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The Pathfinder Project

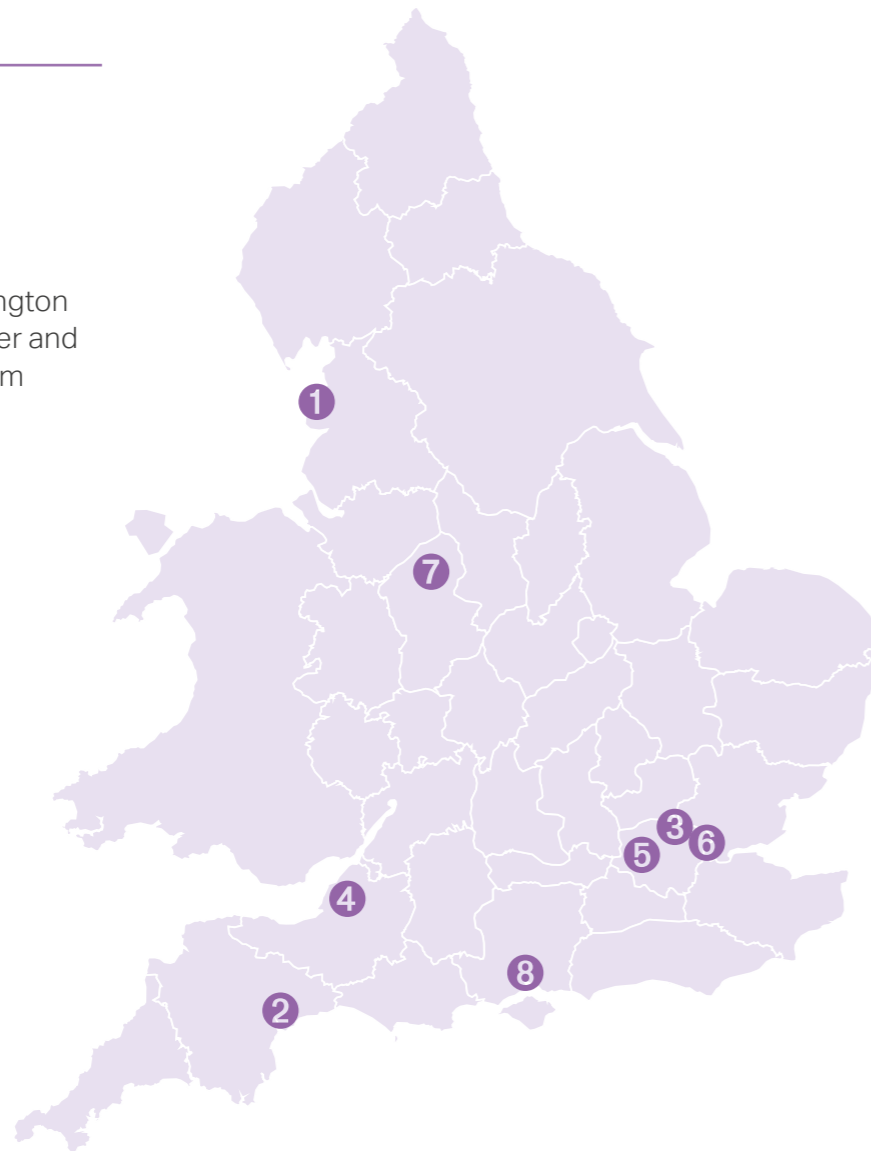
Pathfinder was a national project aimed at addressing the links between domestic abuse and health and improving the capacity of health professionals to respond to survivors effectively by establishing comprehensive health practice in relation to domestic abuse in three distinct areas; acute hospital Trusts, mental health Trusts and GP practices.

The project ran from 2017 to 2020 and was led by Standing Together as part of a consortium of expert partners including SafeLives, IRISi, Imkaan and Against Violence and Abuse (AVA).

Over the three years, the project engaged nine CCGs and 18 NHS Trusts across England to implement wide-ranging and sustainable interventions in eight local areas.

