Glasgow City HSCP
Health and Social Care Partnership

Glasgow City Health and Social Care Partnership

Domestic Abuse Strategy 2023-2028

NHS Greater Glasgow and Clyde

Glasgow City Council

Our vision is

Domestic abuse is unacceptable and tackling domestic abuse is everybody's responsibility. We aim to prevent domestic abuse from happening because Glasgow's people deserve to flourish in a safe environment without fear and where they are free from harm. We will promote safety and support women, children and young people, and men from crisis to recovery, and ensure everyone has access to the right help and support when they need it.

Key Aims

- To improve the confidence, capability and expertise of our staff across the whole HSCP, and ensure that people are provided with consistent approaches and attitudes wherever they present.
- To ensure better outcomes for people who use or who need our services, and for all people in our communities who experience, or who cause harm by domestic abuse, by improving our staff's involvement.
- To work in partnership to promote and prioritise education work, prevention and early intervention across Glasgow; and to build capacity across all our communities in order to undo and stop repetitive patterns of abuse from occurring.
- To ensure our services are consistent, strengths based and trauma-informed and remove any potentially re-traumatising impact of our current practices and processes.

Strategic Priority 1

Prevention and Early Help.

Strategic Priority 2

Survivors and people who suffer from domestic abuse.

Strategic Priority 3

People who harm through domestic abuse.

Strategic Priority 4

Working with people across their whole life course.

Strategic Priority 5

Working together with our partners and people with lived experience of abuse.

Strategic Priority 6

Using evidence-based approaches to create a changes in cultural norms, attitudes and values.

Stock images used throughout, posed by models.

Contents

Introduction	**4**
The Scale of the Challenge	**8**
Strategic Priorities	**11**
Engagement and Consultation	**41**
Equality	**42**
Implementation and Performance Monitoring	**43**
What We Will Do To Implement This Strategy	**44**
References	**50**



Indicates link to further references.

Introduction

Within Glasgow City HSCP we have always been committed to making sure our services and responses are the very best they can be. Given the scale and complexity of need in the city we also know that to do our best for our people we need to always reflect on what we are doing and look to others to help us learn. This Strategy is very much about that approach and it will shape our commitment to domestic abuse while building on our existing expertise and successes. In early 2020 and in response to the COVID-19 pandemic, our Chief Officers Group developed a range of data trends focusing on all public protection matters with a specific focus on domestic abuse prevalence and oversight across all HSCP services.

Although this data provided assurance in response to our approaches, especially during the early periods of lockdown, it brought into sharp focus the need for a more joined up and explicit response across the HSCP to domestic abuse and its impact, whilst acknowledging the excellent work that already exists across our HSCP and with our partners. As Chief Officer for Glasgow City HSCP I am proud of the work that has since culminated in this Strategy and the renewed focus it brings to domestic abuse and its impact.

The Strategy demonstrates how it is incumbent on us to tackle it in partnership with a range of organisations, and to constantly listen to, and respond to the voices of people with lived and living experience. I would like to extend sincere thanks and gratitude to all of those who have engaged in the process to bring us to the point of publishing this Strategy and to offer reassurance of our commitment to its implementation.



Susanne Millar
Chief Officer,
Glasgow City HSCP

As Chair of Glasgow City HSCP Domestic Abuse Strategic Oversight Group I am pleased to introduce our first Domestic Abuse Strategy. It outlines our 4 key aims which are underpinned by 6 strategic priorities, and which seek to achieve 80 commitments over the lifetime of the strategy 2023 – 2028.

This Strategy is the product of significant partnership working between the HSCP and our partners - police, Glasgow City Council, education, third sector and leading academics. It recognises that domestic abuse remains prevalent across the whole of someone's life and that a whole system response is necessary in achieving change across all care groups within the HSCP. Our journey has allowed us to reflect on the value of established models of domestic abuse practice whilst retaining an outward looking perspective and acknowledging the views of critical friends who have challenged our thinking and ensured we remain focused on a strategic direction that incorporates trauma informed approaches.

I would like to acknowledge the critical role of people with lived experience of domestic abuse and emphasise how important their contribution was in shaping this Strategy and undertaking our equalities impact assessment. The extent of partnership working involved has culminated in a common understanding of domestic abuse as defined in our Strategy and a shared vision on what must be achieved. We recognise the challenges in achieving the ambition of this Strategy not least the scale of change that is required. However the commitment from everyone involved in this process has instilled confidence in our ability to deliver these changes and ensure improved responses to those who are affected by domestic abuse.



Pat Togher
Assistant Chief Officer
Public Protection,
Glasgow City HSCP



This is the first Domestic Abuse Strategy for Glasgow City Health and Social Care Partnership (HSCP).

Our vision is:

Domestic abuse is unacceptable and tackling domestic abuse is everybody's responsibility. We aim to prevent domestic abuse from happening because Glasgow's people deserve to flourish in a safe environment without fear and where they are free from harm. We will promote safety and support women, children and young people, and men from crisis to recovery, and ensure everyone has access to the right help and support when they need it.

Domestic abuse is a serious social problem. It can happen to anyone from any background, at any time, but different sections of the population can experience different levels of risk (such as young women living in poverty, or people from the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community) and different challenges in seeking help (such as women from black and minority ethnic backgrounds or older people). The national strategy Equally Safe: Scotland's Strategy to Eradicate Violence against Women (2018) is rooted in the gendered analysis of violence against women, and emphasises the importance of recognising the gendered nature of domestic abuse. The majority of domestic abuse is carried out by men against women, but it is also important to acknowledge violence in same sex relationships and that men can be victims of violence too. LGBTQ+ people are just as or more likely to experience domestic abuse than straight or cisgender people. Women and girls are the most likely to experience domestic abuse with male violence accounting for the vast majority of serious harm and deaths through domestic abuse.

Given the extent and the frequency of domestic abuse in our communities, and the effects that it can have on the health and wellbeing of people who are harmed by the abuse, domestic abuse should be viewed as a major public health issue, with substantial implications for a range of services as a result. The World Health Organisation recognises violence against women and girls as a significant public health problem and a violation of women's human rights.

The HSCP's Strategy pledges to improve our services to people who experience, or are otherwise affected by domestic abuse across our city; as well as to improve our understanding of, and our response to, people who cause harm through domestic abuse.

This Strategy describes what Glasgow City HSCP will do over the next five years to ensure people affected by domestic abuse receive the best possible care, and how we will continue to

seek the involvement of people with lived experience in the design and evaluation of domestic abuse services. It outlines what supporting infrastructure will be put in place to ensure our staff are equipped and enabled to achieve this. It also outlines how the HSCP will improve the way we work with our partners and stakeholders in pursuit of shared, strategic ambitions.

This Strategy will make a difference for our service users and patients, the people towards whom we have a duty of care. It will make a difference for our own staff who provide services and support to vulnerable people at risk of experiencing abuse, and who provide services and support to people who cause harm through domestic abuse. The Strategy will also make a difference to the way we engage and work with our partners in statutory and non-statutory sectors. Our services depend upon these partners for referrals and for providing support to our staff and services users. All of this will ensure a more joined up, consistent, compassionate and timely approach across the HSCP.

> My advice for workers? If you know something is off, never give up. Keep in contact, persevere, and keep the focus on the person.

Definition

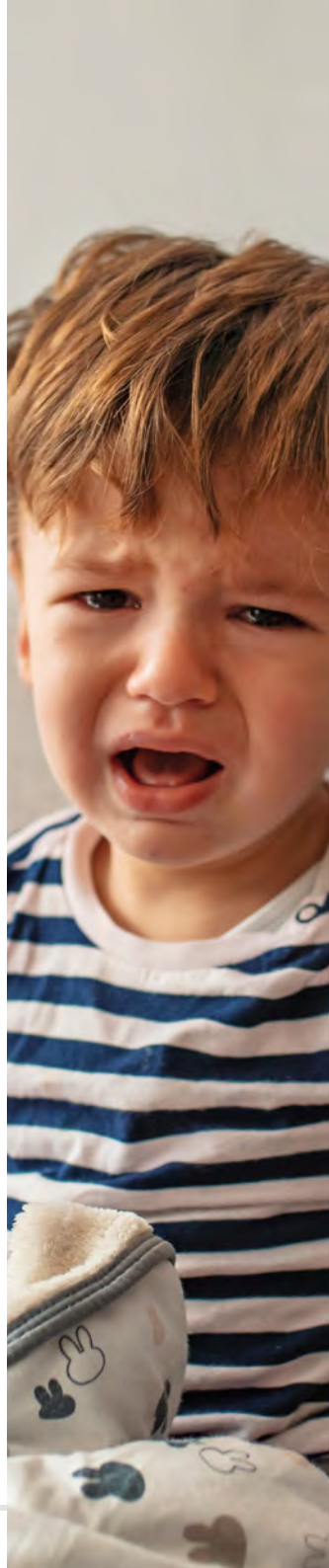
Our agreed definition of domestic abuse is:

Any form of physical, verbal, sexual, psychological or financial abuse perpetrated by partners (married, cohabiting, civil partnership or otherwise) or ex-partners. It can include physical abuse, sexual abuse, mental and emotional abuse (including coercive and controlling behaviour).

Key Aims

In order that we can deliver the Strategy, we have four main aims:

- To improve the confidence, capability and expertise of our staff across the whole HSCP, giving them the tools, knowledge and skills to make sure that the right conditions exist across all our services for people to feel able to disclose, and that people are provided with consistent approaches and attitudes wherever they present.
- To ensure better outcomes for people who use or who need our services, and for all people in our communities who experience, are affected by, or who cause harm by domestic abuse, through improving our staff's involvement.
- To work in partnership to promote and prioritise education work, prevention and early intervention with staff and partner agencies, individuals and families, and communities across Glasgow. To work in partnership and build capacity within and across all our communities in order to undo and stop repetitive patterns of abuse from occurring.
- To ensure our services are consistent, strengths based and trauma-informed and remove any potentially re-traumatising impact of our current practices and processes.



Partnership working

There is a responsibility on all HSCP services to approach, manage and provide services consistently. We need to challenge some of our solitary and at times unconnected processes, and identify ways to work better in partnership where necessary. This includes continuing to engage meaningfully with people who have experienced abuse throughout the delivery of the strategy, as well as seeking outside support from the academic world and the third sector who are well placed to challenge our thinking.

Through the development and implementation of this Strategy we want to adopt a holistic, broader partnership response to domestic abuse. This includes our approaches to preventing domestic abuse through our work with men and people who harm, and working with people across all ages and stages of life in order to challenge and prevent repeat abuse from happening. It also includes our approach to improving responses to the needs of particular groups within our community of all ages, sexual orientations, gender, people affected by disability, people who have a caring responsibility, and people from different ethnic and / or faith backgrounds. This includes women who have an insecure immigration status and who have no recourse to public funds.





The Scale of the Challenge

Domestic Abuse Crimes:

147
per 10,000

In 2021-22, Police Scotland data recorded 147 incidents of domestic abuse crimes per 10,000 population in Glasgow city, which is the third highest incident rate in Scotland, and higher than the Scottish rate (118 incidents per 10,000 population).



