Glasgow City HSCP
Health and Social Care Partnership

Glasgow City
Health & Social
Care Partnership

Domestic Abuse Strategic Plan 2023-2026

NHS
Greater Glasgow and Clyde

Glasgow
CITY COUNCIL

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1. Introduction

This is the first Domestic Abuse Strategic Plan for Glasgow City HSCP. The Strategic Plan pledges to improve our services to people who experience, or are otherwise affected by domestic abuse across our city, as well as improve our understanding of, and response to, people who cause harm through domestic abuse.

This draft Strategic Plan describes what Glasgow City HSCP will do over the next three years to ensure people affected by domestic abuse receive the best possible care, and details what supporting infrastructure will be put in place to ensure our staff are equipped and enabled to achieve this. Whilst specific to Glasgow City HSCP, the draft Strategic Plan also outlines how we will improve the way we work with our partners and stakeholders in pursuit of shared, strategic ambitions, and how we will continue to seek the involvement of people with lived experience in the design and evaluation of domestic abuse services.

This Draft Strategic Plan 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 harm through domestic abuse. The Draft Strategic Plan 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 referral in and onwards and for providing support to our staff and services users. All of this will ensure a more joined up, consistent, compassionate and timely collaborative approach across the HSCP.

Domestic abuse is a serious societal problem. While it can happen to anyone from any background, at any time, different sections of the population can experience different levels of risk (such as young women living in poverty) and different challenges in seeking help (such as women from black and minority ethnic backgrounds). The national strategy Equally Safe: Scotland's Strategy to Eradicate Violence against Women (2018)[1] is rooted in the gendered analysis of violence against women, and emphasises the importance of recognising the gendered nature of domestic abuse. While the majority of domestic abuse is carried out by men against women, it is important to acknowledge violence in same sex relationships and that men can be victims of violence too. However, women and girls are the most likely to suffer 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 those 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. In fact, the World Health Organisation recognises violence against women and girls as a significant public health problem and a violation of women's human rights.[2]

[1] https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/documents/

[2] Violence against women (who.int)

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The definition of domestic abuse has been agreed by the HSCP Domestic Abuse Strategic Oversight Group as:

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).

Our vision:

Domestic abuse is unacceptable and tackling domestic abuse is everybody's business. Glasgow's people deserve to flourish in a safe environment without fear where they are free from harm. We will support those affected from crisis to recovery, and ensure they have access to the right help and support when they need it.

We have agreed our strategic priorities (detail later in the document):

1. Prevention and early help
2. Survivors and people who suffer from domestic abuse
3. Those who cause harm
4. The whole life course
5. Working together
6. Evidence-based approaches

In order that we can deliver the Strategic Plan, 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 suffer from, are affected by, or who cause harm through 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 break the cycle of abuse.
- To ensure our services are consistent, strengths based and enabling, trauma-informed and remove any potentially re-traumatising impact of our current practices and processes.

There is a responsibility on all HSCP services to approach, manage and provide services consistently. We need to challenge some of our solitary and sometimes unconnected processes, and identify ways to work better in partnership where necessary. This includes seeking outside support from academia and the third sector who are well placed to challenge our thinking.

Through the development and implementation of this Strategic Plan 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 those who harm, and working with people across all ages and stages of life in order to break the cycle of abuse. It also includes our approach to improving our responses to the needs of particular groups within our community of all ages, sexual orientations, those affected by disability, people who have a caring responsibility, and those from different ethnic and/or faith backgrounds. This includes women who have an insecure immigration status and who have no recourse to public funds.

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2. Engagement process

We will hold a full public consultation on this draft Strategic Plan in line with HSCP policy. Details of how to get involved in this are described in section 6.

This draft Strategic Plan has been developed and designed with involvement and participation at its core and has been influenced by all of our engagement activities to date (details below). The engagement approach has promoted collective responsibility for the strategy across the HSCP, and has also ensured effective alignment with our partner organisations in Glasgow who are working to address domestic abuse.

2.1 Planning structures

A Strategic Oversight Group and three Operational Groups were established with a wide range of staff and partners across the HSCP and their discussions to date have contributed to this draft plan. As the Strategic Plan is developed further, they will develop proposals for policy and practice improvement in domestic abuse responses and services. This will be done alongside community planning arrangements to make sure whole system connections are retained as we implement this Strategic Plan.

2.2 Staff survey

In May 2020 a baseline survey was undertaken across the HSCP to gather information from staff who work directly with patients and services users affected by domestic abuse. This resulted in almost 500 responses. The survey was designed to gather information about how our colleagues are guided in their work relating to domestic abuse: what experience, qualifications and training they have received and how (if at all) this impacts on their practice; what frequency and what types of intervention are prevalent in their day to day work; and how understanding, thinking and attitudes can be used as a broad measure of consensus and consistency.

The findings of this survey are detailed in a report attached at Appendix 1. The report concluded with 9 recommendations including choice of language, improved data, prevention, pro-active perpetrator engagement and a contemporary training agenda, as well as making specific reference to research informed approaches to working with some targeted groups of people. Some areas of work recommended in the report have already commenced, and the others will be explored further and have been used to inform this draft Strategic Plan.

2.3 Third Sector survey

In early 2021, our staff survey was adapted for use by the third sector, and sent out to voluntary sector staff across Glasgow. Over 130 responses were received. The majority of third sector staff who responded had worked within the previous 2 years with people affected by domestic abuse with almost 70% of those working with people and issues of domestic abuse often or very often. Less than half (48%) of respondents reported that relevant qualifications for their current job did not have content on domestic abuse – although of those that did 93% believed that it was helpful in their current role. 60% of staff had received 'on the job' domestic abuse training. Around half of the staff who responded said that they felt fairly or very confident about their professional knowledge of domestic abuse, with similar numbers feeling confident about their practice. Almost 90% of staff responding to the survey reported that they received professional supervision or support. The full findings of this survey are attached at Appendix 2.

2.4 Education staff survey

To complement the HSCP staff survey carried out in 2020, Education Services carried out a similar survey based on some of the concepts used by the HSCP. Staff across all sectors who had

responsibility for Child Protection and pastoral care were invited to complete the survey in early 2021. A total of 187 members of staff participated representing all sectors and all areas of the city. A report detailing the key findings and outlining 5 recommendations for next steps within Education Services is attached at Appendix 3.

2.5 Development session

We brought together key decision makers and staff across the HSCP and partners, including elected representatives, in order to explore the emerging themes and key priorities to be included in a Strategic Plan.

2.6 Engagement sessions

Our engagement has been heavily affected by the impact of COVID on staff absence, both within the HSCP, and across our network of stakeholders. Despite this, we engaged with a wide range and number of staff, as well as with partner organisations and people with lived experience of domestic abuse.

In the design of engagement sessions, we sought to:

- Value contributors equally by drawing on both expertise and experience, and being mindful of the implicit promise being made when we involve others in our work.
- Create safe spaces for relevant communities of need, interest and practice, to inform the development of the Strategic Plan, in ways that do not stigmatise or retraumatise.
- Nurture inclusive discussions, that move from *debate*, where participants argue, express, persuade, or compete in their thinking in order to promote opinion or gain majority, to *dialogue*, where participants exchange, listen, reach across and reflect, and then evolve further to *deliberation*, where participants collectively frame and weigh options, seeking common ground to solve problems or implement change.

2.6.1 Service user engagement and lived experience

Support was provided to third sector partners to enable them to engage meaningfully with their own service users and people affected by domestic abuse, in order to ensure that their views, experiences, and needs are listened to and taken into account in the development of this Draft Strategic Plan as it develops. Findings and themes emerging from this engagement have been included in this draft Strategic Plan, and are attached in Appendix 4.

2.6.2 Staff engagement

Engagement and participation sessions were held with HSCP staff across all services. Staff were invited to take part in an online facilitation discussion to explore the language, approaches, expectations, values and experiences in providing services and support to people affected by domestic abuse. A total of 6 sessions were held and over 200 staff participated, from a broad range of services and roles across the HSCP. The themes and priorities emerging from these sessions have been used to develop the aims and strategic direction within the Draft Strategic Plan. In addition to these sessions, we brought together a small number of staff to co-produce a draft vision that frames the Draft Strategic Plan and effectively articulates where we are trying to get to.

2.6.3 Partner engagement

Proactive engagement with partner organisations and key stakeholders took place towards the end of 2021, with the intent of exploring:

- what we can learn from partners' experience in supporting people who are affected by domestic abuse, including those who abuse;
- how their own service users perceive or experience HSCP services and working culture, and how these could be improved;

- what the HSCP can do within the Draft Strategic plan to ensure more effective and inclusive provision of support and services.

Again, issues and priorities emerging from this are being fed into the development of this Plan. We have pledged to continue this proactive engagement and participative working with our partners throughout the lifetime of the Strategic Plan.

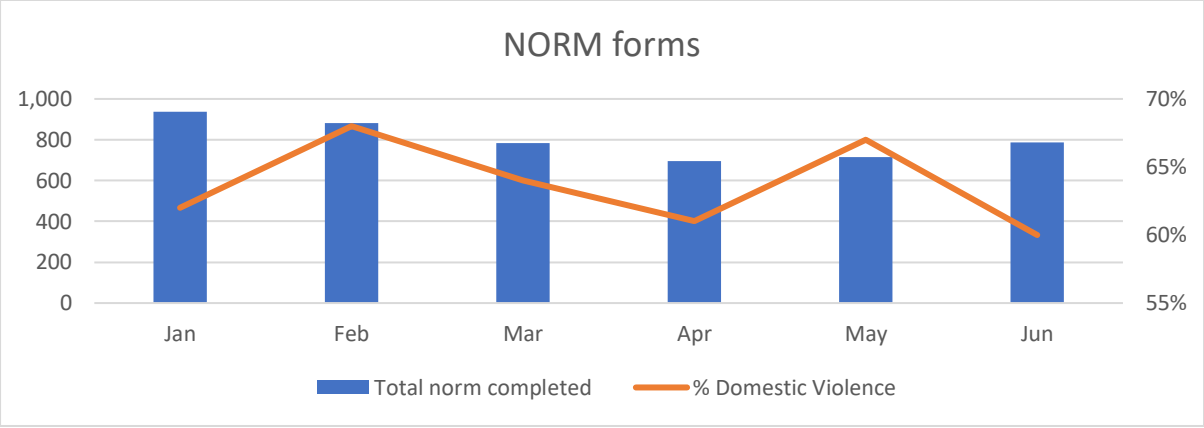
2.7 Critical friends
From the outset, guidance and support has been sought from colleagues across the UK with a wealth of research, policy and practice experience.

3. The Scale of the Challenge

3.1 Police Scotland
According to Police Scotland recorded data[3] in 2020-21, there were 119 recorded incidents of domestic abuse crimes per 10,000 population in Scotland. Glasgow city had the fourth highest incident rate of any Scottish local authority, with 148 recorded incidents per 10,000 population.

There were 65,251 incidents of domestic abuse recorded by the police in 2020-21 an increase of 4% compared to the previous year, and the fifth year in a row this figure has increased. Where gender was recorded, 80% of incidents involved a female victim and a male accused, while 16% of incidents involved a male victim and a female accused. This was a slight increase from 15% in the previous year. In the remaining 3% of cases, the victim and accused were the same gender. The highest incident rate was in the 31-35 age group, for both people harmed by domestic abuse (282 incidents recorded per 10,000 population and for those accused of causing harm (260 incidents recorded per 10,000).

3.2 Non-Offence Related Management (NORM) service
From January to June 2022 the proportion of NORM forms completed where domestic abuse was recorded, ranged between 60-68%. The highest number of forms completed was in January (937) and the highest proportion of domestic abuse recordings was in February (68% n=603).



