House of Lords
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Joint Committee on the Draft Domestic Abuse Bill

Oral evidence: Draft Domestic Abuse Bill, HC 2075

Wednesday 22 May 2019

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Watch the meeting

Members present: Mrs Maria Miller MP (Chair); Baroness Bertin; Lord Farmer; Diana Johnson MP; Alex Norris MP; Lord Ponsonby of Shulbrede; Liz Saville Roberts MP; Helen Whately MP.

Questions 307-375

Witnesses

I: Mrs Heather Wheeler MP, Parliamentary Under-Secretary of State, Ministry of Housing, Communities and Local Government and Jackie Doyle-Price MP, Parliamentary Under-Secretary of State for Mental Health, Inequalities and Suicide Prevention.

Examination of witnesses

Witnesses: **Mrs Heather Wheeler MP**, Parliamentary Under-Secretary of State, Ministry of Housing, Communities and Local Government and **Jackie Doyle-Price MP**, Parliamentary Under-Secretary of State for Mental Health, Inequalities and Suicide Prevention, gave evidence.

Q307 **Chair:** Good afternoon, Ministers. Thank you for being here this afternoon. We are very grateful. We know how much time it takes out of your diary to prepare and be at a session like this, but we felt that it was absolutely invaluable to get your input into what is, to us, obviously a cross-departmental issue when we are scrutinising the Domestic Abuse Bill. Welcome to those who are in the Gallery behind as well, who are here to listen to our proceedings.

In the trusted style of Committees, we have a series of questions that we want to ask you. Obviously, Heather Wheeler, you are here representing the Department that we can never remember the name of now, because it has changed—

Mrs Wheeler: MoHoCoLoGo!

Chair: The Ministry of Housing, Communities and Local Government. Jackie Doyle-Price, you are here as Parliamentary Under-Secretary of State for Mental Health, Inequalities and Suicide Prevention, and I understand you hold the public health brief.

Jackie Doyle-Price: No.

Chair: Not public health, but the other bit. We felt that you were well placed to answer our questions. Lord Ponsonby will start.

Q308 **Lord Ponsonby of Shulbrede:** I will ask the first question about housing and locally commissioned services. The Government announced last week that it plans to place a legal duty on local authorities to deliver support to survivors of domestic abuse in accommodation-based services in England. What changes to service provision do you expect to result from that new legal duty?

There are a couple of supplementaries that I will put now as well. Is there a risk that local authorities will focus resources on the highest-risk cases, rather than ensuring that services are available for all victims, including early intervention in cases before the abuse escalates? The second supplementary is: what are the main issues that the Government will need to resolve before it implements this duty?

Mrs Wheeler: I hope you can hear me, because there are some machines bashing away in the background making it a bit difficult. If I am straining—it is not a good look, I appreciate—I genuinely am listening.

Chair: Yes, apologies.

Mrs Wheeler: Thank you very much indeed for inviting us today and thank you for giving up your time. Doing Bill scrutiny Committees is really an interesting sideline to everything else that you do, so thank you for taking an interest in this as much as we have.

What do I expect to result from the new legal duty and the changes in service provision? The first thing to say is that it really is an important change. We are proposing a broad definition of what safe accommodation will look like, including sanctuary schemes and dispersed accommodation to give victims a choice of what might best meet their needs. Then, to make sure that that gets done, I expect the new local partnership boards to develop local strategies based on robust needs assessments for all victims. Those are two clear new changes that I think will make a huge improvement to the services offered now.

I do not agree that local authorities might get wrapped up in spending all their money on the most high-profile and difficult cases. More importantly, our duty means that local authorities will not be able to focus on supporting just high-risk victims. Again, the local partnership board will be required to commission the full range of safe accommodation in which victims and their children may require support. I think we have got that covered, if I may say it that way.

What are the main issues that the Government may need to resolve before implementing the duty? As you know, we have gone out to consultation right now: we started on 13 May, and it is going through to 2 August—it is a 12-week consultation. We want to take the time to consider carefully all the responses from that consultation so that we ensure that our proposals on implementing the duty actually work for everyone. We genuinely recognise that local authorities need to be appropriately funded to deliver the requirements of that duty, but it will be very much based on the responses we get back from the consultation. Thank you very much for asking those questions.

Q309 **Lord Ponsonby of Shulbrede:** Thank you. Presumably it is for the local partnership boards to decide exactly how broad the definition of accommodation and services will be. For example, would there ever be accommodation for men, or for people with children? Is it for the local partnership boards to determine the breadth and the type of services available and how specifically tailored they are to a particular victim group?

Mrs Wheeler: Yes, with the caveat that the commissioner will oversee what they do and ensure that they do it appropriately. Equally importantly, we think that roughly the proportion of domestic abuse victims who are male is 5%, so what tends to happen is that rather than there being an obvious refuge of 21 flats or something like that, there is a house. Because if it has got so bad that a male victim of a female perpetrator feels that their children are at risk as well, the best thing is for the council to put the male victim and the children in a different house, away from the perpetrator. That is often what happens as a provision. Equally, where we have county areas rather than city areas, where perhaps there is a smaller minority of BAME or LGBT issues, we would be looking for cross-county, cross-city co-operation, and therefore cross-funding, to meet those needs.

Q310 **Chair:** What will the statutory duty be?

Mrs Wheeler: The statutory duty will come in after we have looked at the responses to the consultation. As it says in the Bill—

Q311 **Chair:** Will it be simply the provision of services, or will it be the provision of specific services to meet the needs of that community?

