services.

Context

Current NHS provision

The NHS currently provides care for women and child victims through universal and more specialist services. Women and children regularly engage with services such as A&E, GPs, midwives and health visitors and these services therefore have a role in identifying victims of violence, and providing effective support through appropriate care pathways. In providing services to women and child victims, the NHS also works collaboratively with other organisations. For children, this means working closely with children's social care and the police as well as early years services, schools and the voluntary and community sector in accordance with the statutory inter-agency guidance *Working Together to Safeguard Children (2010).* It also requires those providing services to children to work closely with their colleagues in adult services.

The NHS commissions specialist services such as Sexual Assault Referral Centre (SARC) services, FGM clinics, and specialist VAWC services located in health settings. The joint Department of Health/Royal College of Paediatrics and Child Health (RCPCH) Report on the contribution of child protection clinical networks for improving practice included the potential to improve sexual assault referral services for children. Child protection clinical networks will be part of the consideration of how safeguarding children will fit within the new system architecture outlined in the NHS White Paper, *Equity and Excellence, Liberating the NHS*. Professor Eileen Munro's review of Child Protection (due to be published in April 2011) will also be taken account of.

Development of future arrangements

There are plans to create a new, integrated public health service to protect and improve the nation's health and well-being. There will also be a ring-fenced public health budget and Directors of Public Health, sitting in the local authority, who will be responsible for health improvement at a local level and will be jointly appointed by the public health service and local authorities. As the details of the public health service develop, we will explore where the violence against women and children agenda best fits within the new architecture.

Cross-government strategy on violence against women and girls

The Department works closely with other government departments on this agenda. This document forms part of the cross-Government approach to tackling violence against women and girls. It is important that this partnership working is reflected at all levels.

The review by Baroness Stern into rape complaints, which was published in February 2010, highlighted good practice in how public authorities handle rape complaints and also where there remains variation in quality and access to services. In particular, the review called for greater NHS involvement in the commissioning of SARCs. It also supported the transfer of funding and commissioning of forensic medical services for sexual assault from the police to the health service, and measures recommended by the Taskforce on stimulating an improvement in the quality and skill of forensic medical workforce through the NHS. The work set out in this action plan aims to address these particular issues and the Department will continue to work with the Home Office to develop policy on sexual violence.

Children being abused or neglected

Children who become the subject of concern about being harmed may be living within their family or in a community or institutional setting. In the year ending March 31 2010, 44,500 children became the subject of a child protection plan because of concerns that they were likely to suffer significant harm in the future.[6] At all points in the statutory child protection process, health professionals working together with social workers, police and other professionals will be involved in assessing children who have been the victims of abuse or neglect and providing therapeutic services to help these children recover from their trauma.

These children are often growing up in families where the adults are experiencing problems with mental ill health, domestic violence and substance misuse. Some 200,000 children (1.8%) in England live in households where there is a known risk of domestic violence or violence.[7]

To intervene effectively with child victims, adult and children's services need to work together addressing the different types of needs identified for each child and family. Local Safeguarding Children Boards have a statutory responsibility to co-ordinate the work done by people or organisations on the Board in order to safeguard and promote the welfare of children in the authority and to ensure its effectiveness. Health Bodies are statutory partners of the Board and have a shared responsibility for its effective functioning.

Families with multiple problems

Violence and abuse can also be a risk factor in families with multiple problems. The Coalition Programme includes a commitment to '*investigate a new approach to helping families with multiple problems'* and the Spending Review makes a commitment for a national campaign to support and help turn around the lives of families with multiple problems, improving outcomes and reducing costs to welfare and public services. As part of this, by April 2011 the Government will help establish a first phase of 16 single Community Budgets. Local leaders will be able to pool funds to provide a single funding stream to enable areas to offer the best

[6] Department for Education (2010) Referrals, assessments and children who were the subject of a child protection plan (Children in Need – Provisional) year ending 31 March 2010 www.dcsf.gov.uk/rsgateway/index.shtml
[7] Lord Laming (2009) The protection of Children in England: Progress report

support for families with multiple problems. The intention is that all places will operate Community Budgets from 2013/14.

