

NHSGGC: Understanding and Meeting our Responsibilities around Gender-based Violence: Guidance for the development of action plans within settings to implement sensitive enquiry on gender-based violence as routine practice within NHSGGC

1. Introduction

This paper provides guidance to the system on using the Key Elements of Enquiry and Responding to Gender-based Violence Tool to plan the process of implementing sensitive enquiry on GBV as routine practice within service settings across NHSGGC.

The guidance is governed by the principle that no one size fits all and managers and practitioners in service settings/functions are best placed to understand the strategic and operational context governing the development of service pathways and the differential needs and issues affecting their service users.

The Key Elements of Enquiry and Responding to Gender-based Violence Tool was produced in March 2009 following liaison between NHSGGC and partner agencies. The tool describes the preparation to facilitate and respond effectively to disclosures of gender-based violence within health service settings. The tool should be used in the context of the NHSGGC GBV Plan and additional information including:

- NHSGGC GBV Training Framework
- NHSGGC GBV Workforce Capacity Building Action Plan.
- CEL_41 GBV October 2008
- Implementing NHSGGC GBV Strategy and meeting requirements of CEL_41
- Other supporting web-based information about aspects of the GBV Plan implementation.

All of these documents and papers are available on our website www.equality.scot.nhs.uk¹

¹ Information and papers will be available on the web-site on or before weekending 7th November 2009

2. Routine enquiry on gender-based violence

The most recent guidance from SGHD explains that **routine enquiry** is not a screening process in the traditional public health understanding of the term but is rather a *means of supporting diagnosis and assessment of service users needs to ensure most appropriate treatment and care*. Inequalities sensitive practice is a person centred approach to care. Within NHSGGC we understand **routine enquiry on gbv** to mean **sensitive enquiry on gender-based violence as part of core, routine practice**. This sets the intervention in the context of a social model of health and our wider work to create an inequalities sensitive health service within NHSGGC.

To minimise confusion and ensure coherence with our overall approach the term **sensitive enquiry on gender-based violence** has been used throughout this paper to refer to the facilitation and management of disclosures of abuse.

3. About the Tool

The tool describes a generic pathway and provides a basic outline of good practice in responding to gender-based violence. It provides a framework to guide managers and practitioners through the process of the developing plans within service settings for sensitively enquiring about gender-based violence as part of routine practice.

4. Developing an Action Plan

It is important to stress that the plan development process is likely to be an iterative one.

Step 1 requires early discussion and decision on

- which service within the setting sensitive enquiry on gbv will be take place within
- at which point in the service pathway the enquiry will take place

- what form of gbv will be enquired about

Information gathered from last year's self assessment process and any additional information about developments in your setting since then should be taken into account in reaching your decision. You may also wish consider any available evidence from research/practice about sensitive enquiry generally or within your service setting specifically.²

These decisions about **where, when and what enquiry will be made within the service setting** will help identify which staff will be directly involved in making and responding to the enquiry. Please see Appendix 1 for information about priority settings and scope of enquiry within settings.

Step 2 requires discussion and decision on **how** sensitive enquiry on gbv will be introduced, delivered, managed and monitored.

Key managers and practitioners should be involved in this discussion, to allow all issues affecting the implementation of the enquiry to be captured. Having the discussion in one sitting where possible will help establish a shared understanding of the intervention amongst staff.³

The aim of the discussion is to identify:

- i. What needs to be in place?
- ii. What is currently available?
- iii. What gaps remain?
- iv. What actions will be taken to address gaps?

These questions should be considered in relation to the 4 key elements of sensitive enquiry which are set out in the Tool

- Preparation
- Setting the scene
- Responding to service users
- Responding to the worker

² See www.equalities.scot.nhs.uk for statistics about health impact of gbv

³ It is important staff at all levels in the organisation have an understanding of the nature of sensitive enquiry and managing disclosures even if they are unlikely to be directly undertaking the enquiry.

A **template** is provided at Appendix 2 to assist settings with this process. It includes a menu of questions for consideration at each stage of the sensitive enquiry pathway that can be used as a checklist. Depending on the starting point of the service some of the questions will be more useful or appropriate than others.

Step 3 requires consideration and clarification of how other relevant drivers, agendas and planning structures will be harnessed and engaged with including:

Senior Charge Nurse Review; HEAT targets for A&E; Parenting Framework; Primary Care Strategy; Single Outcome Agreements; Long Term Conditions as well as ensuring the work is incorporated into local planning and performance frameworks including multi-agency activity on gbv.

Information gathered should be as specific as possible as this will help ensure actions are 'SMART'⁴

Step 4: Once templates are complete the actions to address gaps should be SMARTened and incorporated into an action plan together with a description of performance management and data monitoring processes. (Information on these aspects will be forthcoming)

Step 5: EQIA the action plan

It is anticipated that the detail of different settings' action plans will differ according to their starting point, service users/ patient group/ strategic opportunities/ service pathway.