Child Protection:

47%
children on the register had a risk factor

Domestic abuse is a key risk indicator in Child Protection registrations. During 2022, an average of 47% of children on the child protection register in Glasgow had a risk factor of domestic abuse recorded. As a snapshot, in December 2022, 85% of those children were aged under 12 years, and 48% were aged 0-4 (pre-school), with 66% of the children coming from the city's most deprived areas.



Adult Support:

124 out of **460**
investigations categorised as domestic violence or abuse

Across Glasgow, the number of Social Work Adult Support and Protection investigations completed each year which were categorised as domestic abuse / violence has been rising in recent years, with 124 out of 460 investigations categorised as domestic violence or abuse in 2021.



Homelessness Applications:

8.5%
homelessness applications due to abuse

Since 2017, the number of homelessness applications made across the city where a violent or abusive relationship is recorded as a reason for the application has remained consistent at around 8%. In 2021/22 this was 8.5% or 598 applications.



Criminal Justice:

Within the HSCP Justice Services the number of Criminal Justice Social Work Reports requested (RRQs) where the offence had a domestic abuse aggravator and the number of individual perpetrators this relates to has been increasing:

Year of court appearance:	Number of individuals:	Number of unique RRQs:
2020	636	780
2021	746	939
2022	841	1016

COVID-19

The response to the global COVID-19 pandemic in early 2020 called for robust contingency planning arrangements to be put in place for all services supporting people who experience domestic abuse. As a result, there has been an increased focus on data and trends, which has given rise to the need to develop an improved whole system service response. Research has shown that the restrictions on movement and increased social isolation during the pandemic led to a significant rise across the UK in gender based violence, and increased risks of harm for domestic abuse survivors.

> I didn't know any better, thought it was normal.



Strategic Priorities

The HSCP and our partners have been focussing on the key priorities of the national strategy Equally Safe, and this Strategy describes the additional work which will take place, in a phased way, over the next 5 years to deliver on this and contribute towards our vision. In order to support this, we have developed **6 key Strategic Priorities**.

Strategic Priority 1

Prevention and Early Help. Improve support to families affected by domestic abuse through early identification and early help.

Prevention

Being able to intervene at an earlier stage in someone's journey through domestic abuse will mean better harm prevention and a reduction in the impact of the abuse on whole families. Preventing domestic abuse starts with a good understanding of healthy relationships, and an awareness that domestic abuse and coercive control is unacceptable. It has to start in early years education, as our ideas around respect, consent and healthy relationships are formed through our early experiences. Identifying domestic abuse triggers, early signs and behaviours, will mean our services can respond more effectively, appropriately and quickly, and people will be able to recover from abuse quicker and in a more sustainable way.

The HSCP's Health Improvement Children and Young People programme takes a throughout-childhood approach to maximise the prevention of poor sexual health and relationship outcomes for young adults. The work starts pre-school where staff are trained to promote consent, use accurate language for private areas of the body and to challenge gender stereotyping. These themes are continued throughout the school years in age and stage appropriate ways. Parents and carers are offered support to back up the learning at home. Staff and carers supporting care experienced children and young people are offered additional training as extra support.

We must work with our partners to support them to spot the early signs of abusive attitudes and behaviours and to support recovery and repair as a primary form of prevention, preventing patterns of abusive behaviour being repeated.

> I felt that it was becoming a problem but I didn't know which way to turn.



Early Help

We know that the places where people have the opportunity to first disclose issues of domestic abuse can be at their GP surgery or with their health visitor, but equally it can often be at maternity check-ups, in nursery or classrooms, at A&E departments, or other services such as Sexual Health or Mental Health services. Routine Enquiry allows services to build in opportunities for disclosure that people may need. We must continue to work with all partners and services to collaboratively support and provide informed responses to the people who need it.

Domestic abuse is a priority on the transformed school nursing pathway, and embedding this in the public health work that schools do including large scale interventions around domestic violence, would increase opportunities for early help to be offered to children and families.

Other opportunities include working with our partners in early years establishments, for example Women's Aid children's workers providing intense support in schools to children and young people from BME backgrounds affected by forced marriage, domestic abuse at home, difficult family environments and a range of other issues.

There is an opportunity for early help to be offered around people's housing circumstances, for example when services are responding to and supporting families fleeing violence, supporting resettlement and recovery, and supporting men and people who abuse to resettle and reduce future risk.





WHAT WE WILL DO



- Establish a Short Life Working Group to put an infrastructure for Routine Enquiry in place across services, and to create safe places for disclosure.
- Encourage people to seek support earlier by improving our information, education and communication systems.
- We need to ensure robust communication strategies between this and other Strategies across the HSCP to complement and build capacity across services.
- Work with children and young people to raise awareness about issues of equality and respect, develop appropriate age and stage awareness in order to help them better recognise domestic abuse and coercive control behaviours, and increase their resilience to these negative behaviours in relationships.
- Working with young boys and young men is important in supporting them to develop positive, healthy relationships and prevent escalation of domestic abuse in future generations.
- Work with the LGBTQ+ community and organisations to raise awareness of safe, healthy, respectful relationships
- Support our staff to be able to identify and intervene appropriately and as early as possible by strengthening first responses and Routine Enquiry across our services; and to respond in a more co-ordinated way by strengthening partnership arrangements and improving the effectiveness of domestic abuse pathways.
- Always seek to respond to and engage with social landlords where contact is made about individual domestic abuse cases.
- Work with the housing association sector to ensure robust approaches to domestic abuse are in place and visible.
- Work with housing partners to ensure policies and procedures are in place around domestic abuse.
- Work collaboratively with partner agencies including 3rd sector and smaller community based organisations to develop prevention practices / policy / good practice guidance in response to domestic abuse.

Strategic Priority 2

Survivors and people who suffer from domestic abuse. Make sure that the right services are available at the right time to people who need them, to protect them from further harm and to support them in their recovery. Ensure our services do no further harm.

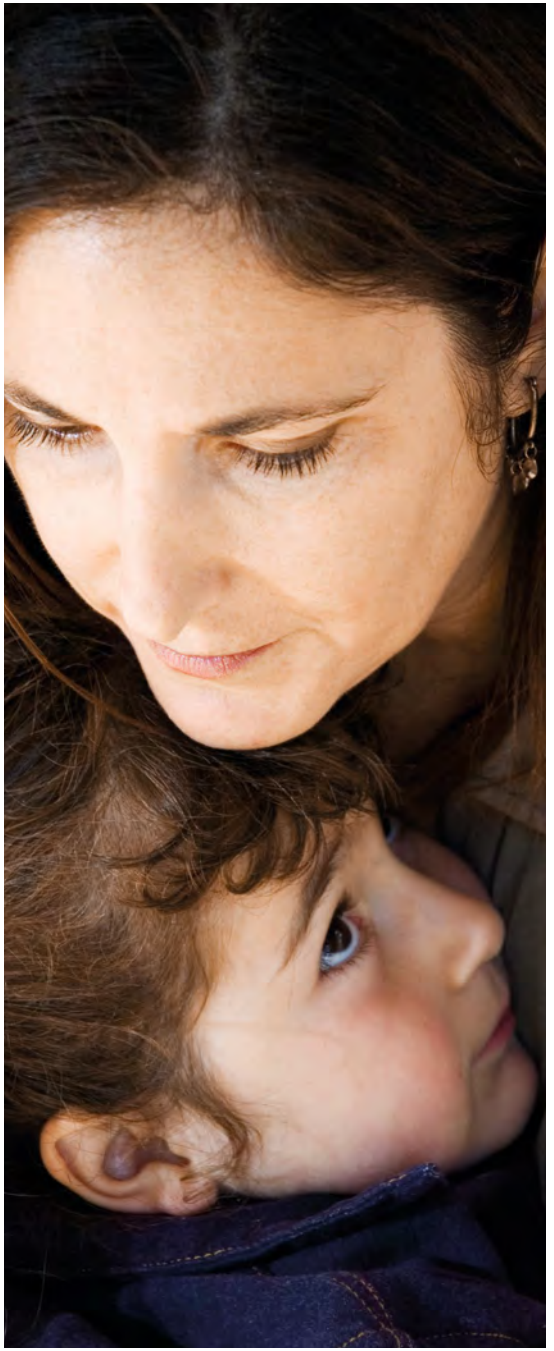
We know that the people who experience domestic abuse are usually women and girls, and evidence suggests that they can live with domestic abuse for 2-3 years and experience 50 episodes of abuse before seeking help. However when they do seek help, women are often encouraged to be responsible for the safety and protection of their children while feeling unsafe and in need of protection themselves.

> The biggest barrier for me was emotional – being scared of reaching out.

LGBTQ+ people are just as or more likely to experience domestic abuse than straight or cisgender people. Evidence highlights that 1 in 3 lesbian, gay and bisexual people have experienced domestic abuse in their intimate relationships. We also know that 80% of transgender people have experienced abusive behaviour from a partner or ex-partner. SafeLives estimates that LGBTQ+ people are under-represented in statistics and highlights that 2% of people accessing support from domestic abuse services identified as LGBTQ+.

A common theme from a staff survey on domestic abuse carried out across the HSCP in May 2020 was that there is often a focus on victimhood, an over-reliance on signposting people to other agencies or services and encouraging women to flee. We know that leaving an abusive relationship can be the most dangerous time for someone experiencing domestic abuse and can increase the risk of offending or causing harm. The Femicide Census has consistently shown that separation is a risk factor for intimate partner femicides, or a trigger for violent, abusive and / or controlling men. The restrictions to movement in response to the COVID-19 pandemic made it more difficult for women to leave abusive men. Between 2018 and 2019, on average 43% of all women killed by current or former partners had left or were in the process of leaving. In 2020, evidence of separation was reported in 37% of intimate partner femicides.

While domestic abuse can be experienced by anyone, women and girls are more at risk and some women are even more vulnerable than others. Circumstances such as poverty, financial dependence, disability, homelessness, and immigration status can increase a woman's risk of experiencing domestic abuse.



- Glasgow's black and minority ethnic communities are far more diverse that they used to be and our responses must recognise this.
- Research has found that 95% of people who experience domestic abuse are subjected to economic abuse . Financial and economic abuse limits the choices that people can make and their ability to build financial security. It can prolong the time that someone stays with their abuser and continue to experience further harm. Financial control can also continue, or start, after separation and can continue for many years. The cost of living crisis will only exacerbate this.
- A recent Scottish study which looked at social stratification of mother's exposure to abuse shows that the age of a mother has a protective effect, with mothers aged under 20 at most risk compared to those aged over 40; and also that mothers in the lowest income households were more likely to have experienced abuse, more types of abuse and more often than people in the highest income households.
- Women experiencing abuse who have no recourse to public funds may be highly vulnerable due to this status, and this could be an additional way for the person using abusive behaviour to control them. We will make sure that clear guidance for our staff is available to ensure people get a consistent response where this is an issue, and work with our partners to offer support to them where this is possible.
- There is evidence that women in abusive relationships may use gambling as a way of coping with their situation and gambling venues can act as a physical place of safety . Where gambling is present physically abusive relationship, it can exacerbate the violence. Women can experience multiple and interconnected harms from gambling participation – financial, relational and mental health harms. Women are also more likely to be affected and impacted by someone else's gambling (12% of people seeking treatment for a gambling problem report being a victim of domestic violence).