Mrs Wheeler: It is to provide services. The commissioner will confirm the local strategy from the commissioning board—the local partnership board. Similarly, the idea of the duty to

make cross-boundary provision is so that you get synergy and the right amount of provision in a complete area, rather than it being specifically district by district.

Q312 **Lord Ponsonby of Shulbrede:** The draft Bill also includes a new duty that requires local authorities to grant a secure lifetime tenancy when it grants a new secure tenancy for reasons connected with domestic abuse to a social tenant who has had or has a secure lifetime or assured tenancy. How many people is this likely to affect?

Mrs Wheeler: Okay. That is a good question. I do not want to get bogged down in the percentages, because they just seem a bit trite. The straightforward answer is that in 2017-18 the number of people presenting as being in need of new housing accommodation due to domestic violence was 1.39%. What that translates into is just over about a thousand people. So clearly for those thousand people, this is a momentous moment.

So, albeit that the stat for 2017-18 literally are 1.39%, it is over a thousand people—

Q313 **Lord Ponsonby of Shulbrede:** Sorry—1.39% of what?

Mrs Wheeler: Of all people presenting for new accommodation, and that cohort is due to domestic violence.

Q314 **Liz Saville Roberts:** In addition to the legal duty on local authorities, what other measures would you suggest are necessary to tackle homelessness arising from domestic abuse?

Mrs Wheeler: The legal duty regarding homelessness?

Liz Saville Roberts: In addition to that which we have just discussed—the statutory duty—what other measures would you propose as being necessary to deal with homelessness arising from domestic abuse situations?

Mrs Wheeler: Right. I am used to dealing with case studies of domestic violence and where the multi-agency risk assessment conference sits, so that you have this multi-agency group that comes together. It is incredibly important that the local partnership boards understand that that is, in effect, quite often how somebody will then present to the council.

Say there is a row going on at a house, a neighbour has phoned up the police and the police turn up. We need the police to be trained properly really to take a very weather eye on whether it is not just a ridiculous drunken row because they have named the cat wrong, but it is actually to do with the fact that there is domestic violence going on. It is how you then get all the different partners to work together on that.

There will be a duty at accident and emergency, in schools and in GP services, when they know something could be going on, to then escalate it to the right people.

Q315 **Liz Saville Roberts:** Are there any issues arising from universal credit and payments in situations of domestic abuse as well, which might be worth this Committee considering?

Mrs Wheeler: Interestingly, we have put money aside to train frontline staff—housing staff, receptionists, customer service staff—to have at the back of their mind whether there could be an issue of domestic violence going on, and to have it at the back of their mind actually to

ask the question about whether UC ought to be going to that particular person, rather than another.

Recently, the enactment of the provisions on coercive behaviour extended beyond the straightforward issue about being smacked around the head. It is more than that: there is no money in the bank account; you don't have credit on your phone; you can't get petrol in your car. All those things come through now and what is coercive behaviour is well known. Where UC is involved, we are making sure that local authority staff are trained to have that at the back of their mind, and to act appropriately.

Q316 **Liz Saville Roberts:** What we are discussing with this draft Bill applies to England only. Of course, housing in Wales is devolved. Would you explain somewhat the steps you have taken to make sure that sufferers of domestic abuse in Wales, to whom this legislation applies just as much, are given equal treatment to those in England. What sort of discussions have there been on that? Also, between England and Wales, to what degree has the existing level of provision of support been mapped?

Mrs Wheeler: I will deal with the mapping one first. A few months ago, through Ipsos MORI we did a mapping of available provision for domestic violence, whether it be for refuges, or sanctuary houses, or whatever it was, right the way across the country. That was the first time that had ever been done.

One of the interesting stats that came up was that in Essex alone, there were 2,000 different offers if you were suffering from DV. That is really quite complicated. It might be that lots is on offer, but how on earth do you pull all that together? It was a plethora of offers.

We have been working with the devolved Assembly because we think that, when we get down to it, this is new burdens, so it will need new burdens funding. That will be Barnettised for Wales.

Q317 **Liz Saville Roberts:** Sorry?

Mrs Wheeler: Money, equivalent to that in England, will be flowed over—will be Barnettised.

Q318 **Liz Saville Roberts:** There is additional money in that case.

Mrs Wheeler: When we come to it with the spending review, what meets the new duty will be Barnettised, yes.

Q319 **Chair:** To be clear, you mean that the Barnett formula will be applied.

Mrs Wheeler: I do. Am I not allowed to use "Barnettised"? Have I invented a new word?

Q320 **Liz Saville Roberts:** That is very interesting, because it means that a certain amount of money is new in relation to this. When we were questioning the Minister, that was not—

Mrs Wheeler: Absolutely. The Secretary of State said that when he made the statement.

Q321 **Liz Saville Roberts:** So there will be extra money.

Mrs Wheeler: Absolutely.

Q322 **Liz Saville Roberts:** I am delighted to hear about the mapping as well. Do you intend

to publish that information?

Mrs Wheeler: I don't know, to be honest. We will have to write to you about that—sorry.

Q323 **Chair:** Well, now we know about it, we can ask for it, can't we? There we are. So the answer has to be yes.

Mrs Wheeler: I don't know whether it is commercially sensitive.

Chair: Oh right, that's a very good point.

Mrs Wheeler: And, with respect, it would be very safe-and-secure sensitive information too.

Chair: Indeed. It would be regional too.

Q324 **Liz Saville Roberts:** The idea is that in some places there is—

Mrs Wheeler: Maybe x amount of units in a certain place, yes.