5. Timescales

The development of action plans for implementing sensitive enquiry need to be aligned with local NHSGGC planning cycles. This will ensure progress is monitored and reported on at a senior level within the system and features in operational performance reviews at corporate level.

⁴ Specific , Measurable, Appropriate, Realistic, Timed

Work is underway to identify appropriate NHSGGC performance indicators for the work to ensure entities are clear about expectations and reporting requirements.

All settings are required to have a draft plan in place by the end of November and a final plan in place by the end of January 2010.

The process of developing action plans is already underway in CEL year 1 priority settings. Addictions and Maternal Services will have plans in place by the end of September and Mental Health Services by the end of October. Plans are also under development within A&E.

6. Checklist

Given that the aim is to ensure a **systematic** response to GBV the plan should details action in relation to the following areas:

- Policies and protocols (including child protection and adult protection responsibilities)
- Private space to raise issue and discuss needs
- Service Standards
- Staff Competencies
- Staff training/ briefing requirements (practitioners and Managers)
- Performance management systems
- Training programme
- Communication process
- Procedures for managing and assessing risk
- Data collection and collation
- Information sharing protocols
- Communication Support and language needs
- Employee policies and supports
- EQIA of plan

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October 2009

APPENDIX 1

1. Priority Settings and Services

The priority settings identified for sensitive enquiry have been selected because of the disproportionate numbers of patients presenting to these services who have experienced, or are experiencing, abuse and for whom this may be associated with wider health problems⁵. Sensitive enquiry is expected to be part of core practice and therefore requires to be embedded within existing assessment and care pathways.

The table below sets out priority settings for implementing sensitive enquiry within NHSGGC, the **suggested** services within settings for starting implementation, and which part of the system is responsible for leading in that setting. These are open to negotiation with settings and may be broadened as implementation proceeds.

Directorate/ Partnership	Settings	Services
Mental Health Partnership	Mental Health Services	tbc
MHP/ GAS	Addictions	CAT Teams
Acute	W&CD	Maternal Services
		Obs & Gyn
		Children's Emergency Services
	A&E	GRI
Primary Care	Sexual and Reproductive Health	tbc
CHCPs	Community Nursing	Health Visitors, District Nursing (where appropriate)
CHCPs	GPs	

2. Which form of abuse will be enquired about?

The CEL Guidance makes specific suggestions about the **forms of abuse** which should be enquired about in specific service settings. Building on these suggestions but reflecting our local context, including existing activity in some service settings, NHSGGC will measure progress in relation to sensitive enquiry about the following forms of abuse within the priority settings:

⁵ A briefing paper citing evidence about the health impact of GBV is available via www.equalities.scot.nhs.uk

Directorate/ Partnership	Settings	Form of enquiry	Type of Enquiry (S/U target)
Mental Health Partnership	Mental Health Services	Child Sexual Abuse Sexual Violence (tbc) Domestic Abuse	Universal (m/f) Selective (f)
MHP/ GAS	Addictions	Prostitution Child Sexual Abuse	Universal (m/f) tbc
Acute	Maternal Services	Domestic abuse	Universal (f)
	Obs & Gyn	sexual abuse incl. child sexual abuse	Selective (f)
	Children's Emergency Services	Domestic abuse	Selective (f)
	A&E	Domestic abuse Child sexual abuse	Selective (f) Selective (m/f)
Primary Care	Sexual and Reproductive Health	tbc	Universal (tbc)
CHCPs	Health Visitors, District Nursing	Domestic Abuse	Universal (f) Selective (m/f)
CHCPs	GPs	Domestic Abuse	Selective

APPENDIX 2

PLEASE NOTE THE QUESTIONS WITHIN EACH ELEMENT ARE SUGGESTIONS ONLY AND NOT COMPREHENSIVE
Core Element 1: Preparation <i>Workers equipped to respond to GBV and Considerations Prior to Meeting Client</i>
What do we need to have in place to achieve this? Confident and competent staff Policies and protocols <ul style="list-style-type: none">• Is there an up to date policy/ practice descriptor/ guidelines already in place within your service setting or professional group which sets out staff roles and responsibilities in responding to gender-based violence?• Does this include responsibilities in relation to child and adult protection?• Does it fit with NHSGGC GBV Plan and national developments?• Has review process started?• Is there a process in place for communicating the protocol to staff?• Do staff have easy access to the protocol? Service Standards <ul style="list-style-type: none">• Do you standards of care in place to support inequalities sensitive practice within your setting? Are gender-based violence practice standards specified?• Are expectations of how management can support this practice included in these standards? Staff Development and Training <ul style="list-style-type: none">• Which staff groups will be involved in introducing and managing sensitive enquiry?• Which managers require training or briefing on the issue/ practice<ul style="list-style-type: none">➢ Level 1 - basic awareness➢ Level 2 – skills for facilitating and managing disclosures➢ Level 3 – specialist training• What % have already attained<ul style="list-style-type: none">• Level- 1• Level – 2• Level-3 – please specify if possible Is there a system in place for collating information on training staff have received? Performance management, including supervisors Are manager's pro-active in managing practitioner's performance on facilitating and managing disclosures of GBV? What support is available to staff in your setting to advise them on effective and appropriate responses to survivors?

