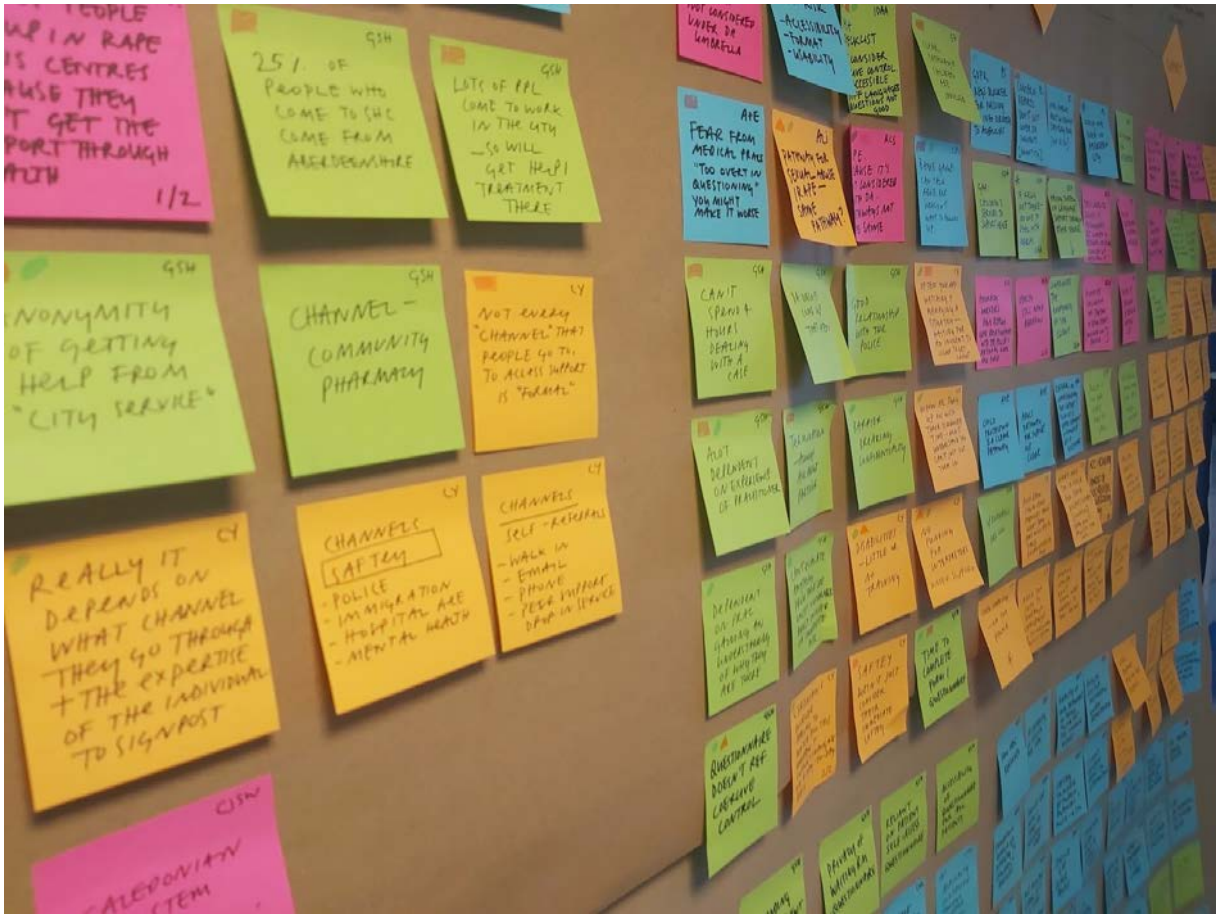
Aberdeen TEC Pathfinder Project

Define stage review

January, 2021



Authors:

Ali Jones

Dr Katie MacLure

Contents

1.Introduction

The purpose of this document is to review and collate research findings and activities undertaken during the define stage of the Aberdeen TEC Pathfinder project.

When reviewing the document, please consider the following points:

- The review is intended to exploratory, not explanatory and should therefore be considered a 'live' document
- The information contained in the review highlights a snapshot of the current landscape, related to how services in Aberdeen City support people who experience domestic abuse. Further research must be undertaken, were guided by different objectives
- Qualitative insights are derived from anecdotal evidence and should be used to guide opportunities for further research and/or sense-checking
- Unless otherwise stated, research contained in this document should be referenced to the Aberdeen TEC Pathfinder project, as part of partnership work between ACVO TSI and Aberdeen Health and Social Care Partnership (AHSCP)

2.Project overview

Overview

In 2019, ACVO and Aberdeen Health and Social Care Partnership (AHSCP) were chosen to lead on a two year Technology Enabled Care (TEC) Pathfinder project within Aberdeen City.

The project aims to explore, define and co-design how TEC can play a role in supporting the delivery of multi-agency services for people, aged 18+ who experience domestic abuse.

Technology Enabled Care is defined as: 'where outcomes for individuals in home or community settings are improved through the application of technology, as an integral part of quality, cost effective care and support to look after more people at home' (TEC Scotland, 2020).

National programme

The Aberdeen TEC Pathfinder project is one of four projects supported by the national Transforming Local Systems Pathfinder Programme. The national programme is delivered in collaboration between the Scottish Government's Technology Enabled Care (TEC) Programme, Health Improvement Scotland's ihub, the Office of the Chief Designer and Scottish Government Mental Health and Social Care Directorate (TEC, 2020).

The programme aims to support multi-agency partnerships to embed digital technology in the transformation of local services for health and wellbeing. It is aligned to the Scottish Government's Digital Health and Care Strategy, published in April 2018.

Both the national programme and individual projects have committed to embedding the Scottish Approach to Service Design (SAtSD) as their core methodology and framework.

For more information about the national programme, please visit: https://tec.scot/digital-health-and-care-in-scotland/tls-landing/

Project aims and objectives

The overarching aim of the project is to understand how Technology Enabled Care (TEC) can play a role in supporting the delivery of multi-agency services for people, aged 18+ who experience domestic abuse.

Research themes

During our discovery period, we developed and explored wider research themes, in relation to our overarching research question. The insights gathered from our research are described in this review.

The broader research themes include:

- The scope and definition of domestic abuse and how it impacts people
- How people in Aberdeen City experience accessing support
- What provision is available within the city for people who are experiencing or have experienced domestic abuse
- How individual services in Aberdeen City support people who experience domestic abuse and how those service meet people's needs
- How multi-agency services in Aberdeen City work together to support people who experience domestic abuse
- How people's experiences in Aberdeen City compare to other localities in Scotland, nationally and internationally

Objectives

Throughout the project, our objective is to explore this problem space openly and collaboratively with citizens, practitioners and allied stakeholders by using the Scottish Approach to Service Design (SAtSD). We also hope to share our experiences of using a user-centred design approach with different stakeholders, as we progress.

The Scottish Approach to Service Design (SAtSD)

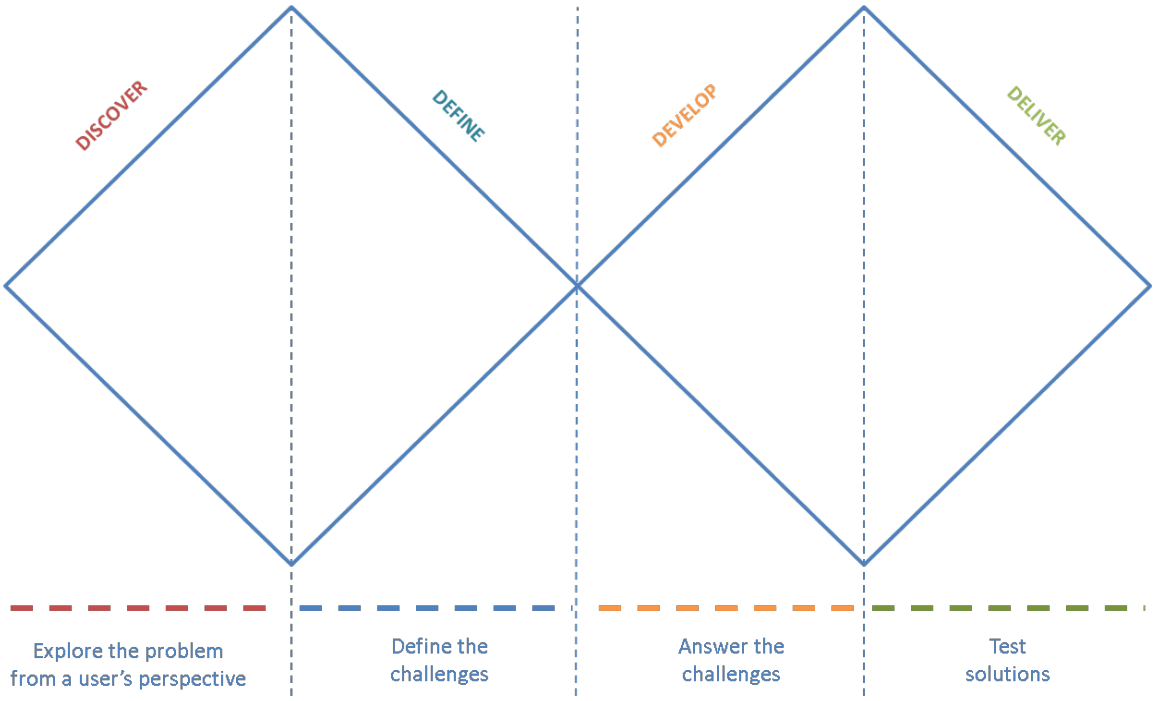
'The 'Scottish Approach to Service Design' describes design as a way of exploring the problem space openly, collaboratively and with users, before a solution or service is decided' (Scottish Government, 2019).

By using the SAtSD we are committing to their core principles:

1. We explore and define the problem before we design the solution
2. We design service journeys around people and not around how the public sector is organised
3. We seek citizen participation in our projects from day one
4. We use inclusive and accessible research and design methods so citizens can participate fully and meaningfully
5. We use the core set of tools and methods of the Scottish Approach to Service Design
6. We share and reuse user research insights, service patterns, and components wherever possible
7. We contribute to continually building the Scottish Approach to Service Design methods, tools, and community

Source: https://www.gov.scot/publications/the-scottish-approach-to-service-design/

Framework



To guide the development of design thinking and co-design activities, the SAtSD uses the Double Diamond framework, which can be seen in the diagram above.

Originally developed by the Design Council during the period of 2002-2004, each diamond illustrates the following stages of activity:

Discover. The first diamond helps people understand, rather than simply assume what the problem is. It involves speaking to and spending time with people that are affected by the issues

Define. The insights gathered from the discovery phase can help you to define the challenge in a different way

Develop. The second diamond encourages people to give different answers to the clearly defined problems, seeking inspiration from elsewhere and co-designing with a range of different people

Deliver. Delivery involves testing out different solutions at small-scale, rejecting those that will not work and improving the ones that will

Source: The Design Council, 2019

The framework is shaped like a diamond, as it mimics the process of divergent and convergent thinking, asking you to explore different options before refining your ideas.

3. Terminology

The following terminology is used throughout the document.

Term	Description
Service Design	Service design is the craft of tying together human, digital, and physical interactions over time to create a truly differentiated experience for your customers (IDEO, 2020)
User research	A 'user' can consider the people who use a service, those who could use a service, as well as those who deliver that service. User research helps teams learn about users and create services that meet their needs (GOV.UK, 2017)
Double Diamond	Developed by the Design Council, it is a framework that helps visualise and map the design process and is divided into four stages: Discover, Define, Develop and Deliver
Discovery stage	The first stage in the double diamond which asks you to explore the problem space from a user's perspective
Define stage	The second stage of the double diamond, which asks you to take the insights gained from your discovery period and refine and define them into challenges, which can then be addressed in the latter stages.
Intimate Partner Violence (IPV)	Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner (WHO, 2012). This term is sometimes used interchangeably with Domestic Abuse

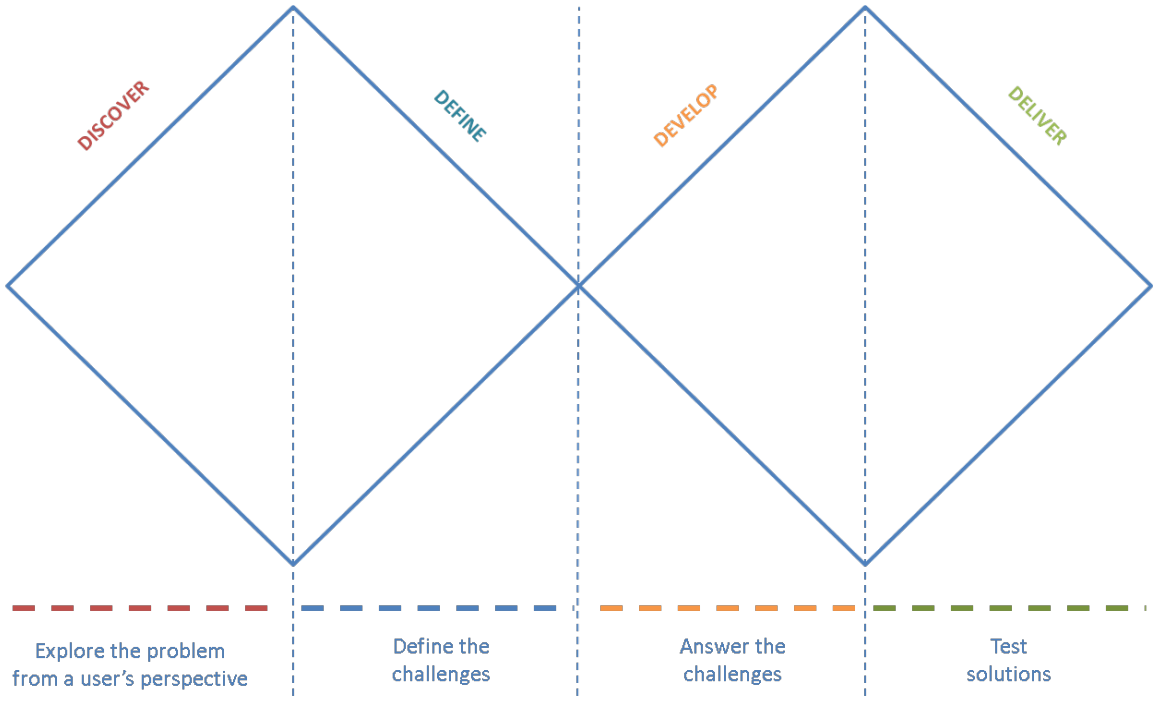
	(DA) and Domestic Violence (DV) depending on the origin of the source.
Victim and Survivor	The terms victim and survivor are both used in this document, depending on the context. Different people and organisations have very different perspectives on which terms should be used. Victims and survivors may also use the words interchangeably, or not at all, depending on their preference, understanding or stage in their journey. Women's Aid describes the terms as: 'Survivor emphasises an active, resourceful and creative response to the abuse, in contrast to "victim", which implies passive acceptance' (Women's Aid, 2020). In some instances we will use the terms: 'person experiencing abuse', 'person who has experienced abuse', or 'citizen' when we are unsure of which terminology is preferred.
Perpetrator	Within the context of domestic abuse, a perpetrator of abuse is someone who is responsible for the abuse (Safe Lives, 2017). In certain contexts, such as referring to the criminal justice system, the perpetrator can also be referred to as 'the accused'.
Gender based violence (GBV)	'GBV is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately' (European Commission, 2020). Examples of GBV include: domestic abuse, sex-based harassment, Female Genital Mutilation (FGM) and Forced Marriage (FM).

