



## The Pathfinder Project

### A whole health response to domestic abuse Why we need it and how it works

**"Health settings are trusted environments, used by everyone. Because of this, they are places we can reach those from every background and walk of life subjected to domestic abuse, especially those who may not feel confident seeking help from other professionals. That is why it is critical to ensure awareness about domestic abuse is embedded into all health settings."**

Nicole Jacobs, Domestic Abuse  
Commissioner for England and Wales.

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

Client response when asked how  
Pathfinder had made a difference  
to their safety and wellbeing.

## What is the Health Pathfinder Project?

The Health Pathfinder project was designed to transform the health system's response to domestic abuse. The project was led by [Standing Together](#) alongside expert partners [AVA](#), [Imkaan](#), [IRISi](#) and [SafeLives](#). It ran as a three-year pilot across eight sites in England, and aimed to improve the capacity of health professionals to respond to survivors effectively by establishing comprehensive health practice and ensuring a coordinated and consistent approach across the health system, including in acute hospital Trusts, mental health Trusts and GP practices.

### Why we need a whole health response to domestic abuse:

Despite the pressing need to find cost-effective and safe ways of supporting domestic abuse survivors, the response of health services is variable across the country. Best practice is frequently short-term and dependent on individual practitioners, rather than coordinated, system driven, and sustained. But why does this matter?

- The NHS is often the first point of contact for women who have experienced domestic abuse.
- Responding to domestic abuse is part of core business for the NHS given its prevalence in our society. This prevalence means that NHS staff will be in contact with victim-survivors and perpetrators across the full range of health services.

- Domestic abuse contributes to health inequities experienced by women alongside other intersecting factors such as race, ethnicity, sexuality, age and disability – leading to higher health risks, and poorer health outcomes for women experiencing multiple forms of oppression.
- The mental and physical health consequences of domestic abuse mean that the NHS spends more time dealing with the impact of it than almost any other sector. 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).

### The Pathfinder evaluation – achieving change:

Our external evaluation found that Health Pathfinder generated meaningful system-level changes in both the identification and referral of cases, while at the same time identifying and supporting survivors of domestic abuse at an earlier stage in the process. The combination of survivor-level and system-level impacts suggests that key outcomes of more disclosures, earlier identification, more appropriate referrals for specialist support, more people helped to safety and sooner, and shifts in organisational culture and response to domestic abuse, were achieved.

Health Pathfinder has highlighted that stand alone and ad-hoc interventions will not be fully effective without a change in *culture* within a health service. A coordinated and systemic approach lies at the heart of this work and is critical in ensuring sustainability and a safer and more effective response to domestic abuse.

### The theory behind Pathfinder – how it works:

The principle underpinning the Health Pathfinder project is that if you improve the awareness, knowledge and skills of health professionals and the systems within which these professionals work, this increases their ability to appropriately enquire about domestic abuse according to the healthcare setting, and systems' ability to support them in doing this effectively and consistently. This in turn is expected to increase the confidence of survivors to disclose, and to receive a professional response that leads to a timely referral to specialist services.

### Pathfinder project components – what we did:

Based on a shared set of principles and outcomes, and consortium experience of what works to support a coordinated domestic abuse response, a range of activities and interventions were developed according to each site's individual needs and strategies.

The following components were part of the framework which laid the foundation of a system wide, sustainable response to domestic abuse which can be replicated by health settings nationally:

- Training health professionals
- Co-locating Independent Domestic Abuse advisors (IDVAs) in clinical settings
- Implementing new interventions and related governance structures which linked each part of the local health delivery context to the work of local specialist domestic abuse services
- Establishing and supporting Domestic Abuse Coordinators
- Carrying out needs assessments
- Enhancing data collection strategies and developing data collection capacity
- Reviewing and improving clinical policies relating to domestic abuse
- Identifying and sharing good practice such as the [IRIS model](#) which had been previously cited by the Department of Health as best practice model for a primary care response to domestic violence and abuse

### Methodology:

This report was written based on the Health Pathfinder Independent Evaluation conducted by a Cardiff University research team. This involved qualitative interviews with survivors and healthcare professionals, and quantitative data collection and analysis to answer this primary research question: *What is the effectiveness of Health Pathfinder as a model for improving the health service response to domestic abuse?*

# Key evaluation findings

## What did the Health Pathfinder project achieve?

The external evaluation of Health Pathfinder found that **the key intended outcome of the project was achieved**: more survivors, generally women, were helped to safety, and sooner.

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. Significantly, 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.

