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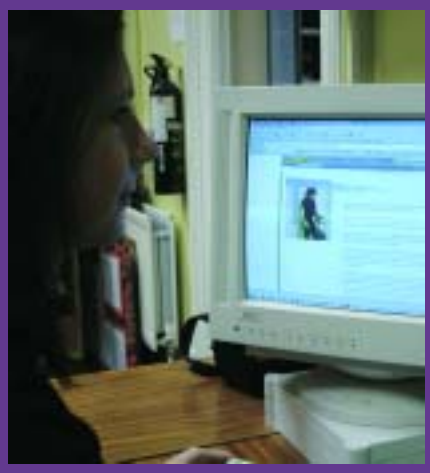
Faculty of Health and Social Care

In Brief

An evaluation of the Bristol Pregnancy and Domestic Violence Programme to promote the introduction of routine antenatal enquiry for domestic violence at North Bristol NHS Trust.



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Overview

The Bristol Pregnancy and Domestic Violence Programme (BPDVP) introduced into North Bristol NHS Trust aimed to equip a group of community midwives to have both the knowledge and confidence to effectively enquire about domestic violence in the antenatal period. The programme consisted of in service education and follow up support arrangements. The study underpinning this work sought to evaluate the impact of the programme including the development of recommendations to build upon and sustain education within the field of domestic violence and pregnancy.

The Department of Health identified the need for independent evaluation in the context of a growing awareness of the impact of domestic violence on individuals, families and communities and the increasing numbers of health professionals involved in delivering care in this area. The University of the West of England, Bristol secured a successful contract to evaluate the programme from the Department of Health. It commenced in March 2003 and was completed in March 2004.

The methodological approach adopted for the evaluation included multiple professional perspectives and both process and outcome measures.
The evaluation aimed to examine stakeholders' views about the implementation of the programme and the introduction of routine antenatal enquiry; participating community midwife views and experiences of the programme; and outcome effects of the programme for participating midwives.

The sample included two elements focused around care delivery and education. From the Health Service it compromised of a group of stakeholders (n=14) and seventy nine community midwives drawn from a single NHS Trust in the South West. The second element included educationalists from the local Higher Education Institution (HEI) (n=6) and a national survey of all HEI's across England providing midwifery education (n=22).

Midwifery Outcome Evaluation

All community midwives participating in the programme (n=79) completed a thirty eight item questionnaire at three points during the study, immediately before at pre-test, immediately after at post-test and at follow up six months later. The questionnaires examined previous experience related to domestic violence, knowledge and attitudes associated with domestic violence, self efficacy related to antenatal enquiry, perceptions of the programme, influences on subsequent routine enquiry and levels of disclosure facilitated by midwives following the programme. Baseline data highlighted low levels of existing training for and experience of dealing with domestic violence, whilst knowledge of the issue was variable and confidence in dealing with the issue was relatively low. Nevertheless, midwives saw routine enquiry as important and perceived themselves to have an important role to play within it.

The training was positively received by participants particularly in relation to an increased awareness of and confidence in dealing with the issue. It is also associated with improvements in knowledge, attitudes, efficacy at post-test and follow up. It also appears to have had an impact on the level of disclosure facilitated by midwives. Analysis of changes between pre-, post- and follow-up, show increases in knowledge, efficacy beliefs and positive attitudes towards enquiry. These changes were subject to some decay over time, but remained above pre-test levels at 6 month follow-up. Levels of subsequent disclosure of current and previous experiences of domestic violence obtained by midwives was predicted by past experience of dealing with the issue but also by efficacy scores immediately after and at six months post delivery.

Domestic violence disclosure rates were formally recorded through the monitoring of "cause for concern" documentation. In the seventeen month period prior to the introduction of routine enquiry eight instances of concern were recorded associated with domestic violence. Following the training programme, this increased to twenty five over the nine month study period. This represented an almost six fold increase.

