



Health Pathfinder Evaluation Specification

Evaluation Tender Brief

Health Pathfinder is an exciting new initiative funded by the Department of Culture, Media & Sport and the Department of Health and Social Care. It aims to recommend comprehensive health practice in relation to domestic abuse and wider issues related to Violence Against Women & Girls in acute hospital trusts, mental health trusts and community based IRIS programmes in GP practices. It is delivered by a consortium comprising Against Violence and Abuse (AVA), Imkaan, IRISi, SafeLives and Standing Together Against Domestic Violence (STADV). The consortium will work with eight Local Authority and Care Commissioning groups across England until March 2020. We are looking for an independent evaluator to undertake a dynamic and rigorous evaluation of the outcomes achieved in the sites. Learnings and recommendations from the evaluation will be shared in a final report for replication of best practice.

Background

Each year an estimated 1.9m people in England and Wales suffer some form of domestic abuse – 1.3 million women (8.2% of the population) and 600,000 men (4% of the population). Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to Marac or accessing an Idva service are women. Domestic abuse is so prevalent in our society that NHS staff will be in contact with adult and child survivors (and perpetrators) across the full range of health services.

Four out of five survivors do not call the police, but almost all survivors will use health services, especially those with complex needs. Just under half a million survivors accessed health services in relation to their abuse in 2016 alone. SafeLives' data shows that nearly a quarter (23%) of survivors experiencing the highest risk of harm and one in ten survivors experiencing medium risk of harm from domestic abuse went to A&E because of acute physical injuries in the last year. Nearly half (46%) of the survivors experiencing high risk domestic abuse visited their GP in the 12 months prior to receiving support from domestic abuse services. According to research by Sylvia Walby, an estimated one in eight of all suicides and suicide attempts by women in the UK are due to domestic abuse. This equates to just under 200 women dying and nearly 10,000 attempting suicide each year because of domestic abuse.

The mental and physical health consequences of domestic abuse mean that the NHS spends more time dealing with the impact of domestic violence on women and children than almost any other sector, and is often the first point of contact for women who have experienced violence. The cost of domestic abuse to health services has been calculated at £1.73 billion (with mental health costs estimated at an additional £176 million) so there is a pressing need to find cost effective and safe ways of supporting survivors. Yet the response of health services to survivors is variable and best practice is frequently short-term and dependent on individual practitioners.

Programme aims, outcomes and outputs

The programme aims are to:

- Create eight Pathfinder areas who, with us, will lead the way in creating a model response to domestic abuse survivors, particularly those with complex needs, in health settings



- Provide an improved response to survivors of domestic abuse within the Pathfinder sites who will each provide health services to approximately 20,000¹ survivors
- Disseminate best practice and learnings from this whole system approach
- Provide a roadmap for this model to be adopted nationally across the health economy.

The programme outcomes are:

- Health professionals are aware of domestic abuse and the links to Violence Against Women and Girls
- Health professionals consistently enact safe enquiry
- Health professionals effectively support people experiencing domestic abuse who have disclosed the abuse and refer to specialist services
- People experiencing domestic abuse who are underrepresented in specialist services and support 'Hidden victims' disclose domestic abuse to health professionals
- People disclosing domestic abuse to health professionals engage with specialist support
- Development of a model response to domestic abuse within health based settings on an understanding of what works in what context.

Interventions

The section aims to outline the programme interventions, which are likely to include some or all of the following:

General Practice/ Identification and Referral to Improve Safety (IRIS):

IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices. It is a partnership between health and the specialist DVA sector. IRIS provides in-house, DVA training for general practice teams and a named advocate to whom patients can be referred for support.

Clinicians are asked to complete a pre and post training questionnaire. From pre to post training, they report a 3-4 point increase in their knowledge and understanding of DVA, confidence to deal with disclosures, ability to assess immediate risk, knowledge of where to refer patients and awareness of support services.

Acute Hospital and Mental Health Trusts:

Nine out of ten survivors in SafeLives' evaluation said they felt much or slightly safer following an intervention by a hospital DVA and use of hospital services decreased dramatically.

