



## Crossing Pathways - Integrating Best Practice within Health and Domestic Abuse in collaboration with NHS London - Terms of Reference

### Context

Standing Together Against Domestic Abuse is a national charity bringing communities together to end domestic abuse. We exist to keep survivors and their families safe, hold abusers to account, and end domestic abuse by transforming the way organisations and individuals think about, prevent, and respond to it. We do this through an approach that we pioneered, for which we are known across the UK and internationally, called the Coordinated Community Response (CCR).

We pioneered the “Whole Health” approach to domestic abuse, which recognises the need for a systemic approach to responding to domestic abuse across the health economy. It brings together national promising practice to ensure effective and sustainable change. Standing Together have worked locally and nationally to coordinate health partners’ response to domestic abuse over the last two decades and this knowledge and experience informed our recent national project, Pathfinder, the recommendations from which are included in the Domestic Abuse Act 2021 Statutory Guidance. For more information on our health work see: <https://www.standingtogether.org.uk/health>.

Following the recommendations made in the [Statutory Guidance issued under the Domestic Abuse Act 2021](#), Standing Together has been awarded a three-year contract by the Home Office to identify and understand domestic abuse interventions across healthcare settings. Crossing Pathways are working collaboratively with NHSE who are focussing on prevention, early identification and support for victims and survivors through their Domestic Abuse and Sexual Violence Programme. As part of this work the NHSE have run a commissioning audit of current domestic abuse support models (audit) available across healthcare settings nationally. Standing Together and NHSE’s partnership will ensure interventions are equitable and inclusive, our overall hope is to instil sustainable change to transform healthcare’s response to Domestic Abuse by ensuring a consistent and coordinated whole health system approach.

### Domestic Abuse and Health

Domestic Abuse is a public health issue. Domestic Abuse can seriously impact a survivors physical, emotional, mental and sexual health – this can be both chronic and acute in impact. Health settings are often the first and/or only point of contact for many survivors, this means health services are often a lifeline for survivors. Survivors deserve safe, trauma informed, empathetic and appropriate responses to abuse in all health settings to support them to rebuild their lives free from abuse.

### Purpose of this group

Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse in collaboration with NHS London, has the joint purpose of improving knowledge, pathways, and responses for survivors of domestic abuse within healthcare settings. The national groups have been set up by Standing Together Against Domestic Abuse to bring together health and domestic abuse specialists to work collectively to develop and embed good practice, effective organisation, sustainable systemic change, and a coordinated community response to domestic abuse. In London, Standing Together are continuing joint working with NHS England London Safeguarding team following on from the Domestic Violence and Abuse Clinical Reference Group, which was started in 2020. This will now include the broader remit of the Crossing Pathways Group.

- The activities of this group will be reviewed regularly and may include work together and share ideas on how the health response to DA can be improved
- Disseminating learning on domestic abuse within Health settings from training, case studies, Domestic Homicide Reviews (DHRs) and research
- Sharing knowledge from our Health Survivor co-production group
- Sharing resources including expertise, knowledge & experience locally and across the region
- Create equal space for health staff across disciplines, DA organisations, system decision makers and experts by experience to share their experience and ideas.
- To share national developments in domestic abuse and health practice
- To inform and influence the development of national policy and practice
- To learn from regional issues/concerns/challenges/good practice

### **Aims and Responsibilities**

Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse's mission is to improve the healthcare sectors' response to and knowledge of domestic abuse by promoting a coordinated community response to domestic abuse and joint working between health and domestic abuse sectors. We want survivors to receive a consistent, effective, safe and trauma informed response. The Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse in collaboration with NHS London, will strengthen the healthcare and domestic abuse sectors partnership work and to improve responses to domestic abuse and support survivors and their families to rebuild their lives free from abuse. Standing Together Against Domestic Abuse hopes to build these best practice groups to continue functioning as a legacy group after the Home Office Project comes to an end in March 2025. At this point responsibility of the group will revert back to being led by NHS London Safeguarding with Standing Together Against Domestic Abuse as continued partners and co-chairs.

