

## **Next Link proposal for Bristol BRI IDVSA Service**

Next Link has the relevant experience and expertise to deliver an excellent service to domestic abuse victims who present at the BRI A&E department. We currently provide the equivalent service in Southmead Hospital A&E and are the major provider of domestic abuse services in Bristol and South Glos. We see synergy across both A&E departments and opportunities to maximise capacity and support for staff while ensuring each department has its own bespoke service.

### **IDSVA services model**

The service will deliver two elements:

- Support to victims of domestic abuse and sexual violence and their children who present at the BRI Emergency Department.
- Domestic abuse awareness training to health clinicians including recognising the signs and symptoms, how to ask the question and how to refer.

### **Staffing**

The service will employ two IDSVA's. They will be line managed by Next Link including clinical supervision. They will be based at the A&E and work closely with BRI staff. Their working hours are 8am – 4pm Mon to Fri. At Southmead hospital this is the when most patients experience domestic abuse attend A&E. There is flexibility within this, so if a patient is identified at the 4pm ward round one IDSVA will stay on to support this need. Once a month one IDVSA will start at 7am to facilitate an early morning DVA refresher training for A&E staff.

Support for patients will be up to 4 weeks and they will engage at least 60 victims a quarter.

Staff will be based at Bristol BRI and adhere to their safety protocols. All our Staff are inducted, trained and supported to think about safety and to follow our lone working policy

### **Training on Domestic Abuse Awareness**

We will work with the BRI safeguarding teams to provide training and advice to all A&E staff. The training will develop and support routine questioning about domestic violence without increasing the risk. We have designed and regularly deliver a training programme to current Southmead staff that we will use with Bristol. This includes delivery of training as part of Level three safeguarding, Monthly refresher training and half day one-to-one inductions with new staff.

The training will be in one hour packages and be held at different times in the day to fit in with shift patterns. We will also hold shorter slots at beginning and end of shifts.

### **Referral care pathways**

We will use the established internal referral care pathways and already have direct referral protocols into our mainstream domestic abuse service.

### **IDVSA's support**

Once a patient had disclosed and has asked for help we would offer immediate emotional support and reassure her/him that they had done the right thing and that we could help to make them and their children safe.

### **Assessment of risk**

As with all of our survivors the patient's safety, support needs and wishes will always be central to a risk and needs assessment. We also carry out our own risk assessment of their physical health, mental health, housing situation, income/debts, immigration, and any other issues that may add to their vulnerability and increase the risk to them and their children's safety.

### **Safeguarding**

When there are vulnerable adult or child protection concerns we refer directly to the relevant adult or child social care departments.

The ongoing safety of the patient and their children are the highest priorities of the service. The patient will be given advice and made aware of all the options and opportunities so that they can make informed choices about keeping safe.

If there were heightened concerns about the patient's safety we would liaise with the relevant MARAC coordinator to make a referral. We are currently standing members on both Bristol and South Gloucestershire MARACs.

### **Engaging with Primary care**

If there were ongoing physical health issues we would liaise with Primary care/ GP and any other health professionals involved in their care. We would liaise with the IRIS worker to ensure the GP was aware of this issue.

If there are ongoing housing issues we will liaise with the local housing officer and the landlord. For any debt or budgeting issues we would liaise with the local advice and debt agencies.

If the patient has children we may liaise with Health Visitors, local children's centre, and if needed we will liaise with CAMHS. To help build confidence we will refer to them to Freedom, Safer relationship and peer support groups.

We may suggest that they get support from a local parenting group and arrange referrals if necessary.

### **Steering group**

To ensure a seamless service is delivered on the ground the Next Link manager will meet regularly with a hospital clinical manager to discuss the work and any service issues. We suggest the current Southmead Steering group be expanded to include Bristol to guide, receive performance information and quality assure the services.

Budget (updated September 2019)

<b>IDVA Budget</b>						
<b>EXPENDITURE</b>						
		<b>16th Sept 2019-16th</b>	<b>16th September 2020 - 31st July 2021</b>			<b>TOTAL</b>
		12 mths	10.5 mths			
<b>STAFFING COSTS:</b>						
2 FTE IDVA		47732	43019			90751
Employers NHI		4445	4578	4006		9023
Pension @ 5%		2387	2151			4538
						0
<b>Total Salaries Cost</b>		<b>54563</b>	<b>49748</b>			<b>104311</b>
<b>DIRECT PROJECT COSTS</b>						
Recruitment		2251				2251
Travel		1200	1082			2282
Training		5000				5000
Mobile Phone		1538	1386			2924
IT equipment		1680				1680
Interpreting		508	458			966
Central Management Costs		8185	7462			15647
		20362	10388			30750
<b>Total Cost</b>		<b>74925</b>	<b>60136</b>			<b>135061</b>