There are an estimated 117,000 families in England with five or more problems in Britain, and around 46,000 of these include children with behavioural problems[8]. Typically these problems include domestic violence, parents with a substance misuse or mental health problem, long-term unemployment, parenting problems and children experiencing neglect, in trouble with the Police, showing behaviour problems in school or involved in offending or drug misuse. Research from the National Centre for Social Research (NatCen) highlights that domestic violence is a significant issue for families supported by family interventions and found that the projects reduced the proportion of families reported to have issues with domestic violence from 26 % to 12% (March 2010). The Department is contributing £3m in 2010/2011 to local authorities to enable family intervention services to address the health needs of this vulnerable group.

Case Study

The Treetops Centre – Sexual Assault Referral Centre (SARC)

The Hampshire and Isle of Wight SARC (The Treetops Centre)[9] provides a comprehensive service to people who have experienced rape or sexual abuse. The Clinical Director and Forensic Physicians are female and have a clinical governance agreement with the PCT. The Centre has received awards from the Strategic Health Authority and Hampshire Constabulary for its partnership approach. It is co-located with a pre-existing domestic violence service, and support and advocacy workers from that service also provide a day service to the SARC. The Centre:

- ensures the best possible care of the client to minimise the risk of further harm, physical and mental health issues and to promote recovery;
- facilitates forensic examination so that evidence can be collected for use in the investigation of crime should the client choose to do so;
- promotes partnership working at all levels throughout Hampshire and the Isle of Wight, as well as nationally to assist with providing best practice and best value;
- provides a centre of excellence which places client care and quality of service at the heart of its work.

[8] **Data from Social Exclusion Taskforce (2006)**
[9] **www.treetopscentre.co.uk**

How we will support the improvement of the health response

Awareness raising

The Taskforce on the Health Aspects of Violence against Women and Children identified two areas that need to be improved in terms of communications around VAWC and the NHS. The first concerns a need for more awareness amongst health professionals of their role in addressing the issues, and secondly that patients should be provided with information that helps them access VAWC services quickly and safely.

The Department of Health has developed a communications strategy for raising awareness of violence against women and children aimed at both the public/patients and NHS staff. To implement this strategy we will:

- Deliver an NHS awareness raising campaign to coincide with the International Day for the Elimination of Violence Against Women on 25 November 2010. We will support PCTs and NHS Trusts to participate in the campaign and raise the profile of VAWC locally;
- Provide communications tools and templates for local NHS organisations to use and adapt for local audiences. These include new and existing posters and crib cards;
- Develop a leaflet for health professionals which provides an overview of VAWC and reinforces key messages;
- Promote case studies on VAWC from both a patient and health professional perspective;
- Provide guidance to PCTs and NHS Trusts on how to use the communications tools, including how best to target their audiences;
- Building on the work already done with NHS Choices, we will boost the website content on VAWC by bringing together all content relevant to VAWC in one place, reviewing the content, and developing new short films on child sexual abuse and FGM (http://www.nhs.uk/livewell/abuse/pages/violence-and-sexual-assault.aspx);
- Feed the health perspective into the cross-Government communications strategy on violence against women and girls.

Workforce, education and training

Improving the competencies and skills of NHS staff to equip them to appropriately identify, treat and refer women and child victims of violence was a key issue arising out of the work of the Taskforce. This focused on staff at all levels from undergraduate training to Continuing Professional Development. The recommendations on workforce also highlighted the need to support NHS staff who may themselves be victims of violence and abuse, and to improve the quality of forensic services for victims of sexual assault. This was also a key issue in Lord Laming's report 'The Protection of Children in England: A Progress Report'. Dr Sheila Shribman's stocktake of safeguarding training for NHS staff identified a need for greater clarity about what training should be received and how frequently.

