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On Shifting Sands:

Unifying the Health and Social Care Response to Domestic Abuse

Contents

Foreword

Domestic abuse is not simply something that happens out of sight to others, it is a pervasive, complex, and urgent safeguarding and public health issue that affects every community and every part of our society. It cuts across gender, ethnicity, class, profession, and geography. For too long, our collective response has been fragmented, inconsistent, and reactive, often only engaging when crisis erupts.

This report arrives at a critical time. As we mark the 16 Days of Activism against Gender-Based Violence, and with a new national strategy on the horizon, we have an opportunity, and a responsibility, to move from recognition to reform. This publication draws on two roundtable events, one of which I had the honour to host and participate in: one held at the Palace of Westminster, convening national leaders from across the health and social care system; and the second, hosted by the Independent Sector Safeguarding Network (ISSN), drawing together provider-level leaders and safeguarding practitioners from frontline services.

The value of these two forums lies not just in who was present, but in how they engaged. These were not formal consultations or rehearsed panels, they were candid, peer-to-peer conversations among people deeply committed to making change happen. Titles were left at the door. The aim was not to recite existing challenges but to imagine a "gold standard" for how health and social care should recognise and respond to domestic abuse, in policy and in practice, in workplaces and in services, for those harmed and those causing harm.

What emerged is both confronting and hopeful.

Across both events, participants made clear that we need a system-wide, trauma-informed, and intersectional approach. That means no more postcode lotteries. No more variation by region, provider, or profession. The response to domestic abuse must be embedded across the entire health and care ecosystem, universal in expectation, locally attuned, and resourced to deliver. We must build policy not on exception, but on shared standards. A national framework, as proposed in this report, is not an administrative burden, it is the foundation for safe, confident, and consistent practice.

Central to that foundation is training. From undergraduate education through to board-level leadership, training must be survivor-informed, culturally competent, and grounded in lived experience. We must equip professionals not only with knowledge, but with the confidence to ask the right questions, and the tools to act on the answers. That includes routine enquiry, psychologically safe environments for disclosure, and visible organisational support for victims among both service users and staff. The question "How safe do you feel?" should not be exceptional - it should be embedded.

But this is not only about supporting those harmed. A mature safeguarding system must also confront the uncomfortable reality of perpetration, including within our own institutions. The report is right to highlight that current HR mechanisms, such as PiPoT, are often inadequate, inconsistently applied, and overly reliant on criminal

thresholds. We need frameworks that allow for earlier, proportionate, and just responses, responses that prioritise safety and are not paralysed by fear or hierarchy. Seniority must not shield harmful behaviour. Our duty of care applies to everyone affected, including those who may be causing harm while continuing to practise.

One of the report's most compelling contributions is how it centres the perspectives of those working directly with victims, survivors, and staff. Strategic vision is essential, but it is frontline delivery that determines whether policies work in practice. The ISSN feedback reflects the day-to-day barriers that staff encounter, time pressures, competing priorities, gaps in training, fear of "getting it wrong," and a lack of joined-up referral pathways. These are not technical issues; they are where good intentions live or die. If we are serious about change, we must start where people are- and design systems that support, not penalise, those who act.

I want to thank the many individuals and organisations who contributed to this work: Cygnet for convening the conversation; the ISSN for grounding it in operational reality; Dame Nicole Jacobs, the Domestic Abuse Commissioner, for her leadership and challenge; and the Employers Initiative on Domestic Abuse for continuing to push for employer-led responsibility. Their voices, and the voices of survivors echoed throughout this report, must remain at the centre of what comes next.

Because the question before us is no longer whether we understand the scale or the urgency of the problem - we do. The question is whether we will act. The health and social care sector employs nearly five million people and sees millions more as service users every week. That reach is not only a responsibility - it is a powerful opportunity. If we train our staff, equip our leaders, reform our systems, and share data and learning meaningfully, we can turn this opportunity into lasting, transformative change.