Liz Saville Roberts: I imagine in other places there will be a lack—the opposite of a plethora of provision. I think that would be relevant.

Q325 **Chair:** Before we move on to the next set of questions, you mentioned a lot about the importance of hospital staff and others. Do you have a mechanism in Government to monitor the effectiveness of the sort of cross-departmental work that is needed?

Mrs Wheeler: First and foremost, obviously, this will be a new duty, so we will need to see, and the commissioner will be looking at the local partnership boards. Whether my hon. Friend who looks after the NHS can answer that better, I don't know.

Q326 **Chair:** But do you anticipate having a joint group within Government that is across Departments, to monitor?

Mrs Wheeler: We absolutely do have the interdepartmental group already, yes. I can see a strand of work in the future looking at the local commissioning boards and taking advice from the domestic abuse commissioner. There will be a ministerial steering group, and the domestic abuse commissioner will give advice to that steering group as well.

Chair: Helpful. Thank you..

Q327 **Alex Norris:** Minister Wheeler, I am going to draw on your experience of local government to sense-check something that I have been saying to colleagues in our discussions so far. One of the key things for us to decide is what we think needs to be on the face of the new Bill—the domestic abuse Bill that we are talking about—and what could be left to statutory guidance. One of the points that I have made when arguing for things to be in the Bill is that, when it comes to local authority commissioning, if there isn't a specific requirement for a certain group—in this case, say, services for women and children, or services for migrant women—then local authorities will usually commission generic services, because generic services are in general a bit cheaper. You were in local government for a long period, with a very successful career, so was that your experience? Is that a fair thing for me to argue?

Mrs Wheeler: I can imagine that in the past it might have been a reasonable thing to think. Times have moved on, frankly, and we are all aware—particularly more city-centric, rather

than county-centric, shire-centric—that we have really fabulous charities that, in effect, offer that specialist refuge for BAME or LGBTQ+ residents. It isn't that they won't commission it; it is just that it will not be commissioned directly from the local district council, which will instead put the commission out to a charity that will run it on the council's behalf. I think that is perfectly reasonable—they are the specialists.

Q328 **Alex Norris:** But in the same vein, when you started as a Minister, you might have just overlapped—I think you picked up the consultation on devolving supported housing. You and I met about this and discussed it at great length. In the end, you made the judgment not to devolve that to local authorities, and one of the key arguments against doing so was that domestic abuse provision was going to go in with homelessness provision, and drugs and alcohol provision, and there was a real concern that, at a time of financial restrictions, the local authorities would do one big generic service, which might create a bit of risk. Do you think that that is a legitimate concern?

Mrs Wheeler: Genuinely, I don't.

Q329 **Alex Norris:** So that was not the reason why you decided not to do that, then.

Mrs Wheeler: No. We also decided to keep housing benefit for supported housing. Let's be straightforward about this: in the first few months of anybody going into a refuge, they will have had a dreadful run-up; their lives will be chaotic, not of their choosing, and the last thing they need is to have to cope with everything that goes with UC. That is fine. When they get settled, that is great.

What I like to see in the refuges that I have visited around the country is how, as part of the reordering of people's lives, building up their confidence and knowing where may be the most appropriate place to move on to, there is outreach work that goes with them to help sort out the house, the kids' education, the GP, the hospital appointments or whatever—and also sort the UC out. My experience, from visiting these places and talking to the district authorities and city authorities that commission now, is that there is a willingness to keep this going.

Q330 **Alex Norris:** That is really helpful—thank you. When you looked at the legal duties that we have talked about around accommodation-based services, did you consider saying to local authorities that you expected them to have other essential services such as prevention or early intervention services as well?

Mrs Wheeler: We have looked at everything in the round. That was one of the important points for us in the Ipsos MORI deep dive. I used that statistic about Essex; part of the provision in Essex would have been prevention stuff, wraparound care and then outreach work and floating support afterwards. All those different things are there. I think it will be an interesting issue for the local partnership board to work out what they really want to do, and for the domestic abuse commissioner to hold them to account.

Q331 **Alex Norris:** On that point, I understand that the national oversight mechanism proposed is a steering group that will be chaired by a Minister in your Department—possibly yourself—and that the domestic abuse commissioner will be a member of that group. Is that the right way round? Does it give the commissioner sufficient clout to challenge poor practice, and perhaps even to challenge you?

Mrs Wheeler: I think it does, because the DA commissioner's reports will be laid in Parliament and it has to be a Minister who does that. That is why we want that link through.

Q332 **Baroness Bertin:** I appreciate that you have touched on specialist services, but I want to drill into it a little bit more. We have had a huge amount of evidence from organisations providing specialist services, such as for BAME survivors, whom you mentioned, but also for disabled victims. They made the point that some refuges do not even have wheelchair access. They feel that they have suffered disproportionate cuts in funding. Do you really think that the cross-county and cross-city co-operation that you have just cited will prevent those cuts from getting worse?

Mrs Wheeler: It is interesting. I have only been a Minister for 14 months or so, and in 14 months I do not remember receiving a letter telling me about the inadequacy of a refuge on behalf of somebody who is disabled. If it is in the transcripts with some specific areas, I would be very interested in looking at that. The reason I say that is that in some areas, if they have what were considered to be the older-style refuge—in effect, a mixed house—we have moved on from that. Those areas need to really think about upping their spec. Let us hope that we get a perfect storm the other way round and we get this right. But genuinely I have not had a letter about that in 14 months.