Pilot sites

- 1 Blackpool
- 2 Exeter & North Devon
- 3 Haringey & Enfield
- 4 Somerset
- 5 Three councils (Kensington & Chelsea, Westminster and Hammersmith & Fulham)
- 6 Camden & Islington
- 7 North Staffordshire
- 8 Southampton



We did this by:

- Working with health stakeholders across these eight sites to identify and share good practice
- Turning guidance into practice and providing interventions where a gap in provision was identified
- Embedding local health and domestic abuse governance structures linking the parts of each local health economy to each other and to their local specialist domestic abuse services to promote a coordinated community response to survivors and perpetrators of domestic abuse
- Sharing learning and guiding national dissemination of good practice to inform future policy work and data collection

Working in collaboration with each other and health partners at sites, the consortium made a significant impact on the capacity of NHS staff to respond to domestic abuse.

The project is being independently evaluated by Cardiff University and the findings will be released in August 2020.

The Pathfinder project was funded by:



Department for
Digital, Culture,
Media & Sport



Department
of Health &
Social Care

Purpose of This Report

This report summarises analysis of data provided by:

- Independent Domestic Abuse Advisors (Idvas) and independent Domestic and Sexual Abuse Advisors (Idsvas) who were co-located in participating hospital and mental health trusts
- IRIS Advocate Educators who work with general practice teams
- Domestic and Sexual Abuse Practitioners and Advisors who work with mental health professionals

Cardiff University are producing an independent evaluation of the Pathfinder project. We have created this short document to share some of the key findings from domestic abuse services who have worked with and alongside the project. The independent evaluation by Cardiff University will provide a full analysis of Pathfinder with both quantitative and qualitative data and will be the final and substantial report in this project.

The data in this report only relates to survivors who have been referred to a domestic abuse service from a health setting and have then engaged with this service. It is important to note that there are many survivors who received domestic abuse support and safety advice at the health setting but had not been allocated an Idva or Domestic Abuse Practitioner with a domestic abuse service at that time.

The questions that each domestic abuse service asks survivors of abuse and the way that the service collects this information varies considerably. We have put together this report using the data we have been able to collate and compare.

We have used the SafeLives Insights Idva National Dataset¹ as a comparison to the Pathfinder data in this report. Insights is an outcome measurement tool used by 22 domestic abuse services to collect data on their client's journey from intake to the service to exit. This comparison group are named Community Idva clients.

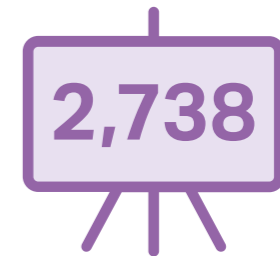
Key Achievements of the Pathfinder Project

"I... feel confident that we have significantly raised the profile of Domestic Abuse within Health's Safeguarding Agenda and I believe that our strategic partners recognise the importance and intrinsic value of health embedding a universal response to domestic abuse"

–Pathfinder Domestic Abuse Project Lead



Ten Health Based Idvas, three Domestic Abuse Coordinators and two IRIS programmes across 64 GP practices were funded



Approximately 2,738 health professionals have had domestic abuse training since the start of the Pathfinder project



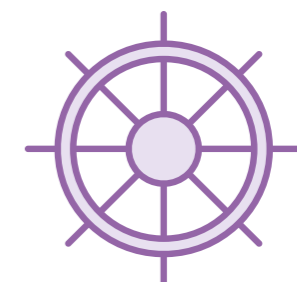
15 NHS Trust Domestic Abuse Policies have been reviewed



8 NHS Trust Domestic Abuse Training Packages have been reviewed



9 Domestic Abuse Champion Networks in NHS Trusts have been setup and supported



Each Pathfinder site now has a steering group and an operational group to focus on the NHS Trusts response to Domestic Abuse

¹ SafeLives Insights Idva England and Wales dataset 2018-19 Adult Independent domestic violence advisor (Idva) services, <https://safelives.org.uk/sites/default/files/resources/Idva%20NDS%20201819.pdf>

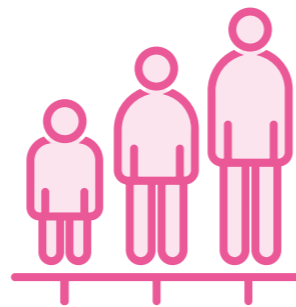
Who Pathfinder Has Supported

"Through the co-locations and developing partnerships with mental health services, we identified engagement with survivors who previously we were unable to establish contact."

