March 2017 Clinical Senate: Interpersonal Violence – Are you safe?

WA Health Actions, May 2019 progress update

Contact person: Annette Lenstra, Manager OADG Clinical Excellence

Response to the recommendations

Recommendation	WA Health Actions	Responsible office	Start	Expected end	Progress to date	Current Status	Next steps
Part A: For the attention of the System Manager							
Endorsed That the System Manager acknowledge that a consistent response is required across the system to address the issue of interpersonal violence and consider implementing the 'Strengthening Hospital Responses to Family Violence' (Vic Model) which standardises • Policy • Education and training reflecting a trauma informed model • Interagency pathways • Performance measurement and data collection	Monitor implementation of the family and domestic violence (FDV) election commitment.	SGD/CED	June 2017	Dec 2021	The Department of Health (DOH) Strategy and Governance Division continue to monitor the implementation of the FDV election commitment. Please see Part B for North Metropolitan Health Service (NHMS) actions in implementing this election commitment.	Ongoing, as previous.	Nil.
	Work with NHMS Women's Health Genetics and Mental Health Directorate (WHGMH) on the development of state-wide policy documents for FDV.	CED	May 2018	n/a	DOH Clinical Excellence Division have been working with WHGMH staff on the development of statewide policy documents for FDV.	WHGMH have advised that they are developing a statewide guideline on responding to FDV, and have submitted a proposal to develop a Mandatory Policy (MP) on FDV screening in public antenatal settings.	The guideline expected to be completed prior to the end of 2019. The proposed MP will be considered by the Department of Health, and further actions progressed as required by WHGMH and the Department.

	Represent the Department on interagency forums on FDV, and contribute to interagency and COAG work on IPV/FDV.	CED	June 2018	n/a	CED representative on the Dept of Communities (DOC) Policy Initiatives Implementation Working Group for Family and Domestic Violence. WA Health staff are contributing to the development of the DOC 10 year FDV plan. Interagency actions include: WA Government has appointed its first Minister for the Prevention of Family and Domestic Violence, who is responsible for coordinating whole of government approaches to policy and interagency pathways. WA became a member of the National 'Our Watch' Program on 1 May 2017. DOC is leading interagency work on development of two One Stop Hubs to simplify access to FDV/IPV support services. COAG actions include: The Victorian Government, on behalf of all Australian jurisdictions, has completed initial work to identify barriers to primary care practitioners identifying and responding to patients experiencing family violence. The Victorian Government is leading subsequent work on addressing these barriers including: further stakeholder consultation, training materials and programs, and piloting options.	Ongoing, as previous.	Nil.
	Funding for expansion of sexual assault counselling and outreach services in the northern suburbs	ODG			DOH funding has been committed, an outreach agency has been selected, recruitment of a Senior Counsellor position is complete, and expanded service delivery commenced late 2018.	Complete	Complete
Endorsed in principle 2. That the System Manager advocate for implementation of the FDV screening tool across WA Health Services.	SM to advocate with the MfH to direct HSPs to mandate universal FDV screening in high-risk patient populations/settings	ODG/CED			The MfH has made an election commitment to implement FDV screening in antenatal settings.	This recommendation is complete; no further action from SM is required. WHGMH will continue to lead the implementation of the FDV election commitment (see Part B for details).	Nil

Endorsed 3. That the System Manager identify a method to collect data on interpersonal violence presentations to hospitals and mental health services to capture the true incidence and cost to WA Health.	The MfH's FDV election commitment includes contribution to the development of a Framework for information sharing and risk assessment.	CED (as part of the DOC PIIWG)			DOC is creating a framework for information sharing and risk assessment for relevant government agencies. They are also investigating the creation of a central secure database accessible by WA Police Force, Departments of Health, Local Government & Communities, Department of Communities, and the law courts.	Data-sharing legislation is being drafted by the Department of the Premier and Cabinet and a multi-agency implementation group in response to Service Priority Review recommendations. This commitment is being considered along with FDV11 (the establishment of two one stop hubs to support integrated service delivery).	Nil
	DOH advocate with the C'wealth for the introduction of an MBS item for FDV services.	CED	June 2017	Dec 2017	DOH submitted information to the COAG Health Council (CHC) in support of FDV training for GPs and development of a flexible funding model for GPs.	Complete – no further action from DOH, as mandatory training and MBS items are an Australian Government responsibility.	Nil
Not Endorsed 4: That the System Manager commits to funding an Aboriginal Liaison Officer within each Health service on a sustained and ongoing basis (permanent contracts).	*Nil actions*						

The responses from the Health Service Boards can be found on the next page.