Specialist services	Services that provide specialist support for domestic abuse, sexual abuse or wider gender based abuse. Support can include: refuge, support work, advocacy and counselling. Examples of services in Aberdeen include: Grampian Women's Aid, Rape Crisis Grampian and Aberdeen City Council Domestic Abuse team.
Allied support services	Services that offer support (in a range of guises) but that are not specialist domestic abuse or sexual abuse services. For example: mental health, social care or counselling services.
Domestic Abuse, Stalking and 'Honour'-based violence (DASH) Risk Checklist	Intended for use by professionals (specialist services and those working in allied and universal services) who work with adult victims of current domestic abuse (SafeLives, 2019). It is a tool that is intended to help practitioners identify people who are at high risk of harm and whose cases should be referred to MARAC (SafeLives, 2019). Designed to foster a common approach to understanding risk in relation to domestic abuse.
Domestic Abuse Questions (DAQ)	Used by Police Scotland, similar to DASH but contains child protection questions.
Multi Agency Risk Assessment Conference (MARAC)	A local meeting of representatives from statutory and non statutory agencies to discuss and implement actions for individuals at high risk of serious harm or murder, as a result of domestic abuse (Toolkit for MARAC in Scotland, 2020). The meeting is intended to produce actions, volunteered by agencies in order to increase the safety of the individual.

Independent Domestic Abuse Advisor (IDAA)	An independent advocacy service not connected to the Police, Social Work or the courts. Supports and represents clients during the MARAC process, ensuring that the victim's voice is heard at MARAC meetings.
Multi Agency Tasking and Coordination (MATAC)	'A Police Scotland initiative to identify and manage the most harmful domestic abuse perpetrators' (Whole Lives. Improving the response to domestic abuse in Scotland, 2017)
Safety planning	A plan that can be put in place in advance or in response to violence and abuse. This can be done individually or with support of a service or practitioner.

4.Define stage

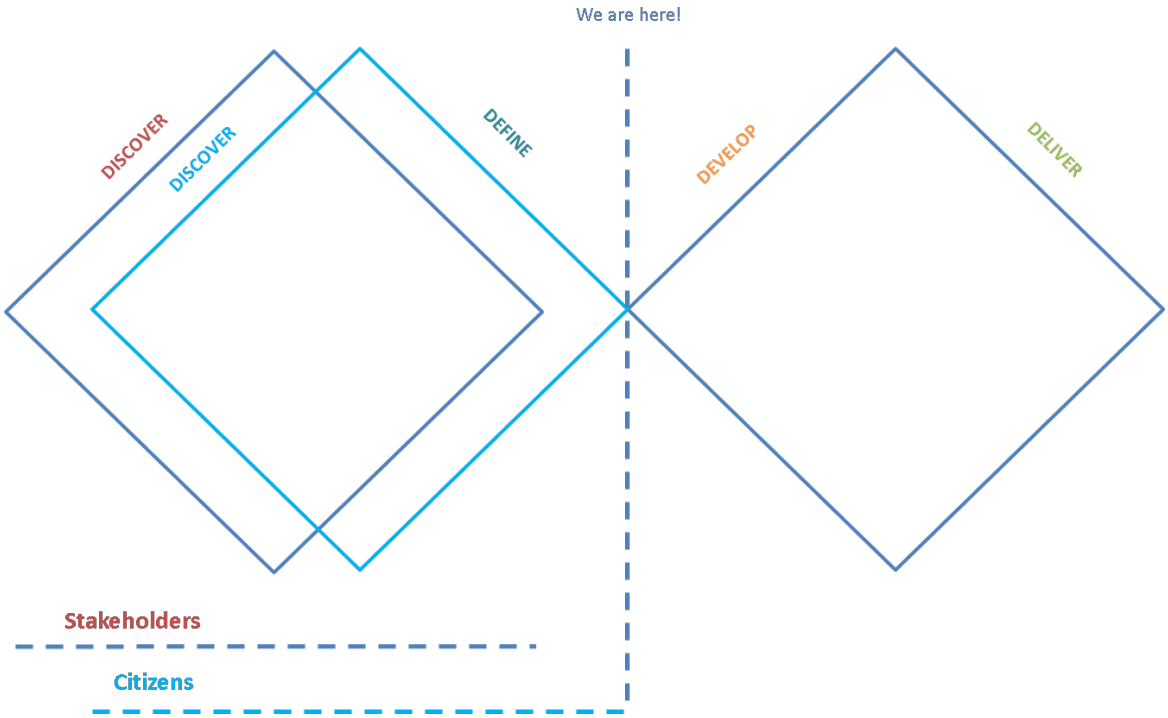
Overview



The second stage of the first diamond is the define stage. At this stage, we take all of the research and insights we have gathered from our discovery period and analyse and refine our results.

Throughout this process, it is important to sense-check our approach and findings with stakeholders and citizens. This helps us to ensure that what we have collected accurately portrays their needs and insights. From here, we can start to collectively define and prioritize challenges before reframing them as design opportunities.

Approach



As illustrated in the diagram above, at the start of our discovery period, we took the decision to split our research approach into three different sections: stakeholders, citizens and secondary research (national and international).

The rationale behind this decision was predominately based on the capacity of the team to undertake research, and considerations of safety and ethics. We aimed to initially develop relationships with specialist services, so we could sense-check our research approach and gain support to engage with citizens.

As a result, the research and insights reviewed in this document will be split into the following stages:

- Stage one. Stakeholders
- Stage two. Citizens
- Stage three. Literature review (international and national secondary research)

Though the diagram above illustrates a linear process, many of our research activities were carried our concurrently.

Impact of COVID-19

It is important to note that due to COVID-19, further research and development work will need to be undertaken as part of the discovery and define stage.

These have been outlined in the following ‘next steps’ section at the end of this document.

5.Stakeholder research

Overview

In the following section we will explore our approach to user research with stakeholders. We will then outline key insights and themes pertaining to gaps, barriers and considerations related to service delivery and support pathways for domestic abuse in Aberdeen City.

Timeline

Research and engagement work with stakeholders took place from October 2019 - October 2020. During this period we also carried out a number of define activities including: sense-checking, data analysis and synthesis.

Since March 2020, all of our research and project work has been carried out remotely.

Research activities

During this stage of research we designed and carried out the following activities:

- Stakeholder mapping
- Stakeholder recruitment
- Interviews: one-to-one and group

- Secondary research
- Journey mapping
- Stakeholder survey (general and academic)

These activities can be further explored in the discovery stage review.

Research themes

Using the above activities and tools, we have explored and developed the following research themes:

- The scope and definition of domestic abuse and how it impacts people
- What provision is available within the city for people who are experiencing or have experienced domestic abuse
- How individual services in Aberdeen City support people who experience domestic abuse and how those services meet people's needs
- How multi-agency services in Aberdeen City work together to support people who experience domestic abuse
- How people's experiences in Aberdeen City compare to those of people in wider Scotland, nationally and internationally

6.Key themes and insights

Support for domestic abuse

From our research, we understand that a disclosure or identification of domestic abuse can be made at any point in a person's journey, even after the abuse has stopped. This means that a person could ask anyone for help or advice, at any point, depending on a range of factors. It also means that there is an opportunity for domestic abuse to be identified, at different stages, by a range of practitioners.

We have identified that both specialist domestic abuse and allied gender based violence (GBV) support services, as well as universal services have responsibilities for supporting people experiencing domestic abuse.

In light of this, we have had to consider a wide range of actors and service providers when looking at what provision is available in Aberdeen City.

Provision in Aberdeen City

From our understanding, in Aberdeen City, specialist support services for domestic abuse and GBV are predominately run by third sector organisations, with the exception of the Aberdeen City Council Domestic Abuse Team and Criminal Justice Social Work. Specialist services run by third sector organisations include, but are not limited to:

- Grampian Women's Aid
- Aberdeen Cyrenians Domestic Abuse Support and Accommodation Project (DASAP) and Violence Against Women (VAW) services. Update: these two services were merged in 2020 to form Ending Violence and Abuse Aberdeen (EVAA) service. This has not been updated on our stakeholder map
- Fear Free (SACRO)
- Rape Crisis Grampian

Aberdeen City also has one Independent Domestic Abuse Advocate (IDAA) who is housed within the Advocacy Service Aberdeen. Our IDAA supports and represents victims at high risk of serious harm or murder, due to domestic abuse, at a Multi Agency Risk Assessment Conference (MARAC).

Many of these organisations provide services for both Aberdeen City and wider Grampian.

For a more comprehensive view of service provision within Aberdeen City and its links to national organisations, please see our current stakeholder map, which can be found in Appendix B.

It may also be helpful to review our 'Grampian Abuse Support Services Tracker' (see Appendix F), which was developed at the start of COVID-19 in March/April 2020. This resource builds on insights developed through our initial stakeholder mapping and gives an overview of the scope of service provision in wider Grampian, including: roles and responsibilities and geographical scope. Please note that this is a working prototype that could be used to support sense-checking or ideation activities with stakeholders and citizens during the develop and delivery stages.

Allied to these services, Police Scotland (North East Division) receives a high proportion of referrals for domestic abuse. This is notable during 'out of hours', when many of the above services are not available.

MARAC

A Multi Agency Risk Assessment Conference (MARAC) is a meeting of local representatives from statutory and non statutory agencies, to discuss and implement actions for individuals at high risk of serious harm or murder, as a result of domestic abuse. The meeting is intended to produce actions, volunteered by agencies, in order to increase the safety of the individual (SafeLives, 2020).

During a MARAC, victims / survivors are represented by an Independent Domestic Abuse Advisor (IDAA). At the time of writing this review, Aberdeen City only has one IDAA. Our current IDAA also takes referrals from wider Aberdeenshire, as well as Aberdeen City.

There is currently no dedicated MARAC Co-ordinator in Aberdeen City, so a member of Police Scotland (North East Division) takes responsibility for overseeing proceedings.

The table below highlights recent referral rates to Aberdeen City MARAC, including a breakdown of demographic information related to cases. The data has been shared with us by SafeLives, with permissions from Police Scotland (North East Division).

For comparison, during this period 3,607 cases were discussed at MARAC's across Scotland.

MARAC reporting period: July 2019 - June 2020

250 cases discussed at MARAC (Aberdeen City)

22% repeat rate

234 of those cases included children in the household (including repeat cases)

84% of referrals were from Police

16% of referrals were from other agencies

Diversity of cases

19.6% Black and Minority Ethnic Group*

0.0% LGBT

4.4% Disability

0.8% Male victim

7% aged 16-17

Diversity of other cases, not stated in source.

*Local Black and Minority Ethnic population: 17% (primary source unknown)

Referral sources

84.4% Police

7.2% from the Voluntary Sector

4.4% Criminal Justice Social Work

1.6% Primary Care

0.8% from IDAA

0.8% from Housing

0.4% from Children and Families Social Work

0.4% Mental Health

Source: SafeLives, Grampian MARAC data (July 2019- June 2020)

The data above highlights that referrals to MARAC in Aberdeen City, are highest from Police Scotland (North East Division), the Voluntary Sector and Criminal Justice

Social Work. Within this source, there are no referrals from: Education, Secondary / Emergency care, Substance Misuse and Adult Social Work services.

In the SafeLives MARAC observation report (2019), it was suggested that unless people engage with the Police, they will not get a referral to MARAC (Aberdeen City MARAC, MDP Observation, SafeLives, 2019).

AVAWP

Aberdeen's Violence Against Women Partnership (AVAWP) is a collective of local multi-agency services that 'are committed to preventing and eradicating any form of domestic abuse, helping victims and identifying people who may be at risk' (Chair of VAWP, 2020)

The partnership contributes towards the Local Outcomes Improvement Plan (LOIP) which considers: raising aspirations, building a better future for children and young people, empowering and connecting communities as well as addressing the behaviours of perpetrators (Chair of AVAWP, 2019)

The Project Manager of the TEC project has been an active member of the AVAWP since the start of 2020. Being part of the partnership has allowed us to participate and observe multi-agency discussion, to share insights from our research and contribute to resources and learning.

Further information about the AVAWP strategy and action plan can be found here: https://communityplanningaberdeen.org.uk/wp-content/uploads/2020/07/AVAWP-Strategy-and-Action-Plan-as-approved.pdf

Gaps in provision

As outlined above, we have a range of specialist domestic abuse and allied GBV services in Aberdeen City. Despite this, we have noted gaps and limits in specialist

provision that supports the needs of different groups of people. This includes, but is not limited to:

- People from Black and Minority Ethnic Groups
- Older people
- People with disabilities
- People from the LGBTQ+ community
- Men
- Perpetrators (outside of criminal justice pathways)

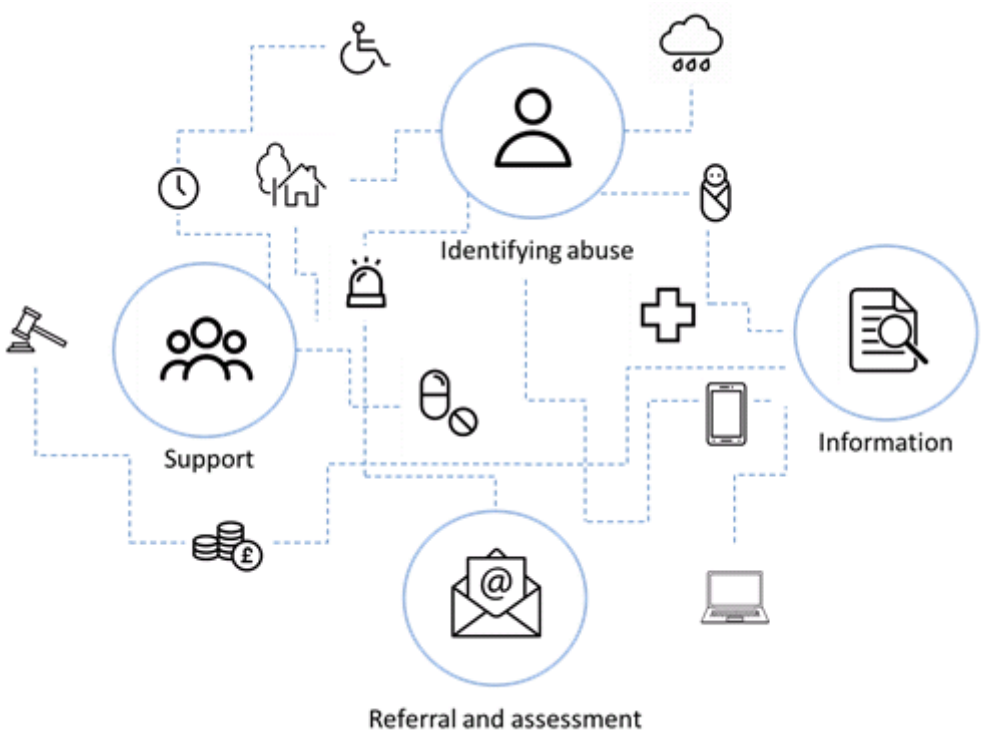
Partnership working

Specialist services are reliant on effective partnership working with universal services to fully meet the needs of victims and survivors. This includes support from services such as: Housing, Mental Health, Education, Adult Support and Protection and Social Work. Despite this, a number of practitioners, from different services have referenced a 'lack of agencies around the table' (Police Scotland, North East Division, 2020). This includes participation at MARAC and AVAWP.