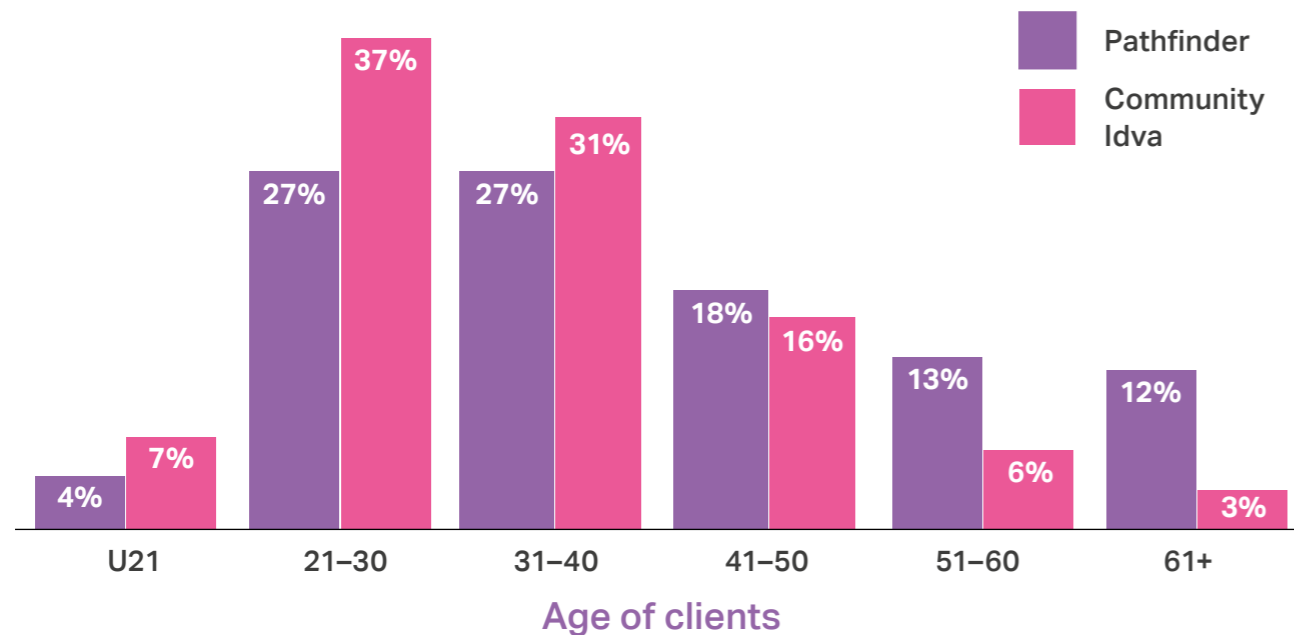
–Pathfinder Mental Health Idsva

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. These survivors entered a domestic abuse service from a referral pathway created by the Pathfinder project and may not have been identified or supported otherwise.

Pathfinder has found that health-based support will often identify survivors who are otherwise missed by services and offer them the chance to engage and receive specialist support.



Clients from health were older than those referred through the community



13% of Pathfinder clients had needs recorded relating to alcohol use and 8% had needs recorded relating to drug use



36% of Pathfinder clients were Black, Asian or Minority Ethnic compared to the National Average of 18.5%. Over three quarters (79%) of all Black, Asian or Minority Ethnic clients were supported in Pathfinder sites in London



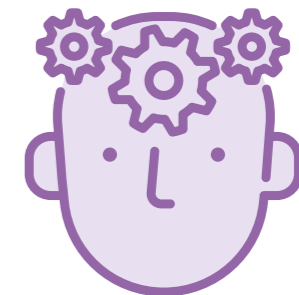
16% of all Pathfinder clients had a physical disability compared to 14% of Community Based Idva clients



4% of Pathfinder clients were Lesbian, Gay or Bisexual compared to 2% of Community Based Idva clients



8% of Pathfinder clients were pregnant compared to 6% of Community Based Idva clients