Q333 **Baroness Bertin:** That is good news. I think it is worth looking back at the evidence that was given by them.

Mrs Wheeler: I would certainly be delighted to. We went on to a website this morning and we could not see the transcripts, unfortunately.

Q334 **Baroness Bertin:** Obviously that was one point, but the evidence was wider—it was about how disabled victims are often forgotten in this.

Mrs Wheeler: Absolutely. Every individual cohort needs to be taken into account. It is easy for me to just run on the usual ones—BAME, LGBT. I should have included disability as well. We touched on the men first.

Q335 **Baroness Bertin:** The proposals are clear that local authorities must provide support for all victims, including those with uncertain immigration status. How can local authorities comply with that duty for victims of abuse with no recourse to public funds, given that they are ineligible for housing benefit and so unable to pay for a refuge place?

Mrs Wheeler: Again, the workaround is that charities tend to be the specialists that look after that particular group. Then in another area, local councils provide funds for charities doing other work. That is the workaround that tends to happen. It is something that we are looking at because nobody should not be taken in in their hour of need. It is something that we will be looking at. I am very interested in looking at the responses to the consultation. At that point, we will have to make a further decision.

Q336 **Diana Johnson:** Are you saying that statutory funding is used and available for victims of domestic abuse who do not have recourse to public funds? Is that what you are saying?

Mrs Wheeler: What happens now is that children are looked after, because there is a statutory duty for children.

Q337 **Diana Johnson:** But if it is a woman or a man on their own as a victim, with unclear immigration status and no recourse to public funds, we are relying on charities, aren't we, to help them? There isn't any money from the state.

Mrs Wheeler: At the moment, if it is against the law to give them money, it is against the law to give them money.

Q338 **Diana Johnson:** Right. So there isn't any money.

Mrs Wheeler: I am very interested in seeing the responses from the consultation.

Q339 **Chair:** Moving on to the role and powers of the newly proposed domestic abuse commissioner, could you tell me what impact it is proposed that the commissioner is likely to have on the provision and the consistency of locally commissioned domestic abuse services? What is going to be their role in that respect?

Mrs Wheeler: Their role will be to oversee what happens at the local partnership boards. It also has an interest in overseeing who is appointed to those boards. Finally, via me and my steering board, we will be gathering in issues that arise. We will have to take a view on the local partnership boards on the advice of the commissioner, having gone in to see whether those provisions are good enough. We expect every local partnership board to set a local strategy, and we will be overseeing that. That is down the line. Again, I am looking forward to seeing the responses to the consultation.

Q340 **Chair:** And will the local partnership board cover a county or a region?

Mrs Wheeler: It is upper-tier authorities that start it off, and then they will bring in the districts, which tend to do the housing provision. It is mainly the upper-tier authorities, but with people from the district being represented, too.

Q341 **Chair:** Do you feel that the commissioner should have the power to issue directions to those who commission or provide services to improve their performance and ensure they really are providing what the community needs?

Mrs Wheeler: I think that will be something that will come over time. In the first instance, we have to see how the local strategy works, and part of the overseeing is the commissioner. The answer is almost yes, but it is sort of like a timeline. Obviously, it won't be immediate, because the first thing we have to do is set up the board, then we have to set up the local strategy partnership arrangement and the local strategy, and then the commissioner will start looking into what their provision is. Whatever else happens, this will be an improvement on what we have now.

Q342 **Chair:** So if the commissioner cannot take action in the first instance if a local plan is not really reflecting the needs of the community, who will?

Mrs Wheeler: The trouble is that you cannot say it will not be happening, because until it starts, you do not know that it is going to happen. Basically, you are talking maybe two or three years down the line, aren't you?

Q343 **Chair:** But with the best will in the world, local authorities are not always known for completely getting it right first time. Shouldn't we have a proactive approach to make sure that somebody is assessing whether or not those new strategies and plans are actually good and meet the needs of the local community?

Mrs Wheeler: The new strategy will have to meet the needs of the local community, and the commissioner is there to make sure that the local strategic board delivers for the local people. There will be accountability through the ballot box; that is the alternative way that accountability happens.

Q344 **Chair:** In fairness, it is not an issue that most people will see within their community, not least of which because most of the individuals who will have places in refuges in a community would not be from that community. We know that from the data, so this is not an issue that is terribly visible to local voters, is it?

Mrs Wheeler: You are right, in that I certainly do not want them to know the addresses of the refuges in their area. You are absolutely right, because I want that nice and quiet, thank you. However, it is interesting to me—I suppose I am just so immured in local government. I know my community: we have a charity shop on the high street that raises money for the group that looks after women who have moved on from the refuge. My community really cares about it, so it is a big issue in my patch. I don't know about other places.

Q345 **Chair:** I guess the question is, for those areas that do not have such an assiduous Member of Parliament or such a vibrant local community—particularly in city areas—it would be important to know that there was oversight as to how this is actually working in practice.

Mrs Wheeler: I agree. I think having the commissioner is such a novel move that the oversight will be there. Equally, when it is Government money that is going to go out to pay for this, there will always be oversight.

Q346 **Chair:** Moving on slightly, how would you respond to the suggestion that the Bill should place central Government Departments under a duty to co-operate with the commissioner? At the moment, the Bill is silent on that.

Mrs Wheeler: I think folk are slightly forgetting the fact that there is that duty there already. As regards A&E, as I mentioned before—I mean, Jackie can talk for herself, clearly, but schools have a duty now, and part of the issues I talked about before with the multi-agency group—that is there now. My view is that we do not need to extend something that exists already.