[3] https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2020-21/documents/

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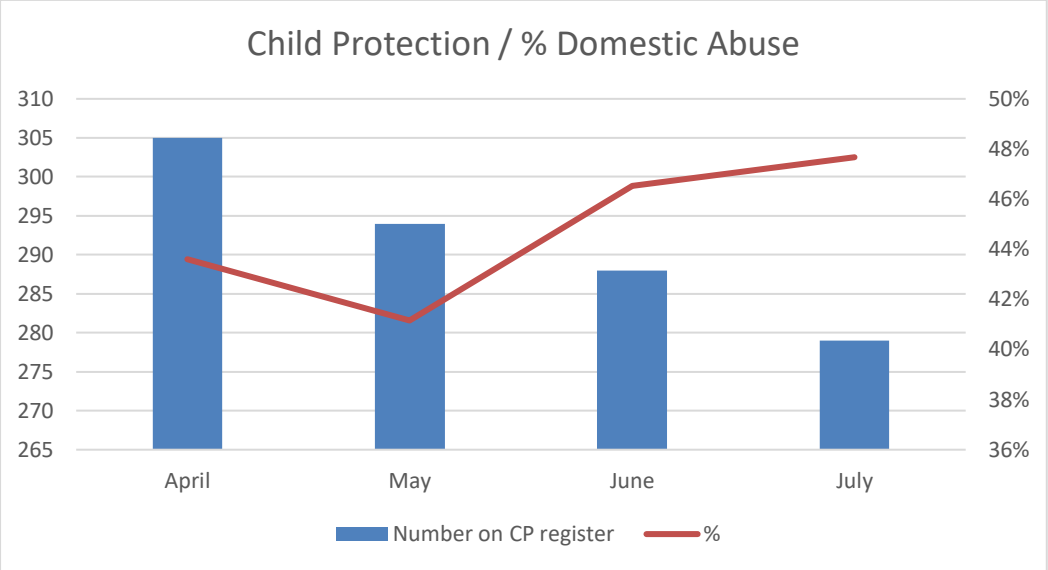
3.3 Child Protection

Domestic Abuse is a key risk indicator in Child Protection registrations. Most recent data shows that 48% of the 279 children on the child protection register in Glasgow city have a risk factor of domestic abuse recorded against their registration. 81% of all children are aged under 11 years, and 72% are from the city's most deprived areas.

2022	April	May	June	July
Number on CP register	**305**	**294**	**288**	**279**
Domestic Abuse reason - number	133	121	134	133
Domestic Abuse reason - %	44%	41%	47%	48%



3.4 Adult Support and Protection

Domestic Abuse/Violence cases 2019-2021

The following information shows the number of Social Work Adult Support and Protection (ASP) investigations completed by year and the number recorded as domestic abuse/violence where the alleged abuse has occurred at the hands of a family member (current spouse, ex-spouse, son, daughter, nephew, niece etc.) or a partner (current or ex-partner). This is wider than the definition incorporated in this Draft Strategic plan, which includes partner or ex-partner only.

- **2019 total 267 ASP investigations** completed and **72** categorised as domestic abuse/ domestic violence
- **2020 total 285 ASP investigations** completed and **99** categorised as domestic abuse/ domestic violence
- **2021 total 460 ASP investigations** completed and **124** categorised as domestic abuse/ domestic violence

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Domestic abuse/ domestic violence in terms of Adult Support Protection

Table 1: Month when DA/ DV incidents were investigated	2019	2020	2021
January	2	10	3
February	6	9	9
March	9	12	8
April	1	9	7
May	10	3	7
June	4	4	12
July	4	8	10
August	7	9	8
September	6	11	17
October	5	7	17
November	5	7	14
December	13	10	12
Total	**72**	**99**	**124**

Table 2: Outcome of ASP Investigation	2019	2020	2021
ASP Case Conference required	27	52	55
ASP Review Case Conference	13	4	8
NFA at all	7	7	12
NFA under ASP - signpost to other agency	3	4	7
NFA under ASP - SW actions required	22	32	42
Total	**72**	**99**	**124**

Table 3: Primary Harm Issue	2019	2020	2021
Emotional / Psychological Abuse	9	20	33
Financial / Material Abuse	18	20	42
Mental Health	1	2	4
Neglect / Acts of Omission By Others	17	13	16
Other ASP Harm Issue	3	15	8
Physical Abuse	19	17	9
Self Harm	1	2	0
Self Neglect / Acts of Omission	3	6	5
Sexual Abuse	1	4	7
Total	**72**	**99**	**124**

Table 4: Location where harm/ abuse took place	2019	2020	2021
Care Home	2	5	4
NHS Establishment	1	3	2
Other	4	4	5
Other Person's Home	6	3	8
Own Home	57	83	97
Public Place	1		2
Sheltered Housing	1	1	6
Total	**72**	**99**	**124**

Table 5: Who caused the harm?	2019	2020	2021
family member	62	80	103
partner	10	19	21
Total	**72**	**99**	**124**

3.5 Homelessness

Homelessness Applications - Violence or Abusive Relationship Reported						
Year	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**
All Applications	5417	5248	5682	6075	6335	6995
Abusive/Violent Relationship (in household)	420	422	511	488	515	598
% of all applications	7.7%	8%	8.9%	8%	8%	8.5%

3.6 Criminal Justice

Within 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 is as follows:

Year of Court Appearance	Number of individuals	Number unique RRQs
2016	737	895
2017	812	956
2018	765	959
2019	877	1074
2020	636	780
2021	746	939

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4. Strategic Priorities

4.1 Strategic Priority 1

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

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. If domestic abuse is identified earlier, our services can respond more effectively, appropriately and quickly, and people will be able to recover from the abuse quicker and in a more sustainable way.

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 not our own services and could be at maternity check-ups, in nursery or classrooms, or at A&E departments. We must work with our partners to support them to spot this and to support recovery and repair as a primary form of prevention, breaking cycles of abusive behaviour being repeated by our children and young people into their adulthood.

Opportunities around 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 recover, and supporting men and those who cause harm to resettle and reduce the risk.

What we will do

- Establish a Short Life Working Group to put an infrastructure for Routine Inquiry in place across services.
- Encourage people to seek support earlier by improving our information, education and communication systems.
- Work with children and young people to raise awareness about issues of equality and respect and increase their resilience to negative behaviours and 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.
- Support our staff to be able to identify and intervene appropriately and as early as possible by strengthening first responses and Routine Inquiry 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.

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4.2 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 suffer from 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.[4] [5] 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.

A common theme from our staff survey (see Appendix 1) was that there can often be a focus on victimhood, an over-reliance on signposting people to other agencies or services and encouraging the 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/harm.[6] 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. A recent Scottish study[7] 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 those in the highest income households.

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.

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

[4] SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives

[5] Walby S. and Allen J. (2004) Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. London: Home Office

[6] https://www.endviolenceagainstwomen.org.uk/femicide-census-reveals-half-of-uk-women-killed-by-men-die-at-hands-of-partner-or-ex

[7] 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*

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.

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.
- 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, those 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 those with insecure immigration status, those with impaired mental capacity, people with no recourse to public funds, people in custody.
- 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.
- We will seek to articulate and address the unique issues affecting carers and those in a caring situation who are affected by domestic abuse, through engagement.
- Ensure staff are aware of the referral pathways for high risk victims of domestic abuse, including the MARAC (Multi-Agency Risk Assessment Conference) process.
- Consideration of SafeLives training for staff to allow a better understanding of risk.
- Review and develop robust policies and practices to support our staff through crisis, disclosure, recovery and support.

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4.3 Strategic Priority 3

Those who harm through domestic abuse. Adopt a proactive approach to working with those who cause harm through domestic abuse 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 those 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 those 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 those 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 the cycle 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, holistic interventions to address men's abusive behaviour. 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.

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.
- 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 who use violence and abuse in relationships in the Caledonian System in order to gather feedback about their views about the service and inform future training and development.

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4.4 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 continuity and change influence health and wellbeing across different life stages, and looks back across a person's life span and their earlier experiences to help understand how these can influence their later experiences current situation. 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 break a cycle of abuse in that person's life.

In 'Breaking the cycle: a life course framework for preventing domestic violence'[8], 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 experiencing child 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.

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.

4.4.1 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. Children who are abused or who witness domestic abuse at home are at increased risk of both experiencing further abuse in adulthood, and also potentially harming others in their adulthood. 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 the cycle of abuse is broken and 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

8 https://blueshieldcafoundation.org/sites/default/files/publications/downloadable/BreakingtheCycleLifeCourseFramework.pdf

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.

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[9] 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.
- 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.

4.4.2 Transition

It is recognised that the transition points between care groups (Children and Families, Adult and Older People) may pose a risk to our service users, in that our approach and interventions at these points may lack consistency and/or a continuity of care. 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 break the cycle of abuse.

[9] Rethinking domestic abuse in child protection: responding differently - Nuffield Foundation

4.4.3 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 section 3) 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 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.[10] [11] 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 Inquiry 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

[10] 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

[11] 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

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[12] [13]

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 that our Learning Disability staff have clear guidelines and have specific, targeted training to support early identification, disclosure, and appropriate referral and support.
- 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.
- 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.

4.4.4 Carers

In Glasgow city, there are approximately 74,000 adults who are unpaid carers (14.4%) 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.

[12] https://drugdeathstaskforce.scot/news/taskforce-publish-report-on-women-and-drug-related-deaths

[13] https://www.gov.scot/publications/improving-holistic-family-support-towards-wholefamily-approach-family-inclusive-practice-drug-alcohol-services

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 exacerbated 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

4.4.5 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[14], 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 those under 60 (17% vs 29%).

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:

[14] https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf

- 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 those 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.

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4.5 Strategic Priority 5

Working Together. A whole systems approach means working collaboratively with our partners across Glasgow in order to deliver our vision, including those 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.

4.5.1 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 HSCP is currently in the process of implementing a new 'Single Point of Access' model which will replace our existing 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. It will include the development of a single assessment approach.

We don't have proper, 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.

4.5.2 Capacity Building

The lack of a strategy for the HSCP to date means there is a cluttered landscape of services and some uncertainty about where decision making and responsibilities lie. 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 Strategic Plan.

The Safe and Together training being piloted in South Glasgow will support common language, ethos and approach, and evaluation of this will help us understand how effective this whole system approach within a Glasgow context is.

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 suffered from 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

4.5.3 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 Strategic Plan.

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 2) 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 must be 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.

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 4.4.5 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 inquiry 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 and alcohol and drug recovery 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.

4.5.4 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. 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 those 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 Strategic Plan. 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 bi-annual basis.

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4.6 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 Strategic Plan 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.

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 those who harm or those who suffer from 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 those affected by domestic abuse.

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;
- Involve, engage and empower communities;
- Involve, engage and empower those affected.
- 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

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5. 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 strategic plan.

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 Strategic Plan has been undertaken as a project working group with a broad and committed membership from staff across the whole HSCP, reflective of the organisation and the communities we serve. Work to date on the EQIA took place between December 2021 and March 2022, and staff taking part were supported through group and individual development approaches, to improve their own understanding and impact in the field of equalities, and were exposed to a range of expertise by experience, in contributing to the development of this Draft Strategic Plan for the city. 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 will be published alongside the final Strategic Plan once it is finalised.

6. Performance

Delivery of this Strategic Plan will be measured by achieving the actions set out above to result in improved outcomes for the population as well as for our staff and partners. Detailed Action Plans will be developed by each of the Operational Groups, agreed and championed by each partner and care groups across the HSCP. Progress will be monitored through the Strategic Oversight Group which has accountability for making sure the identified outcomes are achieved. A performance monitoring system will be put in place for services to enable regular and meaningful measurement, analysis and reporting of performance, and action planning to improve this where necessary.

7. How to get involved

We would like to invite your comments on this draft Strategic Plan. The draft Plan has been developed and designed through extensive engagement and involvement of a wide range of people and organisations. We are keen that as many people as possible now have the opportunity to have their say, to comment on the draft Strategic Plan and the strategic priorities within it. We want to ensure that everybody's interests are included, as tackling domestic abuse is everyone's business. We welcome your feedback, and this can be done by completing this questionnaire https://www.smartsurvey.co.uk/s/DA_Strategic_Plan_Consultation_2022/ or by becoming involved in our consultation sessions (details will follow). Consultation will remain open until Friday 14th October.