### **Membership**

This group is intended to be for healthcare providers, specialist domestic abuse service providers and coordinators and local authorities. There will be 9 Regional Groups across England:

- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse North East: Alison Maynard [a.maynard@standingtogether.org.uk](mailto:a.maynard@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse North West: Alison Maynard [a.maynard@standingtogether.org.uk](mailto:a.maynard@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse Yorkshire and the Humber: Alison Maynard [a.maynard@standingtogether.org.uk](mailto:a.maynard@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse East Midlands: Becky Haines [b.haines@standingtogether.org.uk](mailto:b.haines@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse West Midlands: Becky Haines [b.haines@standingtogether.org.uk](mailto:b.haines@standingtogether.org.uk)

- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse East of England: Becky Haines [b.haines@standingtogether.org.uk](mailto:b.haines@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse South West: Diana Howarth [d.howarth@standingtogether.org.uk](mailto:d.howarth@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse South East: Diana Howarth [d.howarth@standingtogether.org.uk](mailto:d.howarth@standingtogether.org.uk)
- Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse London: Vanya Dzumerska [v.dzumerska@standingtogether.org.uk](mailto:v.dzumerska@standingtogether.org.uk)

In London, the meeting will be organised, hosted, and chaired virtually by STADA's Regional Lead in the area with co-chairs from within the NHS in London.

### **Responsibilities**

- Members are responsible for complete actions assigned to their sectors in a timely manner
- Attendance at meetings is required for those who have signed up to be part of the network of improving the intersection of health and domestic abuse, and members are expected to notify the group in advance if they are unable to attend. If a member miss [number] consecutive meetings without prior notification, they may be contacted with the intention of ensuring that someone from their organisation is represented going forward.

### **Confidentiality:**

Members are required to respect confidentiality of specific topics discussed at the meeting as requested by other members.

Documents circulated by the chair of the group, its members and the notes from the meetings can be shared externally unless expressly stated as confidential or in draft form.

We recommend that one representative from your organisation attends in each region to ensure we have room for as many healthcare providers, local authorities and specialist domestic abuse organisations.

Example of attendees:

- STADA Whole Health Regional Lead
- STADA Project Officer (minutes)
- Local Acute Trust Representative
- Mental Health Trust Representative
- IRISi Regional Leads
- ICB representatives
- Clinical Lead(GP)/Primary Care Representatives
- Representatives from DA consortium
- VAWG Service Strategic Manager
- Specialist/'By and Fors' VAWG Service Strategic Managers
- VAWG Regional Commissioner
- NHS Safeguarding Leads
- Early Help/CSC Lead
- Commissioned Drug/Alcohol Rep for Region
- Local Authority DA Coordinator
- Maternity Rep
- Abortion Service Rep
- Nursing Rep

- STADA Survivor Voice Lead
- Sexual Health Safeguarding Lead
- PCC representative
- Perpetrator service rep
- DA/Health specialists

Standing Together will endeavour to invite guests from partner agencies and national organisations to some meetings to share expertise and guide us on agreed areas of interest or themes, this may include survivors of domestic abuse where and when appropriate.

### **Core Values**

As a collective our values determine our priorities and ethos, these will be:

- **Putting survivors voice at the centre of our work**
- **Taking a stand**

We will be bold, brave and courageous and take a stand for all survivors' rights, wellbeing and safety.

- **Inclusivity/intersectionality**

We will continuously learn and widen our lens to include the perspective of all survivors and specialists, so no one is ever left behind

- **Honesty and Transparency, and Sustainability**

With ongoing integrity, we will be truthful, transparent and show humility where we need to make a sustainable change as an organisation and as local/regional partnerships

- **Putting survivors first**

We will continuously put survivors needs and experiences at the heart of everything we do

### **Accountability**

In the spirit of collaboration and coordinated working each member organisation's attendee will remain accountable to their own organisation feeding into and back on activities and key discussions arising from the group. Any safeguarding concerns must be escalated via usual pathways. Any themes requiring NHS England response will continue to be escalated via the NHS National Safeguarding Team via the London Region Safeguarding DVA Lead. Each member will also consider how they can link with other relevant local & regional strategic and operational groups feeding into and back on activities and key themes where relevant and proportionate to do so to meet the Group's purpose & aims. Lastly, each member of this group will continue to take a stand to amplify the core values of the Crossing Pathways – Integrating Best Practice within Health and Domestic Abuse within their organisations and improve their workplaces response to domestic abuse.

### **Frequency**

It is proposed that these meetings are held virtually every 2 months (to be agreed by the group) to keep the drive, passion and improvement plans for the region's best practice response to domestic abuse ignited.

**Please note, these Terms of Reference can be reviewed at any time and remain flexible as this group evolves and embeds.**

## Regional Stakeholder Framework Example

### **RESPONSIBLE**

Overall organisation, actioning of group and chair can you please add NHS co-chairs to the graphic

### **CONSULTED**

Experts in the field of Health and Domestic Abuse

### **INFORMED**

To be kept in the loop regarding actions and highlights of Steering Group Can 'NHS senior leadership' be changed to 'NHS England London Region Safeguarding DVA Lead' and 'NHS National Safeguarding Team'