Sometimes our interventions can add to the vulnerability which is already there – for example by moving them away from the abuser, women and children are also removed from extended family supports, friends and communities, jobs, schools, childcare and other supportive resources.

We need to make sure that women who experience domestic abuse and their children are safe and protected from harm and have access to the right support at the right time. This means seeing the whole person and hearing the whole story and we must make sure that staff in our front-line services have the knowledge and skills to listen and respond to the safety plans of those women experiencing abuse – as they know best what keeps them and their children safe. In our services where domestic abuse is not a main focus, it is essential that our responses do not increase or introduce further risk of harm – this may include choosing not to intervene but ensuring that appropriate and robust links are made via community based provision. It is also important that staff understand court processes and that involvement in the criminal justice system can also increase risk and shift abusive behaviour.

In June 2022 the Glasgow City HSCP Practice Audit Team prepared a report highlighting the specific needs and vulnerabilities of women accessing Adult Services across Glasgow including their recorded experiences of domestic abuse, and making specific recommendations as to how services can improve to better meet the needs and improve the safety of their female service users.

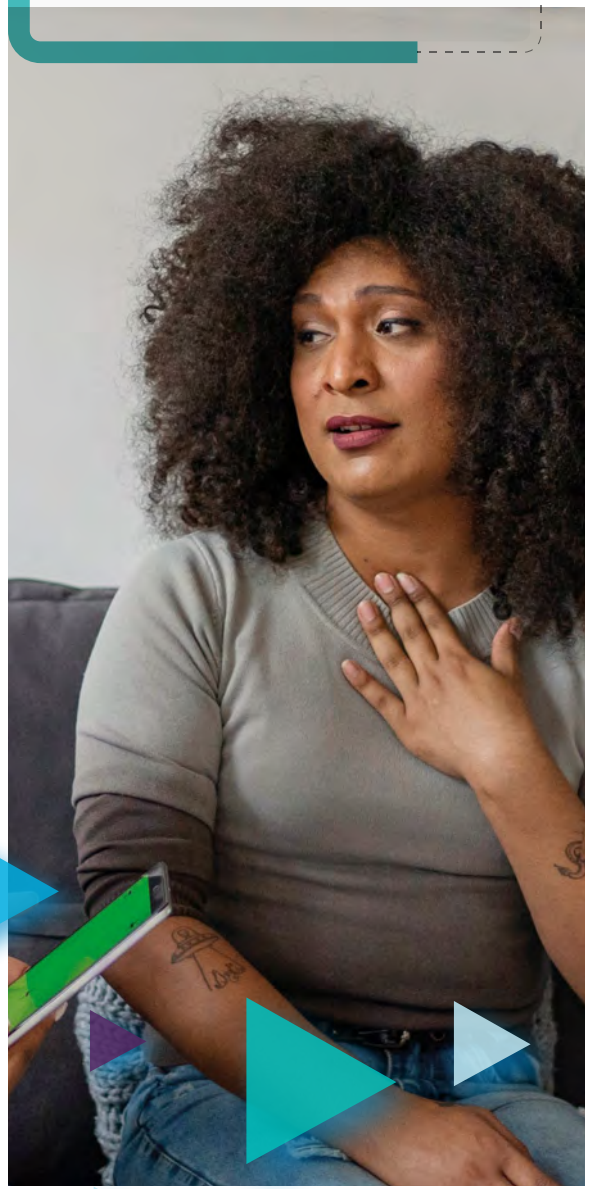
The MARAC (Multi-Agency Risk Assessment Conference) process is a strategic public protection response to high risk victims of domestic abuse and any children they may have. Glasgow City HSCP will continue to support the delivery of this, ensuring consistent representation and participation, and robust communication across all our services.

Glasgow City HSCP employs 12,000 people across all services. It is reasonable to assume that there will be a significant proportion of our staff who are themselves personally affected by domestic abuse. Staff may experience domestic abuse in their home lives, and / or may have escaped an abusive relationship. A proportion of our staff may also cause harm to others through domestic abuse. We need to work with staff and management to ensure that robust policies and processes are in place to develop clear pathways to help staff to disclose their circumstances and be supported through any subsequent absences or lateness, appointments or court appearances; to support staff through any potential financial difficulties arising as a result; and to be aware of potential work-related risk factors such as lone-working, location or hours of work. Above all we need to ensure the HSCP is a safe, compassionate and non-judgemental workplace.

> I'm not a victim now but I was a victim then.



WHAT WE WILL DO



- Ensure that our workforce has knowledge and skills to respond sensitively, consistently and cohesively from a first disclosure, and throughout the process of any court action. This will give people the confidence to approach any service at any time and get a consistent response with a better outcome.
- Ensure the commitments in the Scottish Women's Health Plan are taken into account when developing, improving, and changing the way we deliver services to women.
- Explore additional supports to people who may find it more difficult to seek help – older people, male victims, people of any sexual orientation or gender identity, people affected by disability, people who have a caring responsibility, and people of differing ethnic and / or faith backgrounds.
- Explore additional supports to people who may need a more complex response from services – people with learning disabilities, asylum seekers and people with insecure immigration status, people with impaired mental capacity, people with no recourse to public funds, people in custody.
- Support the development of systems that help women achieve economic autonomy in order to increase their safety and wellbeing.
- Explore opportunities to raise awareness of financial abuse issues and alerts for health visitors and other frontline services staff through Financially Included training (which is a partnership between Greater Easterhouse Money Advice Project and GVAWP, and which seeks to identify and respond effectively to women who are living with or have lived with financial abuse)
- Raise awareness and increase knowledge around the stigma that women face surrounding gambling harms in order to help encourage them to seek support
- Develop programmes to use the opportunity to work with women in police custody when they feel safe from their abuser and may be more likely to disclose.
- Our Alcohol and Drug Recovery services (ADRS) will review the Gender Based Violence (GBV) service and role of the GBV workers in each locality to improve effectiveness of support provided to their service users.
- Consider all the recommendations of the Practice Audit report into female service users' experiences of domestic abuse across Glasgow services
- Ensure staff are aware of the referral pathways for high risk victims of domestic abuse, and that they have the knowledge and skills to undertake common shared risk assessment to ensure informed and timely referrals into the MARAC process. Consideration of SafeLives training for staff to allow a better understanding of risk.
- Review and develop robust HR policies and practices to support our staff through crisis, disclosure, recovery and support.

Strategic Priority 3

People who harm through domestic abuse. Adopt a proactive approach to working with people who abuse and use coercive control to help them better understand and address their harmful behaviours, and to reduce and prevent repeat domestic abuse; and to improve our own understanding of people who abuse, to inform and shape service responses.

Changing the attitudes to domestic abuse and improving understanding of what drives and sustains domestic abuse, is the only way we can collectively challenge the behaviour of people who abuse. This will also ensure a sustainable approach to preventing abuse. Working with men is not seen as core business in many of our service areas, and this needs to be encouraged if we are to adopt a whole family approach. This will help with the prevention of domestic abuse and the provision of support to all people affected by it. Our service approach needs to be compassionate enough to engage and help people who cause harm understand and recognise the impact of their behaviours and robust enough to challenge those behaviours. This will also help us to see abusive behaviour through a trauma lens in order to better address the behaviours of people who cause harm.

We need to make sure that our staff are trained and developed to be able to identify the early signs and indicators of domestic abuse and to respond earlier and appropriately to reduce patterns of repeat harm. They need to have the skills and confidence to engage with people who abuse, working with them to reduce risk.

Accredited, evidence based services such as the Caledonian programme provide structured interventions to address the abusive behaviour of men who have been convicted of domestic abuse offences; and support, safety planning and advocacy services for their partners and children. It was introduced into Glasgow Justice Services in 2019, with a central team consisting of Team Leaders, men's workers (Social Workers who engage with the men on the programme), women's workers, who engage with their partners or former partners, and children's workers, who engage with the children of the involved men and women, and their carers. Men attend as a requirement of a Community Payback Order or post release license, for at least two years. While holding the man to account for







his behaviours is integral to the programme, a trauma informed approach, with positive relationship building between the man and his worker, is key to the success of the process of change. The Women's Service provides safety planning, information, advice, advocacy and emotional support to female partners and ex-partners of the men who participate in the programme. The Children's Service seeks to ensure that the needs of the children whose parents are involved with the Caledonian System are met, and their rights upheld. The team works with around 220 men, with support provided to around 260 women and 30 children, at any one time.

The Men's, Women's and Children's Workers are co-located within the same office space which promotes more effective communication and information sharing between workers. The Caledonian Team is also co-located with Assist, NORM, and Police Scotland. Within this setting formal information sharing systems have been developed, and flourish, with knowledge shared between agencies in the interests of enhanced public protection. Recent evaluations of the Caledonian System have identified that women and children feel safer with the intervention and support it provides. Anecdotally, feedback from men, women and children is extremely positive.

Guidance and training for staff is required to support early interventions and work being done around parenting and healthy relationships with men who do not meet the criteria for the Caledonian programme and those who don't get charged or convicted. A significant proportion of domestic abuse offenders are subject to other measures such as community payback orders, and there must also be work and engagement with these men.

Prison settings provide a unique opportunity to explore and address some of the issues surrounding men's abusive behaviours with men themselves. Working specifically with men who have been convicted of domestic abuse is complex, and many are required to address their offensive behaviours through the parole board system. However, Prison Health Care Health Improvement teams have opportunities to work with the general prison populations to raise awareness of the issues and triggers, and promote positive behaviours and attitudes.

> I felt let down by the Court, NHS and Police, particularly while I was in prison and never received any treatment and felt that because of my domestic offence, I wasn't treated with respect all the time.

WHAT WE WILL DO



- Increase our focus on addressing the behaviours of domestic abusers, in order to shift the expectation that the non-abusive partner or parent (usually the mother) must keep themselves and their children safe.
- Establish a working group to design and deliver a safer framework for intervention with men who cause harm but who are not suitable for the accredited Caledonian Programme and where there are no criminal justice proceedings.
- Strengthen the support and training given to those who work with domestic abuse offenders, including in prison and custodial settings, to reduce the risk of re-offending. This will include working with Alcohol and Drug Recovery Services and the Alcohol & Drug Partnership.
- Consider how the Your Voice workstream can be adapted for men and women in the Caledonian System in order to gather feedback about their views about the service and inform future training and development.
- Prison Health Care services will engage with Scottish Prison Service to develop a partnership approach to tackling attitudes of perpetrators of domestic abuse and general attitudes to male violence with individuals during their time in custody.

Strategic Priority 4

Whole Life Course. Work with people across the whole life course to reduce the harmful and negative impacts of domestic abuse

A whole life course approach means examining changes and impacts in a person's life over time, recognising that life changes and roles, including work and caring responsibilities, can impact a person's wellbeing and their ability access services at any stage of their life, and that continuity and change influence health and wellbeing across different life stages. It looks back across a person's life span and their earlier experiences to help understand how these can influence their later experiences current situation. A life course approach emphasises the importance of identifying opportunities to prevent ill health and negative factors, and to promote positive and good health at key stages of life from childhood and adolescence through adulthood and into later years. Identifying whole life course factors can help determine key points or areas in a person's life where risk factors can be specifically targeted to help prevent and stop abuse in that person's life.