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Appendix 1

Report to: **Domestic Abuse Operations Group**
From: **Carol McCaig, Practice Audit Co-Ordinator**
Date: **September 2020**
Subject: **DA Surveys Results**

1.0 Introduction

1.1 GHSCP has initiated a process to consider the Partnerships work in relation to Domestic Abuse. In the light of this, the Domestic Abuse Operations Group, in addition to other actions, has commissioned surveys to gather some base line information from workers about their current work and thinking about this area of work.

1.2 As a starting point, an initial survey was sent out across the Health and Social Care partnership and was targeted at those who work directly with service users or patients affected in any way by Domestic Abuse. This limited approach was elected to allow a manageable response and a manageable, focussed survey content which could be analysed in a relatively prompt way. However, it must be noted that the survey attracted interest and comment from a range of individuals who do not fit the criteria of working directly with vulnerable patients or service users but who are nonetheless deeply involved or interested as trainers, commissioners or in other roles. In addition to this main survey, the Operations Group nominated managers across care groups who would be in roles where they would certainly see a volume of DA work from a management perspective. These individuals supplemented the findings of the main survey, much as a focus group might be used in more normal times.

1.3 The Surveys seek to gather information about the respondents, including information about experience, qualification and training they have had relating to domestic abuse. The report will detail how our colleagues currently are guided in their domestic abuse work, how they would describe its frequency in their workload and, in very broad terms, what sort of intervention is prevalent. The report will detail the responses to some values/ practice questions as a broad measure of the consensus among staff. Finally, this survey contained some opportunity for free narrative which will be analysed for the purpose of the report.

2.0 Survey Results

<u>Respondent Details (main survey only)</u>

(There were 21 responses from nominated managers. I have not included them in the numerical responses reported below as they were not anonymous, had a different question set, and returned their responses to a different deadline. However, their comments are strongly reflected elsewhere in the report)

There were 474 separate respondents. 373 respondents gave a full response, 60 gave a partial response which was included in the analysis and 41 gave a partial response which was so partial it was not included in any analysis.

Given the subject matter of the surveys we allowed the submission of partial responses and we permitted respondents to skip questions.

356 respondents identified that they worked directly with vulnerable people. They are the targeted respondents for this analysis, although as noted, the survey exercise tells us that there are other types of practitioners interested in this area of work.

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Gender

There were 293 female respondents, 55 male respondents, 1 other gender identity and 7 who preferred not to say

Age

See Table 1 for the age spread of respondents.

Table1

Worker Age	No.	%
18-24	2	*0.6%*
25-34	33	*9.3%*
35-54	193	*54.2%*
55+	118	*33.1%*
Prefer not to say	10	*2.8%*
Grand Total	**356**	***100.0%***

Ethnicity

The vast majority of respondents were white with small numbers (n6 or n7) answering Asian, African, Caribbean and Black, mixed or multiple ethnic group and 1 individual selecting "other"

Employer

195 respondents were employed by GCC Social Work and **161** were employed by NHSGGC. The respondents encompassed a large range and spread of job titles (available but not listed here)

Service Users/ Patients

Tables 2 and 3 below detail the prevalence of service user/patient type among the respondents, again showing a good spread.

Table 2

Service User/Patient Types Work With - Overall	No.	%
All types	29	*8.1%*
Across types/multiple	117	*32.9%*
Single type	199	*55.9%*
None	11	*3.1%*
Grand Total	**356**	***100.0%***

Table 3

Specific Service User/Patient Types Work With	No.	%
Children's Services	119	*33.4%*
Adult Services	117	*32.9%*
Physical Disabilities	53	*14.9%*
Learning Disabilities	60	*16.9%*

Mental Health	111	*31.2%*
Addiction	73	*20.5%*
Homelessness	74	*20.8%*
Criminal Justice	56	*15.7%*

Working with those affected by Domestic Abuse

The 356 respondents in scope were asked

"In the past two years have you worked with any patients or service users where domestic abuse is a presenting or underlying issue, including those who may have been harmed or caused harm to others?"

299 respondents answered yes. 29 said no and 28 were unsure. The Domestic Abuse Operations Group specified an interest in hearing from workers who were unsure or thought there was no domestic Abuse issues in their workload. Tables 4 and 5 describes the job roles of these groups of respondents and some go on to respond to the values/ practice questions later in the survey.

Table 4 Workers with no Domestic abuse in their workload

Workers with NO work experience of domestic abuse in past two years		
Job Type/Area of Work	**No.**	**Notes**
Social Work fieldwork (inc. Social Care Worker, Social Worker, MHO, Care Manager)	8	3 all (adult?) or multiple care group workers, 5 single care groups (Adults Svcs - 3; Mh - 1; LD1). No Children's Services specified
Frontline Health worker (inc. Nurses, CPN, Dietitian, Physiotherapist, Trainee Psychologist)	9	6 all (adult?)/multiple/across care group workers, 3 single care groups (Adults Svcs - 2; Mh - 1). No Children's Services specified
Other frontline workers (inc. OT, residential workers, support workers)	6	1 multiple care group workers, 5 single care groups (Childrens Svcs - 2; Mh - 3).
Managerial/Business Support/Other (inc. TL, Health Improvement, Interpreter, Tech Instructor)	6	2 adult multiple care group workers, 2 single care groups (Childrens Services - 1; Adults Svcs - 1), 2 none.
Grand Total	**29**	

Table 5 Workers with not sure of Domestic abuse in their workload

Workers NOT SURE of work experience of domestic abuse in past two years		
Job Type/Area of Work	**No.**	**Notes**
Social Work fieldwork (inc. Social Care Worker)	3	1 across care group workers, 1 single care group (Adults Svcs) & 1 None. No Children's Services specified
Frontline Health worker (inc. Nurses, CPN, Physiotherapist, Podiatrist)	10	2 all (adult?)/multiple care group workers, 8 single care groups (MH - 5; Adults Svcs - 1; Addictions - 1; Children's Services - 1 (Oral Health Educator))
Other frontline workers (inc. OT, residential workers, support workers, befriender)	10	3 all/multiple/across care group workers, 7 single care groups (Adult Services - 2; Childrens Svcs - 2; MH - 3).
Managerial/Business Support/Other (inc. TL, Admin)	5	1 adult multiple care group worker, 3 single care groups (Addictions - 1; Adults Svcs - 1; Mental Health - 1), 1 none.
Grand Total	**28**	

A significant number of narrative responses highlight that the domestic abuse that we know about in our caseloads and workloads is the tip of the iceberg, and some further suggest that there is variability in worker awareness to an extent that it effects whether some workers are able or likely to identify indicators of domestic abuse.

Frequency of domestic abuse in workloads

Two thirds of respondents said domestic abuse was an issue in their workload often or very often, with less than 5% describing it as an aspect of their work “rarely”.

Prevalent Appropriate Actions

Table 6 allows us to see the types of actions appropriate for workers encountering DA in their workload. Each respondent was able to choose all that applied to their role.

Table 6

Workers who said the following statements applied to them as actions appropriate to their work role when domestic abuse is a presenting or underlying issue:	No.	%
"I would work directly with the patient/service user on the issue of domestic abuse"	156	*55.1%*
"I would work directly with the patient/service user on the issue of domestic abuse and seek to work or signpost their partner also"	99	*35.0%*
"I would acknowledge/identify the issue and offer signposting to other support to the service user"	225	*79.5%*
"I would seek the service users' permission to alert other agencies/partners"	207	*73.1%*
"I would encourage police involvement"	176	*62.2%*
"If necessary I would alert police and other agencies without the permission of the service user in line with my duty of care"	186	*65.7%*
"I would encourage the harmed party to seek accommodation in a place of safety"	189	*66.8%*
"I would include the issue in an assessment"	200	*70.7%*
"I would not take any action"	2	*0.7%*
Other action(s) specified	42	*14.8%*

Where workers (n42) chose “other action” as a response, examples given included group work, family group work, educative work, provision of evidence for prosecution, risk assessment, option analysis, working to address the impact on affected children and many examples of joint working within and across agencies, including attendance and referral to MARAC. The initiation of child protection procedures was commonly cited as a response, as was the need to alert children’s services specifically. Others spoke of considering legislative options. Some respondents used this box to emphasise that there is not a “one size fits all approach” and to stress the need to be led by the person who has been harmed. In contrast, other responses were more about procedure, processes and taking steps to protect children or the person

Sources of guidance

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Workers were asked to consider what guides them most when working with or considering Domestic Abuse, indicating sources of guidance which strongly applied to them, responses below. This gives a picture of a workforce drawing guidance from a range of sources.

Table 7

Workers who said the following statements strongly applied to them in terms of what guides them most when working with domestic abuse as a presenting or underlying issue:	**No.**	**%**
"The policies and procedures in my service areas dictate how I work with domestic abuse"	167	*59.0%*
"I work according to domestic abuse training I have received"	173	*61.1%*
"I use my experience and practice knowledge to work on this issue"	216	*76.3%*
"I keep up to date with the literature and research on domestic abuse"	149	*52.7%*
"I receive advice and guidance from colleagues/managers"	188	*66.4%*
"I lack guidance/experience in this area of work"	25	*8.8%*
"I am guided by my own values and opinions in this area"	43	*15.2%*
"I work to a recognised model of practice" (details specified)	49	*17.3%*
Other guidance specified	18	*6.4%*

In addition to the foregoing, a small number of workers specified strategy, policy and reading material as being influential in their work. A number of health workers cited “Responding to domestic abuse: a resource for health professionals”

Where workers said that they worked to a recognised model of practice, they were asked to specify and the answers given are detailed at Table 8 below, showing some answers which could not be considered models of practice

Table 8

Recognised models of practice/guidance	No.
Phased Trauma Model	11
DASH risk assessment	7
Safe and Together/Signs of Safety	6
Caledonian Model	4
Child Protection Guidelines	4
Spousal Assault Risk Assessment	3
Adult Support and Protection	2
Duluth Model	2
Equally Safe	2
Power Focussed model	2
Learnpro	2
NORM	1
Functional Family Therapy	1
Model of Human Occupation	1
Compassion Focussed Therapy	1
Respect Views	1
Respect Framework	1
Responding to Domestic Abuse (NHS resource)	1
Person Centred Counselling	1
Non specified guidance/code of conduct	2
Other (own knowledge/go to other worker/other signpost agencies)	8

Qualification and training

Of the 299 workers who identified that they had been working with domestic abuse 281 said they had a qualification relevant to their job and these are detailed broadly at Table 9 below.

Table 9

Level of qualification most relevant to current job	No.	%
Postgraduate	98	*34.9%*
Degree	112	*39.9%*
HNC/HND	38	*13.5%*
SVQ/NVQ	22	*7.8%*
Other	11	*3.9%*
Grand Total	**281**	***100.0%***

There was 1 blank response. The remaining 17 respondents said they did not have a qualification relevant to their role and these job roles are detailed at Table 10 below.

Table 10

Workers who said they do not have a qualification relevant to their current job	
Job Title/Group	**No.**
Admin	1
Employment Support Worker	1
Health Improvement Practitioner	1
Health Visitor	1
Occupational Therapist	1
Senior Addiction Worker	1
Social Care Worker, Officer or Advisor	8
Welfare Rights Officer	3
Grand Total	**17**

Qualifying Training

Of the 281 qualified workers, **124** said that the qualification most relevant to their current job contained content on Domestic Abuse. The remaining 157 did not have such content in their qualifying training, or didn't know/ couldn't remember.

114 of these 124 workers said that the content of their qualifying training was helpful in their current job.

90% of these respondents had worked in Health and Social Care for more than 10 years, and 81% had been in their current post for more than 10 years so we must assume that for many, their qualifying training was of a similar vintage.

Only 10 respondents said that the content of their qualifying training was not helpful in their current job, and cited that the content was out of date, brief or primarily focussed on the impact on Children.

Two respondents took the opportunity to highlight that training or education that focussed on awareness raising, information giving or research was all very well but that focus on practice, ethical considerations, how to re-focus on perpetrators rather than victims was really needed.

