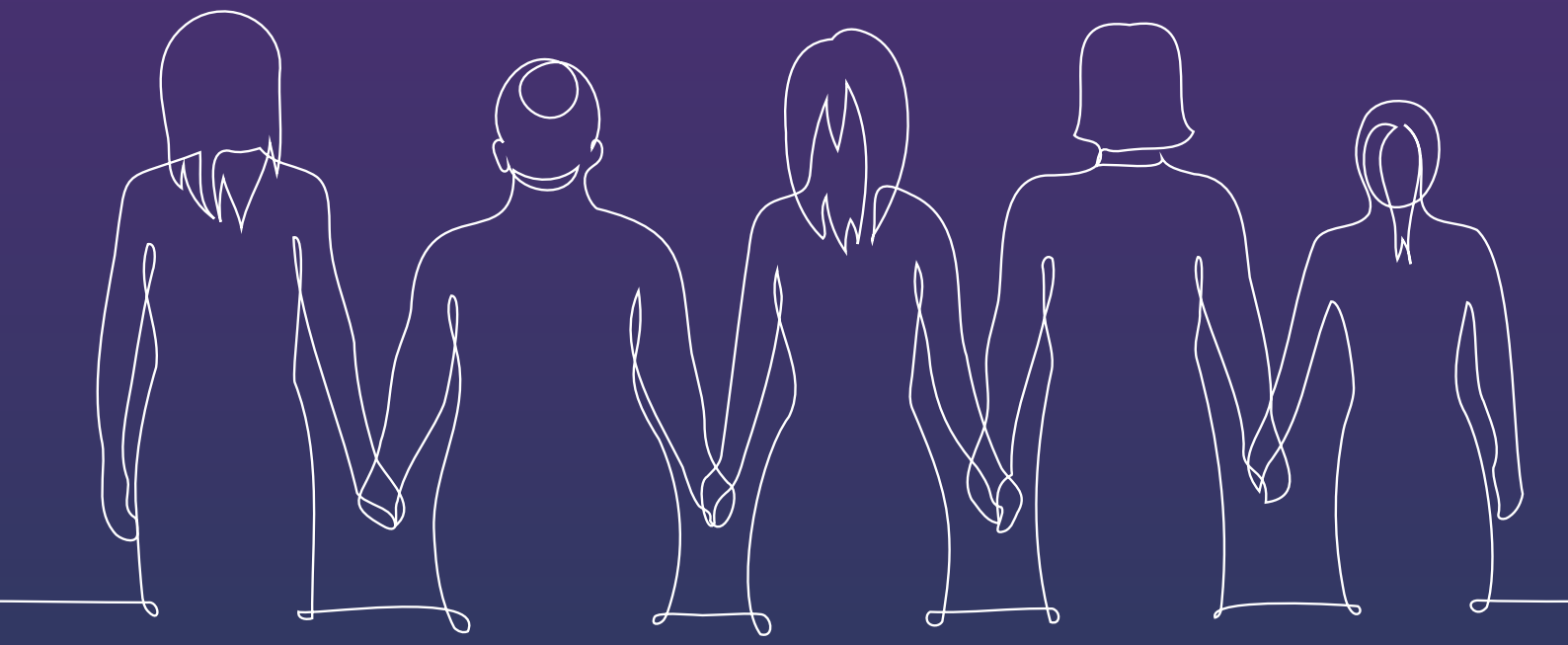
improvement service

Adopting a Public Health Approach to Preventing Violence Against Women and Girls



Scottish Government
Riaghaltas na h-Alba
gov.scot

COSLA

Scottish Women's Budget Group

Public Health Scotland

ZERO TOLERANCE
CAMPAIGNING FOR 30 YEARS

Contents

Background	3
Aims of this guidance	4
What is prevention?	5
Why prioritise Primary Prevention?	7
Why adopt a public health approach to preventing VAWG?	10
Works cited	23