Many specialist service providers have also highlighted experiencing 'push back from other agencies about what they are willing to take responsibility for' (Specialist domestic abuse service, 2019).

We will explore these subjects in more depth, in the following section.

Support pathway



Overview

Through our engagement with stakeholders we have been able to start to describe the different stages of the support pathway, from a stakeholder's perspective. The following section aligns our research and insights to each stage of delivery, in order to help us to visualise the pathway and highlight consistent themes (gaps, barriers and considerations) as well as areas for improvement.

As highlighted in the illustration above, we acknowledge that a person's support journey is not always linear. Many people experience a range of different barriers to accessing or providing services, so the pathway may start and stop at different points, and timelines may vary.

Further work will be needed to sense-check this information with citizens and stakeholders, but we hope that it provides a starting point for further investigation.

Stages of delivery

The following section describes the different stages of the support pathway in Aberdeen City, from the perspective of stakeholders. Though we have defined these experiences into different stages, they can be experienced concurrently by both citizens and practitioners.

Identifying abuse

At this stage, a disclosure or identification of abuse can occur. This can be led or created by the citizen or through engagement with: family, friends, peers, colleagues or a practitioner/service. It is important to note that this can happen at different stages of a person's journey and at multiple points in their timeline.

Information

The stage where a person (citizen or practitioner) finds, or tries to find relevant information that helps them to understand what they are experiencing, what to do, and what support is available at either a local or national level. They may also be signposted to information by a third party.

Referral and assessment

At this stage, a citizen or practitioner may need to go through a referral or assessment process, in order to access support / another service. This process is dependent on a range of factors, including: what information is available, the capacity of service to accept or make referrals, eligibility criteria of services and what provision is available.

Support

In this pathway we have used the term ‘support’ as an umbrella term for both specialist and universal services, depending on the needs of the individual.

Considering the intersectionality of people’s needs, different support may be needed at different stages of a person’s journey.

Insights from stages of delivery

In the following section, we have aligned the insights we have collected from our research with stakeholders, to each of the stages we have previously described.

There is a consistent repetition of themes in these insights, as the pathway is not linear, but we hope that this will illuminate recurring themes or contribute to prioritisation of challenges.

During a discovery and define period we would usually organise our thoughts and findings using Post-it notes and a physical sense-checking space. As we have been undertaking many of our activities remotely we have tried to replicate this way of working through creating virtual ‘Post-it’s’ in each of the sections. We would welcome you to use your imagination and not be precious about moving things about and challenging ideas and generating discussion.

Identifying abuse

Overview

At this stage, a disclosure or identification of abuse can occur. This can be led or created by the citizen or through engagement with: family, friends, peers, colleagues or a practitioner/service. It is important to note that this can happen at different stages of a person's journey and at multiple points in their timeline.

Themes

The illustration above visualises the range of themes that were referenced in relation to identifying abuse. Stakeholders explored gaps, barriers and dependencies in being able to identify abuse and supporting a disclosure. Some practitioners also

reflected on the gaps and barriers that citizen's may face at this stage of their journey.

Some of these themes are explored in more depth, below.

Theme	Description
Training and guidance	• 'Boundaries of each person's training / knowledge, of what to look out for and how to follow up' • Gaps in training and guidance of what to look for, what to do, what support is available and how to make a referral (universal services)
Knowledge and expertise	• 'Domestic Abuse is a new area for us' • Gaps in understanding about the indicators of domestic abuse and domestic abuse in general (including legislation and policy) (universal services) • 'Controlling behaviours can be the most difficult to handle' • Fears around probing a situation or asking questions (universal services) • 'Biggest barrier is that domestic abuse is difficult to talk about' • Dependent on the practitioner having knowledge and expertise to recognise signs and symptoms of abuse and how to support a disclosure and make a referral • Medical model of assessment, only looking for physical signs of abuse rather than a range of experiences or indicators (coercive, financial control, etc.) • Ability to recognise that some citizens access support multiple times (cycles of service use) • 'Abuse only coming up if it affects health'

	• Focus on medical model of assessment of domestic abuse (notably within Health) • Understanding the support pathway so you can communicate to the person what will happen, or what to expect
Roles and responsibilities	• Practitioners not recognising roles and responsibilities in identifying abuse or creating / supporting opportunities for a disclosure (notably universal services) • Inconsistent experience of responses from different services and practitioners (experience of citizens)
Information (accessible and inclusive)	• No 'one source' of information in Aberdeen, for different services and practitioners, providing guidance about domestic abuse and reflecting different people's experiences and needs • No 'one source' of information in Aberdeen that outlines provision and guidance / information about referral pathways • People feeling like their experiences/needs don't match the information/assessment tools available (citizens) • Cost of providing accessibility support is high (notably for third sector orgs) creating barriers or delays to effective communication or understanding someone's needs • Reliant on other organisations providing interpreters or meeting accessibility needs in order to support communication, make a referral or access support
Time and capacity	• Time and capacity in order to build trusting relationships with a citizen / practitioner

	• 'Lack of time in health / housing appointments' • Having the space, time and knowledge to understand impact and signs of repeated cases or multiple abuses
Attitudes and perceptions	• 'Apprehensive to look into situations. Mentality of 'behind closed doors' • Fear of not being believed (citizen) - links to cultural, spiritual, societal views of abuse and gender roles • 'Stigma around sharing / disclosing, talking freely' • People experiencing shame and stigma around the subject (both practitioners and citizens) creating barriers to talking about domestic abuse or making a disclosure • People's (citizens and practitioners) perceptions of abuse, 'it only affects these people, this way'. • Traditionally domestic abuse is seen as purely physical • Some may fear that their children will be taken away from them if they engage with services (fear) • Legal obligation of services to act on a disclosure of domestic abuse when the victim has children in the household
Safety and risk	• Barriers to being able to create a safe place / space for disclosure • Gaps in understanding of safety planning and risk assessment across different agencies • Consideration of long term safety planning (notably when moving from one service to another)
Self assessment / Person led	• 'Many people see domestic abuse as a normal way of life'

	• Often reliant on the citizen to make a self assessment of domestic abuse and communicate with someone • Often reliant on citizen being able to recognise what they are experiencing and assess risk • 'Person may not be ready to make a domestic abuse disclosure' • Dependent on what stage of a person's journey they are at, if they feel supported and safe to make a disclosure or access help • Questions about abuse in registration and patient forms, predominately focus on physical impact or indicators of abuse (notably within Health). Does not create opportunity for individual to recognise different experiences
Trauma informed	• Lack of trauma informed approach across different agencies

Knowledge, training and guidance

At this stage, knowledge, training and guidance were recurring themes referenced by practitioners in relation to identifying and supporting disclosures of domestic abuse.

'Noticing signs of abuse, dependent on the experience of practitioners'

Different stakeholders referenced that a practitioner's ability to identify abuse is based on their expertise and experience. Some people also referenced asking more experienced colleagues about what to do or who to contact.

'Domestic abuse can be subtle and often not recognised as abuse'

On the whole, training and guidance for universal services is inconsistent and variable. Further investigation needs to be undertaken to see if guidance and training in Aberdeen City reflects the scope of intersectional experiences and abuses considered under the term of domestic abuse. However, some universal services (Sexual Health services and Housing) did reference receiving training from specialist services, notably Grampian Women's Aid, Rape Crisis Grampian and SafeLives.

Confidence

'If I get an answer to this I'm going to have to respond'

A high proportion of practitioners from universal services communicated a strong message of fear, apprehension and a lack of confidence about the subject of domestic abuse.

'Apprehensive to look into situations, mentality of 'behind closed doors'

Many described their reluctance to broaching the subject, outlining that they were unsure of whether it was in their role or remit. Many were also unsure of what specialist support was available and how to make a referral. In order to find out what provision is available, practitioners will sometimes have to undertake reactive research, or be reliant on other team member's knowledge.

Information

Overview

The stage where a person (citizen or practitioner) finds, or tries to find relevant information that helps them to understand what they are experiencing, what to do, and what support is available at either a local or national level. They may also be signposted to information by a third party.

Themes

Policy and legislation	Knowledge and expertise	Accessibility of information	Digital access	Content quality	Housing
Training and guidance	Scot versus English legislation	Visibility of subject	Accessibility of channels	Inclusive service offering	Funding
Frequency of training	Local versus national	Information sharing	Information sources	No recourse to public funds	Assessment criteria
Scope of training	Education (academic)	Format of information	Confusion	Eligibility criteria	Service provision

The image above highlights the range of themes discussed at the Information stage of the support pathway. They pertain to gaps, barriers and dependencies in accessing information.

Reactive research

'Workers have to do reactive research - funding, mental health, services'

Most practitioners (specialist and universal) referenced the need to undertake reactive research in order to access information.

Many would have to do this, in response to an identification or disclosure of abuse and to understand what support is available, who to make a referral to and how to do it.

Health services referenced internal resources pertaining to domestic abuse and organisational guidance, but gaps in information about referral pathways and up-to-date information about service provision.

Specialist services noted that they often had to search for information about funding and the eligibility criteria of universal services (notably housing) in order to make referrals to other organisations. This reflects the need for partnership working between universal and specialist services, in order to meet client's intersectional needs. These activities were often time and risk dependent and added to / took away from other responsibilities or tasks.

Other themes and points of reflection included:

Theme	Description
Training and guidance	• 'Domestic abuse is explained in our training but not in-depth' • Gaps in training and guidance of what to look for, what to do, what support is available and how to make a referral (universal services) • 'Nothing formal about DA in current curriculum' • Gaps in in-house guidance for different working arrangements (highlighted during COVID-19 for supporting staff working at home) • 'Whose responsibility is it to talk about these issues of roles and responsibilities of practitioners in abuse / sexual abuse?' • Domestic abuse not being part of the staff dialogue 'we don't talk about it', gaps in opportunities for peer review and learning • 'Staff don't talk about it'
Channels and sources of information	• 'So much information out there, it's confusing!' • Too much information, sources not streamlined • 'Gap in signposting and information at a local level' • No 'one source' of information for the city or region • Some sources and information not up-to-date (service scope, contact information) • Gap in visible information sources or support signposting, for example: leaflets or posters in healthcare settings or public spaces, or visibility of practitioners who have knowledge or expertise 'a trusted person'

Accessibility of information and channels	• 'Gap in signposting, information and guidance for LGBT+ and people with a disability' • Accessibility of information channels and content for a range of users (including language, disability, literacy and digital exclusion) • 'Time is of the essence. Information and signposting needs to be clear and concise' • Access to information sources when crisis (citizen) and/or being monitored by a perpetrator of domestic abuse • The language that people use to search for information does not always match how it is presented on service's website or other touchpoints • People not being able to see themselves in the information communicated (visible representations in media and scope of service support / staffing) • Gaps in signposting / information and guidance for people with a disability (easy read, BSL, large format, digital access) • Reliant on other organisations providing interpreters or meeting accessibility needs in order to support communication, make a referral or access support.
Policy and legislation	• Gap in local information about no recourse to public funds and how it affects victims / survivors of domestic abuse and their families • Gap in information about victims and survivors legal rights, including: housing, immigration status, child custody and finances • Consistency of 'in-house' policy for domestic abuse (victims / survivors and supporting staff / peers)

	• Knowledge of current legislation - differences in the wider UK
Information sharing	• Consistency of information sharing between agencies • Quality and consistency of information sharing between agencies can contribute to a victim / survivor being asked the same question multiple times • Systems and tools for sharing information - not always the same across different agencies / sectors • Barriers to sharing up to date information, because of not being able to 'pull data' from the system' (notably the NHS). Referenced in regard to numbers of cases, markers and demographics of clients • Coding of information - inconsistent and not 'linked up' across agencies

Accessibility of information and channels

As highlighted above, nearly all stakeholders made reference to there not being 'one true source' of information in Aberdeen City about domestic abuse, including: what to do, who to contact and how to make a referral.

Within this 'source' of information, there was reference made to wanting to have access to the following information:

- How to identify domestic abuse
- Creating safe spaces and opportunities for disclosure
- Information that reflects the range of peoples intersectional needs

- Format of information for a range of users and different services to access
- Referral pathways (how to, when to, risk and safety)
- Service scope and provision
- Eligibility criteria of different agencies
- Funding opportunities (quick access for crisis situations)

Notably, funding opportunities were a consistent point of discussion with some specialist services. Over the period of COVID-19, we have witnessed different specialist services contacting the 'hive-mind' of other services to ask about crisis funding opportunities (ACVO was included in this correspondence).

Systems and channels

Systems and channel access were clear barriers for some organisations, and even affected engagement with different stakeholders during our user research activities.

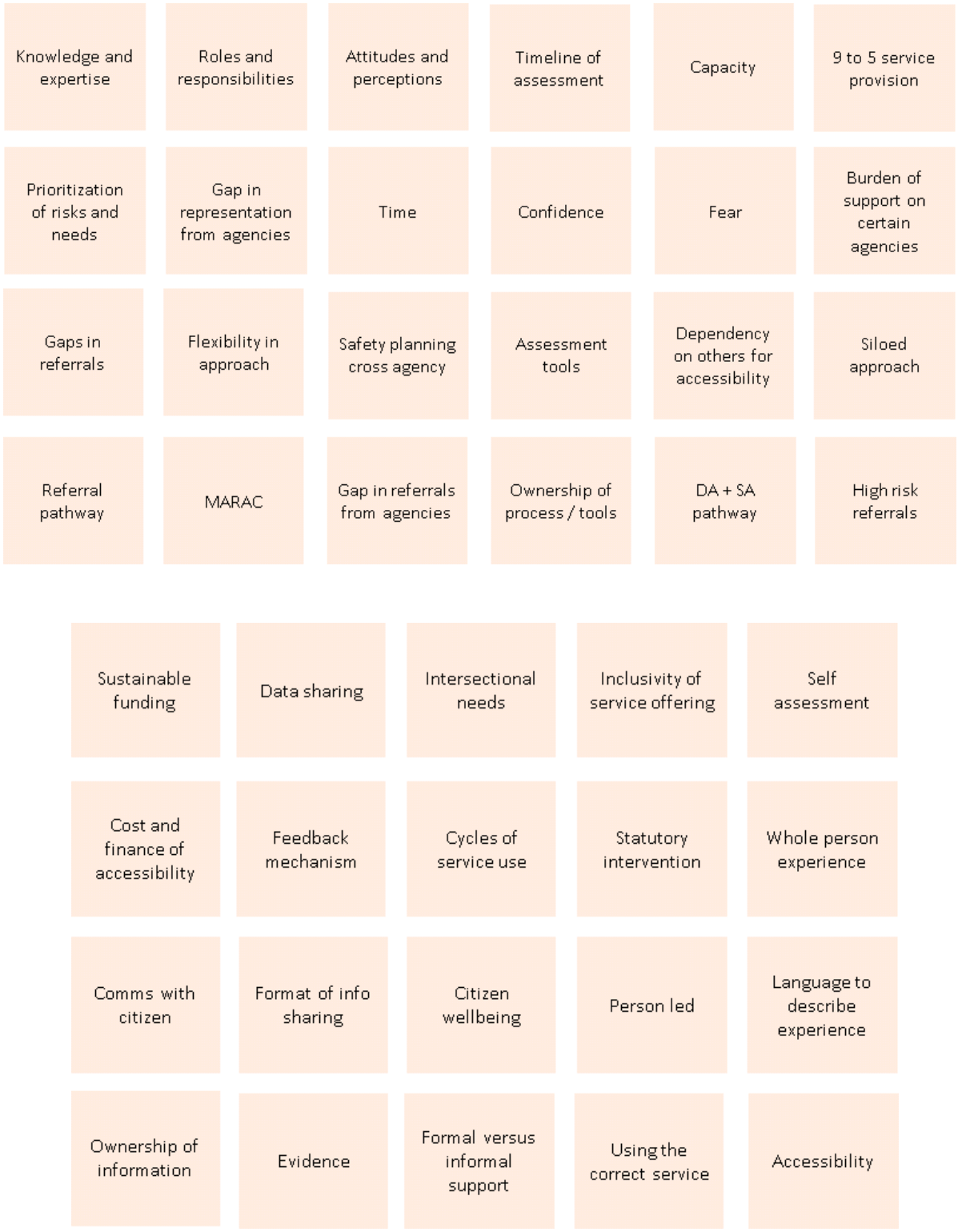
For example, when circulating our 'Grampian Abuse Service Tracker', we would have to regularly send updated pdf versions to NHS staff, as they were not able to access external links. We also had to consistently negotiate different conferencing platforms, in order for organisations such as the NHS or local authorities to be able to participate in research activities.

