

## **BRIEFING REPORT**

### **Health & Wellbeing Board**

---

**Date of Meeting:** 29/11/22

**Report Title:** Cheshire East Domestic Abuse and Sexual Violence Partnership - Health Pathfinder Toolkit

#### **Report of:**

---

### **1. Purpose of Report**

- 1.1. The purpose of this report is to provide an update on key priorities within the Domestic & Sexual Abuse Strategy that relate to 'Health Settings' and 'Complexity'. Domestic abuse affects the achievement of all Health & Well Being Board priorities and improving health and multi-agency responses to complexity in particular is a concern to all organisations represented on the Board.
- 1.2. The Domestic & Sexual Abuse Strategy contributes towards the key priority within the Council's Corporate Plan 2021-25 "A Council which empowers and cares about people". It contributes to the aim to "protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation".

### **2. Executive Summary**

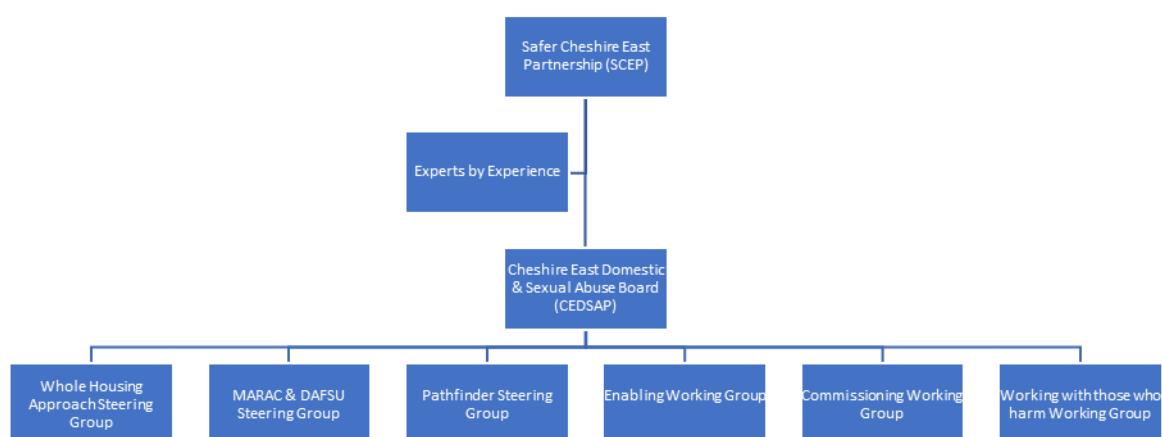
- 2.1. The Domestic Abuse Act, which became law in April 2021, introduced a new statutory definition of domestic abuse. It defines domestic abuse as any incident or pattern of incidents between those aged 16 years or over who are a partner, an ex-partner, a relative or there has been a time when they each have had, a parental relationship in relation to the same child

The Act outlines the following behaviours as abuse:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse

The Act recognises children under the age of 18 years who see, or hear, or experience the effects of the abuse, as a victim of domestic abuse if they are related or have a parental relationship to the adult victim or perpetrator of the abuse.

- 2.2. The Cheshire East Domestic & Sexual Abuse Partnership (CEDSAP) Board is well established and has representatives from across the local multi-agency network including statutory and voluntary sector services. CEDSAP reports to the Safeguarding Cheshire East Partnership (SCEP) and has strategic oversight of the response to domestic abuse and sexual violence.



- 2.3. The CEDSAP Board launched a comprehensive [Strategy](#) in 2021 for addressing domestic abuse and sexual violence.

The Strategy has 6 workstreams:

1. Focus on those who harm
2. Complexity
3. Cared for/care leavers
4. Health settings
5. Enabling
6. Commissioning

All the workstreams have a link with the activity of the Health & Wellbeing Board but this report focuses on progress and planned activity in the Health Settings and Complexity workstreams.