In response, the Department of Health is developing a training 'matrix', which will describe learning outcomes, map existing training courses, and outline training pathways for different professional groups. The matrix will complement the intercollegiate document, *Safeguarding Children and Young People: Roles and Competences for Healthcare Staff (2006),* which the Royal Colleges are presently updating.

To address these issues, we will:

- Carry out a short scoping exercise to map out existing training on violence against women and children. Subject to the findings of the scoping exercise, we will then consider how best to influence the content of training curricula;
- Work with the Royal Colleges to identify where existing training and guidance for doctors on violence against women and children can be expanded;
- Fund the Royal College of General Practitioners to develop and deliver an e-learning course on violence against women and children for GPs, with input from experts in the field and the voluntary sector. The aim of the course will be to provide an understanding of the scale of the problem, how to identify signs of violence, share information appropriately with other agencies, describe the care pathway and maintain good record keeping. This course will be shared with other Royal Colleges to enable them to adapt it for different settings;
- Work with Home Office, Foreign and Commonwealth Office and Department for Education to develop and roll-out multi-agency practice guidelines on handling FGM in order to increase awareness amongst healthcare professionals. A public consultation on these guidelines is open until 3 December 2010 at www.fco.gov.uk/fgm;
- Explore the possibility of supporting the Faculty of Forensic Legal Medicine to work in partnership with others to develop an e-learning course on forensic sexual assault work;
- Fund the establishment the Diploma in the Forensic and Clinical Aspects of Sexual Assault to provide a basic qualification for forensic physicians to improve the quality of these services;

- Provide a scholarship for candidates taking examinations in the Diploma in the Forensic and Clinical Aspects of Sexual Assault to encourage take-up;
- Work with the NHS Confederation to develop a briefing report for NHS Chief Executives and Board Members on domestic violence to improve understanding of the subject and the importance of improving the health response to victims;
- Provide bespoke domestic violence training through Coordinated Action Against Domestic Abuse (CAADA) for a second year in 2010/11 for Family Intervention Project staff working with families with multiple problems;
- Develop a new cross-government strategy on health, work and well-being to improve the well-being of those in the workplace, which will help address a range of issues that staff face;
- Use networks and information portals for NHS staff to promote information on VAWC. The NHS Employers website provides employers with a range of tools to assist trusts in implementing the Boorman review including links to staff support websites. This reduces the need for trusts and SHAs to duplicate development of tools and advice and provides an integrated approach across the service.

Case Study

Mozaic Women's Well-being Project, run by 170 Community Project, based at Guy's and St. Thomas' NHS Foundation Trust

As a research based and evaluated service within the hospital setting, Mozaic continues to work closely with health professionals in maternity and genitourinary medicine, providing training, consultation and specialised response to domestic violence. The service consists of specially trained advocates who respond to high risk cases and provide support, advocacy and risk management. The service works in partnership with three Multi-Agency Risk Assessment Conferences (MARACs), social services, police, local authorities, voluntary organisations and others to manage risk effectively and improve prevention of domestic violence.

The service provided to women is holistic and supportive, which has resulted in a high level of women engaging with the service and finding the strength and resources to remove themselves from the abusive relationship and develop a healthy support network. As part of the process in empowering women to move from risk to safety, Mozaic Voices was established as a survivor led support group.

Many women who have used the service were able to acknowledge the benefits of routine enquiry as they were not aware that support was available for them. Routine enquiry in maternity and genitourinary medicine is accompanied by specialised training in how to ask, appropriate response and intervention as well as the Mozaic service integrated within the hospital.

Improving quality of services

In addition to ensuring universal services can better deal with women and child victims of violence, we recognise the importance of ensuring the right specialist services are commissioned, with clearly articulated care pathways from generalist and specialist healthcare services. These might be FGM clinics, Sexual Assault Referral Centres or domestic violence services based in a health care setting or voluntary and community sector organisations. Although there is variation in provision, there are many examples of these across the country which provide excellent services for victims, and it is important that these continue to be commissioned, and that gaps in specialist service provision are filled.