In 'Breaking the cycle: a life course framework for preventing domestic violence', the risk factors for domestic violence perpetration among adults and teens are broken down into four categories:

- **Demographic factors**. These include an individual's age, education, income, employment status, and more.
- **Family-of-origin factors**. These include situational factors related to one's family, such as witnessing parental domestic violence and children experiencing physical abuse.
- **Individual factors**. These include health and developmental issues specific to an individual, such as depression, anxiety, financial stress, coping skills, and prior arrests.
- **Relationship factors**. These include characteristics of one's relationship with an intimate partner, such as patterns of communication, relationship satisfaction, and the presence of psychological or sexual abuse.

Addressing the complexity of multiple, connected risks such as alcohol, drugs, sexual health and blood borne viruses, mental health and wellbeing can be extremely challenging. Exploring such risks in an overlapping and interconnected way can provide more effective ways to reduce risk and increase access to the individuals experiencing them. We need to build capacity, and better support and equip our staff who work directly with people experiencing such multiple intersecting risks.



WHAT WE WILL DO



- Review domestic abuse services, provision and support across the HSCP through a lifecourse lens, in order to mitigate the risk that we might be missing opportunities to prevent further harm.
- We will work with key partners to explore, assess and understand staff's knowledge, experience and confidence in taking a proactive approach to people with multiple health risks. The findings will be used to inform a programme of development and training opportunities to build capacity around these multiple risks.

Children and Young People

Putting the person who has been harmed at the centre of our response is key to providing strengths based delivery approach. The impacts of domestic abuse on children and young people can include changes in their mood and behaviour, their mental and physical wellbeing, and their safety or ability to keep themselves safe; and these can often continue into adulthood even if the abuse does not.

Domestic abuse can be extremely complex and involve many different dynamics within a family which can make it difficult for others to understand or know how to provide appropriate support. Parents can be reluctant to report abuse, perhaps due to previous experiences of unhelpful or inadequate services, an anxiety of losing contact with the children, concerns about not being believed, or a fear of the abuse getting worse. When these fears are relayed to or picked up by the children they can be replicated in their own adult lives. Providing the whole family with the skills, knowledge and awareness is important in making sure that abuse is recognised and challenged, not repeated in future generations.

Glasgow's NORM (Non Offence Related Management) Service was developed as a city-wide service in 2009 as a multi-agency response for children who are at risk of domestic abuse and care and protection issues, and was co-located with Police Scotland in 2014. The team consists of a Team Lead, Social Workers and Social Care Workers and administrative support. Since December 2021 the service has been undergoing a Test of Change which introduced 2 Qualified Social Workers in addition to 3 Social Care Workers. This has been hugely beneficial for the team in providing early intervention and prevention work to families impacted by domestic abuse. The service has been able to change the way in which they engage with families with this addition and the following benefits have been noted – NORM team have increased visits to families in their own homes to further assess the risk of harm, they will engage with children affected by domestic abuse by asking and listening about their experiences, NORM workers also make attempts to engage with the person causing harm through domestic abuse and work with the family as a whole using the Safe and Together approach.



NORM workers also work closely with partner agencies from health and education to formulate a risk management plan and regularly liaise with colleagues in ASSIST (Advocacy, Support, Safety, Information Services Together) regarding safety planning and ongoing supports. NORM workers complete the Safe Lives / DASH checklist if required and will refer and discuss high risk cases at MARAC.

NORM workers liaise regularly with the Scottish Children's Reporter Administration (SCRA) regarding report requests for families that they are involved with and can assist the Reporter on making a decision on a report being required or not. Regular liaison meetings have now been arranged between NORM and Police Scotland to strengthen and build on existing relationships with the Domestic Abuse Unit which allows a forum to discuss key themes / issues and particular cases of concern that may benefit from a joined up approach.

Children and young people can be the primary target of domestic abuse and coercive control as well as of their parent's / mother's abuse. The Rise Report (2022) found that over a third (36%) of young women (aged 12-25) had experienced abuse in their intimate relationships. Although young women have a good understanding of what healthy and unhealthy relationships are, their learning happens through their own and their peer's experiences and through social media rather than school or educational settings. The young women who took part in the research also said that some statutory services are not as accessible or as supportive as they need them to be, and that in order for them to reach out to a service young women need to know what is available and what steps to expect when they make contact.

Glasgow City HSCP (along with 2 English Local Authorities) will commission a research project to investigate the nature of domestic abuse and violence in Child Protection context, supporting the development of effective new responses. The research project will run from March 2022 to March 2024 and has 3 main aims:

- To address gaps in our knowledge on the nature and characteristics of Domestic Abuse and Violence in Child Protection situations.
- To examine the relationship between Domestic Abuse, Violence, Child Protection responses and intersectional inequalities, determining how these shape experiences and outcomes.
- To co- produce frameworks, in partnership with families and practitioners, to support new approaches in policy and practice.

WHAT WE WILL DO



- Evaluate the NORM service upon completion of the test of change.
- Consider how we respond to young people who harm, who may not be appropriate for structured programmes such as the Caledonian service.
- Consider the recommendations contained within the Rise Report, including making it clear what services and supports are available, how they can be accessed, and what can be expected.
- Undertake joint research to look at the nature of domestic abuse and violence in a child protection context and support the development of new responses.

Transition

It is recognised that the transition points between care groups (Children and Families, Adult and Older People) may pose a risk to the people using our services, in that our approach and interventions at these points may lack consistency and / or a continuity of care. A lack of shared documentation and the existence of multiple systems for storing information increases the risk of information being lost or not shared consistently at transition stages. Other periods of transition can happen when a previous phase of life ends and a new one begins, such as the birth of children, separation from a partner, remarrying, long-term illness of an abusive (or abused) partner. The risks posed are similar, and continuity is critical to help stop repetitive patterns of abuse which control and limit the life experience of people who live with domestic abuse.

Adults

There will be circumstances in the care of adults and older people which are both safeguarding situations and situations of domestic abuse. Adult Support and Protection (ASP) can have direct relevance to a broader range of people than originally anticipated, and we must ensure staff are aware and equipped to respond in an appropriate way. For many people the effects of trauma and adverse childhood experiences can introduce levels of complexity into the decisions they find themselves taking. These experiences and the cumulative impact of them through life may have rendered some people effectively unable to safeguard themselves to the extent that some will repeatedly take decisions that place them at risk. When applying the ASP three point test, it is important to understand the person's decision-making processes. This should include an understanding of any factors which may have impacted upon their ability to make free and informed decisions to safeguard themselves. This can apply to situations where the adult is subject to coercive control or undue pressure. It is important that staff should take a person's overall circumstances into account, and take great care before determining whether or not an adult is genuinely able to take decisions about safeguarding themselves, and have a need for support and protection.

It is also important to stress that where a person has been assessed as at risk of harm but does not meet the ASP criteria, then staff are still required to pursue all avenues in order to protect that person from harm.

We have seen (in The Scale of the Challenge, p8/9) that our data collection with regards to ASP and domestic abuse does not capture the detail of who is causing the harm. It is important that we improve our data recording and reporting structures to more accurately gather data on harm being caused by partners or ex-partners, as well as wider family members.

There is a recognised long term impact on the mental health and wellbeing of people who have been subjected to domestic abuse, including higher incidences of anxiety and panic attacks, depression, suicidal thoughts, and suicide. There is also acknowledgement of the comorbid presentation of mental health problems and experiences of abuse in adulthood. Robust mental health pathways are crucial to help survivors engage and find the right support, and these pathways must include children and young people as well as adults.

Clinicians working in Adult Mental health have developed a standardised protocol for assessment in services (the Initial Assessment Tool IAT), which includes asking about experiences of adult abuse and gender based violence. A recent audit of the adult abuse section of the IAT implemented in 3 north east Glasgow Community Mental Health Teams (CMHTs) served as a baseline to inform current practice and areas of learning for clinicians. The audit found that having a standardised set of questions on routine sensitive enquiry appeared beneficial in assisting clinicians to ask about experiences of adult abuse – 57% demonstrated evidence of routine sensitive enquiry of adult abuse (including gender based violence). Routine sensitive enquiry of adult trauma was shown to inform the majority of risk formulations (63% of patients).

There is limited evidence on the numbers of people with learning disabilities who experience domestic abuse, although national data does show that it is greater for women and men with long-standing illness or disability than it is for the general population, and studies show that women and girls with a learning disability are particularly at risk (40% of women and 20% of men with long-standing illness or disability have experienced domestic abuse). People with a learning disability are less likely to disclose abuse for a variety of reasons, including not



understanding that the behaviour is unacceptable, a lack of communication or articulation skills, a fear of not being believed and getting into trouble for perceived lying . They may also fear that sharing their experience of abuse might lead to their capacity being challenged. Staff who work in our learning disability services are likely to come across people who are or who have experienced domestic abuse, and we need to make sure that opportunities are provided for clear, easy and early disclosure.

Problematic alcohol and drug use can impact on anyone at any age and stage of life, and can be a recurring theme throughout the course of some people's lives, increasing vulnerability. Alcohol Drugs and Recovery Services in Glasgow City (ADRS) take a recovery oriented, whole family approach to service delivery with a multi-disciplinary approach. ADRS work in partnership with a range of partners including Children & Families, Mental Health, Criminal Justice, Recovery Hubs and third sector organisations to support people who require a care and treatment service. Routine Enquiry in respect to domestic abuse is included within the addiction assessment, parental assessment and care plans. Each locality ADRS team has a Gender Based Violence worker, whose primary role is to support women who have experienced abuse, and link them with additional community services where appropriate, as well as providing advice and guidance to staff across the teams. Female specific recovery groups, cafes and events are available throughout the city with childcare options available.

Glasgow City Alcohol and Drug Partnership (ADP) recognises the overlapping and additional issues and barriers for women experiencing domestic abuse and alcohol / drug problems. Relationships with the Glasgow Violence Against Women Partnership have been formalised to ensure that strategic planning for alcohol and drug services is progressed through a gendered lens, acknowledging the additional barriers and mitigating these wherever possible. A Lived and Living Experience Women's Reference group has been established, supporting women from across the city at different stages of recovery from their alcohol / drug problems, and including family members, to ensure that women can influence service delivery and strategic objectives. The ADP are developing a Women's Action Plan, informed by a variety of national and local work that has identified domestic abuse as a barrier to access and engagement with support.