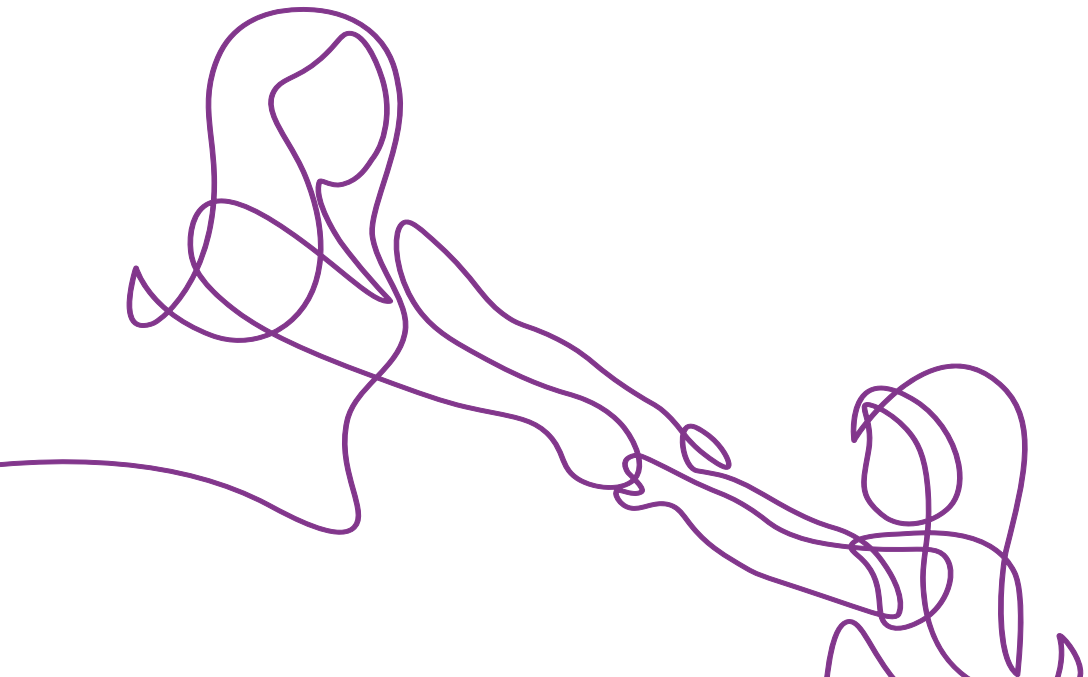
Background

Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls (VAWG), sets out the Scottish Government and COSLA's shared vision for a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence, abuse and exploitation- and the attitudes that help perpetuate it.

Equally Safe defines VAWG as "violent and abusive behaviour directed at women and girls because they are women and girls. It is behaviour which is carried out predominantly by men. It is an abuse of power and stems from systemic, deep-rooted women's inequality." It further notes that "such violence cannot be understood in isolation from the norms, social structure and gender roles within the community which greatly influence women's risk of VAWG."

Consequently, Equally Safe recognises VAWG as a major public health and human rights issue that causes serious harm to not only the women, children and young people who are directly affected by it, but to Scotland's population as a whole. While noting the need to ensure that victims and survivors of VAWG receive the support they need at the times they need it, Equally Safe sets out a commitment to working to prevent VAWG from occurring wherever possible by tackling its root cause, women's inequality. In order to achieve this goal, Equally Safe highlights the importance of adopting a public health approach.

Scotland's Programme for Government 2026-2031 sets out the need to address violence against women and girls, "We cannot eradicate violence against women and girls without addressing women's inequality, so our work to tackle poverty and the cost-of-living crisis, to increase economic opportunities, and to advance public service reform are all critical to tackling violence against women and girls."