Health Pathfinder significantly **increased the rate of cases discussed in MARACs** – a multi-agency meeting to discuss high risk domestic abuse cases. This evidence of a significant increase followed by continued quarter-on-quarter change is a robust finding that reflects underlying system improvements across multiple stakeholders involved in Health Pathfinder.

Health Pathfinder **improved detection of domestic abuse across a wider spectrum of risk**. This increase remained constant each quarter after implementation, demonstrating system change.

One of the potential benefits of an improved whole health response to domestic abuse is the **ability to identify and refer survivors to appropriate services before risk escalates**. Further evidence of an improved 'whole health response' through Pathfinder is provided from data indicating a substantial, additional number of Health Pathfinder contacts with survivors who were not yet ready to be referred to specialist services, as well as the provision of specialist advice to health professionals about ongoing management of domestic abuse.

**"I feel confident 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



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**91% felt safer, 95% felt their wellbeing had improved and 76% felt more confident, after engagement with services through the Pathfinder project.**

**Client reported outcomes** from the [Key Findings Report](#) found that 91% felt safer, 95% felt their wellbeing had improved and 76% felt more confident, after engagement with services through the Pathfinder project.

**"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

Qualitative analysis from the evaluation suggested that the Health Pathfinder project's different interventions, activities and mechanisms were effective in generating better awareness, more expertise, enhanced partnerships and relationships, increased empowerment and increased evidence across different organisations within the health sector and at different levels within those organisations. Progress in each of these areas led to meaningful change for survivors' experiences of disclosure and uptake of services. This progress also had the potential to meaningfully impact on wider health inequities too.

The evaluation identified key factors that influenced the implementation of Health Pathfinder in each location, for better or for worse. These included:

- local history and context of addressing domestic abuse
- preconceptions and stigma relating to domestic abuse at professional and organisational levels
- logistical factors relating to the embedding of Health Pathfinder roles in organisations.

The Domestic Abuse Coordinator was also found to be central to successful implementation. Due to their role in, and alongside, ensuring appropriate data recording, robust referral pathways, support for co-located specialist services, development of site policies and delivery of quality training. All of the elements of the project can and have been done without a Domestic Abuse Coordinator on occasion, but typically this takes a lot longer and is implemented in a far less coherent and coordinated way. You need a dedicated role to oversee and implement all the elements of the best practice response – this works best as the Domestic Abuse Coordinator.



### Evaluation limitations:

Due to the timeframes involved and the difficulty of data collection, the evaluation was **unable to analyse long-term impacts on survivors'** safety, health and wellbeing, meaning that substantial benefits experienced by victim-survivors may not be reflected in the findings.

Due to **data limitations** – specifically, the lack of data and sample sizes from services working in the most ethnically diverse project areas – the evaluator was unable to evidence greater system awareness and responsiveness to the needs of survivors belonging to groups that are underserved by health services, including survivors who identify as Black or Minoritised or as LGBT, or who live with a disability. As a result, the Health Pathfinder project evaluation shows 'no evidence of effect' on survivors who identify with the categories above, rather than 'evidence of no effect'.



**36% of survivors taking up services as a result of Health Pathfinder were Black or Minoritised; given that only 18.5% of survivors recorded nationally are Black or Minoritised**

Despite these data limitations, it is important to note that the Key Findings report did back up the evaluation's findings that the **Health Pathfinder did change the risk profile of identified survivors** and lead to more people who would not normally access domestic abuse services, being supported. 36% of survivors taking up services as a result of Health Pathfinder were Black or Minoritised; given that only 18.5% of survivors recorded nationally are Black or Minoritised, this data does offer important evidence of the potential effectiveness of Health Pathfinder in reducing health inequities and reaching those who would otherwise not be reached. 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 identify as LGBT being supported through Pathfinder than would be reached through community settings. All of this evidence the effectiveness of Pathfinder as an approach which better ensures survivors do not get forgotten.

**"She was offered support from Health Independent Domestic Violence Adviser (IDVA) who explored the history of abuse that she had been subjected to for the last 60 years, including sexual abuse, physical abuse, emotional and controlling coercive abuse."**

Pathfinder Mental Health IDVA

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## How it works

### Five ways to bring about whole systems change for a coordinated health response to domestic abuse:

For Health Pathfinder to work, its interventions and activities need to be applicable and effective in different, often challenging, contexts. The qualitative data analysed in the evaluation revealed five mechanisms that together led to improved responses to domestic abuse in the Pathfinder sites. These five ways of working can be applied in any health setting and location to improve the domestic abuse response.