This theme recurs strongly in many of the narrative answers across this survey and more strongly again in the expert managers' survey.

"On- the- job" training

Of the 299 workers who identified that they had been working with domestic abuse, 201 said they had had on the job training, 61 said they had not, and the remainder did not know or left the question blank.

The training cited was provided in house and by a range of other providers. Some respondents quoted the training in DASH and SARA, training from Women's Aid and the Caledonia Team and recent training in coercive control. Safe lives training was frequently noted. Many respondents couldn't really remember what the training had been – noting it was some time ago.

A significant minority had received multiple training and it was notable that these were often working with Children and Families (in Health or Social work roles) or criminal justice roles.

A number of Social Work staff pointed out that GENDER BASED VIOLENCE training had been mandatory training across social work for years.

When staff were asked what was most beneficial about training a small number of themes emerged about what was valued as follows:

- People were very struck by safe and together briefings, with the value base of that framework , as understood, appealing to workers
- People appreciated help to work with both partners or whole family units and/ or skills for perpetrator work
- People appreciated training that gave consideration beyond male to female violence and which included cultural sensitivities
- Workers found up-to-date content on coercive control helpful
- There were comments that awareness raising was interesting and it was good to hear lived experience – However, there were also strong statements throughout both surveys that this focus is limiting and that we need to look at practice skills rather than awareness.

When asked about the less helpful aspects of training, there was a large and detailed response, which I have summarised below.

Common criticisms of available training noted were:

- The exclusive bias of training towards females as victims in heterosexual relationships wasn't helpful.
- There was a lack of focus on fathers/ those causing harm, same sex, LGBT or on other familial abuse of elders.
- Training did not offer enough practical solutions Inc. tools and models for supporting or even signposting victims and perpetrators

Each of these comments were prevalent, with the last point echoing a prevalent theme throughout the survey.

Given the wide variability in training that people have experienced, some quite conflicting/contradictory comments about the content and style of training were common, as follows

- Training too general/basic v. too complicated/intensive.
- Too much time for groupwork v. too little time for groupwork.
- Too little time for training v. long & repetitive.
- Lack of discussion of stats v. lots of stats.
- “real life experience” interesting v. over reliance on awareness raising/storytelling/empathy building

There were significant other, less prevalent or “one off “comments from respondents, when they were asked to describe least helpful aspects of training. I have included a list of some of these below as they are revealing and reflective of other comments in the narrative parts of both surveys. (I have quoted directly or added two or three comments together by paraphrasing)

- Multi-disciplinary training has too little focus on specific worker roles.
- Participants blamed victims for not leaving abusive situations.
- Some participants overbearing.

- Unrealistic expectations of victim to recognise abuse.
- Training may have caused unintentional danger to women victims
- Don't use tools often enough so not confident.
- Too much "male bashing".
- Some incorrect/misleading or outdated information- this is dangerous
- English policy not relevant to Scotland.
- Nothing positive or relevant in training-not focussed on practice
- Very opinionated participants-not challenged
- Lack of information or services/supports for perpetrators.
- Victim blaming not challenged
- Online training not suitable for a sensitive topic.
- A speaker reading their own poetry.
- Someone talking about themselves when lecturing.
- Training not conducted in a professional way

Confidence and Professional support

240 staff shared information about their confidence level in relation to their professional knowledge of domestic abuse.
80% felt confident or very confident. The remaining 20% were less than confident, some considerably so.

240 staff shared information about their confidence level in relation to their professional practice relating to domestic abuse. Again, 80% felt confident or very confident. The remaining 20% were less than confident, some not at all confident.

On reading the aggregated survey responses, it strikes that many of the respondents claiming confident professional practice relating to domestic abuse are thinking in the main of how they respond to presenting female victims or suspected victims and, sometimes, children.

The response from the "experienced manager" survey bears this out – managers feel that there may be basic competence, adherence to policy or guidelines and liaising with and referring to other agencies – however, the fundamental question of what outcomes can we point to, what difference are we making, is raised. Some of the manager group express the view that there are in fact "huge learning needs "

Up-to date knowledge of developments in legislation and research are also questioned, and borne out by this survey's findings on the reliance on some very old training.

Further, some training, for example, in the use of SARA, has not resulted in staff confidently using the tool, although more recent Sara 3 training has better comments (felt to be more comprehensive)

A range of the respondents pose the question about what work they should be doing/ how they should be working with offenders who are not suitable for the Caledonian program.

See Recommendation 5 about learning and development

The overwhelming majority of staff working directly with domestic abuse confirmed they had professional supervision or support, with only 11 staff not having this.

33% of staff rarely or never used their supervision to discuss the DA in their workloads. This included some who gave indicators in their other answers that this was a challenging, frequent or thought provoking area of work for them.

17% often used their supervision to discuss the DA in their workloads. These respondents represented a good spread of different types of workers in the HSCP- not specific to certain roles.

Consistency of Practice among colleagues

Respondents who were actively working with domestic violence were asked to rate their agreement with the following statement to give a broad indicator of consistency at local team level

"My colleagues and I work very consistently on domestic abuse, sharing the same values and practice"

52% of respondents agreed or strongly agreed with this statement

36% felt they did not know or were not sure about this and the remaining 12% disagreed.

The manager group responded very similarly

Value/ Practice Questions

All respondents who worked with vulnerable people were asked a question set intended to elicit views / level of consensus on value laden or contentious practice questions elicited from themes from recent presentations from Brid Featherstone on research and the English developments. This was not intended to be a comprehensive values exercise but rather a starting point intended to test some of the themes.

It is interesting to note that posing questions about the role of the feminist perspective in guiding practice and about the importance of support for perpetrators and male and other victims drew a small number of emotive and offended responses. Equally, a number of respondents took the opportunity to identify that they had been personally affected by DA, and it is reasonable to guess that a further number may have been involved. A significant number of respondents expressed appreciation for a survey on this subject.

The results of the value questions are detailed at Table 11 below

Table 11

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Worker responses to statements	Agree strongly	Agree	Not sure	Disagree	Strongly disagree	Don't know	Total
It is important that domestic abuse services are open to supporting men, women and other gender identities	244 *81.9%*	48 *16.1%*	4 *1.3%*	0 *0.0%*	2 *0.7%*	0 *0.0%*	298 *100.0%*
It is important that services work to support both those who are harmed by domestic abuse and those who cause harm by domestic abuse	187 *62.5%*	93 *31.1%*	13 *4.3%*	3 *1.0%*	2 *0.7%*	1 *0.3%*	299 *100.0%*
In some situations both partners are violent in the relationships and we may have to take that into account in our approaches in work with those families	152 *51.0%*	122 *40.9%*	19 *6.4%*	3 *1.0%*	2 *0.7%*	0 *0.0%*	298 *100.0%*
Thinking on domestic abuse has changed over the years - it is important to consider research and move with the times	201 *67.2%*	83 *27.8%*	12 *4.0%*	1 *0.3%*	0 *0.0%*	2 *0.7%*	299 *100.0%*
Children should be removed from families where they are not protected from repeat incidents of domestic abuse	69 *23.2%*	96 *32.2%*	106 *35.6%*	20 *6.7%*	4 *1.3%*	3 *1.0%*	298 *100.0%*
It is always appropriate to see domestic abuse as a criminal matter	71 *23.9%*	87 *29.3%*	97 *32.7%*	36 *12.1%*	4 *1.3%*	2 *0.7%*	297 *100.0%*
It is helpful to approach domestic abuse from a strong feminist point of view	20 *6.7%*	46 *15.4%*	73 *24.5%*	95 *31.9%*	62 *20.8%*	2 *0.7%*	298 *100.0%*
Workers across the HSCP would benefit from a cohesive joint framework for domestic abuse work	143 *48.0%*	136 *45.6%*	18 *6.0%*	0 *0.0%*	0 *0.0%*	1 *0.3%*	298 *100.0%*
I hold strong personal feelings about domestic abuse	64 *21.5%*	128 *43.1%*	55 *18.5%*	36 *12.1%*	9 *3.0%*	5 *1.7%*	297 *100.0%*

Themes and Issues from the open narrative sections of the survey

The surveys allowed staff to enter free narrative ("any other comment" type questions). The comments received did not reflect consensus, by any means, but did throw up considerable themes. I have detailed the themes below and provided illustrative quotes from respondents.

<u>Language and Definition</u>

It is clear from the responses that there is a range of language and an understanding of domestic abuse tied to that language. The idea that GBV is the most important agenda is both upheld and contradicted…

"I have noticed that some people don't accept the GBV perspective and want to discuss Trans, homosexual issues. I have also heard comments from qualified social workers that GBV training is outdated. It always surprises me how many people don't appear to accept the stats" (A GBV trainer)

"*Referral are 50% male, 50% female. This goes against the figures of 80% male perpetrators of DA*." (A Criminal Justice Worker talking about diversion from Prosecution)

Whilst some workers immediately associate domestic abuse with intimate partner violence, many think of familial abuse suffered at home between family members, often across generations.

"I have only been an ASM for 6 months but have chaired several ASP Case Conferences relating to Domestic Abuse. These have involved the perpetrator being a family member rather than a partner."

Some avoid the terms which include violence, lest people forget the subtleties of the issue

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"A move away from the traditional view of a man physically assaulting a woman as constituting domestic violence is needed it is much more subtle and varied an therefore our training, supports etc. need to be too"

"Agreed recognition about what domestic abuse includes can be problematic. Often only physical incidents are seen as reportable."

Less strident is a small majority of respondents who are entirely focussed on "victim" women and children when answering all narrative questions, to the exclusion of any mention of those in a "perpetrator" role

Recommendation 1 Choice of language and effect of definition on the scope of the work should be strategic decisions early in any work development

Domestic Abuse is Long standing and Prevalent

Many of the workforce who responded to this survey have lengthy experience of working in Glasgow. They note that Domestic Abuse is a long-standing and prevalent issue in the City.

"We have many dv clients and we don't carry out dv offence focussed work"

"Domestic abuse probably accounts for 30-40% of CP registrations over the past .5 years (?), which is staggering really"

"We only see the tip of the iceberg"

"The only thing that really matters is the reduction, or not, in male violence and I don't think that we achieve that.
"Really a victim-orientated service."

Recommendation 2 Work should be undertaken to draw together available statistical information about domestic abuse in GHSCP, identifying any gaps (this is underway) Going forward, the work should consider outcomes and how we would monitor performance on these

Several respondents note that despite all of the developments over the years "nothing has changed". Some go further and believe the issue has worsened.

Respondents note that police disclosure provisions are not well known or used

Some respondents particularly note the effects of Domestic abuse spreading unchecked from generation to generation and question what early and preventative interventions might be needed

"The abuse affects both the Adult and children and the resultant norms that are accepted by the children and consequently affect their lives."

"It is my opinion that a lot of preventative work is required in schools, mandatory training programmes in work places from the job centre to Primark to Power Finance companies, right across the board to raise awareness of the nature and impact of abuse which will reach perpetrators/victims and children instead of working with the aftermath of years of experience."

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"The worst thing I remember reading as a student were the statistics across teenage groups about whether its ever alright to be physically abused by a partner with a high percentage believing that "sometimes it is ok and deserved"

Recommendation 3 Consideration of the role of preventative work and early intervention in the scope of our DA work

Current Issues and Concerns

Many staff across contexts reiterate that effective interventions need to target all parties, although they may have different things in mind when saying this

"I would say that the difficulty was when there was no partner support which would often be the case, I understand this may have changed since the introduction of the Caledonian programme."

"Services need to be working together to keep the victim and her/his children together and removal of the abuser. Courts should have a zero tolerance stance on not allowing an alleged abuser back to the victim's home. More therapeutic interventions to address underlying causation of abuse (even when no criminal charges have been laid) and monitoring of known abusers (criminal record) to protect victims."

Similarly, staff feel little work is done with persons causing harm when there is no Criminal Justice/ court mandated focus. Some staff have willingly noted that they and their service will happily work with victims but would be anxious about supporting perpetrators

"Complete lack of resources to address male domestic abuse behaviour if no criminal justice process is in play - no men's groups. No means of accountability."