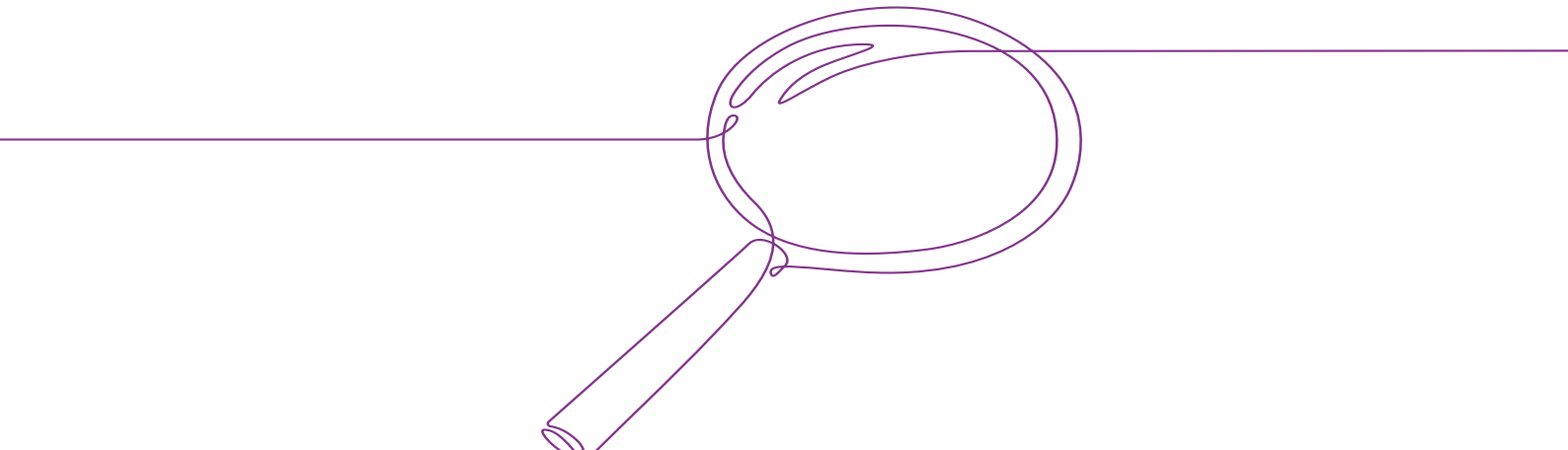
Aims of this guidance

This practical guidance aims to support practitioners and policy-makers to adopt a preventative approach to tackling VAWG through prioritising actions that the evidence-base suggests are most likely to tackle its root cause (i.e. gender inequality). Specifically, the guidance highlights:

- Why it is important to take a preventative approach to tackling VAWG;
- What is meant by the terms "primary prevention", "secondary prevention" and "tertiary prevention", and why primary prevention in particular should be central to any long-term approaches to tackling VAWG;
- How adopting a public health approach to preventing VAWG can help maximise impact and ensure that the best use is made of all available resources;
- How to ensure that VAWG prevention is responsive to intersecting and complex needs, including the disproportionate impact of VAWG on Black and Minoritised women and girls.
- What each stage of the public health approach looks like in practice, with practical examples included to support planning and implementation.

It is intended that this guidance will be of use to both local and national third sector and public sector partners working to improve outcomes for women and girls across Scotland, including members of local multi-agency Violence Against Women Partnerships. It is also intended that the guidance will be of interest to stakeholders working across wider policy agendas including public service reform, population health, and tackling poverty and inequality, who have an interest in driving forward improvements for all people and communities across Scotland.

This guidance will also support leaders and decision-makers at local and national level to take a preventative approach to tackling VAWG. It will inform strategic and operational decision-making, supporting the integration of prevention into policy, planning, commissioning, and service design and delivery.