What is currently available? (key points)

- RE Tool
- Practice descriptors
- ISPI DVD
- Forthcoming Scottish Government Health Department Good Practice Guidance
- Professional best practice guidance

What gaps remain? (key points)

Actions to address gaps:

e.g.

- Assess training need
- Develop training programme and timetable
- Update existing policy

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Core Element 2: Setting the Scene

Introduction to Client and Introducing GBV to Conversation

What do we need to have in place to achieve this?

e.g. Assessment framework

Guidance about how to ask sensitively

What is currently available? (key points)

Prompts:

- At what point in service pathway is enquiry currently made / most appropriate opportunity to make enquiry?
- What is the framework that is currently used within the setting to assess the needs of service users?
- Does the framework include questions about gender-based violence? If yes, which types of violence?
- If not are there questions about social circumstances that would provide context for enquiring about experiences of GBV?

Monitoring numbers of staff who routinely enquire

- Is there routine monitoring of extent to which practitioners enquire about gender-based violence?
- If so how does this monitoring happen? e.g. through performance management / regular audit of information documented by practitioners?
- What action is required to implement routine enquiry at the appropriate point in the service pathway?

What gaps remain? (key points)

Action to address gaps

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Core Element 3 (1) : Immediate Response to Service User

Listen and Risk Assess

<p>What do we need to have in place to achieve this? Risk assessment procedures/ checklist Communication needs adequately assessed and addressed</p>
<p>What is currently available? (key points)</p>
<p>What gaps remain? (key points)</p>
<p>Action to address gaps</p>

PLEASE NOTE THE QUESTIONS WITHIN EACH ELEMENT ARE SUGGESTIONS ONLY AND NOT COMPREHENSIVE
Core Element 2 (2) On going Response to Service User
Safety Planning

<p>What do we need to have in place to achieve this?</p> <ul style="list-style-type: none"> • Communication needs adequately assessed and addressed • Awareness of child protection issues and responsibilities • Knowledge of Adult protection issues and procedures • Awareness of additional vulnerability of survivor due to social circumstances/ discrimination
<p>What is currently available? (key points)</p>
<p>What gaps remain? (key points)</p>
<p>Action to address gaps</p>

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Core Element 2 (2) On going Response to Service User
Care Planning

What do we need to have in place to achieve this?

- Consideration of how needs can be met within existing care pathways
- Service standards in place, publicised and upheld
- Protocols
- Multi-agency arrangements/ knowledge about how survivor can access legal or financial advice
- Information available to staff about follow up support and specialist services
- Provision of choice of female worker

What is currently available? (key points)

What gaps remain? (key points)

Action to address gaps

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Core Element 2 (2) On going Response to Service User Documentation

What do we need to have in place to achieve this?

Data collection and analysis

- Is there an electronic data collection system used within the service for gathering and sharing information about patients/ service users?
- How is the **information** from the assessment process **recorded** and **where** is it recorded.
- Does your system have any data-sets in place for capturing disclosures of gbv? If so what are they? What should be added?
- Is there a system for capturing qualitative data?
- Is this information shared with other services within NHSGGC? External partners?
- Are there other systems that it would be helpful for your system to 'speak to' ?

Monitoring data collection

- Is there a system in place for monitoring extent to which data on gbv is captured?
- What action is needed to improve data collection and who should be responsible for this action?

Documentation of Information

- Where are disclosures of gender-based violence and key information about the disclosure documented?
- Is there good practice guidance available to staff about how to document information?

Monitoring documentation of information

- Is there a process for monitoring quality of information gathered?

What is currently available? (key points)

What gaps remain (key points)

Action to address gaps

PLEASE NOTE THE QUESTIONS WITHIN EACH ELEMENT ARE SUGGESTIONS ONLY AND NOT COMPREHENSIVE
Core Element 4: Responding to Worker
<i>Worker Supports</i>
<p>What do we need to have in place to achieve this?</p> <ul style="list-style-type: none"> • Employee Policy which will address perpetrators and survivors • Performance management system • Incorporation of development around GBV within PDPs
<p>What is currently available? (key points)</p>
<p>What gaps remain? (key points)</p>
<p>Action to address gaps</p>