This report should not be read as a summary or conclusion, it is a starting point. It invites us all, leaders, providers, educators, regulators, employers, to align policy with practice, to match aspiration with action, and to commit ourselves not just to awareness, but to safety, dignity, and justice. Let this be the moment we stop talking about "tackling" domestic abuse and start building the conditions in which it cannot flourish.

That is a task worthy of our institutions, our professions, and above all, the people who rely on us.

Professor The Lord Patel of Bradford OBE

The Voice of Leaders

Leaders Unite at Westminster to Tackle Domestic Abuse in Health and Social Care

On Wednesday 21 May 2025, a crucial roundtable discussion took place at the historic Palace of Westminster. This event, organised by Cygnet, was hosted by Lord Patel of Bradford. Dame Nicole Jacobs, the Domestic Abuse Commissioner for England and Wales, and Susan Bright, CEO of the Employers Initiative on Domestic Abuse (EIDA), opened the event and joined the roundtable discussions.

Reflecting on the potential scale of collective impact, the event highlighted the vast reach of the health and social care sector by creating the right opportunities to share learning. The attendees had the potential to positively influence the employers of nearly five million people working across the UK. It was noted how the number of people accessing these vital health and social care services is even more significant. The NHS figures from 2023/2024 estimated 600 million patient interactions occurred – roughly 1.7 million interactions every single day. These encompass everything from GP visits to hospital care, mental health services, and ambulance journeys.

Furthermore, a substantial portion of the population, a record high of 4.7 million individuals, now use private medical insurance. This presented an extraordinary opportunity to influence real and meaningful change with representatives in the room from the public sector, independent sector and charities.

The intention was to foster an environment of genuine peer-to-peer learning, to create a space for conversations and insights that might not emerge in more formal events and provide a dedicated opportunity to capture valuable perspectives that might otherwise be shared fleetingly between peers.

It was recognised that the sector can sometimes be susceptible to conversations shaped by ideology, the unified purpose for the day was to collaboratively explore the challenges and opportunities to better support both staff and the diverse service users that access health services. Attendees recognised that abuse victims/survivors and perpetrators come from every gender, sexuality, religion, postcode, and across all the intersecting aspects of life.

The distinguished list of attendees underscored the gravity and collaborative spirit of the event. Further reinforcing the multi-sectoral commitment, representatives from prestigious organisations such as the Royal Colleges of Nursing, Psychiatry, and GPs, alongside representatives from NHS England, Kings College London, Standing Together Against Domestic Abuse, Mankind Initiative, and the Social Care Institute for Excellence, actively participated in the discussions.

The Voice of Providers

To build upon and strengthen the collective understanding and input into this, on Thursday 26 June the Independent Sector Safeguarding Network (ISSN) held their annual Conference.

This event brought together safeguarding leaders from different providers and organisations across the UK.

During the day, a second roundtable was held, which ensured that views and challenges were brought together from both those who set policy, and those who deliver services directly to victim/survivors.

Executive Summary

The two roundtable discussions focused on establishing a "gold standard" for addressing domestic abuse (DA) within health and social care, encompassing staff, service users as victim/survivors and also individuals causing harm.

Key areas of focus included policy, training, proactive enquiry, and dedicated staff support. The discussions revealed significant challenges related to awareness, victim/perpetrator dynamics, inconsistent training, funding limitations, and systemic organisational issues, particularly concerning hierarchical structures and data sharing.

Current HR mechanisms like safer recruitment and Person in a Position of Trust (PIPOT) pathways were generally found to be insufficient. The consensus highlights a critical need for both internal organisational shifts and national-level reforms to enhance recognition and response to DA.

Provider-Level vs. Sector/National Leaders' Perspectives

The discussions revealed distinct, yet complementary, perspectives between the provider-level leads (represented by the Independent Sector Safeguarding Network (ISSN) members' feedback) and the sector/national leaders present at the House of Lords Round Table.

While both groups broadly agreed on the critical need for systemic improvements in addressing DA in health and social care, the ISSN feedback often provided a more granular, on-the-ground view of practical challenges and the direct impact on frontline staff and service users.