#### 1 Building awareness of domestic abuse and available services

There are two sides to this: generating survivors' awareness about **domestic abuse** and health-based opportunities to receive help; and generating health professionals' awareness of their role and responsibility in addressing and responding to it. Interviews with survivors highlighted the importance of leaflets and posters in increasing the visibility of the problem and crucially, the different pathways for help available. Interviews with healthcare professionals highlighted the importance of co-location and integration of domestic abuse services. Improving people's awareness of and about domestic abuse is the foundation on which a broader cultural shift takes place – it encourages health professionals to understand it as core to their professional role and supports the inclusion of domestic abuse within the health agenda at both operational and strategic level.

#### 2 Building expertise

Survivors considered professional knowledge, skills and understanding to be crucial when it came to recognising domestic abuse and facilitating safe enquiry, signposting and referrals to specialist support. Survivors also emphasised the importance of health professionals' behaviour and attitude in routine appointments. Confident, sensitive and safe enquiry about domestic abuse by health professionals requires a level of expertise that Health Pathfinder activities generated through formal training, informal training (coaching) and co-location of health and domestic abuse services.

#### 3 Building partnerships and relationships

The extent and quality of pre-existing relationships between partner agencies influenced the extent to which Health Pathfinder generated new and/or enhanced effective working relationships. Interviews revealed that effective working relationships were generated through strong leadership within the NHS. This involved clear communication about domestic abuse as a core part of professional practice. Where relationships were successfully generated through the delivery of Pathfinder, many interviewees felt this created a shared sense of multi-agency responsibility and ownership for domestic abuse. This is a lesson that has been found to be the case repeatedly in the wider Coordinated Community Response as well.

## 4 Building empowerment through policy and practice

Survivors highlighted the importance of health professionals not only having the appropriate awareness, understanding and knowledge to recognise domestic abuse but also the confidence and skills necessary to sensitively enquire and then to respond professionally to any disclosures. Empowerment to act was generated via the presence, visibility and integration of domestic abuse services as well as from the training and coaching they provided to health professionals. Having good, applicable policies in place, combined with other interventions such as training and coaching, clear referral processes, and reassurance from the visible presence of a co-located domestic abuse expert, ensures that health professionals are empowered with the expertise to both 'ask' and 'act'.

## 5 Building and using an evidence base

Data collection and use within the Pathfinder project varied greatly depending on the different project sites' existing data practice and policies. Data collection, which is hugely important for a coordinated and effective DA response, varied depending on existing processes, information sharing and records access, perceived needs for different types of data and approaches to the collection of this data, and the particular project site's infrastructure and resources.

Analysis also highlighted the importance of senior management showing leadership across each of the areas above, and the role of Domestic Abuse Coordinators as crucial to a fully coordinated response. Finally, having domestic abuse experts located in different health settings, providing immediate access to expertise, also supports Health Pathfinder's effectiveness as an approach which builds and sustains systems change.

## Project limitations:

Drawing primarily on interviews with health professionals, four key factors that are central to implementation were uncovered. Having little or no background commitment to and history of addressing domestic abuse in some project sites made it harder to implement the programme. Professional and organisational preconceptions and stigma relating to the issue also acted as a barrier. Where these attitudinal and historical factors existed, so did the perception that the Health Pathfinder was not relevant. There were also logistical factors relating to embedding Health Pathfinder roles in organisations that created a barrier to effective implementation.

Effective data collection, usage and sharing was also a barrier in some cases to successful project implementation. A lot depended on the systems already in place and how these aligned across different services.

**"What may have lacked is...our poor systems for collecting data... and how we extrapolate the data and how... anyone who's wanted to kind of interface with any of our systems to get any data about benchmarking...it's really almost impossible... I think senior management have utilised the fact we're doing the Pathfinder... and somebody has just been appointed to really look at all of that and improve our systems."**

Pathfinder evaluation participant

# Key recommendations

## Ensuring a whole health system response to domestic abuse

### Co-location of services

This evaluation of the Health Pathfinder project found that co-location was an essential and highly useful component of a coordinated and effective response to domestic abuse. This echoes previous research findings. The sooner that the necessary partnership agreements, protocols, and practical approval processes were in place, the more effective the response was. This was the case both for setting up a coordinated response and to effectively implementing it. Co-location should focus on services relevant to a wide range of victim-survivors, including those disproportionately impacted by poor health service responses, such as women who identify as Black or Minoritised, or survivors who are LGBT.