At six months post introduction the majority of midwives were routinely asking about domestic violence only 50% of the time. This increased to 80% of women consulted for only three of the respondents surveyed. The most significant barrier to enquiry was perceived to be the presence of a family member followed by lack of time and resources. Implications include the development of mechanisms to allow women to be seen alone and increased resources in terms of practitioner time. Increased levels of disclosure may be an important measure associated with the effectiveness of training. However, in the longer term the effectiveness of routine enquiry must be measured against the outcomes for women and their families. These may include levels of continued violence, access to support services and pregnancy outcomes.

Given the lack of a non intervention comparison group, the relatively small numbers undertaking the training and low response rates to some questions, this evaluation may be best viewed as a feasibility study. Future studies could usefully include a comparison group of midwives not undertaking training, examination of different geographical regions and include a comparative analysis of the outcomes for women based on differing models of questioning employed.

Midwife Process Evaluation

In-depth interviews were conducted with thirty eight midwives working in the Trust during the period of programme introduction. Midwives were interviewed at three and six months post introduction, four were interviewed to ascertain their reason for non-attendance on the programme. In terms of those who had participated data were collected around the following areas: the degree to which midwives felt the goals of the education and support had been met through the programme; experiences associated with asking women about domestic violence during pregnancy; implications for service and educational development and the potential barriers to successful implementation.

The programme was viewed very positively. It had given midwives the practical skills necessary to feel confident to routinely enquire about domestic violence. Attendance on the programme combined with the universal nature of the enquiry and its routine integration into the booking visit helped practitioners to develop their practice. Practitioners commented that the midwifery role should be extended to include more social and public health aspects of care to women. The most significant practical difficulty associated with asking the question was the attendance of male partners at consultations, though midwives also identified the need to improve guidance within the programme particularly in relation to record keeping and having asked the question. Other perceived barriers to enquiry included: lone working and the potential threat of violence; shortages of staff, in particular those associated to retention and recruitment of midwifery staff.

Extending the programme to offer regular updates was seen as important particularly in relation to feeling confident supporting women who decided to remain in violent relationships. However, midwives also stated that clearly identified leadership, support and advice had supported successful implementation. At six months practitioners were becoming more forceful in their view that their role should be limited to enquiry and information giving and not extend to in-depth support. Importantly midwives identified the specific need for programme and service development in relation to ethnic minority women whose needs remained largely unmet.

Stakeholder Process Evaluation

In-depth interviews were conducted with fourteen stakeholders involved in strategic planning, service management and delivery in maternal and child health across the acute trust. From a primary care perspective two local general practitioners and two health visitors were also interviewed.

Key stakeholders clearly identified domestic violence as an issue of relevance to health services, with strong links to child protection. It was viewed currently as a high priority on national and local health service policy agendas. However, there was some uncertainty as to whether the role of the midwife should be extended to include routine antenatal enquiry for domestic violence. Concerns raised focused on the costs associated with introduction, professional risk, lone working and the adequacy of support services available for victims of violence. Importantly stakeholders raised questions about the longer term implications for the midwifery role given the competing number of tasks midwives are asked to engage in and the need for on-going education and support to sustain the programme.

The stakeholders had clear views of what is needed to enable midwives to routinely enquire about domestic violence. This includes education, training and support, combined with appropriate resources and effective multi-agency working. Participants emphasised the need to include other health service workers in education linked to the maternity services. Finding adequate funding for implementation seemed a major challenge. Solutions were percieved to lie in linking domestic violence to other key issues such as child protection. This would raise its profile, manage costs and minimise disruption to care delivery.

Stakeholders commented education costs may reduce over time as increasing numbers of student midwives become skilled during their pre-registration education and existing staff are able to cascade their knowledge and skills to colleagues.

Educationalists Process Evaluation

Findings from a national survey of Higher Education Institutions suggest that the integration of teaching in the area of domestic violence may well be integrated into the present midwifery curricula with relative ease. Nevertheless the development of competencies through the Nursing and Midwifery Council would formalise enquiry as an essential element of midwifery practice to ensure its sustainability.