Across both roundtables, six key themes emerged:

- Policy and Organisational Structure
- Training and Education
- Support Structures for Victims and Staff
- Information Sharing and Partnership Working
- Perpetrator-Focused Approaches
- Leadership and National Change

1. Policy and Organisational Structure

Leaders at the House of Lords roundtable primarily advocated for unified national DA policies with trauma-informed, intersectional approaches, and the establishment of mandatory DA Lead/Champion roles at strategic levels (e.g., Integrated Care Boards) to ensure consistent application. Their recommendations leaned towards legislative changes and overarching frameworks.

Organisational (Provider) Leaders strongly echoed the need for a national framework and standardised policies for managing disclosures. The emphasis here was less on the creation of policy and more on its standardisation and practical application at the operational level. This highlights a desire for clarity and consistency in day-to-day work, reflecting the confusion caused by varied local approaches.

2. Training and Education

Leaders at the House of Lords roundtable called for a national, tiered, trauma-informed DA training standard from university curricula onwards into a health and social care professionals learning journey, emphasising comprehensive and consistent delivery to all staff, with a focus on building confidence. They recognised the broader issue of training being interpreted as an "additional burden."

Provider leaders also highlighted the practicalities and barriers to effective training. Conversations pointed to frontline staff needing not just knowledge, but the empowerment and time to apply it. The concern that "Training is not being prioritised for a range of professionals" and the need for "cultural education" highlight specific operational challenges related to uptake, relevance, and cultural sensitivity that might be less prominent in strategic discussions.

3. Support Structures for Victims and Staff

Leaders at the House of Lords roundtable advocated for "How safe do you feel?" campaigns, routine enquiry across various health services, and integrating DA support into staff well-being services, with examples provided of resourcing around counselling, legal advice and flexible leave.

Provider leaders strongly reinforced the need for open conversations and safe spaces to share safeguarding related concerns. Crucially, the ISSN members' feedback highlighted the unique and vulnerable position of the workplace: "Work could be the only safe place for people and could become unsafe when disclosure is made." This adds a layer of urgency to creating genuinely safe internal environments, recognising the potential for harm within the very setting meant to be supportive. Feedback suggested that current support might be insufficient or inaccessible for staff experiencing abuse from colleagues or external sources.

4. Information Sharing and Partnership Working

Leaders at the House of Lords roundtable discussed "system-wide consistent data recording and sharing", including safe IT systems with AI-supported confidentiality, and "agile national mechanisms for sharing learning." The focus was on technological solutions and overarching governance.

Provider leaders highlighted that data sharing is a system-wide issue and there was a need to join up the dots with closer interagency working. They also recognised a fear in sharing information across agencies which points to a more fundamental, human-level barrier – the "fear in sharing information" – rather than just technical or systemic disconnections.

5. Perpetrator-Focused Approaches

Leaders at the House of Lords roundtable called for trauma-informed perpetrator pathways and, significantly, the reform of HR and legal frameworks to utilise employment law thresholds (the "balance of probabilities") for responding to staff perpetration of DA. This was a strategic push to enable organisational action beyond criminal convictions. One group identified that DBS reports do not include crimes not reported to police, civil orders and exclude international workers.

Provider leaders provided a much more pointed critique of existing HR mechanisms, stating unequivocally: "PiPoT is broken - not every Local Authority has one. Local Authority understanding is different and not consistent. The threshold for harm means early intervention is often missed." This highlights a profound operational frustration with the inconsistency and ineffectiveness of current processes. Provider leaders showed a deep concern for the practical and human implications of HR policies from a frontline perspective, which may feel intimidating for people impacted by domestic abuse to navigate.

6. Leadership and National Change

Leaders identified the absence of "unified national leadership for DA" as a critical gap, advocating for strong senior leadership commitment, consistent national ring-fenced funding, and judicial/legal reforms.

Provider leaders, while not directly using "leadership" keywords in the same way, implicitly supported the need for national leadership. The ISSN member feedback underscored the tangible impact of lack of consistency (e.g., in PiPoT), which ultimately falls to frontline services to navigate, reinforcing the need for top-down national direction and standardisation.

