Appendix 3 - Example of Good Practices



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Appendix 3 - Example of Good Practices

Case Study 1. Our Watch Australia

Overview

Established in 2013, Our Watch in Australia is advancing a leading public health and primary prevention model that seeks to stop violence before it occurs by addressing its underlying social drivers. We drew upon the work of Our Watch as best practise for this Scottish public health guidance framework.

The framework supports this approach by:

- Advancing evidence-based primary prevention practice across Australia.
- Promoting coordinated, whole-of-community approaches across education, workplaces, sport, media, local government, and community organisations.
- Supporting organisations and governments to identify best practise, gaps and opportunities within existing prevention activity.
- Addressing the gendered drivers of violence while recognising the role of intersecting forms of inequality, including race, sexuality, disability and colonial legacies.
- Providing practical guidance for planning, implementation, monitoring and evaluation of prevention initiatives.
- Building national capability by strengthening the evidence base through research and evaluation.
- Complementing existing violence prevention initiatives by providing national guidance and shared frameworks across varying contexts.

As a result of these actions, the Framework aims to support governments, organisations and communities to:

- Challenge attitudes, norms and structures that condone gender inequality and violence against women.
- Foster communities and civil society that promote gender equality and respectful relationships.
- Embed prevention approaches across policies, services and institutions.

Key Elements of the Approach

Our Watch's prevention framework is built upon a growing body of Australian and global research that demonstrates the importance of prevention to ending violence against women and girls (VAWG). The organisation has synthesised evidence from peer-reviewed research, government reports, evaluation studies and international best practice to develop the framework Change the Story (2015) and other resources including, Changing the Picture, Men in Focus, and The Line.

The evidence identifies four key gendered drivers of violence against women: the condoning of violence against women; men's control of decision-making and limits on women's independence; rigid gender roles and stereotypes; and male peer relations that emphasise aggression and disrespect towards women. The framework also recognises that these drivers intersect with broader social inequalities and forms of discrimination, which can increase the risk and impact of violence for certain groups.

Embedding Primary Prevention Through a Public Health Approach

Evaluations of prevention initiatives supported by Our Watch demonstrate that effective programmes are long-term, theory-driven, adequately resourced and implemented across multiple settings. This evidence also highlights the importance of long-term partnerships and robust monitoring and evaluation to ensure sustainable impact.

To strengthen implementation nationally, Our Watch works collaboratively with governments, local councils, education providers, workplaces, sporting organisations, Aboriginal and Torres Strait Islander organisations and specialist family violence services. This collaborative approach supports consistent messaging, shared learning and coordinated prevention activity across Australia.

Our Watch continues to update its guidance and resources as new evidence emerges, ensuring practitioners, policymakers and organisations have access to current evidence-based tools that strengthen primary prevention practice and contribute to Australia's long-term goal of ending violence against women and children.

Case Study 2. Dundee Primary Prevention Framework

Overview

Dundee City Council was funded by the Scottish Government to develop a VAWG Evidence-Based Prevention Framework. The Framework aims to support local authorities and partners to adopt a public health approach to VAWG, with a stronger focus on primary prevention and early intervention.

The framework aims to:

- Challenge attitudes and behaviours that condone or reinforce violence.
- Create communities and societies where violence is less likely.
- Provide interventions aimed at those most at risk.
- Create universal prevention strategies directed at the general population.

Key Elements of the Approach

Locally an independent researcher was commissioned to conduct a full evidence review across databases of peer-reviewed evidence, national evidence base from different organisations and grey literature to result in a robust VAWG Evidence-based Prevention Framework.

The Framework is currently (2026) in the development stage with the literature review, creation of themed evidence briefings and toolkit currently underway. Effective and promising prevention programmes have been identified in areas including education, health, workplaces, communities, and place/planning.

To support the independent researcher in the development of the evidence-base and ensure the Framework meets the needs of the local workforce, a small steering group of partners has been formed. Key partners include local representatives from Education, Neighbourhood Services, Community Planning, Public Health and Improvement Service.

Embedding Primary Prevention Through a Public Health Approach

The Framework aims promote a public health approach to ensure a focus on Primary Prevention. It will support a public health approach by:

- Supporting the advancement of evidence-based, high-quality practice in prevention and early intervention in the field of VAWG.

- Promoting comprehensive planned approaches, including considering and acting on needs across the full life-course and considering differing groups and settings.
- Aiding in identifying both strengths in current areas of multi-partner working and identify gaps in collective responses.
- Highlighting the importance of identifying and addressing inequalities and equalities considerations in VAWG. This includes upstream thinking on root causes of VAWG.
- Aid the development of and strengthen outcome/success indicators.
- Stimulating additional activity from partners in terms of monitoring, evaluation and research to further grow the evidence-base for prevention and intervention approaches.
- Complementing pre-existing activity and prevention planning by helping to identify good practice, highlighting additional evidence-based approaches and helping to identify gaps and development opportunities.