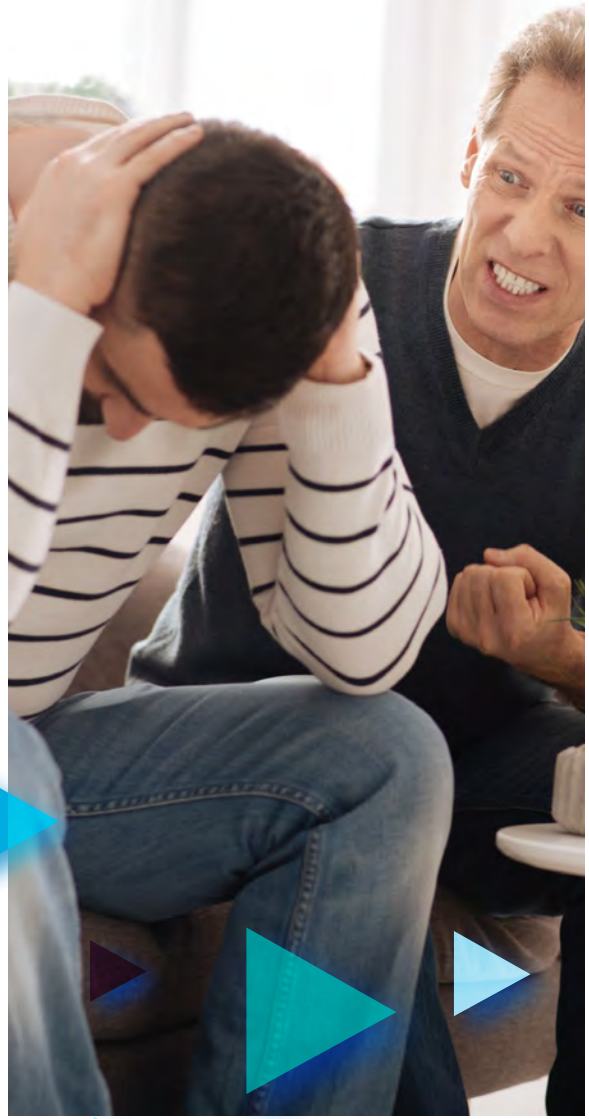
A 2010 study in Scotland found a high percentage of transgender people had experienced abuse in their intimate relationships – 80% of the 60 respondents reported abuse from a partner or ex-partner, but the majority had not received support around this. A more recent Scottish health needs assessment of lesbian, gay, bisexual, transgender and non-binary people found a high prevalence of abusive relationships within the LGBTQ+ community. 37% indicated they had experienced an abusive relationship, and this was most common among trans people, non-binary people, and bisexual women. However, there was a perceived lack of services to support or advise victims, leaving them further isolated and vulnerable. There was also a lack of understanding and awareness among service providers and the general public that sexual violence and domestic abuse can occur outside of scenarios involving male perpetrators and female victims. The report found that just 17% of those who had been in an abusive relationship had accessed any help or support. A number of recommendations are contained in the report, incorporating some specifically for statutory service providers, and including a more general campaign raising awareness of domestic abuse and sexual violence in LGBTQ+ relationships to help people recognise incidents and seek support, and also to boost awareness among the general population.



I didn't disclose the abuse because I couldn't accept what was happening.



WHAT WE WILL DO



- Design a targeted survey for all Adult and Older People Services staff to gather information on current knowledge, experience, practice and intervention, and training requirements.
- Explore Family Group Decision Making processes in the context of providing support and services to adults and older people
- Improve our collection and recording, storing and analysis, and sharing and communication of our data. This includes investigating ways of interrogating ASP recording further to improve data and outcomes
- Ensure staff have the skills and confidence to engage and respond effectively to the mental health needs of people experiencing and people perpetrating domestic abuse.
- Disseminate the findings of the IAT audit to clinicians and management, and use the findings to inform trauma-informed responses for people presenting to CMHTs. We will also prepare the audit for peer-review publication.
- Ensure that our Learning Disability staff have clear guidelines and have specific, targeted training to support early identification, disclosure, and appropriate referral and support.
- Consider how our services frame questions and information for people with learning disabilities, and make sure that information is easy to read and accessible to help them choose healthy relationships and identify abuse.
- Roll out trauma informed practice to all ADRS staff to ensure they are responsive to the needs of service users and have the skills to respond to people who experience domestic abuse
- Review the Gender Based Violence (GBV) worker role within ADRS and how they can further support the wider team in working with service users and their families who experience domestic abuse.
- ADRS will apply a gendered lens in all strategic and operational developments, and in the implementation of the ADRS Review recommendations and MAT Standards, to embed equality for women accessing services.
- Domestic abuse will be added to ADRS supervision as a standing item, to ensure risk and needs are reviewed regularly.
- Glasgow ADP will support Recovery communities, Mutual Aid and Tier 2 services to increase awareness and knowledge of domestic abuse
- Develop ADP Women's Action Plan to incorporate the local priorities informed by the Lived and Living Experience Women's Reference Group.
- Our services should be demonstrably LGBTQ+ inclusive and our staff made aware of inclusive support services in order to appropriately signpost.

Carers

In Glasgow city, there are approximately 74,000 adults who are unpaid carers (14.4%) and the majority of these are women. As the condition of the person being looked after progresses, they are less likely to be able to look after themselves and may require increased levels of support from family and friends.

Where an unpaid carer is identified, Carer Teams engage with carers in the expectation that they will provide practical and emotional assistance to the person with the diagnosis. The Carer Support Plan asks "Are you willing to continue your caring role'? Where there has been a history of domestic abuse in the relationship, the Carer team find that it is not often disclosed at this stage, but more usually further on in the pathway. Staff would benefit from training to be able to identify the early signs and indicators of domestic abuse and to respond earlier and more appropriately in order to maintain the rights of all individuals.

Where a carer indicates that they would prefer not to provide care to someone who has a history of abusing or coercively controlling them, but there is no obvious alternative solution to enable the cared for person to remain in the community, the carer can may feel obliged to continue to provide care rather than have their relative admitted to long-term care. This appears to be made worse where the abuser has a diagnosis of dementia. Where the carer is an intimate partner, and expresses a desire to leave the relationship because of domestic abuse reasons, staff can feel conflicted in particular where the Maximising Independence and community-living for longer agendas are the focus. Staff would benefit from additional training in order to support both the carer and the cared for person through these difficult situations.



WHAT WE WILL DO



- Develop clearer guidance and specific, targeted training for Carer team staff.
- We will seek to articulate and address the unique issues affecting carers and people in a caring situation who are affected by domestic abuse, through engagement.

Older People

Many of the issues that older people face when experiencing domestic abuse are the same as anyone else experiencing domestic abuse. But distinct social, cultural, physical and relational factors can often worsen those experiences for older people and may require tailored service responses. Older people are a historically 'hidden' group of people when it comes to domestic abuse. This invisibility is referenced across research and policy work of organisations who support older people. In their 2016 report on Older People and Domestic Abuse, SafeLives describe the barriers to identifying abuse, the issues with accessing support, and the different responses to abuse, which are specific to older people:

- As a consequence of so few older victims accessing domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people. These assumptions may encourage health professionals to link injuries, confusion or depression to age related concerns rather than domestic abuse;
- Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm, limit their perception of options available to them, and in some cases, limit their access to uniform interventions or service responses;
- SafeLives data suggests that people over 60 are less likely to have attempted to leave than people under 60 (17% vs 29%).

> When I got a worker that seemed to care and was interested that made a big difference.

A lack of research and study into the impacts and effects of domestic abuse on older adults has been acknowledged worldwide. During the life of this Strategy, Glasgow City HSCP will work with University of Strathclyde on a research project Older People and Domestic Abuse: Revising the Strategy and Reconfiguring Action. The main aim will focus on the whole systems / joined up approach, with an emphasis on lived experience and intersecting inequalities, the prioritisation of training / development and education, and the need to further incorporate research into the work being undertaken. The research will take 12 months, and will incorporate the following aspects:

- Undertaking a literature review about what current research is telling us about older people and domestic abuse and unpacking definitions and looking in detail at how intersecting inequalities shape experiences;
- Using a case file audit template to look at work undertaken in this area in Glasgow both currently, and over the last two years;
- Interviews with older people, drawn from people who have been in contact with Glasgow City HSCP services, to obtain their views about their understandings of domestic abuse, their experiences, their resources, the issues they have faced, how they have responded in their specific situations and their journeys in terms of contact with professionals and support services;
- Interviews with practitioners and managers operating in this arena to obtain their views of how to build on strengths, use local resources, address gaps and respond to intersectional inequalities.

Throughout the project it will be important to have regular meetings with a manager's core group to discuss the research process and findings, and hold co-production knowledge forums to present findings and obtain feedback to inform policy and practice guidance and action. These will be held with the older participants as well as with practitioners.





WHAT WE WILL DO



- Ensure that our responses to older people are appropriate and targeted, both in our messaging and in the design and delivery of services.
- Work with partners and service users to co-produce messaging about domestic abuse, and ensure suitable and appropriate signposting is in place for older people.
- Design a targeted survey for all Adult and Older People Services staff to gather information on current knowledge, experience, practice and intervention, and training requirements.
- Explore Family Group Decision Making processes in the context of providing support and services to adults and older people.
- Undertake research on the understanding, impacts and issues faced by older people in relation to domestic abuse.



Strategic Priority 5

Working Together. A whole systems approach means working collaboratively with our partners across Glasgow in order to deliver our vision, including people with lived experience of domestic abuse.

Developing a co-ordinated approach to how we respond to, support, and provide services to people affected by domestic abuse is essential for the HSCP. By increasing our knowledge and awareness we make it easier for people to access support as early as they need to, and means that we can make sure that our responses are consistent, safe and compassionate. By increasing public knowledge and awareness we will support people to make more informed judgements about their relationships and their individual situations.

Understanding the challenges in our city.

The HSCP needs to be more responsive to the changing needs and the increasing demands for services. We need to ensure consistent messaging and safe recording practices across care groups and services.

Glasgow City HSCP has recently introduced Health and Social Care Connect designed to operate as a 'Single Point of Access' model which replaced our previous Social Care Direct model. This will ensure greater focus on earlier intervention and prevention at the first point of contact, supported with an enhanced skill mix of HSCP staff across all services. It will include the development of a single assessment ensuring a more stratified approach to working with domestic abuse.

Transforming primary care services is a vital element of the Glasgow City Integrated Joint Board's (IJB) Strategic Plan. The majority of patient contact and patient care each year takes place within primary care, with estimates suggesting that up to 90% of health care episodes start and finish in primary and community care. GPs, nurses and pharmacists are well-placed to identify domestic abuse early and offer early help and signposting, and the HSCP must work collaboratively with our primary care colleagues to support this, and raise awareness of the referral pathways for both people who are being abused and those who are abusing.

We recognise there is a requirement to improve consistent, detailed recording of domestic abuse incidents within our adults and older people services, over and above Adult Support and Protection (ASP) investigations. In ASP recording domestic abuse at the hands of any family member (including but exclusively partner or ex-partner) is recorded, but does not differentiate between who is carrying out the abuse. In many cases, families will have been dealing with domestic abuse of their older relatives for years and decades, and therefore it is important that good and accurate recording is implemented as early as possible in the life course in order to improve people's later lives.

WHAT WE WILL DO



- Improve our collection and recording, storing and analysis, and sharing and communication of our data. This includes investigating ways of interrogating ASP recording further to improve data and outcomes
- Make sure that recording practices and storage of information is safe and consistent across all our services, including those where domestic abuse is not the primary focus or intervention.
- Improve / develop information sharing processes across agencies, which will support a shared understanding of risk across agencies.
- Establish what data recording systems exist across our Adult and Older people's services and establish baseline data across services and care groups.
- Use baseline data to consider outcomes and performance measurement, and any service improvements required.
- In our Community Justice services, we will review data to identify gaps and take actions to resolve, and build enhanced reporting frameworks across Area Teams and the Caledonian Programme.