The feedback from provider-level leads serves as a vital grounding force for the strategic recommendations from sector and national leaders. It consistently highlighted the operational nuances, human factors, and practical shortcomings that can undermine even the best-intended policies. The "gold standard" can only be achieved when strategic vision is combined with a deep understanding and redressal of the day-to-day realities faced by frontline staff and the individuals they serve.

Policy and Organisational Structure

House of Lords Roundtable:

Leaders strongly advocated for a unified national policy on domestic abuse within health and social care, emphasising trauma-informed and intersectional approaches. This includes developing clear, standalone policies co-produced with survivors and experts. The establishment of mandatory DA Lead/Champion roles at all organisational levels, particularly within Integrated Care Boards, is seen as crucial for driving consistent practice and support.

The discussions frequently highlighted the need for robust "policy" (22 mentions) and clear "leadership/roles" (16 mentions) to guide domestic abuse responses. These policies should clearly "articulate the organisations stance and response to domestic abuse related harm within the workforce".

The establishment of "Strategic DA and Sexual Violence leads for every Integrated Care Board (ICB) and at provider levels" and "Domestic Abuse Champions/Independent Domestic Abuse Advisors (IDVAs) embedded across organisations at different levels" were identified as essential to ensure consistent application and support. The aspiration is to legislate "national DA policy standards and frameworks" to overcome current inconsistencies. This call for national standards aligns with the frameworks promoted by organisations like SafeLives, who advocate for consistent, outcomes-focused practices across the UK (e.g., SafeLives Drives Change).

ISSN Round Table:

The provider-level feedback strongly resonates with the need for a national framework, highlighting the challenges posed by "national and local differences" in policy and practice. It points to a "lack of framework" as a significant barrier. The feedback also implicitly supported the need for clear roles by discussing the importance of "specialist advisors to link with for expertise on a case by case basis." The idea of a "standardised policy for management for managing disclosures" aligns directly with the calls for unified policies, indicating a shared understanding of the problem. This aligns with the National Institute for Health and Care Excellence (NICE) guidelines on domestic violence and abuse, which highlight a coordinated community response and clear pathways for identification and support (e.g., NICE Guideline).

Training and Education

House of Lords Roundtable:

A critical finding was the fragmented and inconsistent nature of domestic abuse training. Leaders called for a national, tiered, and trauma-informed DA training standard for all health and social care professionals, integrated into university curricula. The need for role-specific, specialist training incorporating lived experiences was emphasised, alongside addressing staff confidence and ensuring training reaches all personnel.

"Training" (32 mentions in main documents) was identified as a core component of a "gold standard" response. There's a clear demand for "DA training to be included in university degrees" and for "tiered training that is delivered to all staff in-person or 'live' online that is regularly refreshed and is contemporary and specific to their geographical area/local population". Some leaders suggested that discipline specific training could also be meaningful. A key challenge is the "lack of staff confidence in initiating conversations about DA" and the "overburdened clinical staff with competing priorities" who see training as an "additional burden in already overstretched services".

The importance of "trauma-informed" (six mentions) and "survivor-informed, scenario-based learning" was highlighted as most impactful. This aligns with calls from organisations like Women's Aid for comprehensive and consistent training for frontline professionals to improve identification and response (e.g., Women's Aid Training Resources). One group suggested that organisations need to "keep knowledge live" using learning aids, scenario based questions, away days, newsletters and team meetings to facilitate onward learning.

Importantly, it was recognised how "Bank and agency staff are often missed", and creative solutions were discussed suggested a blended model of training, it was noted that "Mock consultations for GP has been helpful (role playing training), this may be useful across different disciplines." One group highlighted that there needs to be meaningful specific training at board/exec level as they are often the decision makers, who can have a lack of understanding in this area.

ISSN Round Table:

The provider-level feedback strongly corroborates the need for improved training, with "training" being mentioned 12 times. The ISSN feedback also highlighted the need for "universal language", which aligns with calls for consistent training standards. Furthermore, it notes that "Training is not being prioritised for a range of professionals," echoing the challenge of varying training uptake. The importance of "cultural education" was also stressed, ensuring training is sensitive to diverse backgrounds. The Royal College of General Practitioners (RCGP) has also published guidance on domestic abuse for GPs, emphasising the need for ongoing training and awareness (e.g., RCGP Domestic Abuse Toolkit).