AVA's PRIMH (Promoting Recovery in Mental Health) project worked intensively with staff in two mental health trusts to improve their awareness and response to domestic and sexual violence. The independent evaluation carried out by Kings College London found significant increases in:

- knowledge about domestic and sexual violence
- reported knowledge about why a patient might not disclose domestic and sexual violence
- what questions to ask to identify potential new cases of domestic and sexual violence
- what to say / not to say to a patient experiencing domestic and sexual violence
- confidence levels in using referral pathways for men, women and children.

Similarly, STADV's work in mental health trusts in West London over the past two years have seen a rise in referrals to specialist domestic abuse services and increased links between the mental health trusts and Multi-Agency Risk Assessment Conferences (MARAC). Mental health has been identified as a concern in 563 MARAC cases across these areas of West London in the past year. These are referral pathways that were non-existent until two years ago.

STADV's work at Imperial Healthcare Trust since 2011 has demonstrated that despite high levels of

¹ This is the estimated number of survivors who have accessed healthcare services relating to abuse in the last twelve months from the Crime Survey for England and Wales 2014/15 and based on the average population of eight local authority areas.

staff turnover, dedicated coordination can achieve a rate of 84.4% of pregnant women and 91% of those accessing sexual health services being routinely asked about domestic abuse. This inquiry has resulted in identification of over 500 survivors of domestic abuse by health staff each year all who are offered critical referrals specialist DVA support service.

Evaluation Aims

The aim of the evaluation is to assess the effectiveness of the interventions recommended by Pathfinder and the overall systemic change that Pathfinder can create in referral pathways and for those experiencing domestic abuse identified in a health setting.

Evaluation Expectations

We expect the evaluator to:

- Serve as the independent expert on evidence and evaluation for the project.
- Lead a co-production team for this evaluation providing creative leadership which will include data collection by the SafeLives Researcher.
- Assess the overall change created by Pathfinder and the barriers and facilitators of implementation of good practice.

Design considerations

Whilst working alongside the Pathfinder team, we would like the evaluator to design the most appropriate evaluation methodology, including helping to refine the key research questions. The following list identifies likely aspects for consideration both in terms of how the evaluation is conducted and its outputs.

The successful bid will need to evidence the following:

- Expertise in quantitative and qualitative methods (including brief biographies of the proposed team)
- Expertise in analysing cost benefits
- Understanding of Social Return on Investment
- knowledge of domestic abuse and wider VAWG issues, which is likely to include:
 - understanding of domestic abuse and sexual violence
 - awareness of health referral pathways and support available for survivors;
 - level of enquiry embedded in healthcare system and confidence in appropriate responses to disclosure;
 - training being provided, numbers and staff roles.
- Understand the complexity of different IT systems in use in the health system.
- The successful bid will indicate the organisation's / consortium's experience in identifying the specific needs and experiences of women who have historically faced additional barriers to getting the support they need, including women who identify as BAME, LBT and/or disabled, and those who are teenage or over 60.
- The evaluator will have previous experience of working with the health sector, understanding the complexities of the sector and how to navigate those complexities to achieve high quality evaluative outcomes.

The successful bid is expected to deliver the following:

- Patient / survivor voice must be included (in complement to the survivor consultation that project board members will carry out). Bidders who can evidence how they would work in a spirit of co-production / co-creation with victims/survivors (for example use of peer researchers) will be scored more highly.
- Inclusion of clinician voice alongside patient and survivor voice.

- Review of strategic and operational governance of the health response to domestic abuse and sexual violence.
- Analysis of the number and type of referrals to specialist domestic abuse services. This should include information about who is making the referrals as well as that they are being made. Where possible, there should be an analysis of the engagement with specialist services by patients referred from health through case auditing.
- There will be exploration of the perception of key stakeholders about the response to domestic abuse and sexual violence, and any changes in this from a baseline at the outset, to the closure date for the project.
- Process evaluation to understand the barriers and facilitators of implementing an improved health response to domestic abuse.
- There will be an assessment of the value for money of the approach.
- Any additional burden of data collection from frontline services will be kept to a minimum.