"I think it is highly problematic that we do not have opportunities open to people accepting issue of dv but not in courts or on court appointed order"

Linked to a lack of engagement with those causing harm, there are frequently repeated concerns about workers and, indeed, systems tending towards "victim blaming" with some of the experienced managers surveyed identifying this in strong terms. Similarly, the outcomes of our interventions can "punish" victims.

"Lack of sympathy and support for people not ready to leave"

"Workers can be very punitive in their views to all parties including victims"

Small scale, limited, practice audit findings would tend to support this view.

There are statements that there is no DA work done with offenders in prison.

Respondents from both surveys repeat concerns about thoughtless or unskilled practice leading to us or partner agencies causing serious "service generated risks" to victims and there are available examples of this quoted

"Training needs to be increased to fully equip workers to practice safely and not unwittingly create service generated risks"

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"Have to be ultra-careful at conferences e.g. some police officers tend to convey police reports verbatim which may include occasions when female has contacted police by phone outwith the knowledge of partner"

This is also linked to the complexity of the work and undertrained staff

"No training invested in staff which leads to poor practice and potential risk. No continuity across services due to lack of training."

Recommendation 4 the development of DA work will necessarily include Learning and Development workstreams. Included in any early work, we should review and augment training content around safe working practice and avoiding service generated risks to vulnerable individuals affected by DA

Recommendation 5 outwith the Caledonian programme, early consideration should be given to strengthening the direction given to those working with DA offenders. This could include consideration of what happens in prison. Given the consensus that we must engage more with those causing harm through domestic abuse, these two populations should form a starting point.

Recommendation 6 scoping of the DA work could include consideration of the academic content in training for prevalent staff groups, and engagement with local universities.

Where workers dealt with Domestic Abuse through the auspices of CP and ASP processes there was a promotion of the idea that these processes did not lend to a proper approach to the DA concerns, for example timescales and interfaces with legal processes did not lend to finding the best interventions. It was also noted that open discussion was not always possible, with safety concerns and information shared privately.

Recommendation 7 This significant idea could be explored further.

Across a range of contexts (LD, Asylum, No recourse to public funds, impaired MH or Capacity) workers were especially concerned for certain groups of people who suffered very poor outcomes and presented complex, challenging work.

Related to this, where Domestic Abuse interfaced with Learning Disability or lack of/limited capacity, this could throw up ethical challenges

"criticizes asp for intervening in the lives of individuals who have capacity - very difficult balance to achieve between the rights to say family life/privacy against the duty to protect and right of individuals to be free from torture"

"The LA could go for a banning order to stop contact with the perpetrator against the wishes of the adult - you can see the potential for controversy/ complexity."

Recommendation 8 The DA abuse work could include consideration of the ethical use of banning orders/ legislation and the available guidance on these matters

Working Together

Joint working was a theme which engendered most consensus with respondents referencing joint work within the HSCP and with partner agencies

The main points were the complex nature of the work and a range of issues about joint work, including

- Communication and information sharing
- Trust
- Shared values
- Outright disagreement
- Lack of shared insight
- Rigidity of some key players own views
- Unsafe practice

"Current service provision in Glasgow can at times feel somewhat disjointed with a number of players in the field and at times limited co-ordination".

Many respondents make a plea for a shared working framework

"The difference in threshold between Health and SW can be difficult to deal with; a shared framework that is adhered to would be really useful."

There were references to better joint working in the past. (With police)

There were a small number of concerns about the operation of MARAC

There were positive comments about third sector partners (this was the only group attracting positive comments)

Staff Values and Attitudes

I would wish to illustrate the range of values and attitudes implied in the survey results. Again there are prevalent themes.

A significant number of responses stress the impact of victim blaming, and a lack of empathy for people who are not ready or able to physically leave their partner

"It is still common to hear a "failure to protect" narrative from social workers and language can be oppressive"

Some respondents rail against "man-bashing"

Equally respondents assert that DA is about male abuse of females and do not want that focus diluted in any way

Some advocate a compassionate, professional approach to all

"As Domestic Violence can be from either men towards women or women towards men we should not embark on vilifying either gender, perhaps try to find a supportive environment to explore both sides of the issue and help the perpetrator as much as the victim. The perp may have been a victim at one time."

"We have to see domestic abuse as a complex issue. It is often the outcome of other considerations, poverty, trauma, disenfranchisement, mental health issues, high expressed emotion and poor coping skills. I could go on as the list could be vast and complex. It is important to deal with the victim of

domestic abuse as well as the perpetrator I believe this is the best way forward in dealing with this complex issue"

Others believe that we should concentrate resources on protection of victims and successful criminal pursuit of perpetrators.

There were interesting comments about an aggressive, violent culture in Glasgow generally and how we should eradicate that in our own services.

Staff views on what is required

I will list some of the more prevalent suggestions. Although staff may be coming from a range of different angles there is some consistency of response in this regard

- A joined up Glasgow Strategy
- A strength based frame work
- Better training
- Cohesive work with all partners
- A modern evidence based approach
- Evidence based tools
- Implement Safe and Together
- Better relationship with the police
- Multi Agency local groups
- Help women use Clare's law
- Measure outcomes
- Open minded about definitions
- Joint protocols
- Review/ Audit of existing practice
- Work with as many men as possible even if no court mandate

Recommendation 9 refer to and build on this input from staff. Consider the merits of sharing this survey response to continue staff engagement on the subject matter.

Conclusions

The wide ranging response to this survey illustrates diversity in the workforces' views and challenges in practice in this area of work. The responses are also indicative of a willingness to develop and improve outcomes with our partners, and of a great interest in the practice area.

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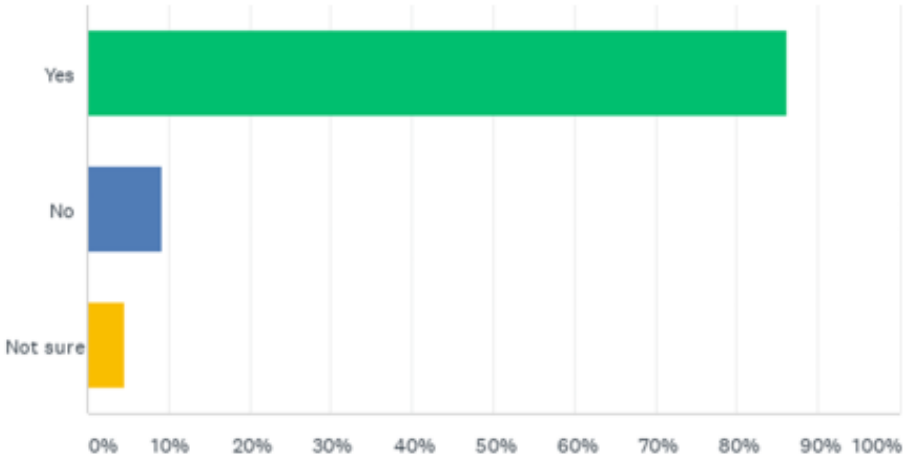
Appendix 2
Findings from the Third Sector Domestic Abuse Survey

Q5: In the past two years, have you worked with any service users where domestic abuse is a presenting or underlying issue, including those who may have been harmed or caused harm to others?

Answered: 130 Skipped: 2



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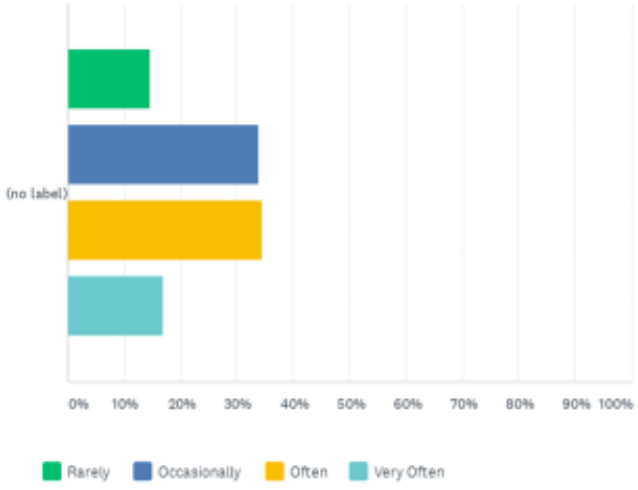
Q6: How would you describe the frequency of domestic abuse as a presenting or underlying issue in your workload?

Answered: 130 Skipped: 2



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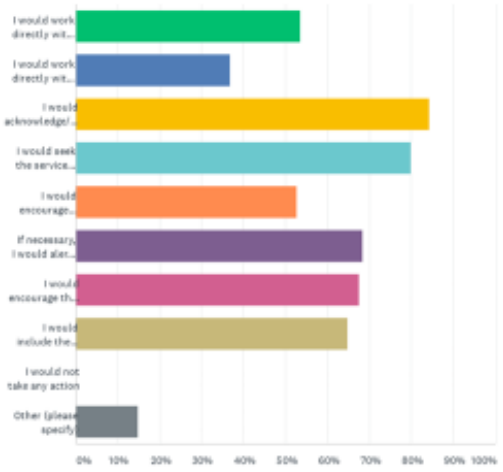
Q7: Which of the following statements best apply to your actions/the actions appropriate to your role when domestic abuse is a presenting or underlying issue in your workload? (Tick all that apply)

Answered: 114 Skipped: 18



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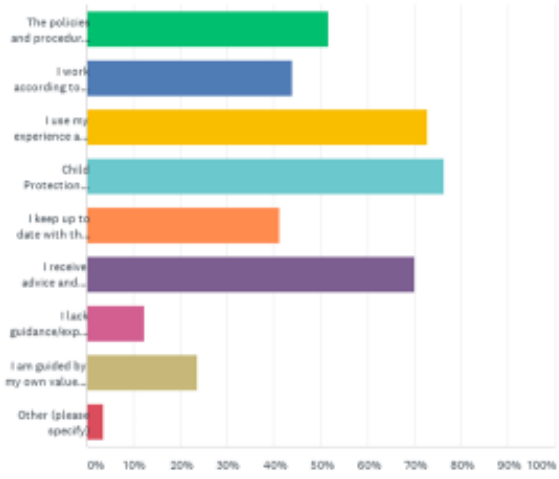
Q8: Please reflect on what guides you most when you think about and work with domestic abuse as a presenting or underlying issue in your workload. Which of these statements best apply? (tick all that strongly apply)

Answered: 114 Skipped: 18



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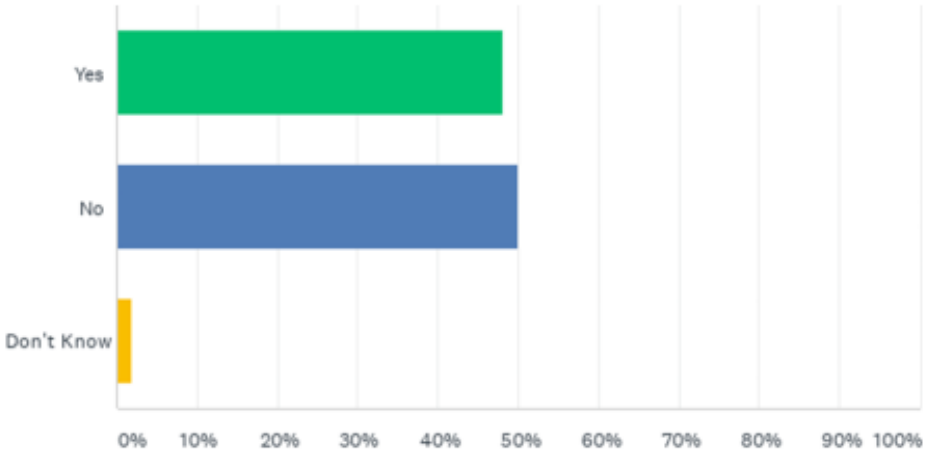
Q9: Please reflect on the qualifications you have that are most relevant to your job.Did those qualifications have content on domestic abuse? If no/don't know, skip to Q12

Answered: 104 Skipped: 28



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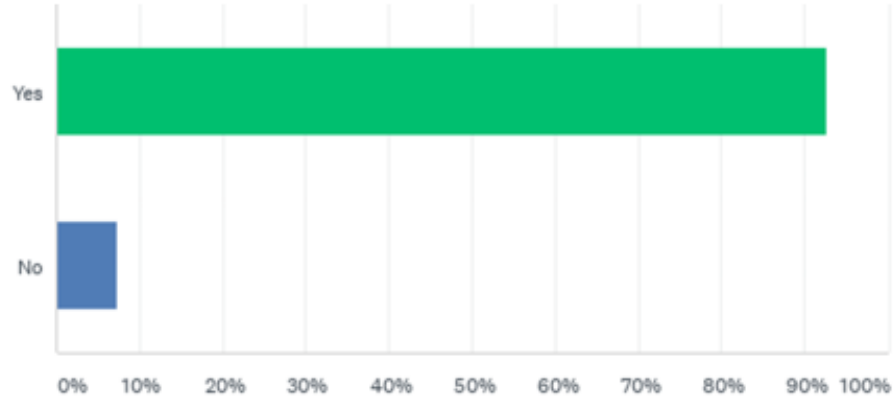
Q10: If yes, do you believe that content is helpful to you in your current role?