54% of Pathfinder clients had needs recorded relating to mental health

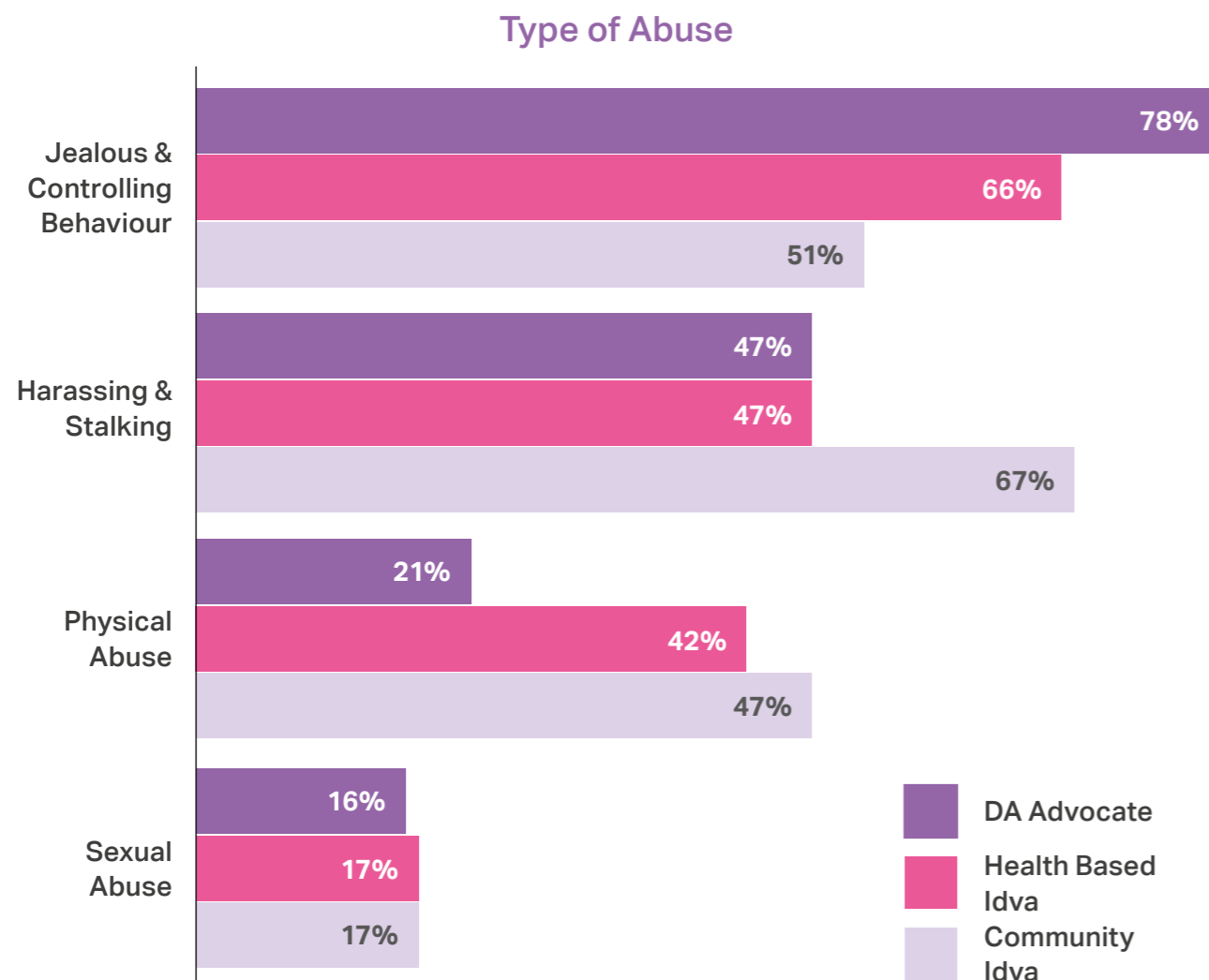
Dynamics of the Abuse Disclosed

"She was offered support from Health Idva who explored the history of abuse and that she had been subjected to for the last 60 years, including sexual abuse, physical abuse, emotional and controlling coercive abuse."

–Pathfinder Health Based Idva

In this section, for ease of analysis, Acute Health Based Idvas/Idsvas and Mental Health Based Idva/Idsvas are grouped under the category of Health Based Idva. IRIS Advocate Educators and Domestic and Sexual Abuse

Practitioners and Advisors are grouped under the category Domestic Abuse (DA) Advocate. SafeLives Insights Idva data is referred to as Community Idva.