Referral and assessment

Overview

At this stage, a citizen or practitioner may need to go through a referral or assessment process, in order to access support / another service. This process is dependent on a range of factors, including: what information is available, the capacity of service to accept or make referrals, eligibility criteria of services and what provision is available.

Themes



The above illustration highlights the range of themes reviewed at this stage.

Referral channels

The following referral channels and processes were referenced, when practitioners discussed making a referral to specialist services or a specialist service receiving a referral.

- Phone call
- In person visit (notably by the Police)
- Email referral form
- Fill in online form

It was discussed that the use of channels is relative to the level of risk and timeline of need.

Tools

In each of these cases, the service (both specialist and universal) is reliant on the referrer providing adequate referral information about the individual, including: level of risk, communication preferences, dependencies and needs.

At this stage, the following tools were referenced by both specialist and universal services:

Domestic Abuse, Stalking and 'Honour'-based Violence (DASH) Risk checklist

Referenced by: Fear Free, IDAA, Aberdeen Cyrenians and Grampian Sexual Health Services. The DASH is a tool that helps practitioners to identify people who are at high risk of harm and whose cases should be referred to MARAC.

Domestic Abuse Questions (DAQ)

Used by Police Scotland, similar to DASH but contains child protection questions

Referral forms

Each specialist service referenced some form of referral form (whether digital, online or paper) that could be used to collect information about the individual and the referrer (citizen or practitioners).

Further investigation needs to be done to understand the commonality of questions asked in referral forms, but reference has been made to collecting basic demographic and contact information, as well as dependents, accessibility needs, and safe and secure times and channels of contact.

Several specialist services noted gaps in the quality of information shared by referral agencies, including: information about sexual orientation, risk and accessibility needs. These factors could contribute to a victim or survivor being asked the same questions again and again by different practitioners or a service not having a full picture of a person's needs.

Referral sources

Through our engagement with stakeholders, it was noted that the main referral sources to specialist services in Aberdeen City are through self referrals from citizens or from the Police. Further data regarding actual referral rates to specialist services would be beneficial to understand actual numbers and demographics.

Within MARAC, most referrals come from the Police. SafeLives notes that this represents a good understanding of referral routes within the Police, but gaps in knowledge, clarity of roles and responsibilities and engagement from other agencies.

Many of the universal services (notably Health) referenced the Police and Social Work as 'first port of call' in lieu of an understanding of what specialist service provision is available.

The above highlights the following points:

- If a person engages with the Police, they are more likely to be referred to specialist services and MARAC
- If you can't or won't engage with the Police, you are less likely to access specialist services, or it may take longer
- Responsibility is placed on victim or survivor to assess their experiences, find the right information and access a service

These points could be used for further investigation and sense-checking.

Other themes and points of reflection included:

Theme	Description
Roles and responsibilities	• 'Push back from other agencies about what they are willing to take responsibility for' • Gaps in referrals from different agencies • Responsibilities having to be 'picked up' by certain agencies (notably specialist services and the Police) • 'An incident has to occur to get input from other agencies' (strong message from specialist services) • 'Often you are watching and managing a situation, waiting for an incident to occur in order to get input from other services' (Specialist service)

	• Evidence. Consistent theme highlighted with specialist services. Some agencies asking for 'evidence of abuse' before acknowledging roles and responsibilities • 'Knowing what you are allowed to do / not to do to help' • Practitioner wellbeing, not being able to know what happened to citizen when making a referral onwards (are they ok?)
Knowledge, expertise, guidance and information	• Primary referral reason tends not to be domestic abuse, so reliant on expertise of practitioner (identifying abuse and making a referral) • 'Adult pathway for support is not always clear' • 'Child protection is a clearer pathway' • Certain pathways being clearer or more promoted than others (for example vulnerable adult and children) • Making referrals to the same agencies (Police and Social Work as first 'port of call') • Some citizens have to access support multiple times (cycles of service use) • Having space, time and knowledge to understand impact and signs of repeated cases • Pressure of accessing the right service, at the right time (to mitigate, assess or address risk and safety). Multiple barriers to this for both citizens and practitioners
National and local support	• For some services, citizens can access information/support through the national arm of an organisation, and be referred to a local branch. For example, if a citizen contacts the national domestic abuse helpline, they may make a referral to Grampian Women's Aid

	• Having to access national specialist services as there are gaps in service provision in Aberdeen City. Notable: gap in specialist services for people from Black and Minority Ethnic Groups so have to access services online or through the central belt. Also, no immigration services in Aberdeen so have to access support through central belt (Scotland) organisations (cost and accessibility barriers)
Risk and safety planning	• Inconsistent safety planning and understanding of risk across different agencies, not always linked up and same information shared. Citizens may have to be asked the same question over and over, by different agencies. Impact of this on citizen • Gaps in long term safety planning for citizen, including when transferring from one service to another • Gap in trauma informed practice across services and with practitioners • Risk associated with timeline to access specialist help and support • Communication with citizen, understanding what is the safest way to do so • Additional impact to citizen wellbeing and safety when having to wait for a referral and not being referred to the right service to address their needs • Not being referred to the right service to address their needs • Risk for some victims increases with time
Trust	• Concerns about breaking patient confidentiality

	• People may not be ready to communicate with another service or practitioner
Provision	• Some specialist services can only offer a 9-to-5 service
Dependencies	• 'Having to rely on language support through other services, compromises the anonymity of the client' • Reliant on other organisations providing interpreters or meeting accessibility needs in order to support communication, make a referral or access support • Cost of dependency (interpreters) • Timeline for support (accessing interpreters, accessible formats, advocates)
Time and capacity	• 'Can't spend four hours dealing with a case' • 'Information sharing must go through a statutory body, e.g. social work' (notable process within Health)
Information sharing	• 'GDPR regulations are a blocker for passing on information directly to agencies' • Having consent from the citizen to pass on information (notable gap in approach from Fire and Rescue Services) • Recording practice. People being able to own their information and having ownership as they move through their journey (links with having to tell your 'story' multiple times in the same journey. Impact of that
MARAC	• Not all services / practitioners know about MARAC or that they can make a referral • Gaps in referrals from certain agencies (Education, Housing, Adult Protection et al.) Indicates that some high risk victims will not be referred

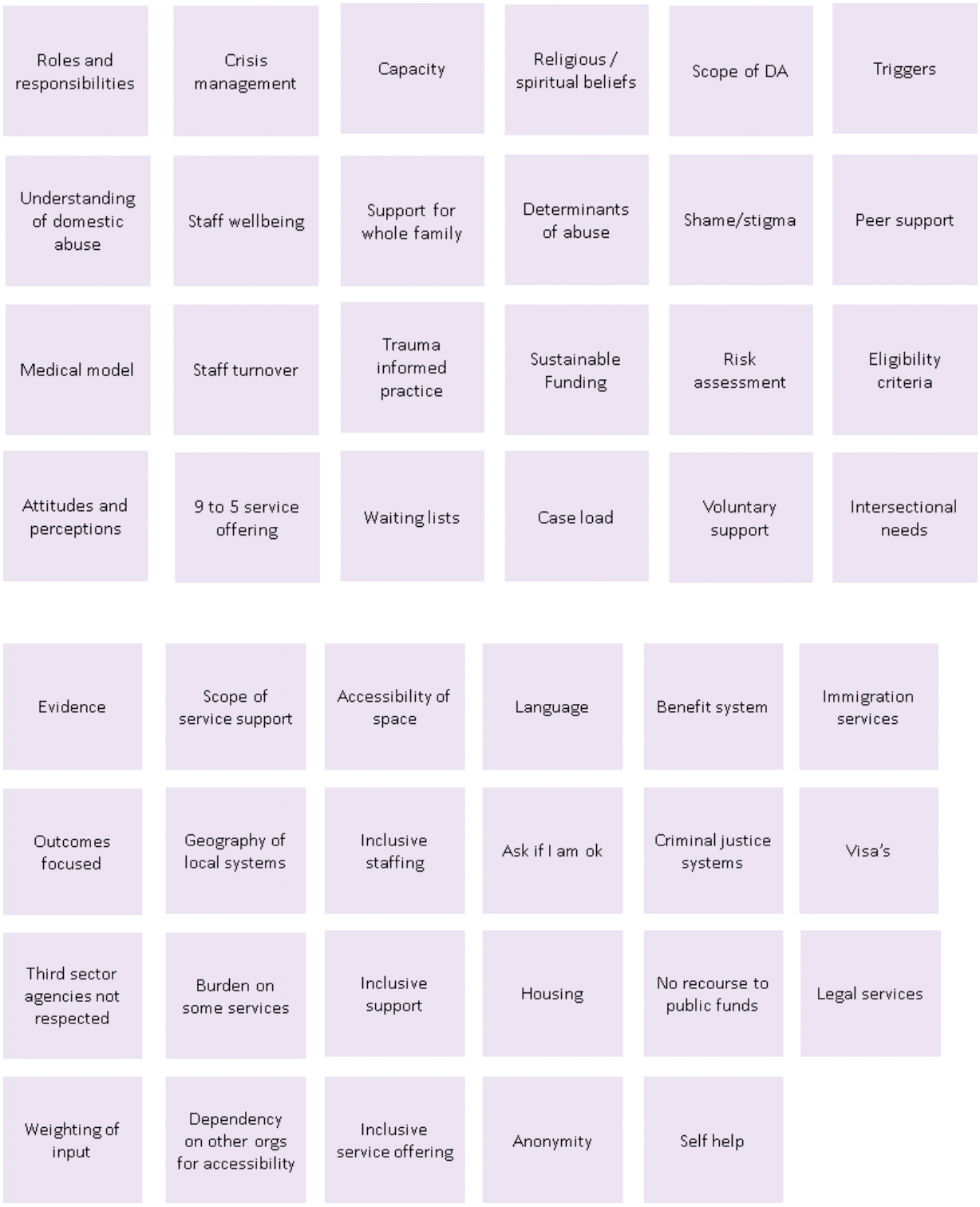
Self assessment and advocacy	• 'Reliant on patient to self-assess in questionnaire' • Reliant on citizens to 'self-assess', access information and make a referral. Often when in crisis or being monitored by perpetrator • Point reiterated: Importance of being able to access the right service, at the right time (to mitigate, assess or address risk and safety). Multiple barriers to this, and responsibility of citizen to get this right, in some cases • 'Women may not be ready to communicate with the centre or a practitioner' • Someone being able to articulate their needs when in crisis, under surveillance, at risk or with accessibility needs
Perpetrators	• Consistent gap in reference to referral and support pathways for perpetrators, unless through criminal justice processes. This is noted across our research

Support

Overview

In this pathway we have used the term 'support' as an umbrella term for both specialist and universal services, depending on the needs of the individual. Considering the intersectionality of people's needs, different support may be needed at different stages of a person's journey. 'Support and engagement are not linear', and as with the other stages of the service journey, you will notice recurring or repeated themes.

Themes



The above illustration highlights the range of themes reviewed at this stage.

Themes pertain to gaps, barriers and dependencies in service delivery and support.

Theme	Description
Training and guidance	• Gaps in training and guidance about female genital mutilation (FGM), trafficking and forced marriage (referenced by both specialist and universal services) • Need for sensitive routine enquiry (SRE) to be part of consultations across services
Roles and responsibilities	• 'An incident has to occur in order to get input from other agencies' • Evidence. Consistent theme highlighted by specialist services. Some agencies asking for 'evidence of abuse' before acknowledging roles and responsibilities in support • Burden placed on some services (notably specialist services) to take responsibility for intersectional needs when other organisations do not take responsibility for their part of the support journey • Third sector agencies (notably specialist services) saying that they are 'not respected' by other organisations or sectors
Risk and safety planning	• 'Fear of being recognised' • Inconsistent safety planning and understanding of risk across different agencies, not always linked up and same information shared. Citizens may have to be asked the same question over and over, by different agencies. Impact of this on citizen • 'Client will be assessing risk - will tell you where they will and won't want to be housed' • Gaps in long term safety planning for citizen, including when transferring from one service to another