#### 2.4. The need for a Whole Health Approach to domestic abuse

Domestic abuse is a public health issue and health professionals play a critical role in its response. Repeated findings from Domestic Homicide Reviews (DHRs) have

highlighted that health professionals can offer patient survivors a safe place to disclose and seek support at an earlier opportunity. Evidence tells us that 80% of women experiencing domestic abuse seek help from health services and these are often their first, or only, point of contact, with general practice often being an access point for many survivors. It is therefore essential that health services are equipped and supported to respond appropriately and safely to domestic abuse<sup>1</sup>.

## **2.5. Recommendations**

- 2.5.1.** The Health and Wellbeing Board to endorse implementation of the Pathfinder Toolkit and deliver the recommendations
  - 2.5.2.** The Health and Wellbeing Board to work with IRIS to determine the size and scope of the IRIS service that is needed locally and the funds needed to support this model in Cheshire East to address the existing gap in provision
  - 2.5.3.** Consider how the HWBB can support improved crisis responses of mental health services to those whose needs cross multiple issues and are long term/complex
  - 2.5.4.** The Health and Wellbeing Board to commit to improve data collection, in relation to domestic and sexual abuse, from Health settings.
- 2.6.** The recommendations above will contribute to the Council corporate objective to “protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation”

## **3. Background**

- 3.1.** The report has been developed following analysis of the progress of the CEDSAP Strategy.

## **4. Briefing Information**

### **4.1. [Health Pathfinder Toolkit](#)**

The Pathfinder project was a 3-year national pilot project, working across eight sites in England to transform Health’s response to domestic abuse. The project was led by Standing Together alongside expert partners AVA, Imkaan, IRISi and SafeLives. It brought together the expertise of specialist domestic abuse organisations through its consortium of experts and the experience and good practice of professionals working at the local sites.

In June 2020 the Health Pathfinder toolkit was launched bringing together the research and findings from the pilot into a best practice guide for Health settings. The CEDSAP Board agreed to implement the toolkit within the ‘Health Settings’ priority of the strategy.

### **4.2. [IRISi](#)**

---

<sup>1</sup> Health Pathfinder Toolkit 2020

IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial.

Research shows that GP practices with IRIS are 30 times more likely to make a referral to specialist support for their patients than those without IRIS (Panovska-Griffiths et al, 2020);

The IRIS programme saved £14 for each woman aged 16 or older registered in the IRIS trained general practice (Barbosa et al, 2018); the same study shows an increase in quality of life for each woman affected by domestic abuse;

The IRIS programme is cost-effective and cost-saving from a societal perspective in the UK and cost-effective from a health service perspective (NHS perspective) (Barbosa et al, 2018).

### **4.3. Complexity**

Specialist Domestic Abuse Practitioners and multi-agency teams are reporting increased complexity for increased numbers of people. Whether lives are more complex, or we know more about them is debatable, but currently we have limited overarching local multi-agency strategic response that maximises the resources of the sectors involved in providing support. Practitioners are restricted or worn down by circumventing the parameters of their statutory or commissioned provision. This means that service users do not receive the best that we could offer together and the human cost and that to the public purse of repeat presentations remains high.

We recently held a Domestic Homicide Review where the complex factors of domestic abuse, mental ill health and substance misuse affected those involved and we hope that the learning can provide impetus to efforts to improve our work together.

While the DHR relates to one individual our two stage MARAC process has shone a spotlight on a wider cohort of people whose relationships are similarly affected by unresolved complexity and who live, probably permanently, in high risk relationships and come to attention when serious incidents occur. Cheshire East Safeguarding Adults Board allocated resources to reviewing some 33 of these cases and the resulting report provides further evidence for the urgency of improved strategic and operational responses.

We are also aware that domestic abuse is itself a complex issue in terms of the typology of abuse. While relationships marked by power and control are often the most concerning, we recognise the harm caused by situational and retaliatory abuse and need to adopt whole family approaches to safeguarding and recovery that are based on a sound analysis of abuse typology. Complex needs are often the result of and in turn cause, further Adverse Childhood Experiences (ACEs) and we welcome efforts to roll out a more systematic approach to equipping the multiagency workforce to deliver trauma informed and strengths-based practice. Starting with the key question 'What happened to you? and understanding individuals' and families'

stories is more likely to result in the shared and sustainable safety and recovery we seek.

