Healthier Futures
Black Country Integrated Care System

Black Country
Child Death Overview Panel

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Learning from Panel – Routine Enquiry

For the Attention of: ALL (Midwifery, Neonatal, Health Visiting, Primary Care, Housing, Secondary Care, Emergency Services, Mental Health Services….)

Subject: Importance of Routine Enquiry

Background to case: During a review of a case that had been referred to Panel, members raised concern that there had been a succession of pregnancies. Further discussion highlighted there had been little reassurance through reading the case that routine questioning had taken place and with the quick succession of pregnancies, this could be a potential indicator of domestic violence.

It was agreed reassurance was required to confirm that routine questioning had happened and was recorded.

Reassurance was shared that routine enquiry had taken place and was noted. But it was not clear on the record that the routine enquiry had taken place and/or the outcome when reviewing the case.

Panel were keen to highlight the importance of 'routine' questioning.

(We have not disclosed further details of this case to ensure anonymity)

Why are we sharing this?
NICE guidance recommends that frontline staff should be routinely asking patients about domestic abuse - known as 'routine enquiry'. Services in which routine enquiry should take place include; antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services, as well as other public services such as criminal justice agencies and local authority housing teams.

Routine enquiry is about asking direct questions about domestic abuse, but it is more than a checklist. In the UK, it is estimated that 80% of women in a violent relationship seek help from health services at least once. Healthcare settings, give healthcare professionals an opportunity to routinely screen individuals for possible signs of intimate partner violence and offer specialist help.

Recognise and Ask	Information about all aspects of the child and family are important to forming an accurate picture. Some will not be ready to share their experiences or may not be asked at a time that is right for them.
Respond	Staff must be trained to ask and respond to disclosures in a safe and supportive way. Context, environment, tone, and trust are all crucial to encouraging disclosure. Enquiry needs an appropriate environment and by a trained and compassionate member of staff. It is important to recognise that a duty to ask is not a duty to disclose, and this should never mean that any survivor – whether they disclose domestic abuse or not – should be left to cope alone.
Risk Assess	Only having a response to the questions allows for a realistic risk assessment to be completed. This can identify potential child protection concerns or protective factors in a child's life
Refer	Staff should be aware of the referral pathways and information on supporting services for victims and perpetrators of Domestic Abuse to ensure the right information is shared and/or referrals are made and followed through.
Record	To document responses clear and concisely.

Additional learning/items identified from cases reviewed at CDOP

Learning: *Often partner information is missing/not available.*
Good practice: We know this is not always provided, but clearly log the conversation or if a reason was provided for not giving the information to inform colleagues to query at a later date.

Learning: *The home environment/living condition is not clear.*
Good practice: It is ok to ask questions sensitively, or to explain the reason for the questions is to build a picture of the support network. Be curious, who do they live with, why are others in the house at the time of visiting etc… this can also inform your professional curiosity.

Learning: *Cases where DNA or WNB identified.*
Good practice: Follow your local DNA/WNB policy and record contacts/attempted contact.

Learning: *Nothing had been disclosed to several services. One service noted 'possible domestic violence'.*
Good practice: If you have concerns, speak to someone, ask again each time you see them. There might never be a disclosure or they might not be one the sixth time you ask. By providing the opportunity every time, it might be the one time they can speak without fear or without the perpetrator listening.

Learning: *A focus on maternal care giving (particularly in Maternity/Neonatal cases)*
Good practice: Try to involve partners in the caregiving, in appointments, or referral to services.

Learning: *No partner or father figure was mentioned/no sign of a partner/father figure on the home visit.*
Good practice: It is important to ask the question, and to regularly ask the question. A partner/father figure can remain unseen when they are not asked about.

Learning: *The patient does not speak English.*
Good practice: Ensure that an independent interpreter is available. Do not use family members or friends as translators.

Routine Questioning on phone consultations

For screening to be effective, people must feel that they can safely share their experiences of domestic abuse.

Building positive and trusting relationships can facilitate this, as can continuity of care and spending more time with the person. However, people may also be less likely to talk about domestic abuse during remote consultations, as perpetrators may be present.

Make sure that the person you are in contact with is alone and safe before speaking with them about abuse. This is particularly the case when supporting them over the phone or online.

Ask closed questions to establish this, allowing them to give 'yes' or 'no' answers. *E.g. 'Are you alone?' 'Is it safe to ask you some questions about your relationship with __?'*

If someone other than the person answers the phone, ask to speak with them and then once they are on the phone ascertain that it is safe to proceed with the call by asking, *"Are you alone?" and "Is it OK for us to continue with this call right now?".*

If not, suggest another time to call back again using closed questions such as, *"I need to call back another time, is tomorrow morning at 10am OK?"* If it is safe to talk, establish a code word or sentence, which they can say to indicate that it's no longer safe to talk and end the call. *(e.g. 'No I'm not interested, thank you.' In which case you should call back later.)*

Top tips

- It is good practice to routinely ask, even where there are no indicators of domestic abuse.
- Questions need to be asked sensitively yet confidently.
- Clear referral pathways are needed, making these visible where possible.
- Training, awareness, and regular routine questioning can reduce the stigma/shame of sharing/approaching clinicians.
- Access regular training: reminder of routine query, methods and updates on referral pathways.
- Share information and work alongside other agencies.
- Find out about members of the household and anyone they have significant contact with.
- Log other names or aliases, and check in who they are referring to (avoid information being missed or assumptions being made.)
- Speak to other family members if your role allows you to, this can provide valuable insight but also reduce the stigma of service involvement.
- Expand or amend visiting/appointment/clinic to allow partner(s) to possibly attend and/or to view a different time in the home environment.
- Recognise maternity/neonatal care is not just about the mother; support and guidance can be offered to all family members.
- Be aware of hints in interactions, often behaviour can be telling with a reliance that staff will listen, persist and enquire about signs and cues.
- Record clearly the details of behaviours, feelings and injuries seen or reported.
- Follow up conversations and support individuals to access support using the local pathways.
- Understand that some health conditions may be linked to the long-term impacts of domestic abuse to prompt further query and provide opportunities to safely disclose.
- Ask for support from colleagues; especially if something does not sound/feel right.
- Know the appropriate referral pathways and be confident in the process.
- Think. Professional curiosity

Further information or queries: Keren Hodgson, Black Country Child Death Overview Panel Coordinator, keren.hodgson@nhs.net 07557 813388

References

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