Q347 **Chair:** So it exists already in other places, but not on the face of the Bill.

Mrs Wheeler: Yes.

Q348 **Chair:** If there were gaps that were felt to be there, would you be open to persuasion that it might be prudent to put that on the face of the Bill, just so that the commissioner could be as effective as possible?

Mrs Wheeler: Shall I give you my answer that I look forward to seeing what the responses in the consultation are? I am not aware, particularly, of where we might have a gap, but if somebody shows me one or many people write in with where they perceive gaps, then I will always be open to looking at that response.

Q349 **Diana Johnson:** I would like to ask a bit more about this joined-up approach across Government. I wondered whether both of you are able to say something about how your Departments are providing that effective multi-agency response to domestic abuse. In particular, Heather, I think you talked about the inter-ministerial group that

already meets. I just wondered if you could say which Ministers sit on that. Who are they?

Mrs Wheeler: It is the violence against women and girls inter-ministerial group. I am a member of that.

Jackie Doyle-Price: As am I.

Mrs Wheeler: Indeed, Jackie is as well. Basically, it is every Government Department.

Q350 **Diana Johnson:** That is reassuring to know. Can you say something about how you are intending to support this multi-agency approach from your different Departments, then?

Jackie Doyle-Price: Ultimately, all these cross-departmental initiatives are a recognition that whenever we sit in our silos, we are not delivering good service, especially when it comes to vulnerable people who find it difficult to navigate the system and can end up falling through the gaps. From my perspective as the Health Minister responsible for tackling inequalities, cross-departmental working is frankly in my DNA, because we are not going to fix these problems otherwise.

We are getting better at it, but there is still a long way to go, because it is actually quite a cultural challenge to Government. We tend to be quite jealous about our own departmental interests, particularly when there are financial constraints, because nobody wants to pay for something that is someone else's responsibility. However, we need to be a lot more outcome focused about this. Where the commissioner will come in, really, is to give that collective challenge to the Government to do that. Of course, through that ministerial working group, we will have to respond to that collectively.

I would readily acknowledge that, within the national health service, there is a cultural and behavioural challenge as well with regard to working with other agencies. Clearly, at the heart of this is the relationship between the doctor and the patient, which is based on a fundamental principle of patient consent and patient confidentiality.

It has actually been quite gratifying to see, in respect of children, that the health establishment is really grappling with that. We have the new Working Together reforms, which impose a duty with regard to safeguarding, but I think we need to do a lot more with regard to really empowering the medical community to recognise where they perhaps need to go a bit further in steering people towards help. It is difficult. They are discussions we need to have with practitioners about how to share best practice in what is actually quite a fundamental change in culture.

Q351 **Diana Johnson:** I am thinking about the Government's proposal about new relationship and sex education, which I assume the Department for Education are leading on. Clearly, you, from the Department of Health and Social Care, want to be inputting into that and talking about what a healthy relationship looks like and all the health concerns.

Jackie Doyle-Price: We do indeed.

Diana Johnson: Tell me about what you are doing on that. How is the Department of Health and Social Care working on that?

Jackie Doyle-Price: I do keep lobbying my colleagues in the Department for Education to add to the syllabus and curriculum on that. Particularly from a female perspective, there are a whole set of issues about girls that we need to properly grip with this. Obviously, we are looking at this through the prism of domestic abuse, but actually, on exploitation and girls, we need to empower girls to be better at looking after themselves, but also to instil that aspect of respect within boys at an early age as well.

Certainly, the discussions I have been having with the Department are that we really have to get that in the primary curriculum as well, so that we are starting early. You will be aware, as well as anyone is, that increasingly we are seeing this sexualisation and aggressive behaviour between the sexes happening earlier and earlier. Of course, we then find that turning up in the health services, and by then, the damage is done.

Q352 **Diana Johnson:** Tell me about the long-term plan. Why is domestic abuse not in the long-term plan?

Jackie Doyle-Price: In the sense that what we are tackling through the long-term plan is on the basis of a service, rather than an issue. Although it is not specifically referred to in the long-term plan, part of the expansion, for example in mental health services, will be very much tackling and supporting victims of all kinds of abuse. We know that, in terms of women who are presenting in a mental health setting, a very high proportion of those are people who have been through domestic violence or sexual violence. Although it is not a specific workstream per se, it is something that is picked up in the general ambition for improving a level of service.

Q353 **Diana Johnson:** And yet we know more domestic abuse victims will attend in an NHS setting than will ever go to see the police, or will go and seek help from the police. We are missing a trick, are we not, if the NHS is not recognising that? The cost to the NHS of repeat—

Jackie Doyle-Price: I would say in response to that that it would be missing a trick—and to an extent, we are—but the issue is not really putting that in the long-term plan, which is more about accounting for how we are going to deliver a better service against an increased budget. In respect of what the NHS can do in this space, it really is about behavioural and cultural change. We are very clear that, ultimately, it is probably the most important gateway for the state to be able to pick up victims—we get that completely. We need to encourage more services to be more alive to that. We are trying to spread out GPs specifically, because obviously that is the first place.

As there is such high prevalence in mental health services, we have made it very clear that practitioners need to be alive to the risk of domestic abuse and to have that conversation. It is a mandatory conversation also for women going through maternity services—they are expected to be asked—but it highlights one of the problems here. Having been briefed for this session, I was asking my staff whether they had this conversation with each other. One of my officials said she recently had a baby and was never asked about it, so clearly it is not happening as well as we would like it to. One of the gentlemen who was briefing me said that his wife was asked in front of him, which, again, is less than effective.