Support Structures for Victims and Staff

House of Lords Roundtable:

Leaders recognised that creating psychologically "safe environments" (16 mentions) for disclosure is paramount, and these are essential to support "How safe do you feel" campaigns and routine enquiry across various health services, which was seen as essential. "Integrating DA support into staff well-being services" (seven mentions) was a key recommendation and offering counselling, safety planning, legal advice, and flexible leave, is also crucial. It was noted that there is a national challenge around the "availability of recovery services and pathways for victims in the community, not to rely on a certain crisis point to be reached or the absence of mental health or substance misuse."

The findings align with guidance from the NHS guidance on supporting staff experiencing domestic abuse, recognising the workplace as a crucial site for intervention and support (e.g., NHS England guidance on supporting staff).

ISSN Round Table:

The feedback strongly reinforced the need for supportive environments, noting the importance of "open conversations" and a "safe space where to share safeguarding issues." It explicitly highlighted that "work could be the only safe place for people and could become unsafe when disclosure is made," emphasising the critical need for a "complete open culture around domestic abuse to allow conversations." The feedback also mentioned "staff wellbeing and the benefits of using an external provider for support," aligning with the House of Lords' call for integrated staff support. This mirrors the emphasis on creating safe reporting mechanisms and robust support services detailed in reports by organisations like Refuge (e.g., Refuge reports on helpline and support services).

Information Sharing and Partnership Working

House of Lords Roundtable:

Leaders noted how effective and consistent "system-wide data recording and sharing" (15 mentions) are crucial, requiring IT systems with agile national data pooling mechanisms for coordinating DA management. A suggestion was made around the potential use of AI-supported confidentiality tools. Improving data sharing systems to prevent information loss between systems over time is also a key recommendation.

Challenges included "disconnected IT systems and poor information sharing between services" and the fact that "information can get lost between systems over time".

Leaders felt that MARAC should be put on statutory footing, with clear guidance and support in place for health representatives to attend. It was suggested that an idea of "differing levels of MARAC (Multi-Agency Risk Assessment Conferences) could support information sharing outside of the highest risk category".

There was a clear desire for strong partnership working with a shared approach to resources within localities. Leaders suggested that services could provide mutually beneficial services to one another where resources and funding are often limited. Examples of this are;

- Collaborate with specialist domestic abuse charities to facilitate impactful training and reciprocate this for learning around health needs of the population.
- Join up communication pathways across sectors and providers for shared learning.
- Created a central pot of funding for community safety partnerships which could be used to provide training/learning resource for the region that can be accessed by all healthcare providers within the area, creating a consistent approach.
- Creating secondment opportunities between healthcare providers and domestic abuse services to enhance the skills of healthcare professionals and IDVAs.
- Organisations acting as a "mutually critical friends".

ISSN Roundtable:

The ISSN feedback strongly aligned with these concerns, explicitly listing "data sharing" as a "system-wide issue" (four mentions). It emphasised the need for "joining up the dots", "closer interagency working" and "sharing information and breaking down barriers, or fear in sharing information across multi agency where there is a safeguarding concern." This directly supports the House of Lords attendees' call for systemic integration and improved inter-agency collaboration. The importance of multi-agency collaboration in DA cases is both a statutory expectation, and consistently advocated by bodies such as the College of Policing in their national guidance (e.g., College of Policing DA guidelines).

Perpetrator-Focused Approaches

House of Lords Roundtable:

The discussions highlighted the need for trauma-informed support pathways for people causing harm in the context of domestic abuse (11 mentions), acknowledging the role of childhood adversity. National improvement of perpetrator early intervention pathways that empower survivor safety and control is crucial. This is an area of increasing focus in DA policy, with organisations like Respect spearheading work on perpetrator interventions and accountability (e.g. Respect UK Practice Guidance)

A significant challenge identified was the inadequacy of current "HR mechanisms" (seven mentions) in dealing with staff who are perpetrators. The concept of using "employment law thresholds (the 'balance of probabilities') rather than relying solely on criminal convictions" was proposed to enable organisations to take action.

