

‘Increase referrals to Domestic Abuse and Sexual Violence Agencies and Multi- agency risk assessment conferences (MARAC) by 50% within 6 months’

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Background

Why you chose this project...

- Research shows domestic abuse and sexual violence shows 1 in 4 females and 1 in 6 males experience DASV at some time in their lives (British Crime Survey 2010/11)
- The incident rates of anxiety and severe depression greatly increases of people who experience DASV
- 80% of females in secure units and over half of the women referred to mental health services have a history of domestic abuse (Bowstead,2000; ReSisters, 2002; DH 2003)
- Locally Newham has the highest domestic homicide rate in England and Wales and is second highest in domestic crime reporting.

What was the problem?

- Reporting high risk cases to MARAC is below the predicted national average by CAADA (Jan 13 – Dec 13 shows 226 referrals. However, when considering local demographics this should be around 450). Mental Health referrals into MARAC are very low.

Project aim

The initial aim of the project is to implement routine enquiry for domestic abuse and sexual violence of patients referred to:-

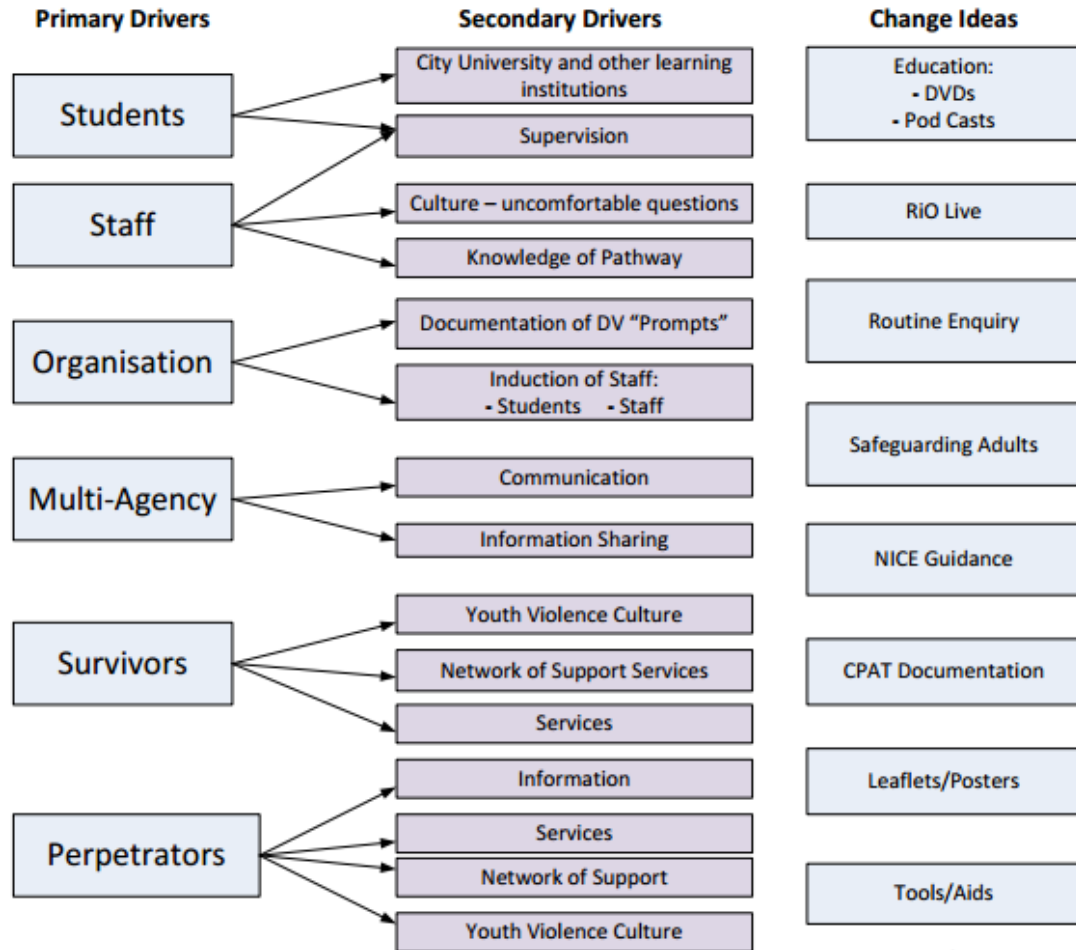
- Assessment and Brief Treatment Team (ABT) in CMHT SE
- Triage Ward, NCFMH

And improve the referrals rates to the domestic abuse and sexual violence agencies and MARAC.