Answered: 54 Skipped: 78



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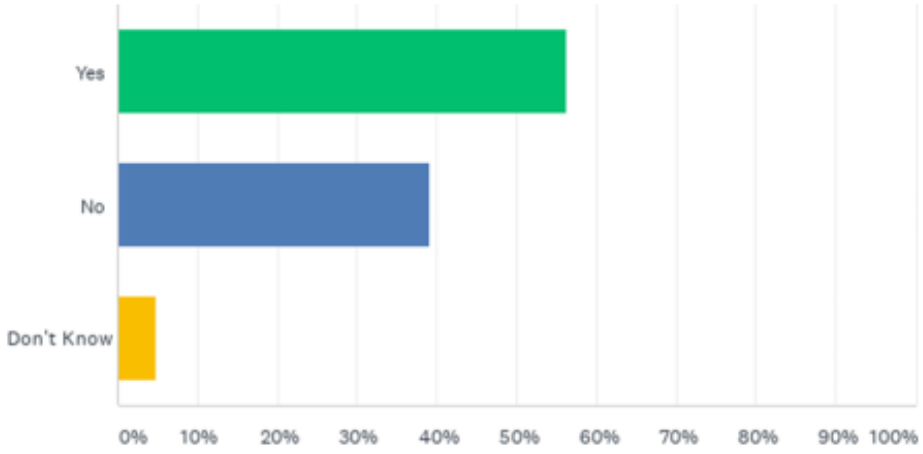
Q12: Have you had any "on the job" training or briefing on domestic violence? If no/don't know, skip to Q16

Answered: 105 Skipped: 27



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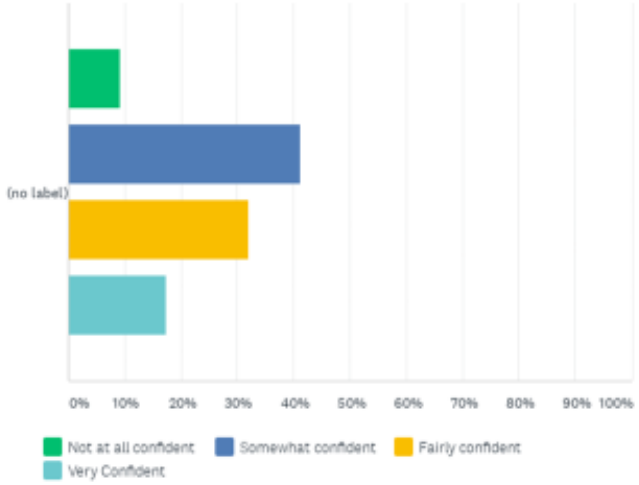
Q16: How confident do you feel about your professional knowledge about domestic abuse?

Answered: 109 Skipped: 23



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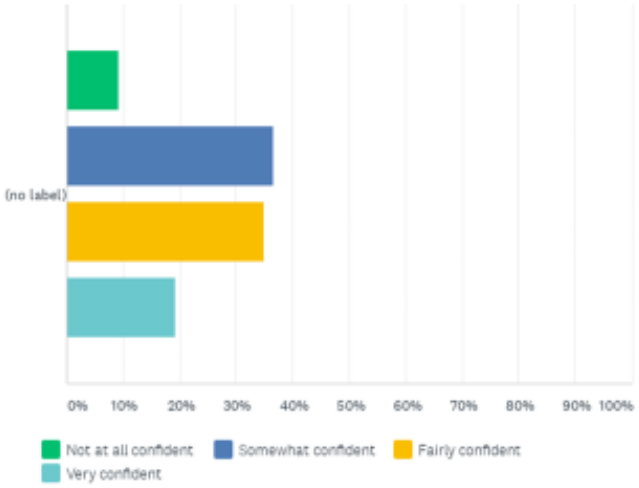
Q17: How confident do you feel about your professional practice about domestic abuse

Answered: 109 Skipped: 23



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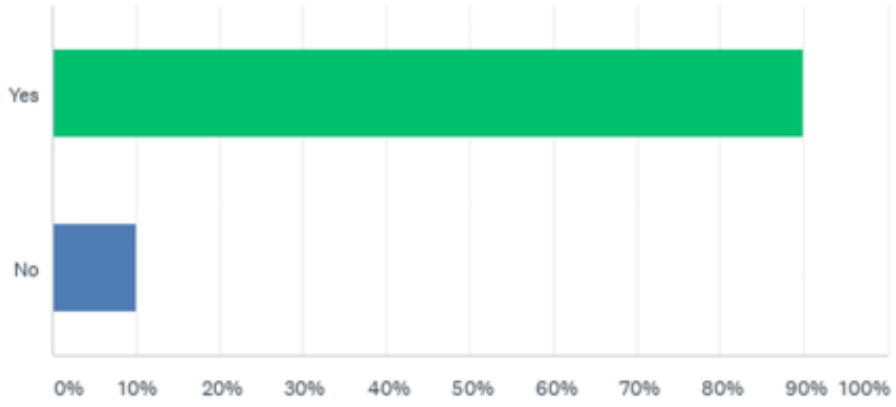
Q18: Do you have professional supervision or support?

Answered: 109 Skipped: 23



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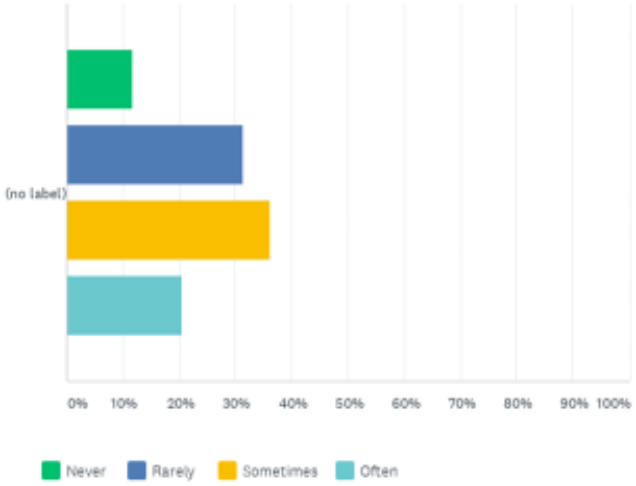
Q19: If yes, how often do you use this to discuss domestic abuse?

Answered: 102 Skipped: 30



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Appendix 3
Glasgow Education Services Domestic Abuse Survey 2021 April 2021

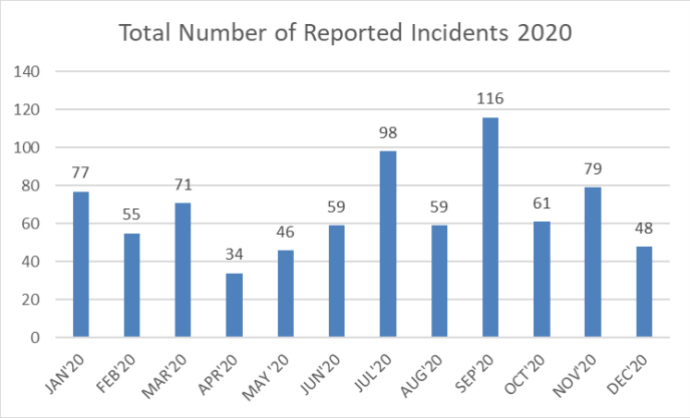
Domestic abuse continues to be an area of concern for services working within Glasgow and there is a commitment across these services to work together to minimise risk and provide the best possible support for all those involved. These partnerships are evidenced in strategic planning groups, multi-agency training opportunities and in the Multi Agency Risk Assessment Conference (MARAC) which meets several times each month to consider those situations presenting the highest risk.

In session 2020-21 colleagues from the Health and Social Care Partnership (HSCP) in Glasgow completed a survey about their experiences of working with situations where domestic abuse was a presenting factor. This wide-ranging survey considered training, attitudes, experience and future needs.

To complement this data set Education Services carried out a similar survey based on some of the concepts used by the HSCP. Staff across all sectors who had responsibility for Child Protection and pastoral care were invited to complete the survey in early 2021. A total of 187 members of staff participated representing all sectors and all areas of the city.
This report details key findings and outlines recommendations for next steps within Education Services.

During 2020 a total of 803 children and young people were linked to families discussed at MARAC (Multi Agency Risk Assessment Conference). MARAC is the multi-agency forum where the cases of highest risk domestic abuse are discussed, and some children and young people may have been discussed more than once as families continued to present at high risk. (Table 1)

Table 1 Total of children discussed at MARAC 2020



The Education Services MARAC group continue to gather data about these children and their education to identify any 'hot spots' or emerging themes. This with a view to further refining the support that is offered to them and their families.

Table 2 breaks down the total number of children discussed at MARAC during 2020 into learning communities (again some children may have been discussed at more than one MARAC).

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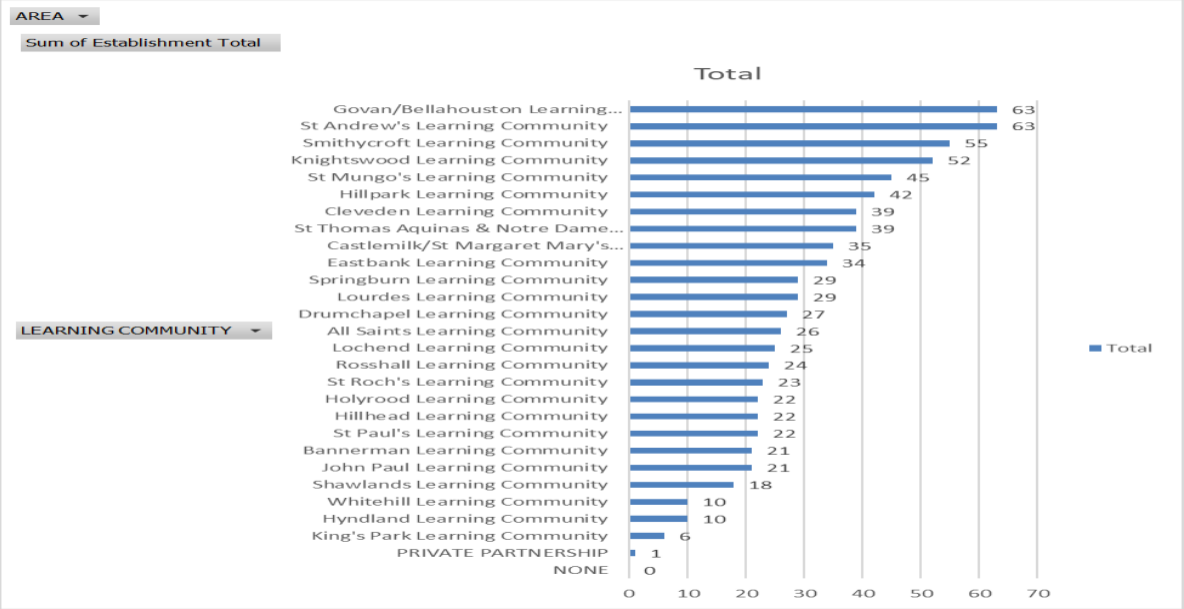

Table 2 Children discussed at MARAC 2020 by Learning Community

Survey responses

187 responses were received, of these the majority (115) were from Head Teachers.