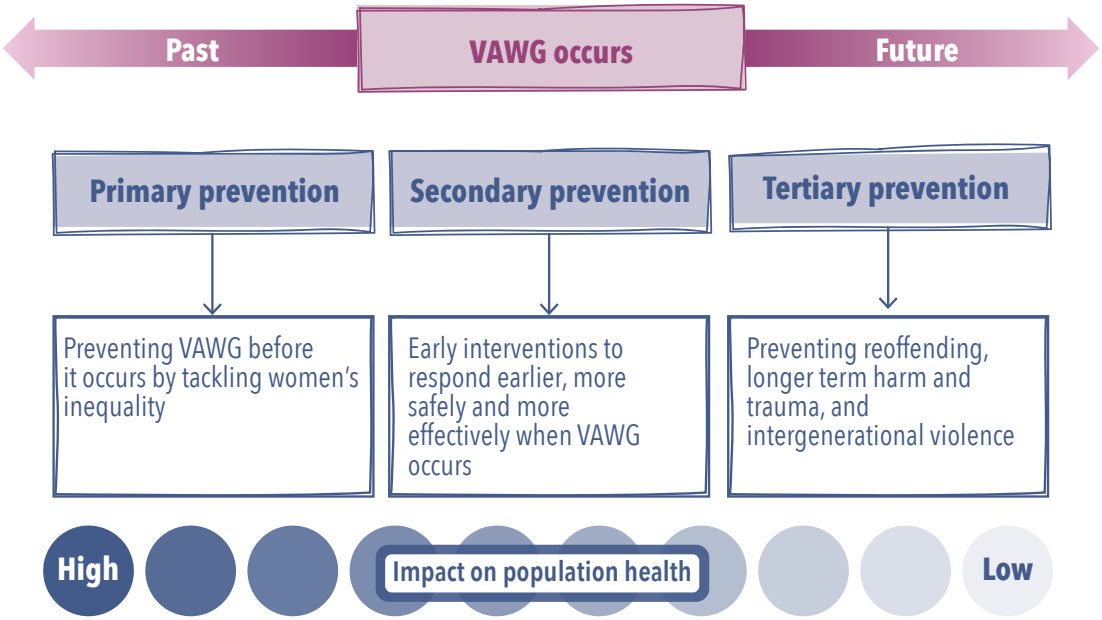


What is prevention?

Prevention means taking action to stop VAWG before it happens, respond earlier when risks or harm begin to appear, and reduce further harm when violence has already occurred. A prevention approach recognises that VAWG is not inevitable. It can be prevented by addressing the causes, risks and conditions that allow it to happen.

In work to address VAWG, prevention is often described across three connected tiers: primary, secondary and tertiary prevention. Each tier has a different purpose, but they should work together as part of a wider public health approach.

The diagram below outlines the three tiers of prevention and the impact they can have for the whole population:



Primary prevention: stopping violence before it starts through tackling gender inequality

Primary prevention tackles the root cause of men's violence against women and girls – gender inequality. It focuses on stopping VAWG before it occurs.

This includes challenging the attitudes, behaviours, social norms and structures that reinforce inequality and make violence more likely.

Gender inequality is the cause and consequence of VAWG, and primary prevention activity must consequently directly and visibly address the mechanisms of that inequality.

Primary prevention is usually aimed at whole populations, communities and systems, rather than only at individuals who are already experiencing harm or showing signs of risk.

Achieving primary prevention of VAWG requires comprehensive long-term strategies to challenge and change the inter-related social attitudes, values and political and economic structures that underpin and perpetuate gender inequality.

Secondary prevention: intervening early

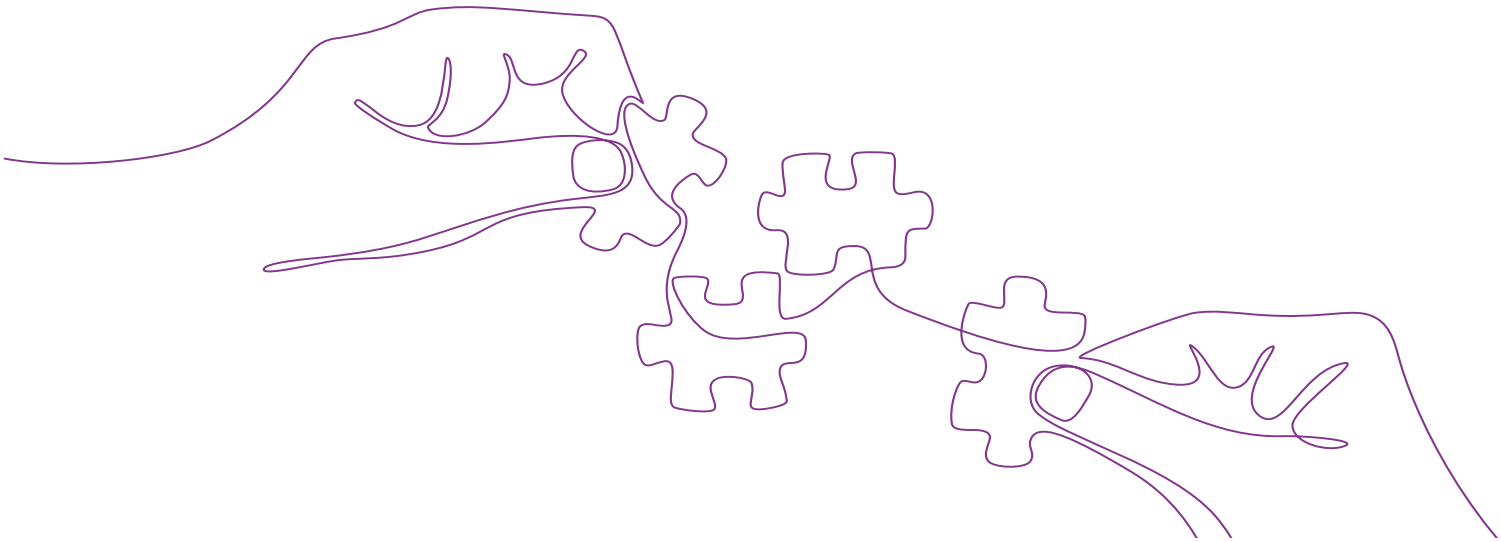
Secondary prevention, often described as early intervention, focuses on responding as soon as concerns, risks or early signs of violence appear. Its purpose is to identify problems early, connect people with support, and prevent violence from escalating or recurring.