**"It's just really helped to be a point of contact and put a face to a service, and just be physically present there, we hope, that would encourage people to come over to us and make talking about domestic abuse more open."**

Pathfinder IDVA

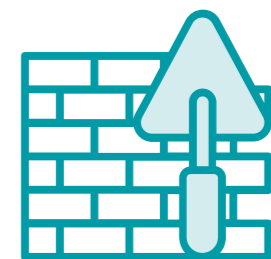
Co-location, in its most effective format, involves health setting-based access for everyone who needs access to domestic abuse services. A clear plan for information-sharing, for space and support, and for integration into clinical settings is essential to the success of co-location, along with having services which are co-created by and for the people who need to access specialist services in these settings.

### Coordination

Co-location on its own is not enough. The project evaluation demonstrated that domestic abuse coordination is both a central intervention and implementation function. Where Health Pathfinder had the most impact, co-located services worked closely with a coordinator or champion with a specific remit to drive action on domestic abuse. Getting the buy-in of senior leaders to champion this work is also key. Domestic Abuse Coordinators should be central to any domestic abuse response work both as a coordinating and implementing function.

**"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 Independent Domestic and Sexual Abuse Adviser



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**Training combined with informal coaching**

Formal training was necessary to increase health professionals' knowledge of the scale and nature of domestic abuse, how to broach the subject with clients, and how to follow this with appropriate and professional responses to any disclosures. It is recommended that health professionals receive additional support to develop skills and expertise in this field. This is done most effectively through co-location and the integration of domestic abuse experts into healthcare teams – this makes coaching and expertise available easily on a daily basis.

**“The advantage of having experts in the room is that you know they really know what they're talking about, that is their bread and butter, it might come up for us every so often but it's not something that we specialise in”**

Health Professional involved in Pathfinder

Training that sensitises and exposes professionals to the diversity of abuse itself, and those who experience it, is especially important.

**Effective referral pathways**

The upskilling of health professionals evidenced in the Health Pathfinder project sites should be complemented with effective referral pathways. This is to ensure that partner agencies can provide survivors with the necessary support (e.g. referring from mental health services to domestic abuse services). This also includes services with specialist focus for survivors whose needs are often unmet by generic services, such as those living with a physical disability. Without these appropriate referral pathways in place, disclosures of domestic abuse won't lead to the right support being given – making disclosure potentially counterproductive or harmful. When made, referrals should be to services relevant to victim-survivors and feedback should be provided to the referring agency to help build two-way partnerships and generate future referrals.

**Sustainable financial support for specialist services**

A whole health response to domestic abuse needs to be appropriately financed. Sustainability of Health Pathfinder was a key and recurring issue in our interviews. The challenge of assembling 'business cases' to continue trust-led funding of Health Pathfinder posts, whether Advocate Educators, IDVAs or Domestic Abuse Coordinators, needs to be overcome. Long term financial commitment to coordinated, and therefore effective, domestic abuse response work needs to be made across the health system.

**Domestic abuse policies in all NHS trusts**

Domestic abuse is the core business of the NHS and must be recognised as such in policy documents across all health specialists and services. Policies should clearly communicate the role and responsibilities of partner agencies within any coordinated response, such as Health Pathfinder. Ensuring governance structures are outlined in these policies, as well as the healthcare response to domestic abuse more generally, is essential.

Domestic abuse policies also have a central role to play in identifying, acknowledging and supporting staff who are themselves victim-survivors. Policies need to be clearly directive and contextually relevant and support the development of working relationships between service delivery partners. These should be practical documents, which explicitly state the responsibilities of health practitioners within existing protocols, setting out both what they need to do and how to go about it.

Domestic abuse policies should be regularly reviewed and audited for equity impacts across those groups who experience barriers to access. As policies are a structural intervention, they have the potential to address systemic barriers to the identification of survivors who may not otherwise be identified, alongside systemic barriers to access to health services and domestic abuse specialist services. Practical policies are therefore very important to ensuring the right framework and set up for Health Pathfinder and a coordinated response.

**Improved monitoring, data collection and information-sharing**

Understanding the strengths and limitations of current practice in local areas is a necessary precursor for the successful implementation of any new domestic abuse initiatives. Collecting the information necessary to understand whether, how and why new initiatives achieve their intended outcomes, or result in unintended consequences, should be seen as a central and shared responsibility across partner agencies. It is clear from Health Pathfinder that improved evidence use arises from successful evidence generation – one of the key mechanisms of change that the project evaluation identified. As generating evidence is a key factor in developing and embedding a whole health response that works for survivors, it's essential that data collection and usage be put at the heart of any response plan.

Monitoring, data collection and information-sharing needs to be sensitive to the needs of specific groups (e.g. migrant women). This is important not only to acknowledge, evaluate and improve the full range of benefits that an improved whole health response can offer to survivors, but also to ensure that a whole health response to domestic abuse puts the experiences, perspectives and needs of survivors at its heart.

Improved data collection, monitoring and information sharing is essential to audit and identify populations, including those more likely to be reached through a whole health response (rather than a community response) – for example victim-survivors who are Black and Minoritised, older, LGBT or people living with disabilities. Data systems and processes should be used to understand where, how and to what degree barriers to accessing services exist. This is essential not only to avoid exacerbating inequities, but to close the gaps that already exist. Challenges with data collection and reporting across sites meant that this evaluation could not evidence equity and disparity impact of Health Pathfinder.



**It is clear from Health Pathfinder that improved evidence use arises from successful evidence generation.**

**A central concern for structural inequalities**

A recommendation that applies to all of the recommendations detailed above involves ensuring an awareness of how structural inequalities affect survivors. Service providers at both strategic and operational level should be aware of the potential of the whole health response to meet and reduce these structural inequalities and thus impact health inequities. Greater recognition of diversity, both where this is represented in the population taking up services and where that diversity is 'masked' by barriers to uptake, is a central component of a whole health response that works for all victim-survivors.

**Further research**

Additional research into specific areas covered through Health Pathfinder would be likely to strengthen the already strong argument for a whole health system approach and response to domestic abuse. Building on previous economic evaluations of domestic abuse services (for example those which suggested that IDVA services saved public money), future research should seek to establish the cost-effectiveness of Health Pathfinder.

Further research should also focus on the extent and nature of Health Pathfinder impacts on identification and referral for victim-survivors most poorly served by health services, namely those with specific vulnerabilities or protected characteristics.



# Conclusion

**Health Services have a crucial role to play in responding to domestic abuse. The key findings from the full technical evaluation of the Health Pathfinder 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.**

The findings of this project evaluation support other recent research carried out into domestic abuse responses in health settings, including research completed as part of the Health Pathfinder work. Common findings include the importance of having specific domestic abuse policies in place and senior buy-in to the domestic abuse response being everyone's business, the essential participation of a Domestic Abuse Coordinator, high quality data collection and information sharing; and of evidence generation as a central mechanism by which Health Pathfinder and a coordinated health response can ensure victim-survivors' safety.

The Health Pathfinder project evaluation found that the interventions were truly complex, spanning sectors and agencies to achieve ambitious outcomes. The project shows that with the right components and a joined up approach, the health system can provide the right support for survivors of domestic abuse. The evaluation research showed that each of these interventions did in fact help more survivors to safety, and sooner, though it is harder to identify the degree to which the benefits of the programme were equitably distributed for survivors facing the greatest barriers to access. Despite this, the evaluation did find that those who came into contact with Health Pathfinder, mostly women, were unlikely to have had the specialist assistance required to deal with domestic abuse and its harmful consequences on their physical and mental health without it. Health Pathfinder provided a safe context for people to disclose their experiences of domestic abuse, resulting in a professional and sensitive response from clinicians, and access to timely support from specialist agencies. The implementation of Health Pathfinder involved the foresight, agreement, and participation of a number of individuals and agencies operating in a coordinated and streamlined way.

This required time, effort and financial resource, which needs to be repeated and replicated in order to ensure all survivors can access the right kind of support through the health system. The principles outlined in this report apply to all health settings and every function within each health service, whether strategy, governance, funding, data services, delivery or logistics. In order to support individuals whole systems, need to change.

Ultimately, it is essential that this work is survivor-led and reflects the intersecting needs and experiences of all survivors. An integral part of Pathfinder's work has focused on embedding survivors' voices throughout the planning, implementation and evaluation of the project. In particular, it has emphasised the additional barriers and discrimination faced by survivors from particular groups. It is paramount that health services are mindful of these barriers and differences in order to ensure an inclusive, nuanced and high-quality response that speaks to the needs of all patient survivors.

The interventions and approaches pioneered and tested across Pathfinder sites between 2017–2020 highlight the benefits of a whole health approach, and the external evaluation of this work has identified the key interventions and mechanisms through which the benefits of the whole health approach can be realised. These interventions and recommendations should be shared and implemented across the health system, which needs to see an effective response to domestic abuse as part of its core business. A whole health system response is the only way to ensure survivors are appropriately supported.

## More information and support in implementing a whole health approach

Please explore the [Pathfinder toolkit and key findings report](#) – the toolkit includes a series of practical tools and templates, as well as policy and practice recommendations for local authorities, clinical commissioning groups, and all NHS services, including mental health trusts.



