domestic abuse commissioner

Domestic Abuse Commissioner for England and Wales
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Sent by email

Dear Minister Caulfield,

I am writing to warmly welcome the commitment made in the Chancellor's speech last week to increase the spending allocation to the Department of Health and Social Care, ensuring that sufficient investment is made to reduce health inequalities, including the recruitment of 50,000 new nurses.

Domestic abuse remains a critical public health issue that affects at least 2.3 million adults every year and one that I very much hope we can work together to address. Health services provide one of the earliest and most trusted places for victims and survivors to access support. We know from your Department's data that 80% of women in an abusive relationship seek help from health services, usually GPs, at least once. We also know that this may be their first or only contact with professionals. The effectiveness of this intervention is critical. Not only does it have immense impact on the future of the survivor, but it has tangible impacts on the wider healthcare system too.

Leading research from SafeLives' *A Cry for Health* report suggests that 1 in 8 of all suicides and suicide attempts by women in the UK are due to domestic abuse. The data also suggests that 1 in 4 women in contact with mental health services are likely to be experiencing domestic abuse when being seen. Furthermore, the findings suggest that over 50,000 NHS staff are likely to have experienced abuse in the past 12 months. As is the case with domestic abuse data, we suspect these numbers to be heavily underreported.

It is my firm belief that in order to address health disparities effectively and create equal access to care for victims and survivors of domestic abuse, the Department should support the roll out of the 'Whole Health Model' in responding to domestic abuse, as set out in the Pathfinder Toolkit. A pilot of the project was initially funded by the Department between 2017-2020. It was led by Standing Together in partnership with four expert partners: Against Violence and Abuse (AVA), Imkaan, IRISi and SafeLives.

Over three years, the project engaged nine CCGs and 18 NHS Trusts across England to implement wide-ranging and sustainable interventions in eight local areas. Approximately 2,738 health professionals had domestic abuse training during the pilot. A total of 633 survivors were referred to a domestic abuse support service from a health care setting and went on to engage with this service. This is particularly significant because these are survivors who are unlikely to have been reached otherwise.

Thirty-six percent of survivors taking up services as a result of Pathfinder were Black or minoritised; given that only 18.5% of survivors recorded nationally are Black or minoritised, this data offers important evidence of the potential effectiveness of the Pathfinder model in reducing health inequities and reaching those who would otherwise not be reached. Furthermore, Pathfinder clients referred through health settings were older than those reached through community referrals, and there were also higher percentages of survivors with a disability and who identified as LGBT+ being supported through Pathfinder than would be reached through community settings. Ninety-one percent of survivors reported that they felt safer as a result of the Pathfinder project.

This success was achieved through a focus on building good practice across the eight pilot sites by coordinating the work of local health partners (from acute health, mental health and primary care) with local specialist domestic abuse services. It achieved this through embedding governance and policies, coordination, data collection, specialist interventions and training to build the capacity of the local health systems to respond to survivors of domestic abuse.

Despite the clear success of the Pathfinder project, its funding ended in March 2020, arguably at a time when it was needed most. Pathfinder highlights the importance of dedicated expertise within healthcare settings, including the integration of the IRISi programme in GP clinics. The new budget and funding increase announced last week presents a key opportunity to reinstate this vital public health lifeline to victims and survivors of domestic abuse.

The budget also presents an opportunity to embed a strong domestic abuse response at the beginning of a health professional's training. I am therefore recommending that a compulsory module on domestic abuse and the whole health approach is added to the curriculum for the 50,000 new nurses.

I have attached my full representation to the Spending Review, which has also been shared with teams at the Department of Health and Social Care and outlines these proposals in more detail, with full costings.

I would like to thank you again for the Department of Health and Social Care's dedication in supporting victims of domestic abuse and ensuring that all victims, no matter who they are, can find safety and support in our exceptional NHS. I would very much welcome the opportunity to discuss these proposals at the earliest convenient opportunity.

Yours sincerely,

Nicole Jacobs