Head Teacher	115
Depute Head Teacher	36
Pastoral care	24
Other	12

All sectors across education services were represented:

Early years	41
Primary	94
Secondary	41
ASL	11

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Frequency of work with families affected by domestic abuse

Most respondents (91%) reported that they had worked with families where domestic abuse was an issue of concern:

Yes	171
No	13
Not sure	3

30% of respondents stated that domestic abuse incidents affected the children and young people in their school frequently or very frequently. 48% reported that this was sometimes an issue.

very rarely	23
rarely	19
sometimes	89
frequently	45
very frequently	11

Support to children, young people and families

Staff were asked which actions they would take when they were aware that domestic abuse was impacting on a child or family. They were asked to select all that applied to their practice from the following list:

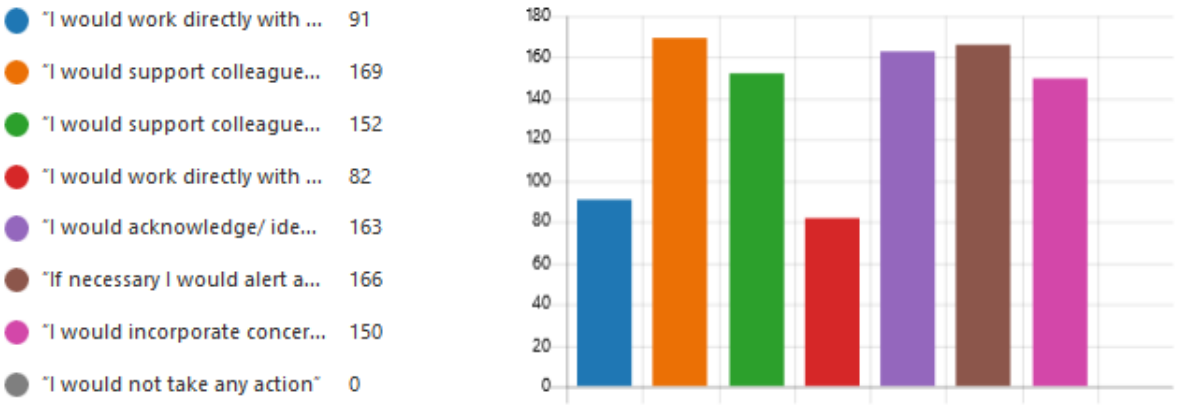
- [ ] "I would work directly with the child/young person on the issue of domestic abuse"
- [ ] "I would support colleagues to understand the child's needs and plan accordingly"
- [ ] "I would support colleagues to develop their knowledge and skills in supporting children/young people affected by domestic abuse."
- [ ] "I would work directly with the parent/carer on the issue of domestic abuse."
- [ ] "I would acknowledge/ identify the issue and offer signposting to other supports."
- [ ] "If necessary I would alert agencies without the permission the service user in line with my duty of care"
- [ ] "I would incorporate concerns around domestic abuse in a wellbeing assessment "
- [ ] "I would not take any action"

As the graph below shows (Table 3) most of the respondents selected those actions which were about providing support, signposting to other agencies and building knowledge and understanding in colleagues.

Given that experiencing domestic abuse is regarded as a child protection concern 89% would report concerns without consent should that be in the best interests of the child/young person. Further work may be indicated to ensure that all staff would do this if it was felt necessary.

Whilst fewer staff said that they would do direct work where domestic abuse was a concern, 49% indicated that they would work directly with a child/young person and 44% that they would work with a parent/carer. The high levels of knowledge of nurture, attachment and trauma reported will inform planning and intervention for these children and their families and will also support senior leaders in considering the needs of those providing this direct work. Whilst this survey did not directly address staff support needs it may be that this could be a focus for future work.

Table 3 Supporting domestic abuse concerns in school or ELC



Participants were then asked to reflect on what guided them most when dealing with situations involving domestic abuse, they were asked to select any statement which they felt applied to them (Table 4). Given the focus in education services on staff understanding nurture, trauma and attachment perhaps not surprisingly this was the statement that was selected most often. 85% of respondents felt that this applied to them. 83% also felt that they were guided by the policies and procedures that are in place to support them and 81% that the experience and knowledge they had developed during their career supported their decision making. Very few felt that they lacked either guidance (6%) or experience (11%).

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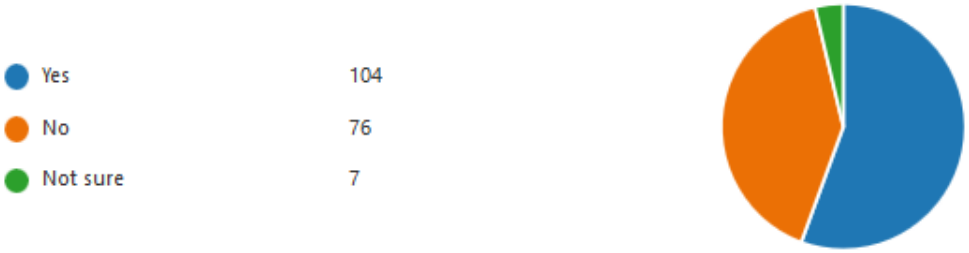
Table 4 What guides your thinking about domestic abuse?

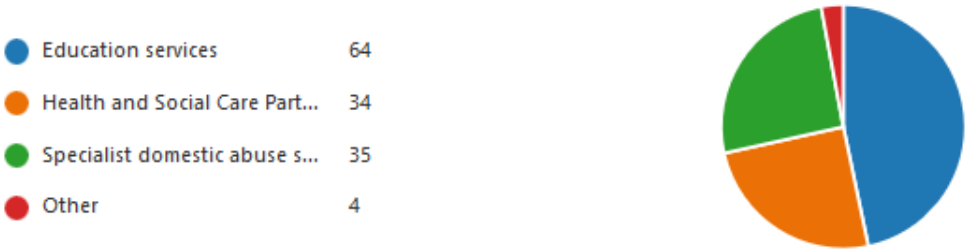
policies and procedures	156
domestic abuse training	85
experience and knowledge	151
keep up to date with literature and research	94
advice and guidance from colleagues and managers	118
I lack guidance	11
I lack experience	20
guided by values and opinions	41
guided by knowledge of nurture, attachment and trauma	158

Professional learning

56% of respondents reported that they had received specific training on domestic abuse. The most recent update was delivered to Child Protection Co-ordinators in January 202 however with movement of staff and given that 41% said that they had not received specific training , consideration should be given to refreshing training and ensuring that information on domestic abuse and supporting families is included in induction procedures for those new to management or pastoral roles.



The training which staff had accessed was, in the main, delivered by staff from education services, however partners from the HSCP and from specialist domestic abuse services had also contributed to the pool of knowledge amongst those who responded.



Staff were also asked to indicate which forums they accessed to discuss domestic abuse concerns (Table 5). SIIM meetings were most frequently selected as the forum for discussion (75%), followed by senior leadership meetings (71%) and LC-JSTs (66%). Given the need identified for additional professional learning opportunities perhaps working with these forums would allow networks of support and challenge to develop.

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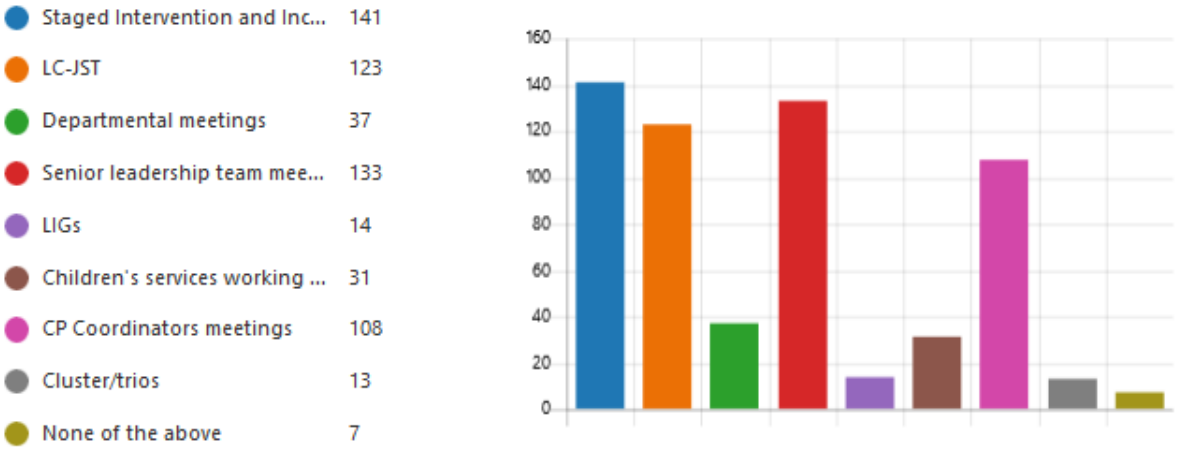
Table 5 Which forums do you use to discuss concerns about domestic abuse?



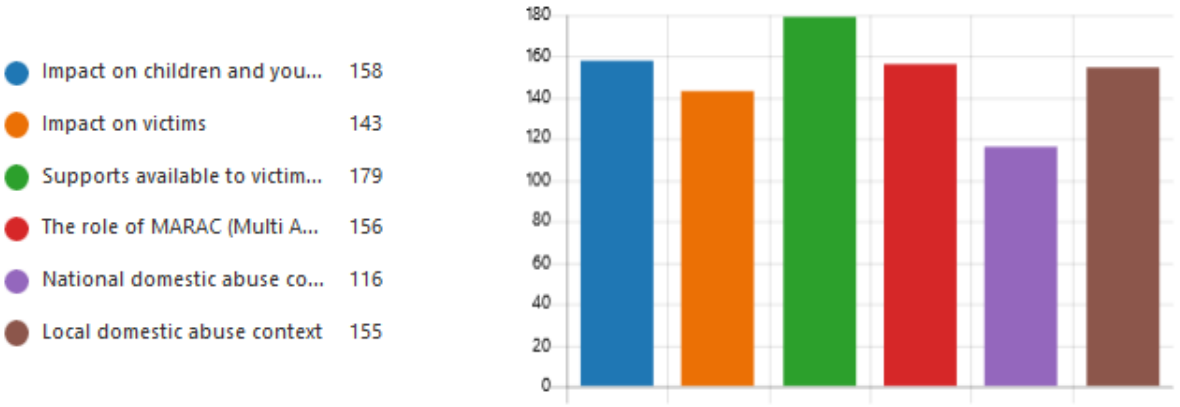
Next staff were asked to rate their level of knowledge and their confidence when dealing with domestic abuse issues on a scale of 1-5.

Knowledge	Average score 3.14	Range 1-5
Confidence	Average score 3.23	Range 2-5

Given that over 90% of respondents reported that they had worked with families where domestic abuse was a concern, it is to be hoped that further professional learning opportunities will increase these average scores and reduce the range of responses.

Finally, staff were asked to indicate which aspects of professional learning they would find most helpful. All options were rated highly, giving clear pointers for planning future training and networking events (Table 6)

Table 6 Future Training



Summary of recommendations and next steps:

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1. Consideration should be given to refreshing training and ensuring that information on domestic abuse and supporting families is included in induction procedures for those new to management or pastoral roles.
2. Given the need identified for additional professional learning opportunities perhaps additional inputs for SIIMs, Senior Leadership Teams and LC-JSTs would allow networks of support and challenge to develop.
3. Feedback from staff who responded to the survey about CLPL needs should be used as a basis to refresh training and support.
4. The Education Services MARAC group should consider the above recommendations with a view to devising training and support programmes for session 2021-22 and beyond.
5. The possibility of further exploration of staff support needs in relation to those working directly with children and families affected by domestic abuse should be considered.