To improve the quality of services we will:

- Provide funding jointly with the Home Office in 2010/11 of up to £3.2 million to improve access to and quality of SARC services;
- Continue to fund and support the National Support Team on Response to Sexual Violence until March 2011 to encourage the NHS to jointly commission and fund Sexual Assault Referral Centres. We will also continue to work with the Home Office on developing future policy on SARCs;
- Carry out a feasibility study on the impact of transferring commissioning and budgetary responsibility for forensic sexual assault work from the police to the health service;
- Work closely with public health professionals, GPs, voluntary and community sector organisations and other health and care professionals to finalise the proposed NHS commissioning guidance on violence against women and children, and keep it under review during the transition to the new commissioning arrangements;
- Explore options for commissioning violence against women and children services as part of the development of new commissioning arrangements;
- Discuss with the Care Quality Commission how their regulatory model takes into account the recommendations made by the Taskforce on the Health Aspects of Violence Against Women and Children for registered providers of services;
- To support, through the Department of Health or via health and voluntary sector-led improvement activity, the capacity of Joint Strategic Needs Assessments (JSNA) to inform local commissioners and decision makers with quality intelligence on issues of violence against women and children and drive more effective partnership working at the local level;
- Support sharing of examples of good practice, care pathways and service specifications on the Primary Care Commissioning website (www.pcc.nhs.uk/violence).

Case study

Specialist FGM clinic at Liverpool Women's NHS Foundation Trust

The clinic was set up to ensure good quality antenatal care for women with English as second language, to identify women who have undergone FGM and meet other needs of ethnic minority women such as calcium and vitamin D deficiencies. Funded by the PCT, the Trust works with Link workers who speak Arabic, Polish, Somali, Urdu and Bengali.

When the patient comes for their appointment with a midwife, they are asked if they have undergone FGM. If they have, they are referred to a consultant obstetrician and offered deinfibulation (FGM reversal) from 20 to 27 weeks.

The women who come to the clinic may be asylum seekers or refugees, or have been born in countries such as Somalia and Pakistan.

Evidence and information

The Taskforce made a number of recommendations around improving consistency of health data collected on violence, the importance of strengthening the evidence base on violence against women and children, and the need to support health professionals to appropriately share information.

To address these issues, we will:

- Work with the relevant experts to identify how data collection for SARCs can be improved;
- Continue working with the DH Policy Research Programme to ensure we make best use of research to underpin policy development on violence against women and children, focusing on prevention, education and training;
- Work with National Institute for Health and Clinical Excellence (NICE) on our approach to public health guidelines on domestic violence;
- Develop a needs assessment toolkit on sexual violence to assist local areas in identifying all the relevant data sources;
- Deliver the Coalition Programme commitment to "make hospitals collect and share non-confidential information" with Community Safety Partnerships to tackle/prevent violence. This will involve making sure that emergency departments have in place arrangements in place for recording the time, type and location of violent assaults";
- We will explore with Caldicott Guardians what further guidance can be developed to support their roles in advising health professionals on information sharing.

Conclusion

The independent Taskforce on the health aspects of violence against women and children drew together a wealth of evidence on the current experiences of women and children when they engage with health services. The Department is building on the work of the Taskforce and its findings to drive change in the way the NHS supports victims of violence.

We also recognise that there is existing good practice and the importance of sharing this across the NHS to achieve a more consistent health response. This action plan for 2010/2011 aims to lay the foundations for embedding evidence based practice within the NHS in response to violence and abuse. The long term aim is to improve health outcomes for victims through early identification and referral to appropriate support and interventions, and to break the cycle of violence.

There are particular challenges with the provision of services in different areas and where there are different levels of need. For example, in rural areas there are challenges due to the higher cost of delivering services in more remote locations, the greater sparsity of rural communities and the demographic features of the rural population. However, it is important that women in rural areas should have access to the same services as those in towns and cities.

The NHS has a role in prevention of violence and provision of services for victims. The NHS needs to work in partnership with the police, local authorities, criminal justice system, social care, voluntary sector and others in order to continue to make real progress in tackling violence against women and children.