This can include early detection, referral to support services, and targeted work with individuals or groups where there are emerging signs of harmful behaviour or increased risk.

Tertiary prevention: reducing further harm

Tertiary prevention focuses on the response after violence has occurred. Its aim is to reduce the impact of harm, support recovery, protect those affected, and prevent further violence, escalation or trauma.

This includes support, treatment and protection for women, children and young people who have experienced violence, as well as responses that aim to reduce repeat harm and longer-term consequences.



Why prioritise Primary Prevention?

Primary prevention is important to prioritise because it addresses the conditions that allow VAWG to happen in the first place. While secondary and tertiary prevention are essential, they mainly respond to violence, risk or harm once these have already emerged. Primary prevention creates the opportunity to stop violence before people are harmed and for this reason should be central to any long-term approach to ending VAWG.

Primary prevention also has the greatest potential to achieve long-term population-level change. It does this by focusing on the wider social, economic, political and cultural factors that sustain gender inequality. This includes work to shift attitudes, strengthen equal participation, address women's economic inequality, and make public policy, services and institutions more gender competent.

While individual projects and local initiatives are important, they are most effective when they are part of a wider, sustained approach. This means prevention work should be supported by national and local leadership, clear strategies, adequate resources, cross-sector coordination, and ongoing monitoring and learning.

Key principles underpinning Primary Prevention

Primary prevention should be long term, evidence-informed and focused on the root causes of VAWG (i.e. gender inequality). It should not only respond to individual behaviour, but also address the wider systems, structures and norms that create inequality and increase the risk of violence.

1. A holistic multi-level approach

Strategies should engage all sectors of society, including government, education, health, justice, media and civil society. A holistic approach means embedding gender equality in policy, planning and resources. This includes gender mainstreaming, gender budgeting, gender competent policy making and clear accountability. This action will include:

- Local level- reducing women's public debt in the form of coerced debt, local council tax and rent arrears
- National level- developing national strategies that engage men and boys in promoting gender equality and preventing VAWG

2. A gender competent and intersectional approach

Primary prevention must address gender inequality. A gender competent approach acknowledges that women and men, girls and boys live different lives. It also acknowledges that violence and abuse is gendered. Gender equality should be embedded across policy, planning and resources. Prevention work must recognise that women are not a homogenous group and ensure this is addressed in policy design. We cannot design for "all women" at once. This includes action to address women's poverty, financial insecurity, occupational segregation, unequal care responsibilities, and under-representation in positions of power.

Primary prevention must be culturally informed to recognise potential barriers for successful implementation and whose voices may be excluded due to structural inequalities. For example, understanding how racism and misogyny continue to be embedded within the public health sector and, therefore, how this may impact a public health approach.

3. Collaboration, partnership, and participation

Working across the whole population and across systems, primary prevention should take place in families, schools, workplaces, communities, services and national institutions, rather than relying only on individual interventions.