The independent evaluator will work in a spirit of openness and cooperation with the Pathfinder consortium, notably the research lead for the consortium, helping to create and then adhering to project timelines and delivery to budget and quality expectations.

Support and key contacts for the evaluator

There will be a single point of contact between the evaluator and the Pathfinder consortium for queries. They will have the support of the evaluation working group (made up of representatives from each organisation) who will be able to draw on additional expertise as required.

The research lead within the consortium (based within SafeLives) will support the day-to-day research requirements of the project, help to facilitate the data collection within the sites, and data sharing with the evaluator.

Data collected is likely to include:

- Specialist domestic abuse services data, such as Insights
- Primary care: IRIS data;
- Data from Acute and Mental health services;
- Quantitative data from across health;

Outputs and reporting

- Practice briefings provided to health strategic and operational boards
- Cost benefit analysis report
- Interim report after 1 year
- Final report at the end of the project

Request for proposals

Please submit a proposal that includes:

1. A description of your **methodology**, including how you:
 - a. Address the evaluation aims and design considerations
 - b. Demonstrate methodological rigour and the appropriateness of the proposed conceptual/analytical framework and methodology
 - c. Ensure effective project management, including planning, quality control and project monitoring
 - d. Will include a cost benefit analysis and how you will measure the sustainability of outcomes over time.
2. A **project implementation timeline** including any necessary mobilisation period



3. Information about the **evaluation team** – include short biographies of the principal investigator and proposed team members. This should include qualifications and experience demonstrating that the evaluation team has:
 - a. Academic credibility and depth of skills
 - b. Capacity to deliver to the timescales described
 - c. An in-depth knowledge of the issue
 - d. The credibility to influence Policy makers/ Survivors, children and perpetrators/ Commissioners/Psychologists
 - e. Experience of/understanding of partnership working
 - f. Can demonstrate objectivity towards both organisations' approaches
 - g. A relevant track record in producing evaluations that have been used to inform practice
4. Details of **ethical considerations** that may arise and approval procedures that will be followed
5. Identification of anticipated **risks and suggested mitigation** strategies
6. Any other **added value** your team can bring, such as potential funding opportunities from other sources
7. A **budget** summarising the costs of data collection and evaluation activities. Please provide key assumptions including any costs for overheads, VAT, and anticipated travel and other expenses. This must work within the budget limits included here, and demonstrate how it delivers value for money.

Mandatory Requirements

The following criteria are mandatory and must be achieved in order to bid:

- 1) Responses to all seven elements of the request for proposals section above are returned, unless a satisfactory explanation has been provided and accepted
- 2) Proposed pricing does not exceed available budget
- 3) Legal, policy and ethical requirements in terms of patient confidentiality

Budget

We have secured a budget for the evaluation of £195,000 (including VAT and expenses and travel) from the Department of Health and Social Care for this project. We would also be interested in evaluators who can leverage additional funding to support the evaluation.

Timeline

The deadline for responses to this specification is 5pm Wednesday 5 December 2018. Interviews with shortlisted candidates will take place the week beginning 17 December 2018. The final decision on award will take place on Friday 21 December 2018.

Appendix A

Question weighting as follows:

Refers to the 'Request for Proposals' section above:

Ref	Question	Weighting %
1	Methodology	40%
2	Collaboration with clinicians and survivors	20%
3	Project implementation timeline	10%
4	Evaluation team	5%
5	Ethical considerations	10%
6	Risks and suggested mitigation strategies	5%
7	Added value	5%
8	Budget	5%
	Total	100%

Scoring as follows:

Score	Evaluation	Description
0	Poor	No response to question, or response provides no evidence which demonstrates requirements can be met effectively
1	Weak	Response provides insufficient evidence, or poor evidence, that requirements can be met effectively
2	Satisfactory	Response provides sufficient evidence to demonstrate minimum required standards can be met in most areas, but some aspects are poor or weakly evidenced
3	Good	Response is comprehensive and provides strong evidence that requirements can be met in all areas
4	Very good	Response is comprehensive and provides strong evidence that requirements can be exceeded in most areas
5	Excellent	Response is comprehensive and provides strong evidence that requirements can be exceeded in all areas