



Department
of Health &
Social Care

Minister of State for Care

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Samantha Marsh
Senior Coroner for the coroner area of Somerset
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Taunton, Somerset
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16 April 2026

Dear Samantha,

Thank you for the Regulation 28 report of 5th March 2026, sent to the Department of Health and Social Care (DHSC), about the death of Mrs Joanna Hillard. I am replying as the Minister with responsibility for adult social care Mental Capacity.

Firstly, I would like to say how saddened I was to read of the circumstances of Mrs Joanna Hillard's death; I offer my sincere condolences to her family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

I acknowledge your concern that coercive and controlling behaviour, fear and trauma may affect a person's ability to make and communicate decisions, even where capacity may be assessed as present under the Mental Capacity Act (MCA) 2005.

The Prevention of Future Deaths (PFD) report raises concerns over:

1. Whether the Mental Capacity Act 2005 adequately reflects the impact of coercive and controlling behaviour on decision-making.
2. Gaps and inconsistency in professional understanding of coercive control and fear on victims' choices and disclosures.
3. Limitations of safeguarding options where a person is assessed as having capacity but remains at high risk.
4. The need for clearer multi-agency guidance and training on capacity, risk, evidence and escalation in domestic abuse contexts.

In preparing this response, departmental officials have liaised with NHS England's (NHSE) South West Safeguarding Team. This was to establish whether NHSE had been made aware of the lessons identified in your report, and to seek information on any relevant work

already under way, including follow-up action. While these teams had not previously been sighted on the report, it has now been brought to their attention.

The Department for Health and Social Care has committed to delivering a range of new policies that form part of the cross-government Violence Against Women and Girls (VAWG) strategy, published in December 2025.

DHSC's announcement of 'Steps to Safety' within the VAWG strategy will allow general practice staff to identify, support and refer victims and survivors of domestic abuse and sexual violence into wider support services. 'Steps to Safety' will also focus on identifying early harmful behaviours and recognising early indicators of domestic abuse, enabling earlier signposting and support before abuse begins or escalates.

The model will include:

- training to all staff in the General Practices so they can identify and respond to domestic abuse and sexual violence;
- a specialist support worker linked to a group of general practices to support General Practice staff and support and advocate for victims;
- clear links with local specialist services to refer people into.

The Secretary of State also appointed Jess Asato MP as his advisor on VAWG, reflecting his strong commitment to increasing the role the NHS plays in reducing VAWG. The VAWG advisor is considering how the culture within the NHS can be shifted to improve the health system's response to better support victims and survivors.

NHS England is also strengthening national mandatory safeguarding training for all NHS staff for launch in late 2026. It will reinforce to staff their safeguarding responsibilities and support them in identifying and responding to victims of abuse, which includes those experiencing coercive control.

The PFD report acknowledges that Joanna had access to Independent Domestic Violence Advisors / Independent Sexual Violence Advisor support and was well known to professionals but, due to the extent of the coercive control, could not take up the support. Professionals were frustrated by their lack of powers to do much else as Joanna was determined to have mental capacity to make decisions. It is hoped that the support we are putting in place with 'Steps to Safety' will help identify domestic abuse earlier and interventions put in place before abuse escalates.

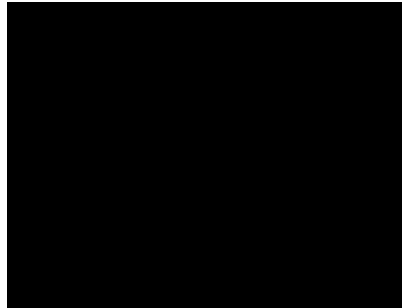
Although section 76 Serious Crime Act 2015 offence post-dates the MCA, it was developed and updated alongside the modern adult safeguarding framework (including the Care Act 2014 and the Domestic Abuse Act 2021) and is supported by statutory guidance: [Controlling or coercive behaviour: statutory guidance framework - GOV.UK](#). The MCA remains relevant where coercion or undue influence interacts with an impairment or disturbance of the mind or brain so that the person cannot make the specific decision, in such cases, practitioners should complete and record a decision-specific capacity assessment. Where an adult has capacity, the MCA is not a general route to override unsafe or unwise decisions, and other safeguarding, civil and criminal routes may be more appropriate.

The current code doesn't refer to coercive and controlling behaviour as these did not constitute an offence until 2015, although there is the inference of the individual concerned being influenced by a person. However, the draft Mental Capacity Act Code of Practice consulted on in 2022, expressly recognises that coercion, undue influence and fear may affect a person's ability to use and weigh information when making decisions. The Court of Protection has repeatedly recognised that controlling and coercive behaviour can undermine genuine autonomy, even where a person appears cognitively able to decide.

The PFD report also indicates that a capacity assessment was undertaken. This underlines that the presumption of capacity does not remove the need to assess where there is a proper basis for doing so. We will make clear in the updated MCA Code of Practice (to be consulted on) that practitioners should not equate "assume capacity" with "do not assess".

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,



MINISTER OF STATE FOR CARE