A quarter of all Pathfinder clients (25%) were recorded as experiencing financial abuse

3% of all Pathfinder clients were recorded as at risk of so-called 'honour' based violence compared to 2% of Community Idva clients.

Disclosure of sexual abuse was high in Pathfinder clients. It was particularly high for Pathfinder clients under 30 where disclosure was recorded for over a fifth of survivors (23%) and clients who were supported by a MH Idva where disclosure was recorded for a quarter of survivors (25%).

15% of perpetrators linked to a Health Based Idva and 12% of perpetrators linked to DA Advocate were family members. Only 6% of perpetrators linked to Community Idva were members of the survivors' family.*

1% of all Pathfinder clients had a disclosure recorded or a risk recorded of forced marriage compared to 0.6% of Community Idva clients.

0.3% of Pathfinder clients had a disclosure recorded or a risk recorded of female genital mutilation compared 0.44% of Community Idva clients.

* Family members include children under and over 18, parents, stepparents, in-laws, and grandparents

Outcomes of Support

“...the client has made amazing progress, their life skills have improved and they are much more confident living alone. They’re currently safe...”

Pathfinder Domestic and Sexual Abuse Advocate

The outcome data provided by services differed greatly and some services did not collect or provide us with information about clients leaving their service. The outcome data here is not representative of all services involved in Pathfinder but hopes to give some indication as to the outcomes for many of the clients who received support and engaged with services during this project. Outcome data is difficult to collect, in particular service user feedback. The numbers for user feedback are therefore low.

Client Reported Outcomes were collected by Pathfinder domestic abuse services who have used SafeLives Insights as a data collection tool. This includes clients from all sectors of health-based support.

Domestic Abuse Outcome data is provided by Pathfinder domestic abuse services who have used Insights services (n=123) and who have used Women’s Aid Ontrack system (n=97). This gives a total of 220 clients.

Client reported outcomes



91% of clients felt safer



95% of clients felt their wellbeing improved



85% of clients felt their quality of life had improved



77% of clients felt optimistic about the future



76% of clients felt more confident

Impact on the abuse they were subjected to



Sexual Abuse (n=54)*

Abuse Stopped	50%
Abuse Reduced	57%
Abuse Unchanged	15%
Abuse Increased	2%
Unknown	28%



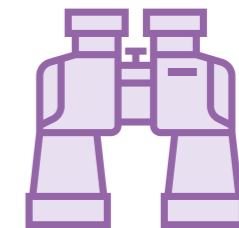
Physical Abuse (n=51)*

Abuse Stopped	76%
Abuse Reduced	82%
Abuse Unchanged	18%
Abuse Increased	0%
Unknown	0%



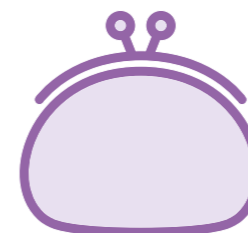
Jealous and Controlling Behaviour (n=173)*

Abuse Stopped	38%
Abuse Reduced	69%
Abuse Unchanged	21%
Abuse Increased	2%
Unknown	9%



Harassment and Stalking (n=143)*

Abuse Stopped	40%
Abuse Reduced	60%
Abuse Unchanged	27%
Abuse Increased	3%
Unknown	11%



Financial Abuse (n=59)*

Abuse Stopped	31%
Abuse Reduced	53%
Abuse Unchanged	22%
Abuse Increased	0%
Unknown	26%

* Abuse Reduced includes Abuse Stopped. The percent in the tables may not add up to 100% due to rounding of numbers and incorporation of different sets of data

What clients said when asked...

Could you explain what has made the biggest difference to your safety and well-being, and why?

"Talking to my GP and IRIS. They listened and understood and supported me emotionally, offered me advice and let me make my own decisions"

"Being referred to an organisation that understood what was going on. I was comfortable talking with them"

"No further contact from perpetrator. Having a safety plan in place"

"Just having someone to talk to who doesn't judge me or expect anything for me"

Conclusion

Health Services have a crucial role to play in responding to domestic abuse. These key findings show that health services offer a referral route to those who are often less visible to domestic abuse services. Safe enquiry and clear referral pathways from health settings gives survivors the space and opportunity to disclose abuse and receive specialist support.

For further information about how to embed a best practice response to domestic abuse in a health setting, please see the Pathfinder Toolkit which can be found here.