#### 4.4. Cheshire East Domestic & Sexual Abuse Partnership Strategy 2021-23

This strategy was launched at a time when services were beginning to plan for future delivery in a new post Covid-19 landscape. Now in the second year of implementation and the families and individuals we seek to support are facing the additional pressures of the cost of living crisis.

Never has a co-ordinated community response been needed so much, as we have seen escalation in seriousness and frequency of harm in recent months with a 26% increase in high risk referrals in the past year. Alongside this is evidence of the real difference we can make when we are able to work together, consider the needs of the whole person, family and community.

This strategy was developed based on:

- a review of the effectiveness of previous implementation
- the context nationally and sub regionally
- qualitative and quantitative data from a range of contributors, the most important of which is the voice of those affected

The lived experience of people affected by domestic abuse and sexual violence continues to be the driver of all that we plan and deliver together.

The Strategy has 6 workstreams:

7. Focus on those who harm
8. Complexity
9. Cared for/care leavers
10. Health settings
11. Enabling
12. Commissioning

All the workstreams have a link with the activity of the Health & Wellbeing Board but this report focuses on progress and planned activity in the Health Settings and Complexity workstreams.

4.5. A summary of achievements against the strategy action plan for each of these priorities is outlined below

<i>Health settings – Apply Health Pathfinder model locally</i>	
<b>Achievements 2021-22</b>	<b>Goals for next year</b>
All providers and NHS Cheshire Clinical Commissioning staff completed a self-assessment tool which demonstrated good progress in all areas of the Health Pathfinder model.	Embed a consistent offer of training for Health staff.  Improve pathways to support for people who are experiencing mental ill health,

<p>Identified priority areas for implementation and developed an implementation plan.</p> <p>Identified training as a challenge for all areas and established a task and finish group to address this issue.</p>	<p>including suicidal ideation, in addition to their experience of domestic abuse.</p>
<p><b><i>Complexity - Establishment of a strategy, including shared resources, to tackle the most complex cases across substance misuse, mental ill health and domestic abuse</i></b></p>	
<p><b>Achievements 2021-22</b></p>	<p><b>Goals for next year</b></p>
<p>Developed the Marac + model, using the person centred 'Team Around Me' approach, to improve the co-ordinated response for people for whom we have been unable to reduce the risk.</p> <p>Mapped existing provision, including multi-agency fora, and identified areas for improvement.</p> <p>Specialist domestic abuse staff co-located with CGL (Substance Misuse service) to facilitate joint support work and shared learning for staff.</p> <p>Strengthened links between Talking Therapies team and Specialist domestic abuse services.</p> <p>Worked with colleagues in Adult Services to support the Complex Safeguarding pathway.</p>	<p>Work with Housing colleagues to support the development of the Homelessness Prevention Multi-Disciplinary Team.</p> <p>Develop and test other approaches that provide an integrated, wrap around, response for people with multiple disadvantage.</p>

## 5. An example of good practice

Macclesfield Hospital Idva Role – During the period of Covid restriction the support for Macclesfield Hospital was provided remotely via the DA Hub, between April-Sept 21 the hospital referred fewer than 10 cases to the Hub. Direct co-located Idva support resumed in September 2021 and in the period Sept 21- Mar 22 the Idva received 70 referrals. The impact of having a member of specialist Domestic Abuse staff co-located in the hospital is evident in the number of people the service has been able to reach.

The Hospital Idva has also developed a referral pathway for people who are allocated to the midwifery unit in Macclesfield Hospital and they can be supported by the Idva within the community and in the hospital.

In addition to direct support the Idva has supported with training delivery and rolling out intervention to enable people to ask for support discretely in the Hospital Pharmacy. In the next 12 months the Idva will train other departments within the hospital so that survivors of domestic abuse have a way to discretely ask for support and staff know how to respond and refer on.

<b>Access to Information</b>	
Contact Officer:	Emma Storey Domestic & Sexual Violence Development Lead Advisor 07816 366328
Appendices:	N/A
Background Papers:	<a href="#">Cheshire East Domestic &amp; Sexual Abuse Strategy 2021-23</a> <a href="#">Health Pathfinder Toolkit</a>