Capacity Building

We acknowledge that the lack of a strategy for the HSCP has resulted in some uncertainty and potential duplication when responding to issues of domestic abuse. However, partnership working does exist and a number of successful programmes of work and service developments have taken place. These include the Caledonian model, Tomorrow's Women Glasgow, trauma informed practices, investment in family support and the successes in transforming children's services.

The Glasgow Violence Against Women Partnership is a city-wide multi-agency partnership concerned with preventing and eradicating all forms of violence against women. The GVAWP has a role in supporting the delivery of Equally Safe, the Scottish Government's strategy to tackle violence against women and girls in Glasgow and have been active participants in the development of this Glasgow City HSCP Strategy.

The Safe and Together training piloted across HSCP services will support common language, ethos, values and approach, and evaluation of this will help us understand how effective this whole system approach within a Glasgow context is. To date over 300 staff have been trained across health and social work services and an oversight group has been set up to support the implementation of this model.

WHAT WE WILL DO



- Continue to build and sustain relationships and joint working practices, in particular with our primary care and Third sector partners who are often the first point of contact for people who have experienced domestic abuse.
- Undertake an audit of domestic abuse court reports and initial / Caledonian assessments, review assessment practice across Community Justice Services and design and launch a revised assessment pack
- Glasgow Alcohol and Drug Recovery Services will review current practices regarding domestic abuse.

Training and Development

In order to embed sustainable change we will make sure that training and development opportunities for our workforce are a key priority of this Strategy.

Service change that delivers improved outcomes for service users can only happen with a committed, supported workforce that has the right skills, flexibility and support. All of our engagement work to date (see section 4) has highlighted the need for a better trained, more confident workforce.

It is important to equip our staff to achieve a balance between knowing the risk, having the confidence to do what is required as much as they could and should, and being aware of what not to disclose or proceed with. Our staff should be able to undertake individualised assessment of risk in order to implement individualised plans in response; and they should have the confidence and competence to build relationships and undertake direct focused work to support change.

Investment in training must be at a level to make sure it is widespread, consistent, specialist and tailored. It must be embedded into practice and staff allowed the space and time to reinforce their learning and development in their day to day practice. Managers must provide support and supervision to their staff and ensure that any issues around vicarious trauma are dealt with.

> When you have a good relationship with a worker it makes a big difference… open up and trust the person – this is important.

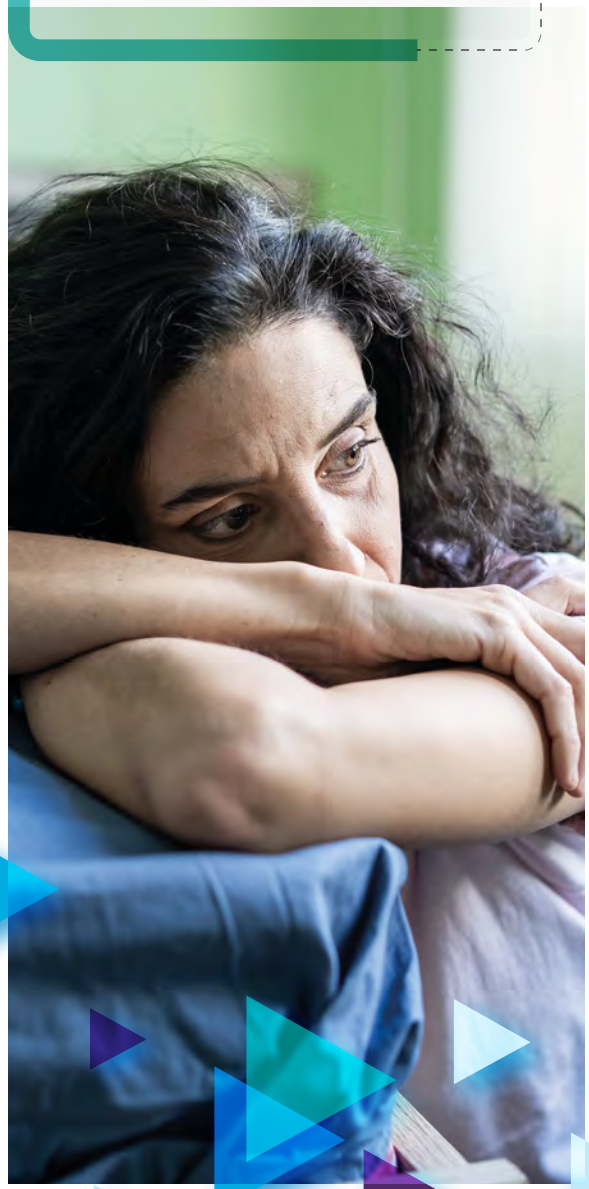
The Safe and Together model is a child-centred approach which provides a framework for staff to work with the whole family to focus on promoting the safety, permanency and wellbeing of the child. The model focus on men's patterns of abusive behaviour, engaging fathers to be better parents, supporting adult survivors of domestic abuse to recognise steps they have taken to protect and improve the safety of their children. Already in place in a number of areas across Scotland, training is being provided in Glasgow on 3 separate levels:

- Overview training – an introduction to the model principles and key components, an understanding of how the model can be used as a way to enhance good practice, and to share information on the support available from the Safe and Together Institute.
- Core training – 4-day course, in-depth training and modelling, designed to develop participants' skills around four practice areas – Assessment, Interviewing, Documentation and Care Planning.
- Supervisor training – training for managers and supervisors to enable additional support for staff undergoing training, including consolidation of the training and support to facilitate practice change as a result.

For adults, older people, and people with a physical disability, a significant change in approach is required, with regard to issues around domestic abuse. A robust training input is required, as well as research to inform evidence-based practices in order to achieve organisational culture change. The Safe and Together model is not a complete fit for staff working in adult and older people services, and a training needs analysis is required to determine the way forward for these staff cohorts. The research mentioned in section 3.4.5 will contribute towards this.



WHAT WE WILL DO



- Develop a comprehensive training strategy for staff across the HSCP and our primary care contractors; providing staff with the skills and knowledge to provide a sensitive response; addressing safe and consistent practices across all service; and ensuring a knowledgeable, confident, and appropriately skilled workforce. This strategy must recognise the different levels and types of training which will be required for staff who work across different services and who will have different levels and types of experience of dealing with domestic abuse.
- Evaluate the Safe and Together training package with a view to rolling out further if successful.
- Pilot training for Community Justice Services staff in Routine Enquiry and safety planning for female victims and evaluate for roll out to area teams and centre staff.
- Roll out safe lives training across community justice services, homelessness, alcohol and drug recovery services, police custody health care and prison health care staff.
- Training content will be reviewed and augmented to ensure consistency for all training packages including domestic abuse awareness training and to ensure that they include safe working, safe information sharing and recording practice and an understanding of service generated risks.
- We will equip managers to support this practice through supervision and to assist their staff translate learning to practice by direct training of managers and also through supervisory skills work on coaching.
- We will create toolkits for staff to support direct work with all members of families, to enable the focus on development of direct work with fathers around parenting / fathering, and draw on work from the programmes of working with men.

Engagement

It is important that the HSCP meaningfully includes the voices of people with lived and living experience of domestic abuse as we develop this strategic direction for Glasgow. This must include the views and experiences of children and young people and we will find sensitive and effective ways of doing this. We need to listen and get better at asking people what worked, what didn't work and what was missing for them. It is also crucial that any strategic planning process continues to involve key stakeholders from HSCP services, Police Scotland, education and the third sector.

Increased public awareness is vital so that people experiencing abuse will be better able to understand what they are experiencing and know that help is available. It will also encourage collective responsibility within our communities to address domestic abuse, given that it is a public health issue, and also that our actions or inactions may be inadvertently facilitating abusers.



WHAT WE WILL DO



- Ensure an inclusive engagement plan for staff, partners and service users is established as part of the monitoring and evaluation process for this Strategy. This will address any gaps in data regarding protected characteristic groups, as highlighted in the Equalities Impact Assessment (EQIA).
- Establish a standard monitoring process for all HSCP services, to routinely analyse data on equalities, including the uptake of domestic abuse services by people with a protected characteristic.
- Develop a robust plan to ensure an ongoing and meaningful engagement process with our staff, including repeating the whole staff survey carried out in 2020 on a regular basis.

Strategic Priority 6

Evidence-based approaches. Create culture change by driving and encompassing evidence based approaches consistently across all care settings and services and by working collaboratively with our staff to install changed cultural norms, attitudes and values.

We know that culture is very difficult to change because it is deeply rooted in an organisation and because it involves a linked set of goals, roles, processes, values, communications practices, attitudes and assumptions. Senior Management ownership and sponsorship of this Strategy is crucial to support the required culture change from the top of the organisation through to the whole workforce.

We will work to challenge the attitudes and behaviours in our workplaces and in our society that foster and perpetuate domestic abuse, cultivating positive and appropriate responses across our organisation. This includes making sure that opportunities for disclosure are built in to services through the standard and normalised use of Routine Enquiry which will enable a culture where people feel safe to seek help.

There must be a more comprehensive approach to partnership and cross-sector working to enable long term culture change in our communities, starting early in schools and educational settings and continuing throughout adulthood. It is essential to respond to the needs of people across the whole life course even while culture change is happening.

We know that variation exists across the HSCP in the way our different services respond to people who are affected – either people who harm or people who experience domestic abuse. Differences in protocols, standards, values across the HSCP can lead to mixed messaging, inconsistent support being offered, and can mean that people are not treated equitably. Our approaches are often based on the siloed-working nature of our services, for example elder abuse, mental health or addiction issues, and so on. We must work to change this and build a co-ordinated approach within our own organisation and across partner agencies, which will clarify responsibilities, improve access to the right services for people, and ensure a seamless service for people affected by domestic abuse.

> It was hard to talk about my experience and open up initially. Good that people didn't just go away, they were persistent but not too much. It took time to build up a relationship first, to build trust.

NHS Greater Glasgow and Clyde is reviewing current practice of routine sensitive enquiry amongst its community health staff, looking at how and where this is embedded, what areas of good practice exist and learning for services where this is not embedded, and what priorities for action are to be taken forward. HSCP health services and staff have been involved in this, and we must ensure that any relevant areas for improvement highlighted in the review are implemented across Glasgow city.

Research and evidence based-practice is applied elsewhere in the UK and it is important that we follow this approach in Glasgow and continue to learn from others what strength based approaches exist around protecting the family / whole life approach.

WHAT WE WILL DO



- Consistently promote and inspire positive attitudes through our own work, communications and social marketing activity and throughout all our partnership working.
- Involve, engage and empower our workforce - our staff must have the confidence and support to have the right conversation at the right time, should they be experiencing domestic abuse; training will be relevant, supported and embedded across all our services.
- Involve, engage and empower people who have or who do experience domestic abuse by developing engagement plans within services and / or building routine engagement and communication into service delivery.
- Involve, engage and empower communities through our community involvement and engagement activities.
- Make sure that contemporary research findings continue to inform our approach, and work collaboratively to use evidence based approaches across all settings to change cultural norms, values and attitudes.