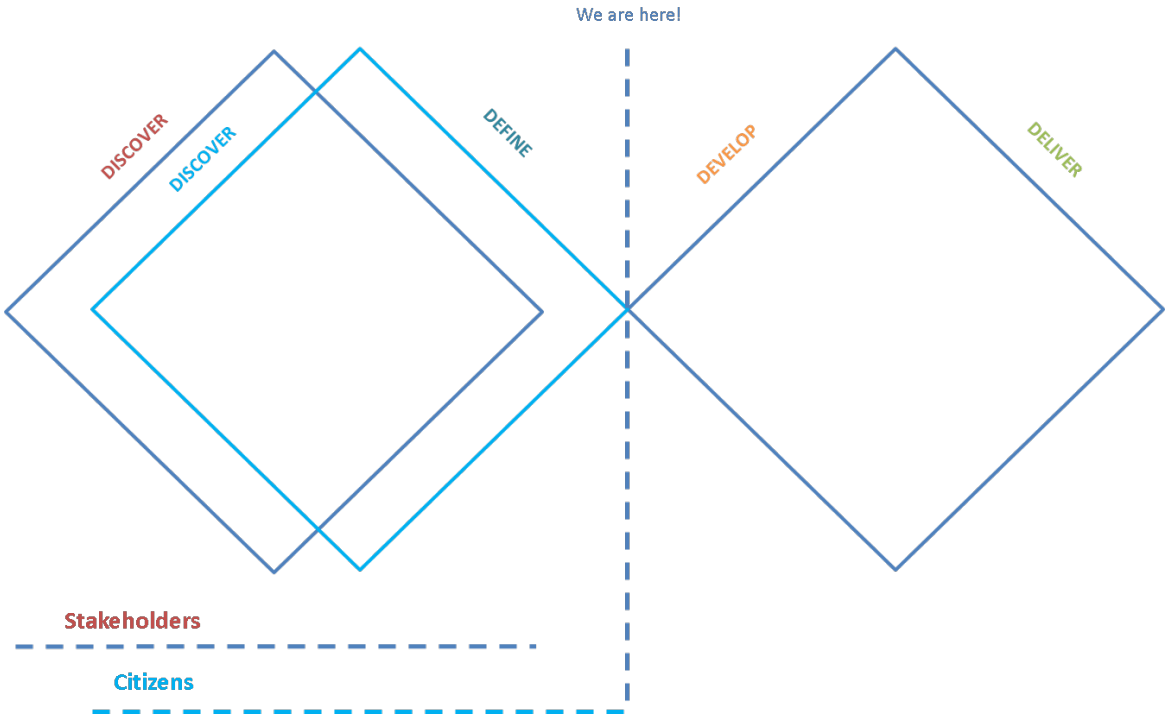
	• Gap in trauma informed practice across services and with practitioners • Risk associated with timeline to access specialist help and support • Risk for victims increases with time • Communication with citizen, understanding what is the safest way to do so • Additional impact to citizen wellbeing and safety when having to wait for a referral and not being referred to the right service to address their needs • Continued safety planning across pregnancy and maternity pathways (practitioners having the confidence and knowledge to ask questions at different points in the journey)
Information sharing	• 'Need to learn what other services priorities are' (linked to push back from other agencies about roles and responsibilities)
National and local support	• Having to access national specialist services as there are gaps in service provision in Aberdeen City. Notable: gap in specialist services for people from Black and Minority Ethnic Groups so have to access services online or through central belt. Also, no immigration services in Aberdeen so have to access support through central belt (Scotland) organisations (cost and accessibility barriers) • 'No immigration service in Aberdeen', affects on no recourse' (links to gaps in service provision in the city and having to access national services)

Citizen wellbeing	• 'Clients - pressure of managing finances, housing moves when in 'crisis'. Impact on their mental health and confidence • Impact of being on a waiting list (may have to wait weeks, months for specialist support)
Person led	• 'Client will be assessing risk - will tell you where they will and won't want to be housed'
Staff wellbeing	• 'Staff turnover, more than it should be, intensive crisis work for the salary!' • Stress of managing crisis situations that are not '9 to 5' • Many specialist services are housed within third sector organisations which can be subject to factors such as: changes in funding, understaffing and reliance on other organisations (local authority, government)
Inclusive and accessible service provision	• Gaps in specialist service provision for different people with different needs. Notably there is no specialist service provision in Aberdeen for people from Black and Minority Ethnic Groups, Men and there is limited provision for people from the LGBTQ+ community. People in these communities may have to seek support from national organisations, which can mean additional barriers and timeframes to accessing support that addresses their needs • Gaps in knowledge and training of how to support clients with disabilities (including specialist services) • A practitioner from Rape Crisis reflected on the fact that their organisation can be perceived by some citizens as being: 'a 'white' service / organisation'

	• Inclusive service provision: people not being able to see services as accessible to them or for them (for example: when communicating what the service does, or who it supports) • Inclusive spaces: support services offices or facilities may not be housed within accessible environments (including no wheelchair access) so clients may have to be supported in the community - possible risk • Cost of accessibility support, seen as an additional cost (BSL interpreters, easy read documents, access to digital) • Gaps in signposting / information and guidance for people with a disability (easy read, BSL, large format, digital access) • 'Arranging an advocate is difficult. Could effect timeline of support'
Geography of service provision	• Consistent reference within Health services to people from wider Grampian accessing support in Aberdeen City (need further information as to how this affects the service journey when making referrals to specialist support or other allied services) • People may access support through a national organisation, or in a different locality, if it is not safe or secure to do so through a local organisation
Dependencies	• 'Finances for services trying to access translation services' (especially within third sector, specialist services) • Reliant on other organisations providing interpreters or meeting accessibility needs in order to support

	communication, make a referral or access support. Can also compromise the anonymity of the person • Timeline for support (accessing interpreters, accessible formats and advocates)
Cultural, religious and spiritual beliefs	• Non consideration of cultural, religious and spiritual beliefs • Spiritual abuse referenced in relation to people's intersectional experiences of domestic abuse

7.Citizen research



Overview

As highlighted in the diagram above, the next stage of our research involved citizens. In this section we will outline our approach to citizen user research, before describing key insights and themes pertaining to gaps, barriers and considerations related to service delivery and support pathways for domestic abuse in Aberdeen City.

When using the term ‘citizen’ we consider this to include:

- Victims and survivors of domestic abuse
- Family members, friends, peers and colleagues who may witness or be impacted by domestic abuse

Research themes

- The scope and definition of domestic abuse and how it impacts people

- How people in Aberdeen City experience accessing support
- What provision is available within the city for people who are experiencing or have experienced domestic abuse
- How individual services in Aberdeen City support people who experience domestic abuse and how those service meet people's needs
- How multi-agency services in Aberdeen City work together to support people who experience domestic abuse
- How people's experiences in Aberdeen City compare to other localities in Scotland, nationally and internationally

Timeline

Planning for citizen engagement has been on-going since October 2019 and has taken place alongside stakeholder engagement activities as the two are interconnected.

In May 2020 we were due to start focusing primarily on citizen engagement, however we experienced a number of barriers to fully progressing with this stage of research. These included:

- The impact of COVID-19 and remote working arrangements
- Consideration of issues around safety, when conducting research remotely
- Accessibility of conducting research remotely, with digital tools
- Reliance on recruiting citizen user research participants via specialist services
- Reliance on specialist service partnership working to provide follow up support and sense-checking

In some cases, we were able to use other activities to mitigate for face-to-face research, but on the whole some activities were deemed to not be suitable at that time and should be explored at a later date.

Research activities

As outlined in our discovery stage review, we designed and planned for a number of research activities that would help us to explore our research themes.

These included:

- Citizen reference group
- Secondary research
- Proxy engagement
- Online citizen consultation

During this stage, we were also able to draw themes and insights from our engagement with stakeholders.

As discussed in the discovery stage review, we were unable to recruit participants to the citizen reference group, due to a number of factors. It is recommended that this activity be revisited during develop and delivery to aid co-design and usability testing.

8.Key themes and insights

In the following section we will highlight key insights and themes we have collected through research activities with citizens. The themes pertain to people's experiences

of accessing support in Aberdeen City. They also reference gaps, barriers and considerations in relation to service delivery.

It is important to note that the information highlighted below, is taken from a limited data set. Qualitative insights are derived from anecdotal evidence and should be used to guide opportunities for further research and/or sense-checking.

Citizen consultation

The following insights are taken from our citizen consultation. The citizen consultation was developed from the literature around domestic abuse and domestic abuse support services plus the findings from surveys of key stakeholders and academics who taught on health and social care courses. The Survey Monkey© online consultation link was distributed through domestic abuse support service providers, key stakeholder organisations and third sector partners of ACVO. Given the traumatic nature and sensitivity of the subject area our primary concern was for the welfare of potential respondents to whom we felt a duty of care not to re-traumatise them in revisiting past experience of domestic abuse. Every attempt was made to signpost respondents to support services recognising the potential diversity of their support needs.

The consultation consisted of demographic items (gender, sexuality, ethnicity, disability / long term condition, age bracket, location when accessing Grampian based services, number of children in the household at the time, kind of domestic abuse, relationship to the person abusing you), who, what, why, when, where and how type open questions to illicit people's experiences of domestic abuse and attempts to access support services in and around Aberdeen city in the north east of Scotland. There were no mandatory questions; participation was entirely voluntary and anonymous. Data were analysed within Survey Monkey© and downloaded as both MS PowerPoint and PDF. Further descriptive statistical analysis was conducted in Excel on a comma separated values (CSV) file.

The citizen consultation was live during October-November 2020. The results are presented alongside each of the questions answered by the eight respondents. The following section highlights key insights and themes derived from the consultation.

Information sources

At this stage of the service delivery, citizens referenced accessing the following sources for information or advice about what help was available to them regarding domestic abuse:

It was also of note which potential sources they did not engage with which were: posters, flyers / leaflets, local and national helplines, website links to local and national support services, student services and social media

Information providers

We asked participants if they knew which organisations provided the information they accessed. The following agencies were referenced:

Again, of interest is the services and organisations which were not used, which were:

- Independent Domestic Abuse Advisor (IDAA)
- Social Work (Children & young people)
- University, College and School support services
- Third sector children and young people service (e.g. Barnardo's, Children First)
- NHS Accident and Emergency (A&E)
- GP
- Midwife / antenatal services
- Private healthcare service
- Mental health services
- Citizen's Advice service
- Alcohol and drugs services
- Community groups
- Financial Advice services

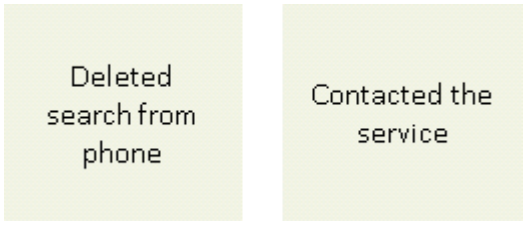
Search terms

We asked participants: when searching online for information or advice, what were you looking for and which words did you use for your search?

Some participants said that they did not conduct a search.

Information search follow-up

If they searched for information or advice, what they did do with their search results?



One citizen, who did not answer the previous question on searching online for information or advice, reported having deleted the search from their phone. The three who had provided their search terms, plus the two who did not, all reported having contacted the service.

Contacting services

Which services did participants or someone else contact for help?

The services contacted were multiple for some citizens, also bearing in mind they may be reporting multiple incidents of domestic abuse with multiple perpetrators, over time.

The services which were not mentioned as being contacted were:

- Third sector children and young people service (e.g. Barnardo's, Children First), NHS Accident and Emergency (A&E)
- Midwife / antenatal services
- Private healthcare service
- Victim support services, Alcohol and drug services
- Faith organisation
- Community group
- Citizen's advice service
- Financial support service

Contact

Who made contact with the services and how? And if no contact was made, why was this?

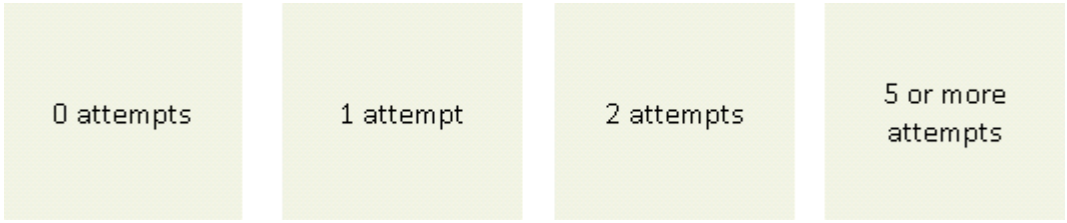
Most citizen respondents referenced making contact with services themselves, rather than through a friend or family, and the contact was made by phone.

One of these respondents also reported visiting the premises / office. The other respondents 'looked up the details more than once but no contact was made', which they noted was because they 'thought it would get better, no one would do anything anyway'.

Options which were not used for contact included: email, text / messenger, and webchat.

Attempts to contact services

Participants were asked how many attempts were made to contact services.



We also asked, if contact was made, how long did it take for some to get back to them, or for them to speak to someone?

Contact with services

When contact was made with services, we asked what subjects were discussed.

While one citizen reported ‘went for a meeting to discuss my options the day I called’ in contrast another citizen noted ‘none of the above with some services/extremely unhelpful’.

Support

The following quotes are taken from the open text responses from our Citizen Consultation. The responses demonstrate the breadth of experience even amongst our eight respondents.

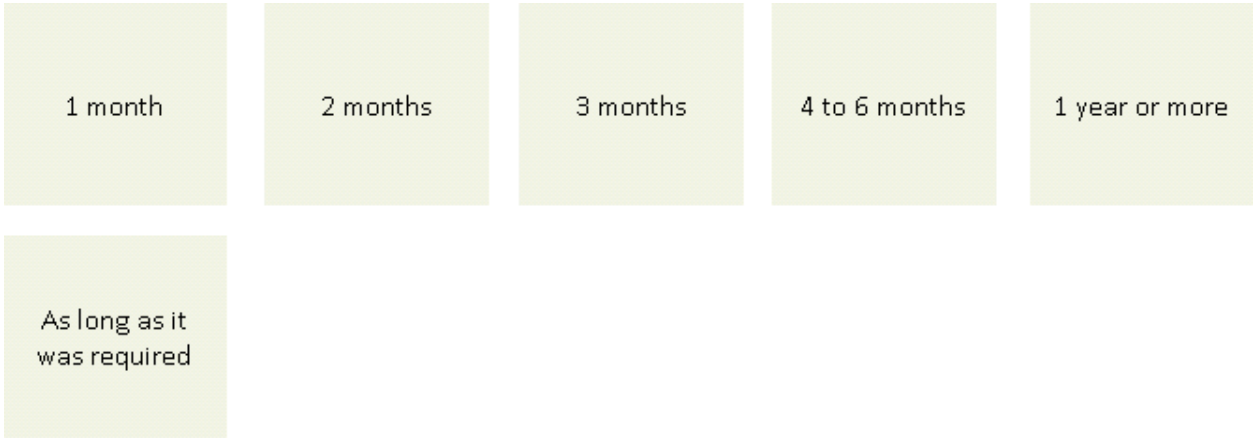
Names of service providers referenced in the quotes below, have been coded.

SR1 were excellent. Visited me at a friends house where I was staying, listened sympathetically, charged my then husband, advised me when I could go back to my home and referred me to SR2. SR2 arranged an appointment for me and provided support, advice and security alarms for my windows. I was put on a waiting list for counselling. My GP was very supportive, prescribed a short term sleeping aid, referred me to online therapies and support services, reviewed my anxiety medication and arranged regular appointments for me.
I contacted SR3 through SR3 I had to go to their office immediately and they talked me through everything, was very supportive and helped me leave the same day. They set up temporary accommodation and a crisis loan to help me.
SR3 helped with housing and the practicalities of being homeless
A SR4 worker contacted me after police called her
Refuge SR2.

This was many years ago, but I was offered help planning to leave
I first contacted SR2, but they exposed myself to the midwife (which I specifically told them not to do), which made it too risky to engage with them for any further service. I did go in for a face-to-face, but was refused service as it was "appointment only" (all of this pre-pandemic), so I gave up on them. I have also met with SR3, who were also extremely unhelpful, having what it felt no actual experience with domestic abuse. I was assigned an officer, who was supposed to see me through the separation and transition period, but she has not made a contact. when I was sorted, I made the contact myself only to be told that SR3 provide a "transitional service" and will not be helping beyond a certain period. I advised them that I am still being subjected to domestic abuse to which they replied that they cannot help. I was seriously considering to putting in a complaint for both, SR2 and the SR3, but did not feel strong at the time. the only service that has provided actual help was SR5, whom I cannot thank enough.