I am being honest about it: this is work in progress. We recognise, from a system point of view, that we are at the sharp end of engagement to pick up people who are victims of abuse.

We have ambition for it, but there is a lot more to be done in terms of execution and getting medics more comfortable with having the right sort of conversation.

In respect of A&E services, I am quite optimistic. We are rolling out liaison psychiatry teams to have a 24/7 presence in accident and emergency departments. I would expect those people to be able to pick up on signs of abuse.

Q354 **Chair:** Do you think one of the concerns that medics might have is that if they identify issues, they will not necessarily have an effective way of handing that over to somebody else? You talked about psychiatrists and others. As a professional, knowing that you can hand it on will make you much more likely to raise the issue than if you are slightly concerned that, actually, all you will be doing is identifying a problem for which you have no ready solution.

Jackie Doyle-Price: It feels to me like this is very much a risk around the relationship between the doctor and patient, or the practitioner and patient. What we know about people who are being abused is that it is not something that they are very comfortable sharing. To get someone to that point can be quite a journey. Once you are at that point, to what extent are you breaking that trust by changing things? It is because the whole thing is still very taboo. It is something that we would still rather look away from, because it is all too difficult.

Q355 **Chair:** That is a slightly more worrying answer to my question than saying, "There may not be resources in hospitals," because what you are saying, in essence, is that we have not even got over that first hurdle of how it marries together with professional duties to patients, which is a very interesting observation.

Jackie Doyle-Price: I think that is one of the powers of the new liaison psychiatry teams. They will be in every accident and emergency department by the end of the next year, and they will be there specifically to look for people who are vulnerable and in distress, with the specific responsibility to signpost. If that is the premise behind your question, I am very satisfied that we have a tool to deal with that. I would not say necessarily that there is an absence of service, but there is an issue around the kind of service. Again, we are often talking about people who are very vulnerable.

Quite often, our health services are still quite formal. They are not exactly comfortable, and they are still quite deferential. It is not always the right relationship to seek help. One of the messages that I am giving to local commissioners is that in terms of delivering the long-term plan, we need to go beyond thinking about the quantum of doctors, nurses and physicians. Particularly in regard to mental health, it is actually a lot of that wraparound support that is necessary, and it can be commissioned very effectively from the voluntary sector. If we are talking particularly about women who are victims of domestic violence and sexual violence, those kinds of relationships can be extremely effective. The same goes for people who have been through severe mental ill health; they need something that is a bit more peer-to-peer, so we are giving that challenge through the service as well.

Between the liaison psychiatric teams in A&E and the challenge to the system to commission more support services from the voluntary sector, there will be a big improvement. However, I still think the issue among practitioners is behavioural. We will really have to tackle that. One of my takeaways is are we really doing enough to encourage practitioners to go that extra mile?

Q356 **Helen Whately:** I think it is very interesting to think that the liaison psychiatry teams

can support on that, but will you take steps to ensure that that becomes part of their remit? My understanding is that the teams are tasked with supporting people's mental health needs, and would particularly be focused on supporting someone who is in A&E, but clearly for a mental health crisis. If you have someone in A&E due to a physical injury, how confident are we that liaison psychiatry will get involved, if that is the best person to support them, if they are a victim of domestic abuse? Do the liaison psychiatry teams know that looking out for domestic abuse is part of their job?

Jackie Doyle-Price: They know that they are there to look after people in distress over and above what is being presented. In that respect, if you look at this cohort of people, when I am looking at the women under mental health services, a high proportion are victims of sustained abuse, whether from childhood or later. We all know that it is that pathway of relationships.

But you are right that there will be some victims of abuse who might not get picked up by that pathway, because they do not look as vulnerable or appear to show signs of such vulnerability. Again, that is why we need to have this embedded throughout the NHS.

Q357 **Diana Johnson:** I know some CCGs fund and commission health IDVAs. Do you think that should happen all around the country?

Jackie Doyle-Price: The short answer is yes. We need to ensure that we have the evidence base to really stack that up and roll it out as good practice. We are doing that. We have time, contacts, money, funding and research projects, which will hopefully do exactly that. In principle, these are people who have been welcomed throughout the system. Everybody wants to do their bit, but we need to make it easy for them.

Q358 **Lord Farmer:** Regarding early intervention, you even mentioned the word prevention. It relates to the question you have just responded to. What work is the health sector doing to improve early intervention in cases of domestic abuse?

We have heard of the IRIS project—Identification and Referral to Improve Safety—where primary care and third sector organisations work closely together to identify cases of domestic abuse and provide support. Prevention is obviously better than cure. Although you are in the curing business, I am sure you would like prevention to be operating. What is your attitude to that? What are your plans for working on early intervention?

Jackie Doyle-Price: The IRIS project is being adopted quite rapidly throughout the system by increasing numbers of GPs. It has been successful. The key to it is that partnership between health practitioners and the voluntary sector, as we have said. The relationship can be so different. Getting good, collaborative ways of working is the key to prevention.

You are absolutely right that ultimately we get much more value for money from our health budget if we have it spent more on prevention and less on acute, because we will take out the need for acute. But we are always playing catch-up. We are encouraging greater adoption of IRIS throughout our GP centres.

To come back to the point I made earlier that so many people with mental ill health are themselves victims of abuse, the IRIS principle is being rolled out to mental health centres as well, so that we can immediately pick up on it if someone is a victim of abuse and give them support accordingly.