Engagement and Consultation

Engagement to develop our strategic direction

The draft Domestic Abuse Strategy was developed and designed throughout 2021-22 with involvement and participation at its heart. An inclusive engagement approach promoted a collective responsibility for the strategic direction across the HSCP, and helped ensure effective alignment with our partners who are working to address domestic abuse. Our engagement activities included:

- People with lived and living experience of domestic abuse
- Engagement sessions with over 200 HSCP staff from all services and disciplines
- Participative session with our key partners
- Engagement session with primary care colleagues
- Extensive staff surveys across the HSCP, Education, and 3rd sector
- Development session with key decision makers from the HSCP including elected representatives
- Guidance and support was sought from colleagues across the UK with a wealth of research, policy and practice experience.

Consultation on the Draft Plan

A full public consultation process was carried out from August to December 2022, with the draft Strategy being made widely available on social media platforms and disseminated to staff, people who use services, key partner organisations, our health and social care partners across Greater Glasgow and Clyde and beyond, and the general public.

A survey was designed to allow specific responses and comments on the detail contained within the draft, and we received around 140 responses from a mix of individuals and organisations. 61% of respondents said they work with people where domestic abuse is a presenting or underlying issue. 78% work for the HSCP, with a good spread across all localities and services. In terms of the proposed vision within the Strategy, 89% of respondents agreed with it. We asked people if they agreed with each of the 6 proposed strategic priorities, and between 84-86% of them did agree. The same proportions agreed with the responses detailed in the draft Strategy against each of the priority areas.

We also held specific sessions to look at the draft Plan with staff and with key partners, as well as consulting with specific groups of staff, 3rd sector organisations, and the Domestic Abuse Operational Groups established to feed into the development of our strategic direction.

Everything which was raised during the consultation has been considered, and any emerging issues and themes have been fed into the Strategy as appropriate. We have pledged to continue this proactive engagement and participative working with our staff and our partners, as well as with the people who use or need our services, throughout the lifetime of the Plan. We did not engage specifically with children or young people, or the organisations and partners who work with them, and recognise this is a gap. This is something which we will make sure happens early as we move into the implementation of this Strategy.

Equality

The Public Sector Equality Duty (Equality Act 2010) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities. As such, our approach is informed by the latest available intelligence when determining key actions associated with the delivery of our Strategy.

Domestic abuse is fundamentally linked to inequality. Inequality between women and men increases the opportunity for the abuse of power and control as well as making it more difficult for women to break away from and live free from violence. An effective response to domestic abuse will require a response that takes account of broader gender inequalities.

Some populations will be multiply disadvantaged and so may need a greater level of support and response from our services. An effective response will also require the awareness and ability to recognise that there may be multiple barriers and to be flexible in those responses.

An Equalities Impact Assessment (EQIA) for Glasgow City's Domestic Abuse Strategy has been undertaken in order to identify, understand and seek to mitigate any issues which the development of a Domestic Abuse Strategy might raise. This was carried out by a project group with a broad and committed membership from staff across the whole HSCP, reflective of the organisation and the communities we serve. In addition to staff involvement, the EQIA has been informed by service users with lived experience of domestic abuse, who were anonymised throughout the engagement process, enabled and supported by colleagues in homelessness services, the Caledonian Project, and our partners at the 218 Service (Turning Point Scotland).The EQIA can be accessed **here**.

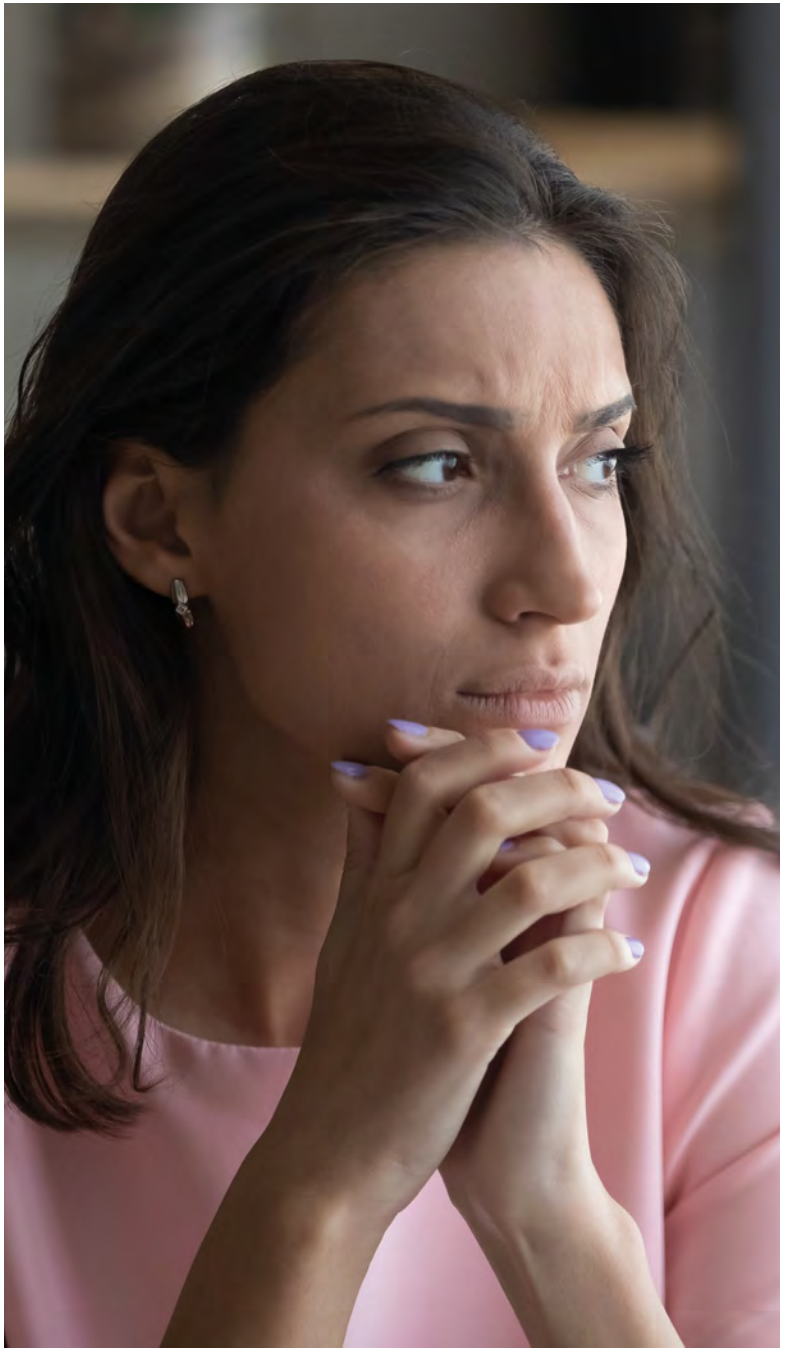


Implementation and Performance Monitoring

Delivery of this Strategy will be achieved by implementing the actions set out against each of the strategic priorities to result in improved outcomes for the population as well as for our staff and partners.

The Domestic Abuse Operational Groups (for Public Protection, for Children and Families, and for Adults and Older People) will develop detailed Implementation Plans together with proposals for policy and practice improvement in domestic abuse responses and services. The Implementation Plans will include timescales, milestones for delivery, and phasing of implementation across the lifespan of the Plan, and will be agreed and championed by each partner and care groups across the HSCP. This will be done alongside community planning arrangements to make sure whole system connections are retained as we implement this Strategy. The Strategic Oversight Group will monitor these Implementation Plans and will have accountability for making sure the identified outcomes are achieved within the timescales, reporting on progress annually. Evaluation of implementation will ensure that what we deliver is effective, and we will publish updates against this.

There a various systems across the HSCP for recording information, different drivers and different places to store and find data. We want to find meaningful ways of using our data to inform and measure progress of the strategic priorities. A performance monitoring framework will be developed and agreed, to enable regular and meaningful measurement of progress, robust analysis and reporting of performance, and action planning to improve services and delivery where necessary.



What We Will Do To Implement This Strategy

Prevention and Early Help

1. Establish a Short Life Working Group to put an infrastructure for Routine Enquiry in place across services, and to create safe places for disclosure.
2. Encourage people to seek support earlier by improving our information, education and communication systems.
3. We need to ensure robust communication strategies between this and other Strategies across the HSCP to complement and build capacity across services.
4. Work with children and young people to raise awareness about issues of equality and respect, develop appropriate age and stage awareness in order to help them better recognise domestic abuse and coercive control behaviours, and increase their resilience to these negative behaviours in relationships.
5. Working with young boys and young men is important in supporting them to develop positive, healthy relationships and prevent escalation of domestic abuse in future generations.
6. Work with the LGBTQ+ community and organisations to raise awareness of safe, healthy, respectful relationships.
7. Support our staff to be able to identify and intervene appropriately and as early as possible by strengthening first responses and Routine Enquiry across our services; and to respond in a more co-ordinated way by strengthening partnership arrangements and improving the effectiveness of domestic abuse pathways.
8. Always seek to respond to and engage with social landlords where contact is made about individual domestic abuse cases.
9. Work with the housing association sector to ensure robust approaches to domestic abuse are in place and visible.
10. Work with housing partners to ensure policies and procedures are in place around domestic abuse.
11. Work collaboratively with partner agencies including 3rd sector and smaller community based organisations to develop prevention practices / policy / good practice guidance in response to domestic abuse.

People who Experience Domestic Abuse

12. Ensure that our workforce has knowledge and skills to respond sensitively, consistently and cohesively from a first disclosure, and throughout the process of any court action. This will give people the confidence to approach any service at any time and get a consistent response with a better outcome.
13. Ensure the commitments in the Scottish Women's Health Plan are taken into account when developing, improving, and changing the way we deliver services to women.

14. Explore additional supports to people who may find it more difficult to seek help – older people, male victims, people of any sexual orientation or gender identity, people affected by disability, people who have a caring responsibility, and people of differing ethnic and / or faith backgrounds.
15. Explore additional supports to people who may need a more complex response from services – people with learning disabilities, asylum seekers and people with insecure immigration status, people with impaired mental capacity, people with no recourse to public funds, people in custody.
16. Support the development of systems that help women achieve economic autonomy in order to increase their safety and wellbeing.
17. Explore opportunities to raise awareness of financial abuse issues and alerts for health visitors and other frontline services staff through Financially Included training (which is a partnership between Greater Easterhouse Money Advice Project and GVAWP, and which seeks to identify and respond effectively to women who are living with or have lived with financial abuse).
18. Raise awareness and increase knowledge around the stigma that women face surrounding gambling harms in order to help encourage them to seek support.
19. Develop programmes to use the opportunity to work with women in police custody when they feel safe from their abuser and may be more likely to disclose.
20. Our Alcohol and Drug Recovery services (ADRS) will review the Gender Based Violence (GBV) service and role of the GBV workers in each locality to improve effectiveness of support provided to their service users.
21. Consider all the recommendations of the Practice Audit report into female service users' experiences of domestic abuse across Glasgow services.
22. Ensure staff are aware of the referral pathways for high risk victims of domestic abuse, and that they have the knowledge and skills to undertake common shared risk assessment to ensure informed and timely referrals into the MARAC process.
23. Consideration of SafeLives training for staff to allow a better understanding of risk.
24. Review and develop robust HR policies and practices to support our staff through crisis, disclosure, recovery and support.