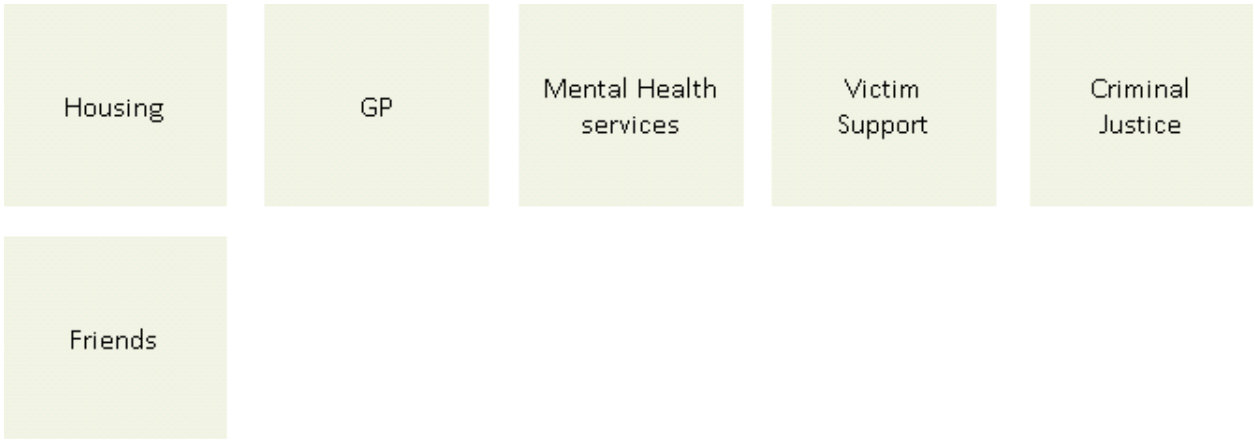
Length of support

We asked participants how long support was available to them.



Allied support

Did you receive support because of domestic abuse from any other services at this time?



One participant reported not having received any support while another waited until after their court case before approaching their MSP.

What didn't work well

We asked participants to reflect on what didn't work well when they were trying to access services. It should be noted that some of these experiences may have happened several years ago so may not reflect current services.

The speed of replies
Visibility
SR2 are very overstretched so the counselling didn't happen
Not enough appropriate housing after refuge
SR4

I felt like service providers were not educated on the matter at all, being unaware of the terms (e.g. co-dependence, narcissistic personality disorder, gaslighting) and lacking the formal understanding of safety and help procedures. for example, as stated earlier, one of the service providers reported my case to the midwife, which prompted her to appear on my doorstop while my husband was in. another service provider neglected my case altogether, denying help and when I finally contacted them for a follow-up, they advised me that their help is only available for a certain period of time. the only actual help I received was the SR5, but SR5 cannot help with emotional grievances and do not actually specialise on domestic abuse. having educated myself (few years after the incident), I feel that I am way more qualified to provide support and help than the services I first approached.

What worked well

We also asked participants what worked well when they were trying to access services or support. Again, it should be noted that some of these experiences may have happened several years ago so may not reflect current services.

Nothing
the staff at SR3
SR1
SR2 worker
Speaking to someone who was understanding and making me realise I could leave and I was not trapped

i am extremely dissatisfied with the work of the readily available service extremely satisfied with the service provided by the shelter. [IR] was always available.
Immediate responses and support were excellent. SR1 were especially good and assigned me a support officer who put my phone numbers on their alert system. This was very reassuring.

Forms of engagement

At the end of our citizen consultation, we asked participants what other forms of citizen consultation they felt would be appropriate, as part of our research.

A telephone interview
A face to face interview
An online interview e.g. Zoom, Skype
A series of telephone / face to face / online interviews
A face to face focus group of 5 to 7 people
A six week series of face to face groups of the same 5 to 7 people
Keeping a diary to record and share memories
Completing a set of activities on their own to be sent back by post
Other

One participant described the following:

> I feel that in the case of abuse immediate and personal support is vital. Once the individual feels safe and their circumstances are more secure they may then find it helpful to engage with others who have experienced similar situations as this will help to reassure them it is not their fault and they are not alone in their experiences.
>
> I wished people would come to the door all the time i.e.: SR1, SR 4, SR6 anyone just to keep people coming to give me more chance to escape anytime I tried to call my support worker I could never get hold of her and she called back I think once and I couldn't talk

Demographic of participants

The table below highlights demographic information shared with us by participants.

How do you think of yourself	Female (n=6) Male (n=2)
Which of the following best describes how you think of yourself	Heterosexual / straight (n=6) Bi-sexual (n=1) Gay / Lesbian (n=1)
Which of these best describes your ethnicity?	White (n=6) Asian / Asian Black (n=1)

	Black / African / Caribbean / Black British (n=1)
Do you consider yourself to have a disability, long-term illness or health condition which limits your day-to-day activities?	Yes (n=4) No (n=4)
How old were you when you tried to access services or received support?	under 16 years of age (n=0) 16-18 (n=1) 19-21 (n=0) 22-24 (n=0) 25-29 (n=1) 30-39 (n=4) 40-49 (n=1) 50-59 (n=1) 60-69 (n=0) 70-79 (n=0) 80 years and over (n=0)

When you tried to access support services in Grampian, where did you live?*	Aberdeen City (n=7) Aberdeenshire (n=1) Moray (n=1) Elsewhere in Scotland (n=1) England (n=1) Wales (n=1) Elsewhere in Scotland Northern Ireland (n=0) Outside the UK (n=0)
When accessing or trying to access support, how many children did you have living with you under the age of 16?*	None (n=4) Pregnant and partner knew about the pregnancy (n=1) Pregnant and partner did not know about the pregnancy (n=0) 1 child (n=1) 2 or more children (n=3)

When seeking support what kind of abuse had you been experiencing?*	Emotional / psychological abuse (n=8) Physical abuse (n=5) Sexual abuse (n=2) Coercive control (n=6) Financial abuse (n=6) Digital abuse (n=3)
What was your relationship to the person who was abusing you?	Partner (n=2) Husband/wife (n=3) Ex-partner (n=2) Other, please specify - Parent (n=1)**

Whole Lives, National Survivor Survey (SafeLives)

In November 2020, SafeLive's Scotland shared data with us from their Whole Lives Scotland, National Survivor Survey. The survey reflected on service delivery and support for victims and survivors of domestic abuse.

Within the survey they had nine responses from people living in Aberdeen City however we are unable to identify which responses link to those living in Aberdeen, so the information below should be considered as insights into service delivery in Grampian.

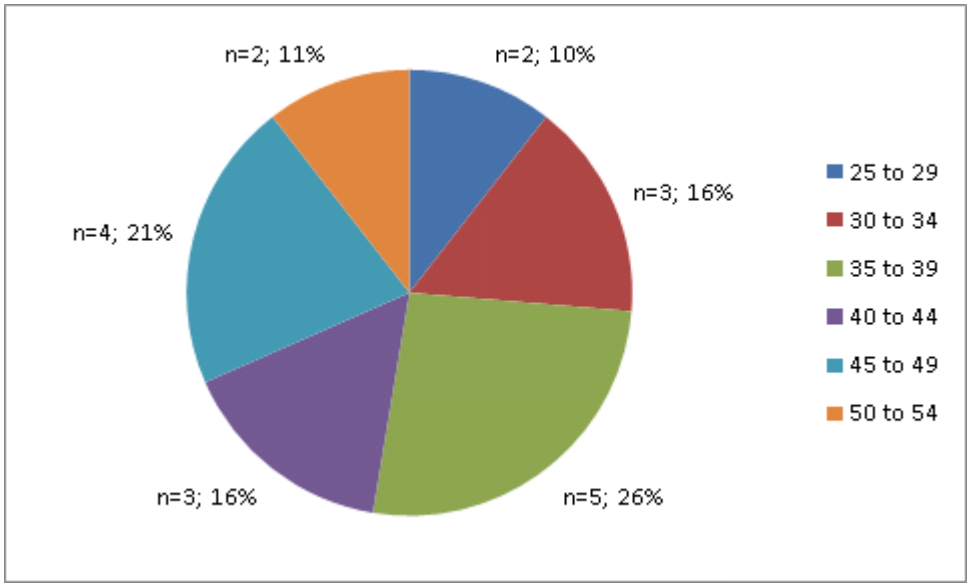
We also considered that there may be cross over in participation between our online citizen consultation and the Whole Lives survey, however we were unable to identify this as participation in both consultations was anonymous.

A full analysis of the data can be found in Appendix E.

Key themes taken from the survey are outlined below.

Participant demographics

A range of ages were represented in the Grampian dataset with 35-39 years of age the most common which is also the average age group in the Whole Lives report.



There was little variation in ethnicity in the Grampian dataset with only one respondent identifying as non-white. In the Whole Lives report 3.4% of respondents were from Black and Minority Ethnic communities.

All shared their birth sex with most female (n=18) similarly the Whole Lives dataset had 94% female respondents. Respondents identified as female (n=17), or male

(n=1) or non-binary (n=1) with most describing their sexual orientation as heterosexual (n=16), one as lesbian, one as 'any other' and one did not answer the question. In the national dataset 8.0% identified as LGBT+.

Themes and insights

The age at which the abuse started was mainly early 20's.

The length of time the domestic abuse had been ongoing was up to 32 years in the case of one of the two rural respondents. Many reported they were no longer experiencing domestic abuse, however, one was ongoing with more than one heterosexual male perpetrator, while another respondent was a male victim of a female ex-partner perpetrator. The Whole Lives report reports 13% currently experiencing abuse.

Types of abuse

Physical abuse	Sexual abuse	Abuses experienced concurrently
Mental abuse	Emotional abuse	Financial abuse

The type of domestic abuse was reported as physical or sexual, with neither experienced on its own, mental or emotional abuse was experienced by all respondents while few reported financial abuse.

For some the domestic abuse experienced was a combination of physical plus sexual plus mental, with one adding financial. The abuse had been taking place daily

or nearly daily, or weekly. Many had children in the household at the time of the domestic abuse, which is slightly lower than the Whole Lives dataset (58%).

The Whole Lives report states 33% had been in more than one abusive relationship which is slightly lower than the Grampian dataset at 36.8%.

Disability

Most reported having no disability, with a single respondent each reporting a physical neurological condition, progressive illness or mental health plus systemic lupus erythematosus. So the Grampian dataset has 15.8% reported as having a disability compared to the national dataset at 19%.

Mental health

More than half reported mental health problems which they believed had started as a result of the domestic abuse. This was slightly higher than the national dataset (65%).

Of these thirteen, their mental health had been severely affected, many in the long or medium term.

Disclosing abuse

Told no one	Friend or neighbour	Work colleague	Solicitor	Social work (children)
Special domestic abuse service	Police	GP	Counsellor / therapist	

Two of the severely affected had told no one about the impact; 7 had spoken with family or relatives, friend or neighbour; work colleague; special DA service; police; GP; solicitor; counsellor/therapist; and children's SW services.

Unlike the Scotland-wide Whole Lives report, no one amongst the Grampian respondents had spoken with a helpline, hospital-based professional or religious or other community leader. Professional support had been received at the time by a small proportion.

Physical health

Physical health problems starting as a result of domestic abuse were reported with only one having received professional support for their physical health problems at the time.

Drugs and alcohol

None reported pre-existing alcohol abuse but some had started as a result of domestic abuse. Only one respondent acknowledged pre-existing drug abuse with no reports of drug abuse as a consequence of domestic abuse.

Homelessness

Two respondents who had experienced homelessness as a result of domestic abuse had both received professional support at the time.

Financial impact

Only one participant was experiencing financial difficulties prior to experiencing domestic abuse. Like the Whole Lives dataset at 56%, in Grampian more than half experienced financial difficulties which started as a result of domestic abuse with only one of them receiving professional support for that at the time and employment difficulties also featured for some.

Relationships

Difficulties in relationships with adult family members had started before (n=2) or as a result of domestic abuse, while in the national dataset this was 47%. Similarly, there were no reports of difficulties in relationships with children in Grampian before experiencing domestic abuse but some as a result of the domestic abuse. In the Whole Lives dataset this was reported at 21%, double the Grampian data.

Barriers to disclosing abuse

Many said they had problems with telling anyone about the domestic abuse.

Each respondent identified multiple concerns around:

Fear of own safety	Shame or embarrass-ment	Not knowing who to go to	Fear of losing children	Not being believed
Nobody would help	Private / family matter	Worried abuse is their fault	Too trivial / not worth mentioning	Petrified how they would be punished
Worried about abuser and what would happen to him	Friends regard him highly			

Those who did disclose their experience of domestic abuse spoke with multiple people including: friends and neighbours, counsellor / therapist, specialist domestic abuse services, solicitor, GP or police, or family and friends, or children and family social work.

MARAC

None had or could remember being referred to a MARAC.

Risk assessment

Few had a risk assessment carried out by a professional which included: police, specialist domestic abuse worker, children and families social work, and criminal justice social work.

Specialist domestic abuse support

Only two recalled receiving support from a specialist domestic abuse support worker or children and young people's worker. Only five reported ever having had support from a specialist domestic abuse worker. Of that group, improvement in their safety to a 'slight' or 'great' extent or 'no change'.

Wellbeing

Wellbeing was reported to have improved 'slightly' or 'greatly'. One reported gaining 'slightly' on both safety and wellbeing (n=1) with support from a children and young people's worker.

Accessing services and support

Of those who respondents when asked about factors which may have contributed to them not accessing specialist domestic abuse support, many 'didn't know what services were available', compounded with 'shame and embarrassment' (n=7) and not thinking 'they would be believed'.

When asked if 'there was anything you would have liked to be available to address the domestic abuse?' responses were:

Proper support to also address the abuse from family
There was little awareness or resources around domestic abuse in lesbian relationships, although I feel it may be better now, 10 years on from when I went through what I went through

Men to be believed by all services including SR1 who told be to man up and turn the other cheek 7 years ago when abuse started and are still ignoring my complaints now
More support & advice from my solicitor
Place to stay if you have to move out immediately
An awareness on my part that what was happening to me was abuse. I thought I was trapped in an unhappy marriage and kept trying to make it better by myself

Three respondents described their experience of finding and receiving specialist support as:

Often no reply and had to chase
It was only once information was divulged and police became involved that I was referred to the justice domestic abuse service. My support worker has been invaluable to me with her support
Only once SR1 involvement occurred after physical assault had taken place was I offered support, or indeed knew of any support that there was available.

Those same three respondents offered suggestions on ‘what would improve the support available for victims / survivors of domestic abuse in your local area?’ offered:

More workers
For services to be better advertised and maybe confidential drop in services made available
It shouldn't take someone to be physically abused and have the police involved before they get help for the situation they are in.