Q359 **Lord Farmer:** You are the receptacle of early information, whether that is in A&E or through the GP system, aren't you? That can, for some couples, mean counselling etc., which can just halt the whole thing. It is this sort of area where the work can be done. We have heard about Safety in the Vale, Atal y Fro, in Wales, where this has been going on and has saved a lot of money for the local authorities.

I might talk to the Housing Minister for a minute. I was reading about Gentoo; have you heard of Gentoo? The statement was that housing providers and financial institutions are in a unique position to identify and respond to domestic abuse in communities; furthermore, through publicity and campaigns, they can raise awareness of the issue in communities, showing zero tolerance to perpetrators of domestic abuse and giving support and help to those that need it. The briefing from the Domestic Abuse Housing Alliance, which does accreditation, looks at how housing providers can do this and provides best practice examples. Peabody and Gentoo are two of its founding partners. It says that "this approach has had a significant impact on reporting rates and understanding of domestic abuse". I'm just wondering again here about what is in your minds: is prevention and the development of prevention there?

Mrs Wheeler: Absolutely. Interestingly, I met with the alliance less than two weeks ago and learned more about how the training of housing officers in the likes of Peabody and Gentoo had made such a dramatic change. Whenever the housing officer was going round and saw issues happening—if the front door has been kicked in or whatever it is, it's a really obvious sign that something is not right. It starts off as, "I phoned you up because there was a bit of a row last night and we need a new front door." The housing officer then goes round and finds out that they do not just need a new front door; it's about domestic abuse—and so, in a safe and appropriate way, questions are now being asked. This is done in a safe and appropriate way, with the training that has been had, and it has been very, very interesting to see how they can improve the lot of the victim and the victim's family. It has been excellent, and it would be great to see that rolled out among all the social housing providers. As I say, early on, local councils are training their housing officers and the first port of call, the receptionist, in how to pick things up, but the question has to be asked in a safe and appropriate way.

Q360 **Lord Farmer:** So, in answer to the question of what your Department is doing to help to prevent domestic abuse, that would be—

Mrs Wheeler: Part of it. Plus, we are doing the deep dive to find out, for the first time ever, the mapping across the whole of the country. That has never been done before. Similarly, we are putting in the SR bid to match the fact that we want this duty in the Bill. It is going to be an absolutely seismic change.

Jackie Doyle-Price: I have no more to add, really. We obviously have set out expectations nationally, but we are relying on locally commissioned services, and I think there is a need to properly join up with what local authorities do, because we are not actually going to get to the early intervention and prevention unless we are all on the same page. Increasingly, it is getting better, but a lot of it is due to local leadership: "What are we going to do about this?" Some people will grab it and run with it.

Q361 **Lord Farmer:** Yes, but I think encouragement from your Departments and having it on the radar screen is important.

Mrs Wheeler: Indeed.

Jackie Doyle-Price: Absolutely.

Q362 **Baroness Bertin:** I just want to follow up on that. It may be that work has not been done in this area, but I had an interesting conversation with someone quite high up in a utility firm who was saying that they are now becoming quite sophisticated in how they pick up on vulnerable customers. Very often, in conversations that their customer handlers are having, they can spot that there is some kind of abuse and, in particular, economic abuse—the woman is panicked on the phone because the husband has cut off the money and the water is about to be cut off or whatever. I just wondered whether you were having any practical conversations with those sorts of firms to give them a bit of advice and guidance. We have spoken about GPs being the first point of contact, but that could potentially be another way to reach people who are not prepared to go anywhere near the police, for example.

Mrs Wheeler: You use the example of water authorities or boards—water companies, indeed—and I have had contact with those. You are right about the enlightenment with the folk using the telephone call system. Bearing in a mind there is a health issue on the water side and that they are very loth to cut water off—it is considered to be an important social nicety that you will always have water if you can, because of problems if you don't—I think it is something we could take forward a bit more.

Q363 **Baroness Bertin:** Obviously, it is a potentially safer way for a victim to have a conversation. I am not trying to put the responsibility on to these companies, but it struck me as a possible interesting avenue to think about.

Mrs Wheeler: I have always thought about different ways to give people confidence to call a specific call centre that specialises in helping them acknowledge their domestic abuse situation, and then get help. We used to pay for details of how to phone up to be put on the back of tills in corner shop supermarkets, not big supermarkets. We thought that it would be useful to have that there because, without being sexist about it, quite often the women would do the shopping. If that was on the back of a bill they would find that information without going on a website, so their husband—or the man—was not checking their computer usage. It was great.

Q364 **Lord Ponsonby of Shulbrede:** I sit as a magistrate and I often deal with cutting off utilities; it is a routine thing that magistrates do. We have questions that we are obliged to ask about the disability of the people in the property, whether there are vulnerable children and things like that. It is just a thought in my head that there may be some scope, through the magistrates court, of extending the questions that we ask when we cut people off.

Mrs Wheeler: That would be a very interesting question for the Ministry of Justice, would it not?

Q365 **Chair:** Just before we move on with the questions, I am sitting here thinking about which Minister is responsible for domestic abuse—I know it is Vicky Atkins, and I would go straight to her—but who do you think owns the issue of prevention in this area?

Mrs Wheeler: I guess it is all of us; I am really sorry. There is prevention in health; prevention with the police; Home Office immigration prevention; and prevention that local authorities and local partnership boards will be part of.

Q366 **Chair:** Do you think the absence of anything in the Bill on prevention might suggest that nobody owns it, because everybody owns it—that sort of phenomenon?

Mrs Wheeler: The interesting point will be where the domestic abuse commissioner puts their beady eye. There has to be something in the local strategies on the local partnership boards. In effect, that is where it will sit.

Q367 **Chair:** Shouldn't it sit with Ministers as well?

Mrs Wheeler: I oversee what the commissioner does and Jackie Doyle-Price oversees what the commissioner does; the Home Office oversees what the commissioner does. The commissioner will sit on my strategy board.

Q368 **Chair:** Actually, will the commissioner sit on your inter-ministerial board as well?

Mrs Wheeler: As far as I am aware at the moment, they are sitting on my board in my Department; whether they sit on Jackie Doyle-Price's board as well, I don't know.

Chair: No, I mean the inter-ministerial board.

Mrs Wheeler: I hear what you say; I don't know.

Jackie Doyle-Price: I would expect them to attend from time to time. Whether or not beyond that—

Mrs Wheeler: I think if it is an inter-ministerial board, you cannot have somebody sitting on it who is not a Minister.

Q369 **Baroness Bertin:** Children in the health service—obviously, we know that families are often moved out of their authorities and very often children who are victims of domestic abuse have higher need for mental and physical health services. If they move outside their health authority, they then go to the back of queue. Is there going to be a move to give them priority status?

Jackie Doyle-Price: There is already a facility to do that. If someone moves and they have already been on the waiting list for services, their clinician can make representations for them to be moved up the list in the new area. Again, it comes back to those conversations that are happening with individual medics. I will be quite frank with you: my case load often deals with issues of that kind, as mental health Minister, and we always give the system a shake. We can probably do more to direct local commissioners and health practitioners that this is an ability to do that.

Q370 **Baroness Bertin:** Would it be helpful to have something like that in the Bill?

Jackie Doyle-Price: I am not sure it needs to be in the Bill, to be honest. It is just a matter of how health practitioners discharge their existing obligations, in truth, because once somebody has been on a waiting list for health treatment and they move, that entitlement still sits with them. It is obviously patchy how often clinicians will make representations to local commissioners that this person has been on the waiting list for X amount of time and their need is this great.

Q371 **Chair:** Isn't it true to say, though, that the Department for Education had to resort to putting it into statute that children in care would have the right to a place in a school? That had to be put in a Bill before it was enacted properly at a local level. Isn't the

truth of it that unless it is in legislation it can sometimes be quite difficult to get local authorities to uniformly adopt something like that?

Jackie Doyle-Price: In respect of local authorities that might be true, but in respect of the NHS, it should be on the basis of need and the entitlement should have been built up, as long as we are making that system work. I think we can probably do better. I do not know whether it particularly needs to be in statute. It is probably a systemic weakness. It is something that we have also found in respect of children of service families, because they often move around and they can lose entitlements too. I will go away and look at that.

Q372 **Lord Ponsonby of Shulbrede:** The National Institute of Health and Care Excellence has issued multi-agency guidelines on domestic violence and abuse, and the responding to domestic abuse resource provided by the Department is based on that. What training do health service staff have in identifying domestic abuse, and both possible victims and possible perpetrators? Are they taught awareness of such types of abuse as controlling and coercive behaviour, or psychological or emotional abuse? As a supplementary, how is use of the resource being monitored and managed at a local and individual level?

Jackie Doyle-Price: There is NICE guidance, but it is guidance. It is about generating awareness and good practice throughout the system rather than actually delivering any kind of clinical treatment. In that sense, it is not monitored so much. Everybody on the frontline is given training, and that is mandatory. They are trained to look for the signs of abuse, and what actions they should take accordingly.

I come back to my comments at the beginning. Some practitioners will really take their responsibilities seriously in this matter, and some will not. This is very much down to individual behaviour. We can obviously continue giving those messages, and we will. We will continue to engage with all the representative organisations to make sure that they are satisfied that their training is fit for purpose. In fact, they generally take their responsibilities seriously too, and they are constantly refreshing modules that are available online to enhance that training. When we are talking about cultural behaviours across a service as extensive as the national health service, this is something that we have to be constantly on.

Q373 **Lord Ponsonby of Shulbrede:** What is the training? Is it in groups, or is it online?

Jackie Doyle-Price: There are online modules, but there are also, depending on the provider, other things that are on offer, by the GMC, the NMC, et cetera. The online modules are available to everyone.

Q374 **Lord Ponsonby of Shulbrede:** Is it monitored that people have been on this training?

Jackie Doyle-Price: We expect all frontline practitioners to have achieved at least level 1. I am not quite sure what the monitoring of that is. I will have to write to the Committee about that.

Q375 **Lord Ponsonby of Shulbrede:** Just to give a slightly jaundiced view, as a magistrate, we have training that we are obliged to do online and there are fellow magistrates who do not do it, for whatever reason. We are a voluntary body, and we are talking about professionals here, but monitoring is quite an important part of the package.

Jackie Doyle-Price: Yes.

Chair: Thank you very much for your time today. We really appreciate it. I hope that in asking you to be in front of us today to give evidence, you understand our real desire to see the Bill as something that works across Departments. It is reassuring to hear the procedures you have in place to have ongoing ministerial oversight through your inter-ministerial group. I look forward to hearing more about the proceedings of that group in the future—just a thought: maybe you should even make them public. I genuinely think that Members of Parliament and Members of the House of Lords are really interested in the work that you are doing. Sometimes, really good work is going on behind closed doors. That is just a thought. Thank you very much for your time.