Concerns were raised that "power dynamics protect senior perpetrators", with an example provided where "perpetrators in high positions are often still labelled as a 'good doctor' or a 'good surgeon'." Because of this, there is a large disparity between actions taken against 'powerful/senior' positions and those with more junior roles. Some leaders felt that PIPOT should be a mandated statutory function with procedures led by the Local Authority.

ISSN Roundtable:

The ISSN feedback provided critical insights into the practical difficulties of managing those who cause harm to others particularly within HR contexts, with "HR/employment law" related terms being mentioned 13 times. Members directly questioned "Would a perpetrator risk in domestic abuse be transferable to their role within an organisation?" and highlighted the "difficulty in prosecuting DA criminality," which places the "responsibility as employers" under scrutiny.

The feedback also notes that "going to HR processes could feel quite threatening and process-led rather than human, and harsh for victims. Noting that perpetrator may then not come forward." This emphasises the need for sensitive and effective HR frameworks. The ISSN feedback also critiques PiPoT processes, stating, "PiPoT is broken - not every LA has one, LA understanding is different and not consistent. Threshold for harm means early intervention is often missed."

Leadership and National Change

House of Lords Roundtable:

A significant gap identified was the lack of unified national leadership for domestic abuse. Participants called for strong senior leadership commitment and critically, stable and consistent national funding for specialist domestic abuse services (seven mentions). Leaders also highlighted the need for judicial reforms (six mentions), including "mandatory sentencing, better judicial training and legal aid access for victims".

The lack of "national data on DA prevalence is critically lacking" was repeatedly emphasised, with calls to "nationalise DA prevalence data collection across the healthcare workforce". These concerns are frequently echoed in reports by the Domestic Abuse Commissioner for England and Wales, who advocates for strategic, long-term funding and data collection (e.g., Domestic Abuse Commissioner reports). One group suggested that the NHS annual staff questionnaire could ask about domestic abuse providing an additional source of data.

Leaders recognised a challenge in securing funding was showing the impact of a service, due to difficulties stratifying safety. Limiting services to highlight impact and

improvement through data alone e.g. numbers of referrals. This minimises the overall improvement in an individual's well-being and sense of safety.

One group of leaders highlighted the need for increased public awareness of domestic abuse utilising social media platforms to meet young people where they most often spend time.

ISSN Roundtable:

While the ISSN feedback does not contain direct mentions of terms directly referencing "Leadership and National Change" as defined by the subthemes, it indirectly supported these points by highlighting systemic issues that require national intervention. For example, the mention of "national framework for safeguarding - so it's the same across the board for everyone" implies a need for national leadership and policy alignment.

The observation of "upper management not being as diverse as the staff facing the domestic abuse disclosure or raising concerns" suggests a potential disconnect in understanding and prioritising DA issues at higher levels, which national leadership could address through awareness and training initiatives. The critique of PiPoT's inconsistency also points to a need for national standardisation and oversight.

Conclusion

The analysis of the domestic abuse roundtable discussions reveals a persistent and multifaceted challenge within health and social care. Achieving a "gold standard" response necessitates a paradigm shift, moving from fragmented, inconsistent approaches to a unified, trauma-informed, and system-wide strategy across the health and social care sector.

The findings consistently highlight the critical importance of robust national policies, mandatory and consistent training that builds staff confidence, and supportive structures for both victims and staff. Furthermore, effective information sharing, nuanced perpetrator-focused interventions, and strong national leadership with stable funding sources are indispensable. The ISSN feedback powerfully reinforces these points, particularly emphasising the human element, the need for cultural sensitivity, and the practical shortcomings of current HR and data systems.

Ultimately, the success of these efforts hinges on a collective commitment to recognising domestic abuse as a core health and safety issue, demanding proactive engagement and sustained investment. As one attendee eloquently states:

"Foundations are currently built on sand. Ever changing and at risk of falling at any time."