Educationalists interviewed suggested that all midwifery students require a comprehensive education programme around domestic violence. This needs to be developed as an interprofessional approach within pre- and post registration programmes. Alongside this effective in-service education needs to continue for those in existing practice, which must be underpinned by robust support mechanisms and specialist knowledge.

Conclusions & Recommendations

Education for post-registration midwives

- Qualified midwifery staff should be offered an initial one day programme. This could be combined with other mandatory study programmes particularly those focused on child protection or family violence. However, attendees must have experiential opportunities to develop specific practical skills associated with routine enquiry and have opportunities to share any concerns.
- The teaching should focus on skills development, in particular asking the question, national and local guidance, policy and procedures and appropriate evidence to support practice. It is essential that participants are made aware of the range of support and safety mechanisms that can sustain them in their work and the limitations of their role in supporting women.
- Preference should be given to initiatives which have been comprehensively evaluated and shown to positively impact on practice such as the Bristol Pregnancy and Domestic Violence Programme (BPDVP).
- Several areas for improvement were identified in relation to the "The Bristol Programme". These included: the need for improved procedures for formal record keeping; heightened awareness of the needs of ethnic and other minority groups and the development of interprofessional domestic violence teaching.

Education for pre-registration midwifery

- If enquiry about domestic violence is to become routine within antenatal care, teaching and learning should be integrated into all pre-registration midwifery and, where appropriate, post-registration programmes.
- Where possible, student midwives should actively be taught with the range of professionals involved in maternal and child health and welfare. A multi-agency approach including voluntary sector providers would best orientate students to the everyday working practices necessary to effectively support women. Student midwives need to regularly observe qualified staff implementing routine enquiry.
- The Nursing and Midwifery Council, professional bodies including The Royal College of Midwives in conjunction with Higher Education Institutions should be encouraged to develop specific practice competencies. These should be in relation to asking the question, information giving and interagency working specifically in regard to student midwives practice.

Health service development

- Primary Care Trusts as part of their service level and commissioning agreements should include antenatal enquiry as an aspect of routine maternity care within their local delivery plans. Where midwifery services are delivered through acute trusts strategic planning around domestic violence and routine enquiry should be considered alongside policies associated with child protection and risk management.
- Primary Care Trusts may wish to develop an interagency approach to domestic violence and routine enquiry through the engagement with initiatives such as the Local Crime and Disorder Reduction Partnership.
- All practitioners required to undertake routine enquiry must be made aware of staff counseling and occupational health services, supervisory mechanisms and support arrangements available within their organisations. Also there will be a significant number of staff who are themselves experiencing violence; particular sensitivity must be shown to the difficulties they may face through undertaking this work and, where necessary, appropriate workload arrangements made.
- It is clear that attendance of family members during antenatal consultations inhibits routine enquiry. Midwives should be advised to have at least one contact alone with the woman during the antenatal period.
- Maternity services need to be sensitive to diversity. Special attention needs to be paid to women for whom English is not a first language. Access to translation services must be readily accessible and all written materials made available in a range of languages including information about specialist services. Similarly attention should be paid to other potentially vulnerable groups such as women with disabilities or women in same sex relationships.

Policy development

- Given the significant number of competing health service demands Trusts and PCTs may only take up antenatal enquiry if it is linked with the National Service Priorities set out in the National Service Frameworks or as part of mandatory requirements associated with child protection and risk assessment.
- Central funding is required to support the local recruitment of a specialist midwives in the area of domestic violence, maternal and child health. These post holders could provide expert education and on going guidance and support for midwives around family violence and its links to child protection. Consideration should also be given to post development within government departments to establish strong national leadership and facilitate policy implementation across local health economies.
- PCTs should consider routine enquiry for domestic violence as a part of wider public health programme designed to reduce injury and promote mental well being. They may wish to consider developing an interagency approach to the issue building on the work of Local Crime and Disorder Reduction Partnerships.

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