Overarching themes

Across both research activities (citizen consultation and Whole Lives survey) there were multiple recurring themes. These include but are not limited to:

- Different types of abuse are experienced concurrently
- People from all age ranges experience domestic abuse, but the highest percentage of cases are within the 35-39 age range
- A proportion of respondents from both consultations had a disability
- Intersectional impacts of abuse, including: physical health, homelessness and mental health
- Domestic abuse is the responsibility of all services as there are a range of practitioners that people make disclosures to
- People consistently experience fear, shame, stigma and embarrassment in relation to experiencing domestic abuse and these factors can act as barriers to making a disclosure or accessing help and support
- People's experiences in accessing and receiving support are inconsistent and variable

Follow up activities

As previously discussed, these insights are from a limited data set. Though the insights are detailed, further research must be undertaken to reflect on a wide range of people's experiences.

9.Literature review summary

Overview

The following section highlights key insights taken from a literature review that collates international policy and strategy and recent research articles about domestic abuse.

This activity has helped us to understand people's experiences of abuse and accessing support on a national and international level, but has also acted as a consistent sense-making activity whilst conducting user research with citizens and stakeholders. The review will also be of benefit when considering the develop and delivery stages of the project, in order to start to consider risks and impact of implementing a Technology Enabled Care solution, in relation to domestic abuse and citizens.

The review explores the following themes: types of domestic abuse, the diversity of populations affected, roles of healthcare practitioners and support services before challenging the contribution of technology. Finally, the review explores the potential

to design effective digital services that work for victims, survivors and those who provide domestic abuse support services. Key insights and themes are documented below. To read the full literature review please sees Appendix A.

Method

A broad range of online resources were searched for keywords related to domestic abuse (DA), domestic violence (DV) and intimate partner violence (IPV) in the context of diverse socio-demographics and digital or technology enabled services. Reference lists of articles found were hand searched for further relevant literature. Only articles written in English language were included. Date restrictions were only applied where there was a recent body of literature from 2019-2020. Otherwise more dated articles were included to demonstrate a lack of more recent research.

Limitations of this review

This is not a systematic review. It did not start out with a research question nor a fully defined review protocol. It takes the form a narrative scoping review gathering resources over time to present an up to date, hopefully informative, review of the current context and landscape of domestic abuse and related digital developments.

Summary

Domestic abuse, or IPV, is a pernicious, societal, worldwide problem affecting women, men and children of all ages, gender, race, physical and mental abilities, health and wealth.

As the literature shows, there is no easy answer or it would have been solved before now. Is the answer digital technology? Technology has helped perpetrators broaden their coercive control through digital abuse. Technology has yet to be shown to provide an effective solution to any aspect of the victim or survivors experience.

It has yet to be shown to be more effective than non-digital services provided by support agencies albeit these are often over-stretched and under-funded even without the Covid-19 pandemic.

If the design challenges and principles are embraced, is it possible to provide digital services that help:

- perpetrators to stop their abusive behaviours
- people to recognise abuse and acknowledge it in society
- victims to become survivors
- practitioners to work together to provide services and interventions which help raise awareness of abuse and
- help people safely escape from abuse relationships
- survivors to rebuild their lives and avoid abusive relationships in future

Key insights

Prevalence

'1 in 3 women (35%) worldwide have experienced either physical and /or sexual IPV or non-partner sexual violence in their lifetime' (WHO, 2017).

'One in six women have a history of physical abuse, and that one in 50 injured women will present to the clinic as a direct result of IPV' (PRAISE Investigators 2015).

Challenge

The challenge is succinctly captured as: commit to change, start today, support evidence-based approaches, and join others (UN Women & Social Development Direct 2020).

Identifying abuse

Many place the onus on healthcare professionals to routinely broach the subject of domestic abuse (Golding & Duggall 2011).

Information sharing

Accurate data on IPV could not be extracted from the current patient records as there was conceptual ambiguity around the consistent ICD coding of IPV (Olive 2018).

Sensitive routine enquiry

A recurring theme in studies is the need for repeated sensitive enquiry about domestic abuse so it becomes a routine part of not just healthcare consultations but conversations across society too (Boddy 2020; Bovill et al. 2020; Chandon et al. 2020; Dheensa et al. 2020; Gainsbury et al. 2020; Weller et al. 2020; DoH 2017). Dheensa et al. (2020) note that 'people who experience abuse rarely discuss it unless asked' (Dheensa et al. 2020).

Advocacy

'IDVAs (Independent Domestic Violence Advisor) offer a unique and valued way to respond to domestic violence and abuse' (Dheensa et al. 2020), in part because they have the training and confidence which many others lack, the evidence suggests their role should be seen as essential rather than optional (Coulthard et al. 2020; Kellam 2020; Weller et al. 2020).

Opportunities for disclosure

'Asking people directly, on repeated occasions, about whether they consistently feel safe at home is one way of doing this; however, it is also important that people asking this question have the time and emotional resources to listen and respond to the often subtle ways that people indicate they are scared and unsafe' (Bradbury-Jones & Isham 2020).

Domestic abuse and homicide

‘38% of all murders of women globally were committed by their intimate partner’ (WHO 2016).

COVID-19 and domestic abuse

‘Two global pandemics: femicide and Covid-19’ (Weil 2020).

Imkaan refer similarly to the dual pandemics setting out the additional structural, racialised and social inequalities experienced by BAME women and girls as increasing the intersectionality of BAME violence against women and girls (VAWG) (Imkaan 2020).

The current crisis threatens to push back the limited gains made on gender equality and exacerbate the feminization of poverty, vulnerability to violence, and women’s equal participation in the labour force’ (UN SDG 2020).

Technology and domestic abuse

‘Technological inequality between the tools of abuse and tools of support’ (Kellam 2020).

Kellam (2020) cites a Refuge figure stating that 72% of their service users experience abuse through technology (Refuge 2020) also known as digital abuse. There are new risks and fears associated with technology (Think Social et al. 2019).

‘There is no evidence from randomized trials of a beneficial effect of eHealth interventions on IPV’ while calling for a common set of outcome measures to be developed (Linde et al. 2020).

There is still a need to help people to: identify abuse; connect to support; and rebuild their lives - by designing better digital services which mitigate risk (Think Social Tech et al. 2019).

Safeguarding and ethical approach to engagement

Published in 2005 by WHO on Promoting Appropriate Technology in Health (PATH), Ellsberg & Heise (2005) urged researchers investigating the lives of vulnerable populations, such as those experiencing domestic abuse, to first and foremost consider ethical approaches including:

1. respect for persons at all stages of the research process
2. minimising harm to respondents and research staff
3. maximising benefits to participants and communities (beneficence), and
4. justice: balancing risks and benefits of research on violence against women

Impact on health

The longer term health impacts were stark: twice as likely to experience depression, almost twice as likely to have alcohol use disorders; with 38% of murders of women globally committed by their intimate partner.

10. Summary of themes and insights

At the start of this review, we outlined that this document aimed to be exploratory, not explanatory. However, what we aim to do in this section is to highlight some of the key themes that have been consistently referenced, at each stage of research.

Key considerations

The research we have undertaken with stakeholders and citizens, as well as secondary research from national and international sources, only offers a snapshot of the current landscape.

The research also highlights the scope of the subject and a wealth of challenges that could be addressed through further development and design work. Further work must be done to sense-check the insights and research with stakeholders and citizens to ensure that they are prioritized based on need and reflect a user centred approach to the next stages of development and delivery.

In response to the overarching research question of:

We have also highlighted research and insights that need to be reviewed, when considering a TEC solution. We hope that these considerations, especially those outlined in the literature review can help to inform the next stages of development and delivery.

Recommendations on how to approach this next stage of prioritisation and development will be explored in the following chapter.

Stakeholder insights

Through our engagement with stakeholders we were able to identify a basic journey map (seen below), outlining different stages that a person may have to go through when trying to access support for domestic abuse. This is predominantly built on insights from stakeholders and will need to be sense-checked with citizens and stakeholders.

As described in the illustration below, we have identified that the support pathway includes the following stages:

- Identifying abuse
- Information
- Referral and assessment
- Support

Actors

The pathway to support is not linear and disclosures or identification of domestic abuse can be made at any point, to a range of different people and services. This means that the service pathway involves a myriad of different actors, from different services (both specialist and universal). Please see the stakeholder map in Appendix B and the discovery review to see the range of different organisations and practitioners we engaged with.

Timeline

People experiencing domestic abuse may have to make multiple attempts to access support or make a disclosure. For this to occur, people generally 'have to be in a relatively stable space to tell someone' (Fear Free, 2020). In addition, they may make a disclosure but may not be ready to do anything further about it at that time.

As a result, a person's journey can take place over a period of days, months or years.

Service provision

During our research with stakeholders, we engaged with a range of practitioners from both universal and specialist domestic abuse and allied GBV support services. Practitioners shared a range of insights in relation to the subject of domestic abuse and supporting victims and survivors in accessing and receiving support. Recurring themes from this stage of research are outlined below.

Universal services

This term includes any service that is not a specialist domestic abuse service and considers, but is not limited to the following examples:

- Third sector housing service
- Social Work (Adults or children and young people)
- NHS Accident and Emergency
- Mental health services
- Midwife / antenatal services
- GP
- Emergency services
- Local Authority housing services

Many of the practitioners from universal services used language such as 'fear' and 'apprehension' about broaching the subject of domestic abuse with citizens. Many were not clear or confident about their roles and responsibilities in identifying abuse and creating opportunities for disclosure. There was also consistent reference to a reliance on the expertise and knowledge of a practitioner in creating these opportunities.

Police and Social Work services were consistently referenced as ‘first ports of call’ when supporting a client or patient experiencing domestic abuse. Nearly every practitioner noted a clear gap in information sources related to service provision and referral pathways in Aberdeen City. Gaps in guidance and training were noted both internally and locally.

Specialist services

From the research we have undertaken we have noted that the majority of specialist domestic abuse and allied GBV support services in Aberdeen City are housed within third sector organisations, with the exception of Aberdeen City Council Domestic Abuse Team. Specialist services in Aberdeen City include, but are not limited to: Grampian Women’s Aid, Rape Crisis Grampian, Aberdeen Cyrenians DASAP and VAW services and Fear Free. There is also an Aberdeen MARAC and at the time of the review, one IDAA.
As third sector organisations, they noted that they are subject to changeable funding and high staff turnover rates, notably due to the crisis environment that they work within. Waiting lists were also noted as being a barrier to providing support, due to funding and staff capacity.

Many specialist services felt that they were left to support and address the multi-faceted and international needs of citizens, with limited input or support from other agencies. Many felt push-back from other agencies about their roles and responsibilities in supporting victims and survivors, with some organisations asking for evidence or for victims to meet certain eligibility criteria before they would offer support.

Consistent gaps were referenced by specialist services in relation to safety planning, trauma informed practice and risk assessment between agencies, and ensuring that this was considered both in the short and long term.

In terms of referrals, specialist services noted a dependency on referral organisations to provide clear and consistent information about victims and survivors, otherwise resulting in repeated questioning and victims and survivors having to retell their story, and the impact that this would have on their wellbeing.

Services also discussed their ability to provide inclusive and accessible provision. Many described dependencies on other organisations to meet client's accessibility needs, gaps in training about disabilities and again, their ability to meet people's intersectional needs without support from allied universal services.

Local systems

Though Aberdeen has specialist support provision within the city, this provision cannot fully meet the intersectional needs of its citizens. Notably, within Aberdeen there is no specialist service provision for people from Black and Minority Ethnic Groups, Men and limited provision for people from the LGBTQ+ community. Outwith the criminal justice system there was also limited reference to services that considered perpetrators.

Though our project focuses primarily on services and provision in Aberdeen City, many services noted that these systems were interconnected to wider Grampian (notably within Health, or with regard to seeking refuge in other localities due to capacity or services of safety of victims/survivors). Many people in Aberdeen work in the city but may live in wider Grampian, the UK or abroad.

During our research, it was difficult to ascertain statistics about domestic abuse cases, outwith national statistics by Scottish Government and Police Scotland. Coding information, protocol and permissions were noted as barriers to achieving this. These themes are mirrored within local systems, notably between specialist and

universal services, with many citing consent, GDPR and statutory permissions as barriers to information sharing.

Citizens

As outlined in this review, our engagement with citizens has been limited. However, the activities we have undertaken provided rich insights into some people's experiences. From this data, allied to information taken from SafeLives's Whole Live's Survey and through secondary research we have gained an initial insight into the following themes.

Intersectional experiences

People's experiences of domestic life are intersectional and multi-faceted. Each experience is unique to the individual. Many people experience different abuses concurrently and often for a number of years before they access support.

In Aberdeen and wider Grampian, victims / survivors stated that they would predominantly contact services themselves, but faced barriers to doing this, as they were unsure of what provision and support was available. Notably, and in line with our insights gained through stakeholder research, people made disclosures to, or contacted both universal and specialist services for support. This reinforces the message that domestic abuse is everyone's business, and should be reflected in the roles and responsibilities of different agencies.

People cited varying numbers of attempts and waiting times to make contact with services. Risk and safety are considerations within this area.

Many people referenced or used language such as: shame, stigma and embarrassment when talking about their experiences or making reference to factors that stopped them, or delayed them from accessing support. They also disclosed

that making a disclosure would make them fearful of their safety. Throughout our discovery period there has been a strong communication of fear from both citizens and practitioners about domestic abuse and accessing / providing support.

When accessing services, people reflected on the capacity and strain of service provision, as being factors that contributed to services not meeting their needs effectively. Many were also hugely complimentary of certain services in providing support when they felt most unsafe or at risk.

Within our citizen consultation, we had an even number of respondents with children, and those with no children. This highlights the need for partnership working to support the needs of the wider family.

From our data it is evident that when accessing or trying to access support people's experiences are variable and inconsistent.

11. Next steps

The aim of this document was to review and document the research and insights we have collected during our discovery period. It is only a snapshot of the current landscape, both in terms of the subject of domestic abuse and the support pathway in Aberdeen City.

It is important to note that as researchers and as a wider TEC team (with limited capacity and input at time of review) we are reluctant to prioritize these themes as we are not specialist / universal service providers or victims / survivors of domestic abuse. This must be done with those who deliver and use services to reflect on actual need.

However, in order to focus our intentions and develop partnership working, it is recommended that the following activities be undertaken.

1. Partnership working and prioritisation activities

It is recommended that the TEC project hold a multi-agency sense-making session to reflect on the insights collated and reviewed in this document. Recommendations of activities to support this process can be found below.

Though we have previously made attempts to prioritize the insights we have collected, further prioritisation activities should take place within this session to understand what capacity there is to address the highlighted themes and re-frame them as challenges.

From the insights we have collected, we have outlined some possible problem statements (these can be seen in the next section), however further statements should be developed with the wider TEC team, stakeholders and citizens.
Once this has been completed, it is recommended that the TEC team find the following partners to support them to address these challenges:

- Specialist service provider
- Universal service provider (if not addressing challenge within the specialist service)
- Design and development partner

It is also recommended that service partners are financially supported to participate and that any design and development work should be undertaken with the input from a specialist domestic abuse or wider GBV partner or advisor. In an advisory capacity, input from SafeLives would be of great asset!

2. Citizen engagement

Further research will have to be conducted with citizens to ensure any solutions effectively meet the needs of citizens. This will also help you to identify and build personas to support the development and delivery stages of a solution.

A design or development partner (such as a service design agency) should be able to support this engagement, in line with the Scottish Approach to Service Design.