Case Study 3. Engaging Men and Boys to Prevent Violence Against Women and Girls

Overview

Preventing violence against women and girls (VAWG) requires a shift from reactive responses to proactive, preventative approaches. Central to embedding a preventative approach is the meaningful engagement of men and boys, not only as potential perpetrators, but as key partners in building a more equal and non-violent society.

Key Elements of the Approach

The UK Government Equalities Office commissioned research (Changing Gender Norms: Engaging with Men and Boys) Dr Stephen Burrell, Sandy Ruxton, and Prof Nicole Westmarland to produce a report and toolkit examining masculine norms in UK society. It focused on how masculine norms are formed and maintained, the impact these norms have on violence, health, and wellbeing for all, and the strategies to challenge and change them.

Key insights included:

- Masculine norms contribute to both violence and poor outcomes for men themselves.
- Norms are socially produced and therefore changeable.
- Policy must address both individual behaviours and structural influences.

The project also developed a practical toolkit to support organisations working with men and boys. The toolkit provides an in-depth overview of gender norms, useful guidance on how to start conversations with boys and men, examples of good practice and interventions, and useful resources.

Embedding Primary Prevention Through a Public Health Approach

A central theme emerging from the research is the importance of care. This includes:

- Encouraging men to care for others (family, partners, community).
- Supporting self-care and emotional openness.
- Recognising and valuing caregiving roles (e.g. fatherhood).

Framing prevention through care:

- Provides a positive, non-judgemental entry point into these conversations.
- Builds on existing strengths (asset-based approach).
- Offers an alternative to dominant, harmful masculinities

A key insight from practice and research is that lecturing boys and men is likely to have little impact and could push them away- this is something they must become invested in themselves. To encourage participation from boys and men, we need to show that we care about them and their lives, whilst helping them to understand what women and girls are experiencing. This includes creating safe spaces for participatory dialogue, listening, empathising, and building relationships of mutual trust. This is emphasised by organisations such as Beyond Equality, who have been instigating 'brave discussions' with men and boys to rethink masculinities for over 10 years. Zero Tolerance have published a communication and engagement toolkit, 'Addressing men's violence against women and girls', that includes messaging that helps boys and men understand the link between gender inequality and men's violence against women and girls, that gender equality benefits everyone –and support it, their role in men's ending violence against women and girls. You can also find out more about the masculinity and change in the lives of boys and men today in the monthly podcast Now and Men.

Case Study 4. Gender Budgeting Toolkit

Overview

Funded by the Scottish Government, the Scottish Women's Budget Group's Gender Budgeting Toolkit is designed to support Scottish local authorities to better understand and address gender inequality through their budgeting and decision-making processes.

Analysis of local authority budgets and impact assessments highlighted persistent challenges:

- Equality considerations, particularly sex/gender, were often treated as an add-on rather than a core component of decision-making.
- Women were frequently invisible within budget impact assessments, even when proposed cuts or changes disproportionately affected them.
- Budget processes prioritised financial balance without fully recognising inequality as a financial and strategic risk.
- Training alone was not sufficient to embed change, as it did not address the structural and governance mechanisms required for sustained improvement.

Key Elements of the Approach

The Gender Budgeting Toolkit is structured around several key elements, pulling together the learning they have discovered over four years of working with local authorities in adopting gender budgeting. The toolkit stresses the need for senior leadership and elected member buy-in in embedding this work, providing the foundations for gender budgeting. After which, the toolkit discusses the key tools for gendered budgeting, including gendered policy analysis. It offers an overview of what the data can tell you, how does the way local authorities are doing things create gender inequality highlighted by the data, and what budgeting resources are needed for implementing changes.

It then examines how gendered budgeting can strengthen the effectiveness of impact assessments under Public Sector Equality Duties and Fairer Scotland Duties, assisting local authorities in meeting these obligations and improving decision-making. Their work uncovered that when undertaking impact assessments, particularly around budget, women are often invisible. For example, when making cuts to early years or ASN provision.

Embedding Primary Prevention through a Public Health Approach

- Relationship-building: Long-term relationships with officers and elected members were crucial in taking this work forward and maintaining momentum. Elected member buy-in ensured that this work was kept on the agenda for officials.
- Tailored engagement: Adapting approaches to local contexts increased buy-in and relevance, keeping in mind that each local authority will be at different stages of this work.
- Framing equality as core business: Positioning gender budgeting as key to improving existing duties and outcomes that local authorities are already prioritising, rather than as additional work.
- Practical examples: Case studies grounded abstract concepts in real, relatable policy areas.
- Incremental progress: Accepting gender budgeting as a continuous improvement process rather than an immediate transformation. It is crucial, whether examining a specific policy area or wider areas, that practices that are causing inequality are identified and steps are taken to improve.