Part B For attention of the Health Service Boards	
Recommendations	**North Metropolitan Health Service (NMHS) Board** - 06/11/2017
1: That Health Service Boards work in partnership with Aboriginal people within their catchment area to develop and co-design domestic violence programs.	**Endorsed in Principle.** NMHS provides a number of state and state-wide services to Aboriginal people across all of Western Australia. Rather than develop a number of programs with Aboriginal people from different areas, it is preferable for a generic program to be developed that could be co-delivered with local Aboriginal people. Some services within NMHS already have a strong partnership with Aboriginal people and have Aboriginal Health Liaison Officers who provide a valuable support service to patients who have disclosed, or who have identified as being victims of interpersonal violence of family violence (FV). Where Aboriginal patients don't feel comfortable speaking with Aboriginal Health Liaison Officers because of the "shame" factor or cultural connections in the community and they are provided services through Social Work. Cultural awareness and induction process for all NMHS staff covers recognition of trauma and loss and the acknowledgement of these in contemporary Aboriginal culture. All induction packages have been identified for review to ensure content provided is aligned and supports the importance Aboriginal place on extended family and community and the impact this may have in regards to interpersonal violence.
2: That Health Service Boards consider a policy in line with evidence based practice to implement mandated domestic violence screening for high risk patients such as pregnant women, people with disability, indigenous patients, mental health patients, frequent emergency department attenders, patients with significant drug and alcohol dependency, and patients with cultural and linguistic diversity.	**Endorsed in Principle.** Mandatory reporting of child/children who are considered to be at risk due to family and domestic violence already occurs, as well as referral to Police where there is a threat to life/serious harm or real/identified risk requiring immediate attention. The implementation of mandatory training would be of greater value than mandatory domestic violence screening. Mandatory reporting is controversial, difficult to implement and will not necessarily improve patient outcomes. Of more urgent need is domestic violence sensitivity training for medical and other staff, to enable early disclosure of domestic violence and unconditional support of patients, who may well chose to return to their violent partner and/or circumstances. Current tools to support screening that are used by NMHS clinicians include the Department of Child Protection and Family Support detailed *Family and Domestic Violence Referral Guide 2016* and the Department of Health has a *Guideline for Responding to Family and Domestic Violence 2014*.
3: That Health Service Boards consider creating a new position or else formally allocate to an existing employee responsibility for education and training of staff in interpersonal violence in order to: • Raise awareness • Promote and effect cultural change • Optimise screening and intervention strategies Coordinate data collation and research activities	**Endorsed in Principle.** While establishing a position to raise awareness of interpersonal violence is warranted, ownership of the issue should be broad based and include the medical colleges and nursing and allied health bodies. Training in the area should be self-sustaining and not reliant on an individual or position.
4: That Health Service Boards acknowledge interpersonal violence is an important issue impacting upon staff and develop internal policy that enables • Reporting of instances of interpersonal violence occurring towards staff members and patients and records measures to document the impact of cumulative stress on staff due to abuse or aggression • Provides ongoing training in recognising and managing interpersonal violence through the use of communication and de-escalation skills, and educates staff about understanding the causes for patient behaviours; • Provides proactive support mechanisms for staff who experience interpersonal violence in the workplace through such processes as formal debriefing process and team based supports post event (immediate response teams - EAP based) Prioritises security responses for staff and patient safety.	**Endorsed.** The service has a *Prevention and Management of Violence and Aggression Policy*, which will be reviewed to ensure that interpersonal and family violence issues are explicitly acknowledged. Reporting of instances of interpersonal violence occurring towards staff members and patients is recorded. Currently these instances are captured via the critical incident reporting system, but are dependent on staff reporting the incident. There is no measure to determine the cumulative stress on staff due to abuse or aggression, apart from human resource records around sick leave, stress leave and worker's compensation. Limited mandatory training is in place for staff in managing violence and aggression, including protective behaviours and techniques to de-escalate. Mental health services do have mandatory training for front line staff. The service does provide proactive support mechanisms for staff who experience interpersonal violence in the workplace through such processes as formal debriefing process and team based supports post event. Training in recognising and managing interpersonal violence through the use of communication and de-escalation skills, and educating staff about understanding the causes for patient behaviours would be useful got all staff, not just clinicians. The service would support a standardised approach to this across WA Health, rather than ad hoc approach where each Health Service Provider addresses the issue in a different manner.