3. Evaluation

It is recommended that an evaluation exercise be carried out with stakeholders, to understand what impact the project has had, so far. This could be done anonymously through a survey or questionnaire or integrated into sense-making and prioritisation activities, described above.

Outputs from these activities could be included in the OutNav evaluation process. Areas for feedback could include:

- Understanding of SAtSD
- Impact of a user-centred approach and use of SAtSD
- Interest in project, and supporting next stages of development

Considerations

Reflecting on the range of insights shared through our stakeholder engagement and the variable experiences cited in the limited data set we have collected from our citizen engagement, we recommend that the project focuses on developing a solution that supports stakeholders to deliver effective services (back-stage activities).

Grampian abuse support services tracker

In response to the outbreak of the COVID-19 pandemic and resulting lockdown measures, in March, 2020, we developed our early stakeholder mapping activities into a prototype service tracker for Aberdeen City.

The prototype was aptly named the ‘Grampian abuse support services tracker’. The aim of the resource was to share research we had already collated, with local services in Aberdeen. Throughout its development (March – May, 2020), we shared the prototype with stakeholders, in order to sense-check the content and format of information. During the initial stages of its development, we had a good response from the majority of specialist services in Aberdeen City, as well as input from health services (notably sexual health services and midwifery). In April, 2020, we were asked by the Specialist Midwife for Public Protection, NHS Grampian, to extend our information to cover wider Grampian.

As a service facing resource, the tracker gives an overview of the scope of service provision for people experiencing domestic abuse and wider GBV. However, it is limited in it’s coverage of all services, as we were reliant on crowd sourcing information. The information that is included describes: eligibility criteria of services, roles and responsibilities and geographical scope.

This is a working prototype that could be used to support sense-checking or ideation activities with stakeholders and citizens during the develop and delivery stages of the project. It also needs a lot of work around accessibility, as it was created in google docs.

Link:
https://docs.google.com/document/d/1G4W4KUFk2GsPtry0MM9qVtC8Zkak24XqJGPttQ1mC3Q/edit

A PDF version can be found in Appendix F.

12. Problem statements

Overview

As described in the review, there are a myriad of different issues facing both citizens and stakeholders in accessing and providing support for domestic abuse. These issues can be re-framed as problem statements or design opportunities, using the activities below.

It is It is recommended that the activities be explored with the wider TEC team, as well as citizens and stakeholders.

Activities

Problem statements can be defined using design thinking activities such as ‘How Might We’.

How Might We is an activity that helps you to reframe research insights into design opportunities. Positioning the themes or insights as questions supports the suggestion that a solution is possible.

Further information about how to run this activity can be found here: https://www.designkit.org/methods/3

From our research, we have provided the following examples of how to reframe high level problem statements using the ‘How Might We’ process. Examples are taken from the perspective of stakeholders and practitioners providing support services or making a referral. These examples can be used to guide or add to sense-making and prioritisation activities, as discussed in the previous chapter. Further examples can be found in Appendix C.

We have included some examples of how to apply the ‘How Might We’ tool to exploring and defining problem statements. It is important to note that the examples below are based on high-level themes.

Example 1.

Theme(s)	Insights	How Might We (HMW) statement

Training and guidance	‘Boundaries of each person's training / knowledge, of what to look out for and how to follow up’	HMW support universal services and practitioners to understand and act on their roles and responsibilities when supporting people experiencing domestic abuse?
Knowledge and expertise	‘Gap in signposting and information at a local level’	
Roles and responsibilities	‘Push back from other agencies about what they are willing to take responsibility for’	
Feeling out of depth / powerless	‘An incident has to occur in order to get input from other agencies’	

Example 2.

Accessibility of information	‘Workers have to do reactive research - funding, mental health, services’	HMW support practitioners from universal services to understand what provision and support is available for citizens who are experiencing domestic abuse and how to access that support?
Visibility of subject	‘Info sources not streamlined’	
Scope of training	‘Gap in signposting and information at a local level’	
Content quality	‘Time is of the essence. Information and signposting needs to be clear and concise’	
Format of information	‘So much information out there, it's confusing!’	
Information sources	‘Little information on their website about DA - for clients and staff’	

Example 3.

Fear of repercussions	‘Noticing signs of abuse - dependent on experience of practitioners’	HMW support practitioners to feel confident to support a domestic abuse disclosure?
Roles and responsibilities	‘Clients would come in for something else’	
Timeline of abuse	‘Apprehensive to look into situations. Mentality of 'behind closed doors'	
Training and guidance for practitioners	‘Noticing signs of abuse - dependent on experience of practitioners’	
Relationship with citizen	‘Domestic abuse can be subtle and often not recognised as abuse’	
Shame / stigma	‘Domestic Abuse is a new area for us'	
	‘If I get an answer to this I'm going to have to respond’	
	‘Stigma around sharing / disclosing, talking freely’	

13. Design thinking tools and activities

Overview

Other useful design thinking tools and activities that can be useful at this stage of development include:

Evaluation matrix

Helps you to review different ideas and insights and visualize the weighting of impact and priorities, based on defined criteria.

Link: https://servicedesigntools.org/tools/evaluation-matrix

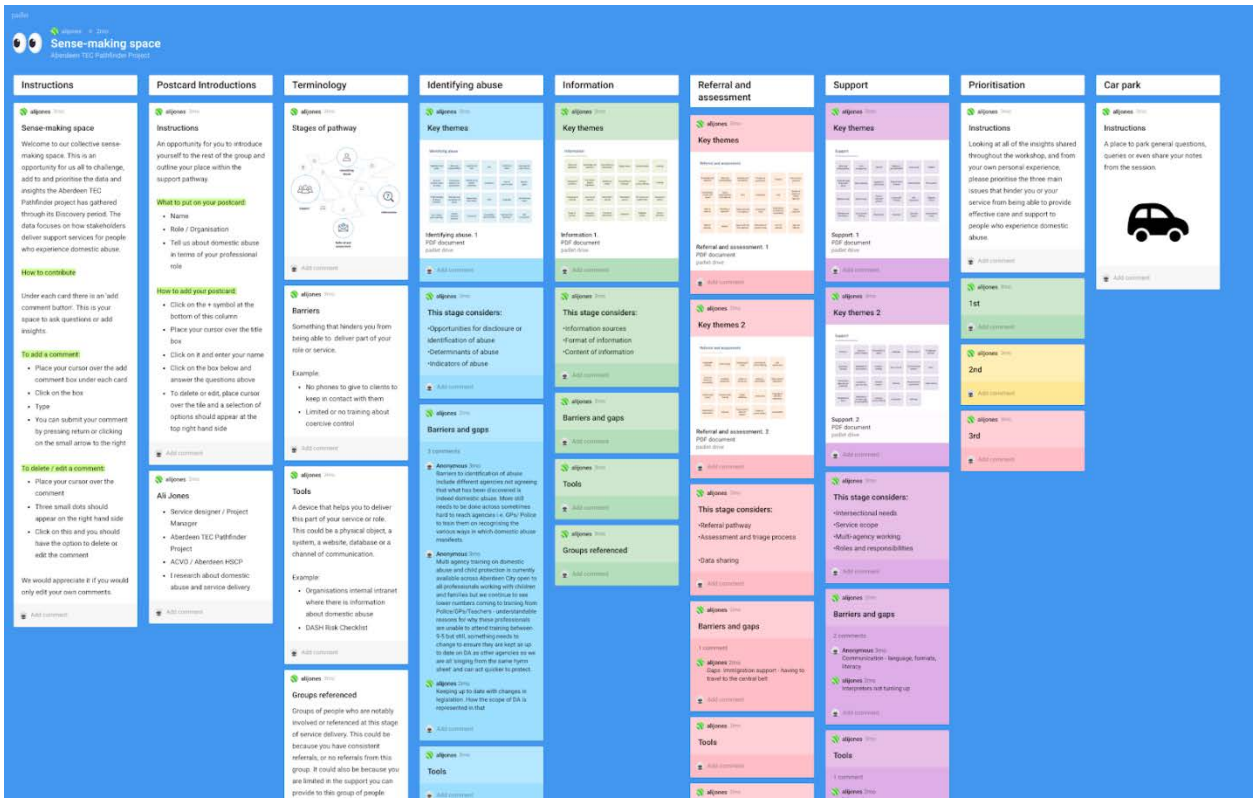
You can also use Post-it's to create a voting / prioritisation scale with participants.

Synthesis wall (or sense-making wall)

You will have seen Ali use this a number of times when we were in the office! Using a physical wall and post-its to display and sort research and insights.

This can also be done remotely using online platforms such as Miro or even Padlet.

Link: https://servicedesigntools.org/tools/synthesis-wall



During our sense-making sessions with stakeholders in September / October 2020, we constructed an online sense-making space using Padlet.

This can continue to be used and holds most of the relevant insights and themes collected through stakeholder engagement, as well as prompts for prioritisation activities. We found Padlet to be a bit more user friendly than other platforms.

Link: https://padlet.com/alijones/nie9cmnqgdw2zyed

A pdf. version can be found in Appendix D.

Circle of influence

A tool that can be used to review and visualise collective priorities and define ownership and responsibilities.

Link:https://www.sessionlab.com/methods/circles-of-influence

14. References

MARAC Overview – Scotland, SafeLives, 2019. safelives.org.uk/sites/default/files/resources/SafeLives%27%20Marac%20overview%20Scotland.pdf

A Cry for Health, why we must invest in domestic abuse services in hospitals, SafeLives, 2016. safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

Whole Lives Scotland, National Survivor Survey, SafeLives, 2020. safelives.org.uk/sites/default/files/resources/Whole%20Lives%20Survivor%20Survey.pdf

Whole Lives, Improving the response to domestic abuse in Scotland, SafeLives, 2017. safelives.org.uk/sites/default/files/resources/Whole%20Lives_Improving%20the%20response%20to%20domestic%20abuse%20in%20Scotland.pdf

Safe Young Lives: Young People and domestic abuse, SafeLives, 2017. safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf

Safe Later Lives: Older people and domestic abuse, SafeLives, 2016. safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf

Disabled Survivors Too: Disabled people and domestic abuse, SafeLives, 2017. safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf

Your Choice: 'honour'-based violence, forced marriage and domestic abuse, SafeLives, 2017. safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage-web.pdf

Breaking the Silence within Communities and Service-Providers, SafeLives, Practice Blog, 2017. safelives.org.uk/practice_blog/breaking-silence-within-communities-and-service-providers

Thinking intersectionality: forced marriage and 'honour'- based violence as forms of violence against women and girls in context of structural inequality, SafeLives, Practice Blog, 2017. safelives.org.uk/practice_blog/thinking-intersectionality-forced-marriage-and-honour-based-violence-forms-violence

Domestic Abuse and Asian, Black and Minority ethnic women, Hemat Gryffe, 2020. www.hematgryffe.org.uk/domestic-abuse-bme-women.html

The challenes facing black survivors of domestic abuse, SafeLives, 2020. soundcloud.com/domestic-abuse-podcast/the-challenges-facing-black-survivors-of-domestic-abuse

What is domestic abuse? Scottish Women's Aid, 2020. womensaid.scot/information-support/what-is-domestic-abuse/

The Survivor's Handbook, Women's Aid, 2020. www.womensaid.org.uk/the-survivors-handbook/

Changing Lives, Scottish Women's Aid, 2017. womensaid.scot/wp-content/uploads/2017/09/ChangingLivesPamphlet.pdf

Getting help, Shakti Women's Aid, 2020. shaktiedinburgh.co.uk/

What is domestic abuse? Scottish Women's Aid, 2020. womensaid.scot/information-support/what-is-domestic-abuse/

The Survivor's Handbook, Women's Aid, 2020. www.womensaid.org.uk/the-survivors-handbook/

Changing Lives, Scottish Women's Aid, 2017. womensaid.scot/wp-content/uploads/2017/09/ChangingLivesPamphlet.pdf

Getting help, Shakti Women's Aid, 2020. shaktiedinburgh.co.uk/

Domestic Abuse (Scotland) Act, 2018. www.legislation.gov.uk/asp/2018/5/contents

The Equality Act 2010 (Specific Duties) (Scotland) Regulations, 2012. www.legislation.gov.uk/sdsi/2012/9780111016718/contents

Public Bodies (Joint Working) (Scotland) Act, 2014. www.legislation.gov.uk/asp/2014/9/contents/enacted

Safeguarding older people from abuse and neglect, Age UK, 2019. www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78_safeguarding_older_people_from_abuse_fcs.pdf

Domestic abuse in Scotland: 2017 – 2018 statistics , Scottish Government, 2018. www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2017-18/

Forced Marriage Unit Statistics, Home Office, 2019. www.gov.uk/government/statistics/forced-marriage-unit-statistics-2019

Domestic abuse and other forms of violence against women and girls (VAWG) during COVID-19 lockdown (30/03/2020 – 22/05/2020). Crime and Justice Directorate, Scottish Government, June 2020. www.gov.scot/publications/domestic-abuse-forms-violence-against-women-girls-vawg-during-covid-19-lockdown-period-30-3-20-22-05-20/

Lewis, G, Drife, J, et al. (2001) Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9; commissioned by Department of Health from RCOG and NICE (London: RCOG Press)

Intimate Partner Violence, Centre for Disease Control, 2020. www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html.%C2%A0

Autism and Asperger's syndrome, Mencap, 2020. www.mencap.org.uk/learning-disability-explained/conditions-linked-learning-disability/autism-and-aspergers-syndrome

Disability Equality, One Scotland, 2020. onescotland.org/equality-themes/disability/

Learning Disability Statistics Scotland, SCLD, 2019. www.scld.org.uk/wp-content/uploads/2019/12/Learning-Disability-Statistics-Scotland-2019.pdf

Domestic abuse. What health workers need to know about gender-based violence, NHS Health Scotland, 2019. www.healthscotland.scot/media/2099/gbv-domestic-abuse-march2019.pdf

LGBT people's experiences of domestic abuse, Stonewall Scotland , 2020. www.stonewallscotland.org.uk/help-advice/criminal-law/domestic-abuse-1

Dewis Choice Training, 2020. dewischoice.org.uk/

Scottish Approach to Service Design (SAtSD), Scottish Government, 2019. www.gov.scot/publications/the-scottish-approach-to-service-design/

What is the framework for innovation? Design Council's evolved Double Diamond, 2019. www.designcouncil.org.uk/news-opinion/what-framework-innovation-design-councils-evolved-double-diamond

15. Appendices

Appendix A.

Discovery and define stages literature review

Focus: Domestic abuse and Technology

Literature review DA and technology Nov.

Appendix B.

Stakeholder map, updated October 2020

Specialist domestic abuse support services and universal services

Updated Stakeholder Map. October 2020.p

Appendix C.

'How Might We' discovery stage examples

HMW Discovery stage Aberdeen TEC

Appendix D.

Padlet sense-making space. Pdf. version

Aberdeen TEC. Padlet sense-making s

Appendix E.

SafeLives Grampian data, 2020

Whole lives Scotland - Grampian subgroup

Appendix F.

Grampian Abuse Support Services Tracker
https://docs.google.com/document/d/1G4W4KUFk2GsPtry0MM9qVtC8Zkak24XqJGPttQ1mC3Q/edit

Grampian __ Abuse support services – tra