People who Harm

25. Increase our focus on addressing the behaviours of domestic abusers, in order to shift the expectation that the non-abusive partner or parent (usually the mother) must keep themselves and their children safe.
26. Establish a working group to design and deliver a safer framework for intervention with men who cause harm but who are not suitable for the accredited Caledonian Programme and where there are no criminal justice proceedings.
27. Strengthen the support and training given to those who work with domestic abuse offenders, including in prison and custodial settings, to reduce the risk of re-offending. This will include working with Alcohol and Drug Recovery Services and the Alcohol & Drug Partnership.
28. Consider how the Your Voice workstream can be adapted for men and women in the Caledonian System in order to gather feedback about their views about the service and inform future training and development.

Whole Life Course

29. Prison Health Care services will engage with Scottish Prison Service to develop a partnership approach to tackling attitudes of perpetrators of domestic abuse and general attitudes to male violence with individuals during their time in custody.
30. Review domestic abuse services, provision and support across the HSCP through a lifecourse lens, in order to mitigate the risk that we might be missing opportunities to prevent further harm.
31. We will work with key partners to explore, assess and understand staff's knowledge, experience and confidence in taking a proactive approach to people with multiple health risks. The findings will be used to inform a programme of development and training opportunities to build capacity around these multiple risks.
32. Evaluate the NORM service upon completion of the test of change.
33. Consider how we respond to young people who harm, who may not be appropriate for structured programmes such as the Caledonian service.
34. Consider the recommendations contained within the Rise Report, including making it clear what services and supports are available, how they can be accessed, and what can be expected.
35. Undertake joint research to look at the nature of domestic abuse and violence in a child protection context and support the development of new responses.
36. Design a targeted survey for all Adult and Older People Services staff to gather information on current knowledge, experience, practice and intervention, and training requirements.
37. Explore Family Group Decision Making processes in the context of providing support and services to adults and older people.
38. Improve our collection and recording, storing and analysis, and sharing and communication of our data. This includes investigating ways of interrogating ASP recording further to improve data and outcomes.
39. Ensure staff have the skills and confidence to engage and respond effectively to the mental health needs of people experiencing and people perpetrating domestic abuse.
40. Disseminate the findings of the IAT audit to clinicians and management, and use the findings to inform trauma-informed responses for people presenting to CMHTs. We will also prepare the audit for peer-review publication.
41. Ensure that our Learning Disability staff have clear guidelines and have specific, targeted training to support early identification, disclosure, and appropriate referral and support.
42. Consider how our services frame questions and information for people with learning disabilities, and make sure that information is easy to read and accessible to help them choose healthy relationships and identify abuse.
43. Roll out Trauma Informed practice training to all ADRS staff to ensure they are responsive to the needs of service users and have the skills to respond to people who experience domestic abuse.

44. Review the Gender Based Violence (GBV) worker role within ADRS and how they can further support the wider team in working with service users and their families who experience domestic abuse.
45. ADRS will apply a gendered lens in all strategic and operational developments, and in the implementation of the ADRS Review recommendations and MAT Standards, to embed equality for women accessing services.
46. Domestic abuse will be added to ADRS supervision as a standing item, to ensure risk and needs are reviewed regularly.
47. Glasgow ADP will support Recovery communities, Mutual Aid and Tier 2 services to increase awareness and knowledge of domestic abuse.
48. Develop ADP Women's Action Plan to incorporate the local priorities informed by the Lived and Living Experience Women's Reference Group.
49. Our services should be demonstrably LGBTQ+ inclusive and our staff made aware of inclusive support services in order to appropriately signpost.
50. Develop clearer guidance and specific, targeted training for Carer team staff.
51. We will seek to articulate and address the unique issues affecting carers and people in a caring situation who are affected by domestic abuse, through engagement.
52. Ensure that our responses to older people are appropriate and targeted, both in our messaging and in the design and delivery of services.
53. Work with partners and service users to co-produce messaging about domestic abuse, and ensure suitable and appropriate signposting is in place for older people.
54. Design a targeted survey for all Adult and Older People Services staff to gather information on current knowledge, experience, practice and intervention, and training requirements.
55. Explore Family Group Decision Making processes in the context of providing support and services to adults and older people.
56. Undertake research on the understanding, impacts and issues faced by older people in relation to domestic abuse.

Working Together

57. Improve our collection and recording, storing and analysis, and sharing and communication of our data. This includes investigating ways of interrogating ASP recording further to improve data and outcomes.
58. Make sure that recording practices and storage of information is safe and consistent across all our services, including those where domestic abuse is not the primary focus or intervention.
59. Improve / develop information sharing processes across agencies, which will support a shared understanding of risk across agencies.
60. Establish what data recording systems exist across our Adult and Older people's services and establish baseline data across services and care groups.
61. Use baseline data to consider outcomes and performance measurement, and any service improvements required.
62. In our Community Justice Services, we will review data to identify gaps and take actions to resolve, and build enhanced reporting frameworks across Area Teams and the Caledonian Programme.

63. Continue to build and sustain relationships and joint working practices, in particular with our primary care and Third sector partners who are often the first point of contact for people who have experienced domestic abuse.
64. Undertake an audit of domestic abuse court reports and initial / Caledonian assessments, review assessment practice across Community Justice services and design and launch a revised assessment pack.
65. Glasgow Alcohol and Drug Recovery Services will review current practices regarding domestic abuse.
66. Develop a comprehensive training strategy for staff across the HSCP and our primary care contractors; providing staff with the skills and knowledge to provide a sensitive response; addressing safe and consistent practices across all service; and ensuring a knowledgeable, confident, and appropriately skilled workforce. This strategy must recognise the different levels and types of training which will be required for staff who work across different services and who will have different levels and types of experience of dealing with domestic abuse.
67. Evaluate the Safe and Together training package with a view to rolling out further if successful.
68. Pilot training for Community Justice Services staff in Routine Enquiry and safety planning for female victims and evaluate for roll out to area teams and centre staff.
69. Roll out safe lives training across community justice services, homelessness, alcohol and drug recovery services, police custody health care and prison health care staff.
70. Training content will be reviewed and augmented to ensure consistency for all training packages including domestic abuse awareness training and to ensure that they include safe working, safe information sharing and recording practice and an understanding of service generated risks.
71. We will equip managers to support this practice through supervision and to assist their staff translate learning to practice by direct training of managers and also through supervisory skills work on coaching.
72. We will create toolkits for staff to support direct work with all members of families, to enable the focus on development of direct work with fathers around parenting / fathering, and draw on work from the programmes of working with men.
73. Ensure an inclusive engagement plan for staff, partners and service users is established as part of the monitoring and evaluation process for this Strategy. This will address any gaps in data regarding protected characteristic groups, as highlighted in the Equalities Impact Assessment (EQIA).
74. Establish a standard monitoring process for all HSCP services, to routinely analyse data on equalities, including the uptake of domestic abuse services by people with a protected characteristic.
75. Develop a robust plan to ensure an ongoing and meaningful engagement process with our staff, including repeating the whole staff survey carried out in 2020 on a regular basis.

Evidence-based Approaches

76. Consistently promote and inspire positive attitudes through our own work, communications and social marketing activity and throughout all our partnership working.
77. Involve, engage and empower our workforce - our staff must have the confidence and support to have the right conversation at the right time, should they be experiencing domestic abuse; training will be relevant, supported and embedded across all our services.
78. Involve, engage and empower people who have or who do experience domestic abuse by developing engagement plans within services and / or building routine engagement and communication into service delivery.
79. Involve, engage and empower communities through our community involvement and engagement activities.
80. Make sure that contemporary research findings continue to inform our approach, and work collaboratively to use evidence based approaches across all settings to change cultural norms, values and attitudes.

4 AIMS

6 PRIORITIES

80 COMMITMENTS

5 YEARS

References

P5 1. www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/documents/

2. Violence against women (who.int)

P8 3. www.who.int/news-room/fact-sheets/detail/violence-against-women" Violence against women (who.int)

P10 4. www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22 /

P14 5. Pedersen, S., Mueller-Hirth, N., & Miller, L. (2021). Supporting victims of domestic violence during COVID-19: the impact of the pandemic on service providers in North-East Scotland and Orkney.

6. SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives Walby S. and Allen J. (2004) Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. London: Home Office

7. Leven T. Joint / National health needs assessment of lesbian, gay, bisexual, transgender and non-binary people in Scotland. NHS GGC, NHS Lothian (May 2022).

8. Roch A, Ritchie G, Morton J. Out of sight out of mind? Transgender people's experiences of domestic abuse. LGBTYouth Scotland, Scottish Transgender Alliance. (August 2010)

9. www.safelives.org.uk/sites/default/files/resources/ Free%20to%20be%20 safe%20web.pdf

10. www.femicidescensus.org / wp-content / uploads / 2020 / 02 / Femicide-Census-Report-on-2018-Femicides-.pdf

P15 11. https://survivingeconomicabuse.org/wp-content/uploads/2021/04/SEA-Cost-of-Covid-Report_2021-04.pdf

12. Skafida V, Morrison F, Devaney J (2021) Prevalence and Social Inequality in Experiences of Domestic Abuse Among Mothers of Young Children: A Study Using National Survey Data from Scotland; Journal of Interpersonal Violence

13. Women's experience of gambling and gambling harm: A Rapid Evidence Assessment, January 2022, S Collard, S Davies and M Fannin, University of Bristol

14. An integrative review of research on gambling and domestic and family violence: Fresh perspectives to guide future research, Hing, N et al, School of Health Medicines and Applied Sciences, Central Queensland University, October 2022

P16 15. Female service users' experience of domestic abuse and disadvantage across Glasgow City HSCP (June 2022)

P17 16. www.gov.scot / binaries / content / documents / govscot / publications / strategy-plan / 2021 / 08 / womens-health-plan / documents / womens-health-plan-plan-2021-2024 / womens-health-plan-plan-2021-2024 / govscot%3Adocument / womens-health-plan-plan-2021-2024.pdf

P21 17. www.blueshieldcafoundation.org / sites/default/files/publications/downloadable/BreakingtheCycleLifeCourseFramework.pdf

P23 18. www.womensaid.scot / wp-content / uploads / 2022 / 07 / The-Rise-Report-Final.pdf

19. www.nuffieldfoundation.org / project / rethinking-domestic-abuse-in-child-protection-responding-differently

P25 20. Office for National Statistics. Prevalence of partner abuse among adults aged 16 to 59, by long-standing illness or disability, by category, sex and type of abuse, year ending March 2017 Crime Survey for England and Wales. London; 2018

21. Cambridge P, Beadle-Brown J, Milne A, Mansell J, Whelton B. Patterns of risk in adult protection referrals for sexual abuse and people with intellectual disability. Journal of Applied Research in Intellectual Disabilities 2011;24(2):118–132

P26 22. www.publichealthscotland.scot / media / 3055 / gender-based-violence-and-learning-disability-guidance-for-practitioners.pdf

23. www.drugdeathstaskforce.scot / news / taskforce-publish-report-on-women-and-drug-related-deaths

24. www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services

25. www.scottishtrans.org / wp-content / uploads / 2013 / 03 / trans_domestic_abuse.pdf

26. Leven T. Joint / National health needs assessment of lesbian, gay, bisexual, transgender and non-binary people in Scotland. NHS GGC, NHS Lothian (May 2022).

P29 27. www.safelives.org.uk / sites / default / files / resources / Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf