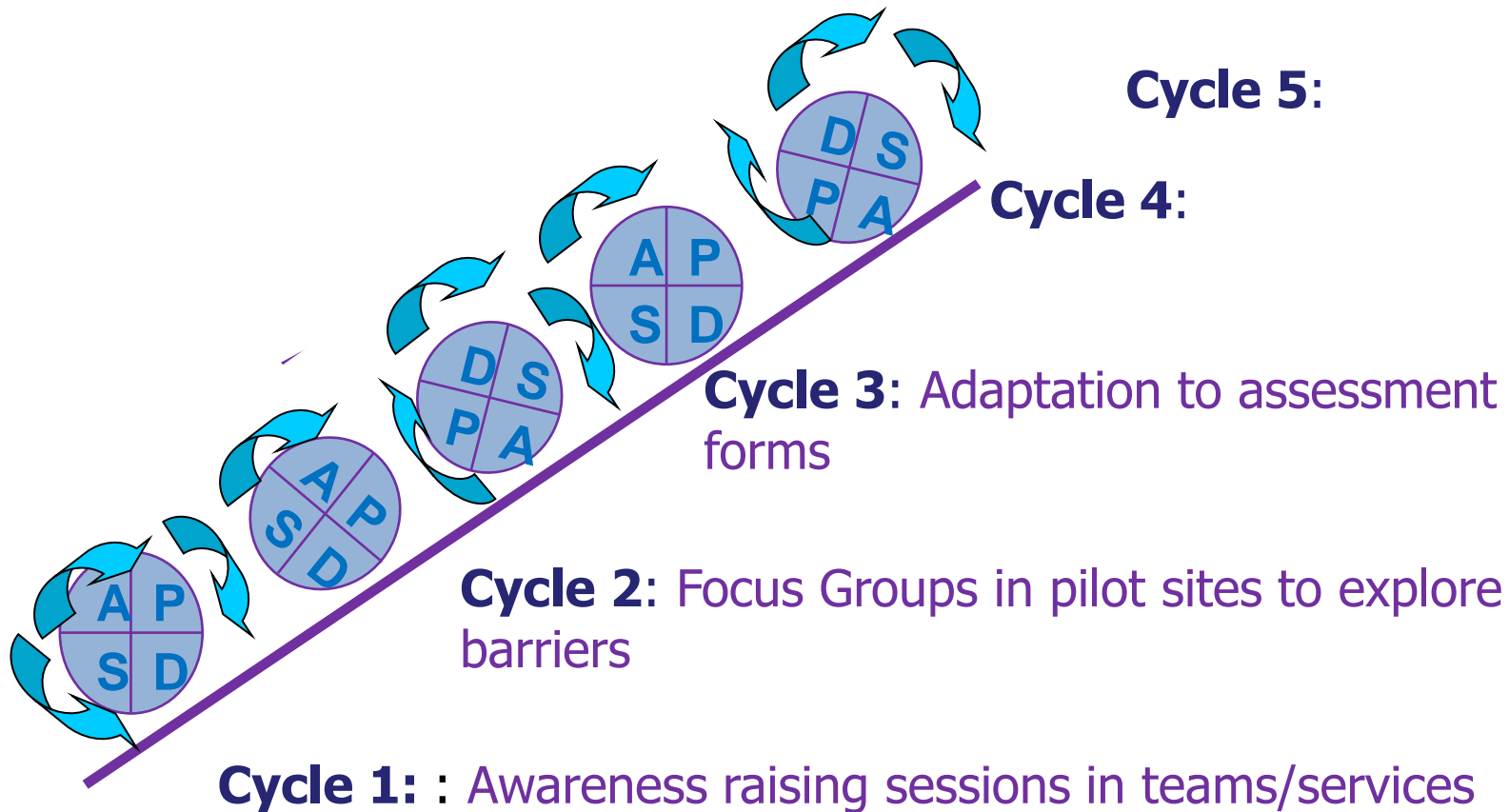
Driver diagram

AIM

Increase referrals to Domestic Abuse and Sexual Violence Agencies and Multi-Agency Risk Assessment Conference (MARAC) by 50% in 6 months.



Sequence of PDSA's – for one change idea or secondary driver



Data

Data collection quickly became identified as our first issue to tackle.

Current systems not in place to electronically collect data, in addition the data collection included other agencies who also did not have systems set up

Solution :

- Revise data collection points
- Manual collection by volunteers!

(People with the same drive to make this happen) but only a short term solution.....

Learning

- Nothing is as straight-forward as it sounds- ‘concern’ staff feel about asking people about domestic abuse – the need to **SUPPORT** people undergoing a change!!!
- Data collection should be easy!!! But it isn’t always..... due to multi-agency collaboration... Different systems ...different expectations...different definitions of the same question....**CLARITY**
- Commitment, drive, enthusiasm and professionalism of staff..... The need to improve service user lives..... **DRIVE**

What next?

- Commence the use of run charts now data collection issue is dealt with
- Promote DASV in all forums

On going and after this.....

Use techniques in other areas of work, e.g. carer strategy group and using NGT, multi- voting and ranking to decide on actions!