L McCracken & A Crawford
Education Services MARAC team
June 2021

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Appendix 4
Findings from service user engagement (January to June 2022)

Overview of Process

Engagement with service users was facilitated with support from:

- 218 Services, Turning Point Scotland (group sessions)
- Staff at Chara Centre and Elder Street (one to one Interviews)
- Tomorrows Women Glasgow (one to one interviews)
- Caledonian Programme (group sessions, one to one interviews)

All partners were asked to develop conversations with participants that were open enough to surface what mattered most to them, but the below list was provided as indicative guidance.

- The main aim is to gather feedback based on experiences of accessing (or trying to access) help from Glasgow City HSCP in relation to domestic abuse. We appreciate that the HSCP is just a name we give to a range of services, so may be easier to use the type of individual roles people may be more familiar with, such as health visitors, nurses, GPs, social workers - anyone they might have spoken to in the handling of a case or in relation to services they were accessing or seeking to access.
- Areas we are interested in include:
    - Their perceptions of accessing help from health and/or social care professionals.
    - Their knowledge of what help was available, and, if relevant, how they sought or accessed any advice or help about domestic abuse, e.g. online, in-person.
    - Any barriers to accessing support (emotional, physical, practical) and what might have helped to remove these barriers. It would also be helpful to know if there were opportunities to disclose the abuse (as the victim or as someone who was abusing), that they didn't take, for whatever reason.
- We'd like to know what kind of support and services need to be in place to best support those perpetrating or experiencing domestic abuse in Glasgow.
- We'd value hearing about anything they want our staff to know and understand about domestic abuse that might help us to provide better support.

We advised that the Strategic Plan and accompanying communications campaign needs to use imagery and words that do not stigmatise or re-traumatise people experiencing domestic abuse, and shared images captured images from a range of UK public sector strategies. We sought feedback on the images and their alternatives. We also asked if there were any terms that we should reconsider using when we talk about domestic abuse - things like 'victim' and 'perpetrator', for example.

Experience of Abuse

In many cases, women we heard from had experienced more than one abusive relationship, with the majority of women describing patterns of abuse that they experienced from a young age, either through a familial relationship, or their first romantic relationship.

"My first relationship was when I was aged thirteen…abusive and violent towards me. I didn't know any better, thought it was the norm. I think he thought this was okay as they didn't know any better. He may have witnessed violence from his family home…but I knew being hurt each day was not right."

Some women told us about witnessing their grandmothers and mothers experience abuse, and seeing that abuse as young children. One woman described that these generations *"just got on with it"*, seeing tolerance as a strength, and believing that was what she should have been capable of.

The experiences of domestic abuse were physical, sexual and emotional, and in every instance where abuse was detailed, the impact on a woman's self-worth and her confidence was emphasised, with one woman describing how "*they get inside your head*" and "*chip away*".

We heard loneliness, guilt and fear all played a part in women staying with an abusive partner, or in returning to them.

"Women will stay with abusive males due to habit or feeling lonely."

"I felt bad for my partner at one point as my son kept asking for his daddy and I took him back. The abuse only got worse."

"I know people that will keep returning to their partner as there is a fear that the next partner could be even more violent, an even worse scenario, your better with the devil you know."

One woman described her partner as very loving and caring until they both became alcohol dependent, with this triggering aggression in her partner. She told us that after the birth of their first child, things at home became "*a whole lot worse*".

Barriers to Disclosing Abuse or Accessing Help

Across engagement activities, we heard that women felt, perceived and experienced barriers to accessing help from health and social care professionals. For some, this was because of previous experience, but for almost all, it reflected a fear of the consequences, and the 'labels' they felt were applied to women who experienced abuse.

"I don't want to be seen as one of 'those women'."

"I didn't want to approach any services because I was worried what might happen to my kids."

"The social worker told me if I went back to our shared tenancy then the likelihood would mean the kids would not be able to return there."

"Emotionally, it's extremely difficult dealing with services as it does feel very much them and us… it has made me feel very guilty and equally to blame"

Women talked about feeling judged by health and social care professionals, untrusted, or assumed to be under the influence of drugs or alcohol.

One woman felt that reporting her physical abuse would make her a "*grass*" and when asked by hospital staff about injuries she presented with, she lied, and found her answers were easily accepted. Women described being scared to access services for help and explained concerns about how much would be confidential. Some women told us they were embarrassed to ask for help.

Some women felt the criminal justice system worked against them, describing occasions where they felt courts or police, sided with their abuser, through process, or their attitudes. Several women told us that reporting to the police would only increase the risk they faced – "*Chances are that your partner will get arrested then released the next day…you will be attacked again, this is the consequences you face*."

Women had generally heard of some support services (e.g., Women's Aid) before they needed help, but were not always clear of what help was available, and whether they qualified for it. All women

asked us to make information on where to go for help more readily available (GP surgeries, schools, supermarkets, female toilets), so that people in need didn't have to seek it out.

We heard that women need someone to talk to face to face, with some suggesting the more common or innocuous the space, the better, suggesting 'pop up' services or information stands in schools, supermarkets or fast-food restaurants. Other suggested that they'd only been able to disclose where they had built a *"trusting relationship"* with a professional, and that this required time, and lots of safe spaces.

We heard from every woman, that access to female workers was critical for them in accessing help, and stayed engaged with support.

Disclosing Abuse

Women who did talk about disclosing abuse, had mixed experiences. One, who disclosed to a *"drug worker"* was given information on the Domestic Abuse Helpline and recalled being told *"only you can make the decision to change"*.

> *"Social Work made things worse as they put my child in care of my parents. Assist had tried to support me, but I felt too many people would be overwhelming…they were just trying to find out information about me. I felt let down as Social Work told me that everything I told them about all the violence that was going on in my house would be kept confidential. Social Work then told my father all my information, even as much as telling him how much I drank each day. I felt let down and I lost my faith and trust."*

One woman described a traumatic event where an ex-partner had left 'slash marks' over her face. She said staff at an accommodation centre in the East of the city did not notice these wounds but that a Pharmacist in a local Chemist directly asked what had happened to her, saying from there, the Police were then contacted, and action was taken.

One woman explained that she had built the confidence and trust to talk to a worker in a local foodbank, and found this gave her the confidence to seek help.

One woman told us that through the years she has mostly received good responses from services, such as being offered support to access police and provided details of further support services available following on from a domestic abuse incident. She said she received good emotional support from health and social care professionals when she has felt vulnerable due to domestic abuse, describing services *"mostly helpful and caring"*, but described feeling unsupported whilst accommodated within B&Bs throughout Glasgow, saying she felt suicidal whilst in that situation.

Some women spoke about the support they had received from services which worked with the whole family. They felt that the individual and tailored support for them, their children and their partner was beneficial and could be empowering. One woman told us that her partner's controlling behaviour escalated around child contact but that she felt *"safer, more confident"* due to the support from services and she felt able to challenge his behaviour and *"over time things have become more stable"*.

Support for People Who Cause Harm

One woman described her abusive partners as coming from families where other men were abusers, so felt support should be made available to people to escape this pattern, to stop them *"thinking this was a normal way to live"*.

"There needs to be more support for the abuser, the Courts must ensure that individuals who have a history of violence are supported to understand that their behaviour is not acceptable. People need to understand their triggers as this may prevent them from continually doing what they are doing. Abusers need counselling, make them think is this the norm? I believe that people who abuse have learned this behaviour from the home they were brought up in and think that this is okay."

"More services like the Caledonia Project, services like this for men and women are needed. There should not just be a referral from the Courts to ensure the abuser gets the help they need to change their behaviour but give people an option where they can seek support themselves. Projects that specialise in supporting people who abuse need to be more advertised also, not just for the victims. People need to see that they can change and go for support if needed."

At least two women were less in favour of help for abusers. One told us that abusers need to know there are consequences for their actions, and that criminal proceedings might be the only thing that would prevent someone from abusing.

Other Messages

Women recommended having workers who have lived experience supporting women escaping domestic abuse, *"showing that you can be free."*

One woman told us that being mistreated made her become extremely paranoid, to the point that she felt staff were 'plotting' against her. She stressed that this is why it is important for staff to be trained to be patient and understanding.

One woman told that when she left her partner, she had no knowledge of how to claim benefits or pay bills or manage money as this had always been controlled – support at this point was critical for her. Other stressed help with the less obvious problems and decision-making was also important.

"I feel there is not enough support regarding domestic abuse. Even with going into Women's Aid, this type of accommodation was not suited to my needs. I felt there were too many rules, but these projects do keep people safe".

"I have a son (4yrs) and daughter (6yrs) and they both miss their dad. My son especially misses him. I have told them he is away working. If he gets sentenced, he will want to see them. I am not sure how this works – maybe video? My Social Worker is hopeless."

One woman described the stigma attached to someone who uses drugs, with social care staff treating her as *"an addict"* and not a person, or a victim.

One woman had advice for anyone who suspects that someone they know or is in contact with is experiencing domestic abuse.

"If you know something is off, never give up.
Keep in contact, persevere, and keep the focus on the person"

Responses to Imagery and Language

Women asked us to use images which portray the reality of abuse, and reflect the *"poverty, loneliness and isolation"* of living with an abusive partner. This was noticeably different for many women, to pictures of women *"just looking sad or worried"*. Some women called for the most graphic images we were brave enough to use, to *"show the full picture"* of domestic abuse.

When asked how they felt about the word 'victim' or being described as a 'victim', women tended to agree this word is sometimes necessary because it captures the facts from incidents of domestic violence, but that this didn't make them a victim indefinitely: *"I'm not a victim but I was a victim [during an incident of domestic violence]"*. One woman told us the term victim, applied as a general label, made her feel *"pitiful and small"*. Some women asked to be more regularly referred to as 'survivors'.

Woman tended to dislike the term 'perpetrator' and preferred 'abuser'.

One woman felt the term 'domestic' in some way *"downgraded"* the seriousness of the abuse.

"You see an odd poster now and again. There is a television advert that is currently shown on the television about someone struggling with drugs. This advert is really good, gives you something to think about. The advert portrays a woman who is in a bad place, it seems real and honest. There needs to be more advertising like this kind to show Women there is help out there, a way out and its discreet. Women are scared to open up, you're seen as a failure and there is the fear of being alone."

Men's Experiences

In many cases, men told us that their experiences with services was not good, they felt judged, were not kept informed and felt excluded, and were often not seen as having any value or anything to contribute as a father. In some cases, where they also experienced abuse from their partner they felt that they were not listened to or their point of view respected.

(We are) "just people who make mistakes and not bad people"

Most men said that they would have liked help to identify and recognise their behaviours and the triggers that made them abusive, but that they didn't know where to look for help prior to being in the criminal justice system after offending. Many said that it took for them to be convicted for them to face up to their behaviour and would welcome early intervention / voluntary services to provide help and support.

Men suggested that help for their addictions or mental health issues is really important, not just support for their specific abusive behaviours. But they said that it is not easy to admit issues and previous negative experiences made them less likely to ask for help in the future. They also spoke about emotions and pride getting in the way.

"You can't speak to anyone about issues due to the 'west of Scotland' perception that you should be 'manly' and be able to deal with things"

When speaking about their good experiences of services, men often highlighted the importance of peer support and being able to talk to other men in similar situations, as well as consistency and continuity of the workers they deal with, and how the ability to develop a relationship over time is valuable.

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

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

When asked about the word 'perpetrator' or being described as a 'perpetrator', men said that they felt this was a fair description. They tended to dislike the word 'abuser' as it has connotations with sexual abuse, although in discussion they did acknowledge their behaviour as abusive.

One man told us that his partner is unhappy at being called a victim as she said it makes her sound weak and pathetic.

When asked about images of domestic abuse, most men agreed that men's faces should be included, both from the point of view of encouraging men to seek help for their abusive behaviour, but also for those men who are abused and may not feel able to seek help.

Glasgow City HSCP is extremely grateful to the partners and staff who supported this engagement, and to the women and men who have shared their experience and expertise with us.

K Hudson & F Noble
Glasgow City HSCP
June 2022