Case Study 5. Preventing Violence Against Women and Girls- A Public Health Approach (Canada)

Overview

The **Canadian Centre for Women's Empowerment and Health (CEWH)** developed the *Preventing Violence Against Women and Girls: A Public Health Approach* initiative to strengthen primary prevention efforts through evidence-informed policy, cross-sector collaboration, and public health practice. The initiative was designed to move beyond responding to violence after it occurs by addressing the underlying social, cultural, and structural factors that contribute to gender-based violence.

Key Elements of the Approach

The initiative supports diverse stakeholders including government, practitioners, researchers and community organisations to embed prevention across its systems, services and policies through:

- Promoting evidence-informed primary prevention strategies that address the root causes of gender-based violence before it occurs.
- Encouraging coordinated, multi-sector partnerships to deliver consistent and sustainable prevention approaches.
- Building the capacity of organisations and workplaces to implement effective prevention programmes.
- Strengthening monitoring, evaluation and knowledge mobilisation to improve the evidence base for prevention.
- Supporting governments and communities to integrate prevention into broader public health planning and population health strategies.

As a result of these actions, the initiative aims to support organisations and governments to:

- Prevent violence before it occurs through population-level interventions.
- Challenge harmful gender norms and attitudes that enable violence.
- Reduce inequities that increase vulnerability to violence.
- Build safer and more equitable communities.

Embedding Primary Prevention Through a Public Health Approach

The initiative draws upon a substantial body of international research, including Our Watch in Australia. The framework adopts a public health model that combines population-level prevention, early intervention and coordinated systems change. It highlights evidence showing that the greatest long-term reductions in violence occur when prevention is sustained across multiple settings, including schools, workplaces, healthcare, communities and public policy.

Key evidence identified through the initiative demonstrates that effective prevention programmes:

- Are grounded in clear theories of change and evidence-based practice.
- Address gender inequality, discrimination and unequal power relations as key drivers of violence.
- Operate across multiple levels of society including individuals, relationships, communities and society.
- Are effectively resourced and implemented over the longer-term for more realistic and sustainable impact.
- Include robust monitoring and evaluation to strengthen learning and improve future practice.
- Prioritise meaningful collaboration between governments, researchers, practitioners and communities.

The initiative highlights continuing evidence gaps, particularly around long-term evaluations of prevention programmes and the need for greater time and financial investment in implementation research. Strengthening evaluation and knowledge exchange remains a priority to ensure effective approaches can be adapted and scaled nationally and globally.

This approach demonsrates how the public health approach ensures coordinated and evidence-informed action can support lasting reductions in violence against women and girls whilst also facilitating greater health and wellbeing outcomes across populations.

Case Study 6. Equally Safe at Work

Overview

Funded by the Scottish Government, Equally Safe at Work (ESAW) is an employer accreditation programme developed by Close the Gap in 2018, supporting organisations to advance gender equality and address violence against women (VAW) as a workplace issue.

Key Elements of the Approach

The programme is built around a holistic organisational approach, structured across six key themes: (i) Leadership; (ii) Data; (iii) Flexible working; (iv) Workplace culture; (v) Occupational segregation; and (vi) Violence against women.

This framework brings together interconnected aspects of gender equality, helping organisations move beyond isolated interventions (e.g. standalone policies or training) towards systemic change.

Embedding Primary Prevention Through a Public Health Approach

The programme initially began with 7 participatory councils, with 4 becoming accredited. Since, 12 have now completed the development or bronze tiers, with the programme now rolled out to NHS health boards and third sector organisations.

When scoping for the NHS, they noticed they had some policy similarities to councils already, including obligations to meet Public Sector Equalities Duty. However, they found that Health Boards follow national policies and are less likely to develop their own locally. They also use learning and engagement programmes that differ from local councils, which was crucial to consider when moving forward with this work.

When scoping for third sector organisations, they realised they would be working with a variety of employers in different contexts, meaning there is likely to be no separate HR function, fewer policies in place and little structure to collect data from. Hence, a separate set of criteria was developed to account for the different stages third sector organisations may be in when beginning this work.

From the beginning of the programme, an evaluation plan was established, involving theory of change, outlining what kind of data would be collected throughout, and how it can be used to measure outcomes. Methods include but are not limited to

rolling out surveys to staff at each tier to measure change, a self-assessment during the early stages, and interviews with leads. As a result, Close the Gap produced an evaluation report for councils, NHS bodies and third sector organisations involved in the programme, demonstrating how the evaluation methodology was embedded from the very beginning.

A significant outcome has been the establishment of a community of practice, enabling organisations to share resources (e.g. policies, tools, templates), learn from peers in similar contexts and reduce duplication of effort.

This collaborative model has accelerated progress-for instance, organisations directly adapting policies developed by others and exchanging examples of good practice that can be adapted to local contexts.

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