This recognises the urgent need for consistent funding for DA services. The aspiration is to ensure "everybody has the skill to be able to confidently ask the questions", directly addressing the need for improved staff confidence and awareness through training. Another powerful sentiment is the recognition that "work could be the only safe place for people and could become unsafe when disclosure is made", emphasising the profound responsibility of health and social care organisations to provide genuinely safe and supportive environments for their staff.

This holistic approach, integrating policy, practice, and people, is the only path to truly transforming the response to domestic abuse.

Data

Theme	Subtheme	House of Lords mentions	ISSN Conference mentions
Policy and Organisational Structure	Policy	22	2
	Leadership/Roles	16	4
	Co-production/Trauma-informed	6	0
Total mentions	38	6	
Training and Education	Training Standards	32	12
	Staff Confidence/Awareness	6	6
	Lived Experience/Specific Training	5	0
Total mentions	43	18	
Support Structures for Victims and Staff	Safe Environment/Enquiry	16	1
	Staff Well-being	7	2
	Recovery/Pathways	2	0
Total mentions	25	3	
Information Sharing and Partnership Working	Data Sharing/Systems	15	2
	Inter-agency/Partnership	7	2
Total mentions	22	4	
Perpetrator-Focused Approaches	Perpetrator Pathways/Support	11	2
	HR/Employment Law	7	13
	Accountability/Fitness to Practice	2	0
Total mentions	20	15	
Leadership and National Change	Leadership/Governance	9	0
	Funding	7	0
	Data Collection/Research	2	0
	Judicial/Legal Reform	6	0
Total mentions	24	0	

Methodology

During the roundtable discussions, two different methods were applied to collating feedback.

- At the House of Lords, a facilitator and note taker joined each group, making details notes of discussions.
- At the ISSN event, each table submitted their responses directly through an online feedback mechanism. These approaches meant the scale of each event could be appropriately supported.
- A thematic analysis of the frequency of topics was undertaken, identifying themes and subthemes. A table is provided at the end of this document.

The House of Lords roundtable participants were sent four questions in advance and these were explored in detail during the event:

2. What would be the "gold standard" way of exploring and responding to domestic abuse within your area of practice (inclusive of staff and people causing harm) and what challenges exist that make that less possible?
3. How do you ensure staff have the knowledge and skills they need to respond to risks of domestic abuse, and what are the challenges in maintaining this?
4. What are the opportunities and challenges in responding to staff subjected to or perpetrating domestic abuse and do you feel current HR mechanisms such as safer recruitment and PIPOT pathways support this?
5. If you had the power to make two changes, one internally within your organisation and one nationally to improve the way health and social care providers recognise, and respond to domestic abuse. What would they be?

Following early analysis, to maximise the opportunity for learning from the ISSN event in the time provided, two questions were asked to provider-level leaders:

1. What would be the "gold standard" way of exploring and responding to domestic abuse within your area of practice (inclusive of staff and people causing harm) and what challenges exist that make that less possible?
2. What are the opportunities and challenges in responding to staff subjected to or perpetrating domestic abuse and do you feel current HR mechanisms such as safer recruitment and PIPOT pathways support this?

Summary of findings from mention analysis:

- **Training and Education** consistently emerged as the most frequently mentioned theme across the feedback, highlighting its perceived importance in establishing a "gold standard" response to domestic abuse. The ISSN feedback also heavily emphasised this area, particularly the need for comprehensive training standards and staff understanding.

- **Policy and Organisational Structure** and **Information Sharing and Partnership Working** also show significant mentions, indicating a strong focus on systemic improvements and cohesive action.

- **Perpetrator-Focused Approaches** are well-represented, with a notable emphasis on HR and employment law aspects, particularly within the ISSN feedback, which delves into the practical challenges and implications for employers.

- **Support Structures for Victims and Staff** are discussed, focusing on creating safe environments and staff well-being, though with slightly fewer direct mentions compared to training and policy.

- **Leadership and National Change** consistently appears in the feedback, stressing the need for high-level commitment and structural reforms.

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