5: That Health Service Boards develop a care pathway for managing interpersonal violence across the patient lifespan that gives staff clarity about tools and resources available.	**Endorsed.** As mentioned above, the service already uses a number of tools and resources, but standardising these would be useful to ensure that all patients receive access to the same level of care and the 'opportunity is not missed'. The *WA Health Promotion Strategic Framework 2017-2021 (HPSF)* has 'reduce interpersonal violence' as a priority and it would be useful for whole-of-government and community strategies to be developed, so that we have a truly joined-up approach to addressing the issue. For example, NMHS partnered with the Injury Control Council WA (ICCWA, now known as Injury Matters) to develop an injury prevention strategic framework for north metropolitan Perth, *Working towards a Future without Violence: A Community Violence Prevention Strategy for the North Metropolitan Area 2012.* The strategy was designed to inform the work of ICCWA, the North Metropolitan Public Health Unit and other agencies and provide a framework for community violence prevention initiatives at a local community, regional or state level.
6: That Health Service Boards develop a pathway for referral of individuals at risk of or experiencing interpersonal violence based on WA Health guidelines and WAPHA Health Pathways, and update this pathway every two years.	**Endorsed.** It is essential to have a consistent message and process across the community and hospital sectors to reinforcing the availability of services and the unconditional response by health workers.

The following are statements from Health Service Boards to address the recommendations

12/09/2017

The East Metropolitan Health Service (EMHS) Board values the safety of our staff and patients in the highest order, and as such, in October 2016 an EMHS Aggression Prevention and Intervention Steering Committee was established with multidisciplinary representation for across the health service, in addition to representation for the Western Australia Police (WAPOL).

This committee has developed a detailed strategy and associated action plan to address the significant issues that face our staff and community, and addresses concerns around staff safety, training, communication and reporting of incidents of an aggressive nature.

EMHS is committed to the ongoing journey of managing interpersonal violence, and will continue to work both internally and with the System Manager to achieve a safe environment for our staff and patients.

06/12/2017

WA Country Health Service (WACHS) has undertaken some good work in this area, with all pregnant women presenting for antenatal care screened for family and domestic violence (FDV) and referred where appropriate.

WACHS is currently developing an action plan on how WACHS staff respond to FDV which builds on the WA Ombudsman's FDV investigation report (November 2016) and the 2017 WA legislative changes to increase the safety of victims including children who are exposed to, or experience the effects of FDV. WACHS will consider the recommendations made by the Clinical Senate during development of our action plan on FDV.

Updated 13/06/2018:

WA Country Health Service (WACHS) has developed an action plan on responding to Interpersonal Violence (IPV) and has recently appointment a project officer to implement the action plan. Our action plan will address the Clinical Senate recommendations relevant to Health Service Providers.

WA Country Health Service has further made a request to the Director General to support accurate data capture of assaults arising from IPV within the patient administration system.

Updated 13/06/2018

WACHS appointed a FDV project lead in July 2018 to develop a policy to address processes for identifying and responding to incidences of FDV and those at risk of FDV; staff education requirements; clear regional FDV referral pathways and create a suite of FDV resources for staff to access via a dedicated FDV intranet page. The organisation is working to improve data capture on incidences of FDV and considering options for care coordination for FDV victims. We are also establishing local multi-agency committees to improve collective responsiveness to FDV issues and those locals identified at risk.

WACHS continues to work closely with the Ombudsman and Department of Communities and is committed to collaboratively addressing state-wide issues arising from FDV incidents and protecting those most at risk of FDV.

04/09/2017

These recommendations have been registered with the **Child and Adolescent Health Service (CAHS) Board.**

Updated 22/02/2019

To date, CAHS has made the most progress in relation to recommendation four. There has been significant discussion at HSEC of staff safety in the workplace and the importance of caring for our staff. Our cultural awareness and values program is aimed at preventing interpersonal violence from occurring in the work place. The personal professional accountability component of the Speaking Up for Safety program provides a place for such interpersonal issues to be aired and acted on, with escalation to the Human Resources department when required.

A policy and associated safety plan has been developed to support employees who have disclosed exposure to family and domestic violence and I acknowledge the need for a similar approach to occur for a policy and guidelines to be developed to assist staff in identifying and dealing with domestic violence screening, supported by training programs. Recommendation one denotes working with Aboriginal stakeholders to develop such programs. It is the view of CAHS that further to this, these programs should also be developed in consultation with public sector agency stakeholders and other Health Service Providers (HSPs) to be most effective and minimise duplication of work. To date this is not occurring as each HSP is addressing the recommendations independently.

As an organisation, CAHS understands that the effect of interpersonal violence cannot be understated. CAHS employees are, on a daily basis, witness to the effect of both physical and psychological trauma on our patients and their families, and it's manifestation as physical disease. An entire department within Perth Children's Hospital is dedicated to this issue, and we will continue to progress towards the full implementation of the Clinical Senate recommendations, as part of our broader commitment to this issue.