Ending VAWG requires partnership and collaboration across sectors and stakeholders. Isolated campaigns and programmes of work have limited impact – coordination of efforts is required to support effective prevention strategies.

Women and girls should be active participants in the development and scrutiny of prevention activity. This must also include challenging the unequal representation of Black and Minoritised women and 'by and for' organisations as leaders who hold expertise in Primary Prevention and wider gender equality work. This will ensure a culturally informed approach that works to overcome barriers, such as language access.

4. An evidence-based approach

Prevention efforts should be grounded in the best available evidence while remaining open to innovation. At national level this might look like comprehensive and sustained public awareness campaigns. At local level, actions might include integrating gender equality material at all levels of education.

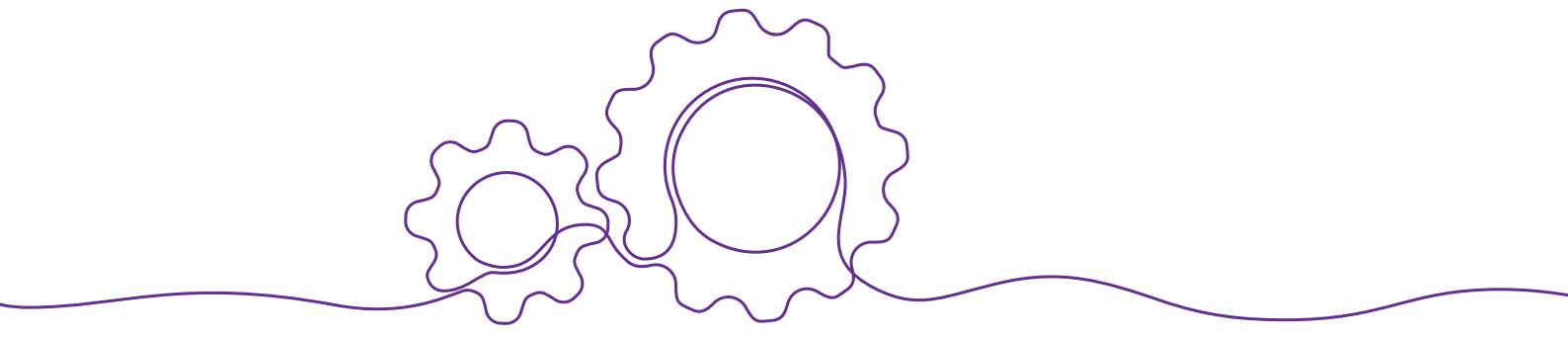
Comprehensive monitoring and evaluation mechanisms should be developed for programmes from the outset, with clear indicators to measure shifts in attitudes, behaviours, policies, and outcomes, in line with an agreed theory of change. A Theory of Change sets out how and why a project contributes to specific outcomes and informs planning, decision-making, and evaluation. A template Theory of Change has been included as an appendix to this resource.

5. Building ‘readiness to respond’

Practitioners and policy-makers should be prepared to respond constructively and confidently when this work prompts questions, concerns or resistance. This includes anticipating the different ways resistance may present, whether through individual concerns, community pushback, online response, or organised opposition. Understanding these possibilities enables agencies to respond effectively and safely, maintaining a clear focus on the purpose and benefits of preventing VAWG.

To create the conditions for positive change, effective programmes should build ‘readiness to respond’ into their planning. This can be done through pre-agreed language, strong partnerships and appropriate safeguarding measures so that staff are confident in creating the conditions for positive change. Programmes should be underpinned by a risk assessment that supports staff and participants to feel well-prepared and safe. This should consider physical and psychological wellbeing, to ensure that teams know how to identify and respond if challenges arise.

Where it is safe and appropriate, resistance can create opportunities for dialogue, learning and engagement. Practitioners and policy-makers can consider how to open constructive conversations, listen to concerns and reframe messages to emphasise why preventing VAWG matters to everyone. Strength-based approaches can highlight shared values, such as safety, dignity, healthy relationships, equality and the wellbeing of communities. Zero Tolerance have developed a strategic communications toolkit to engage men and boys on VAWG prevention which can be applied to varied audiences.



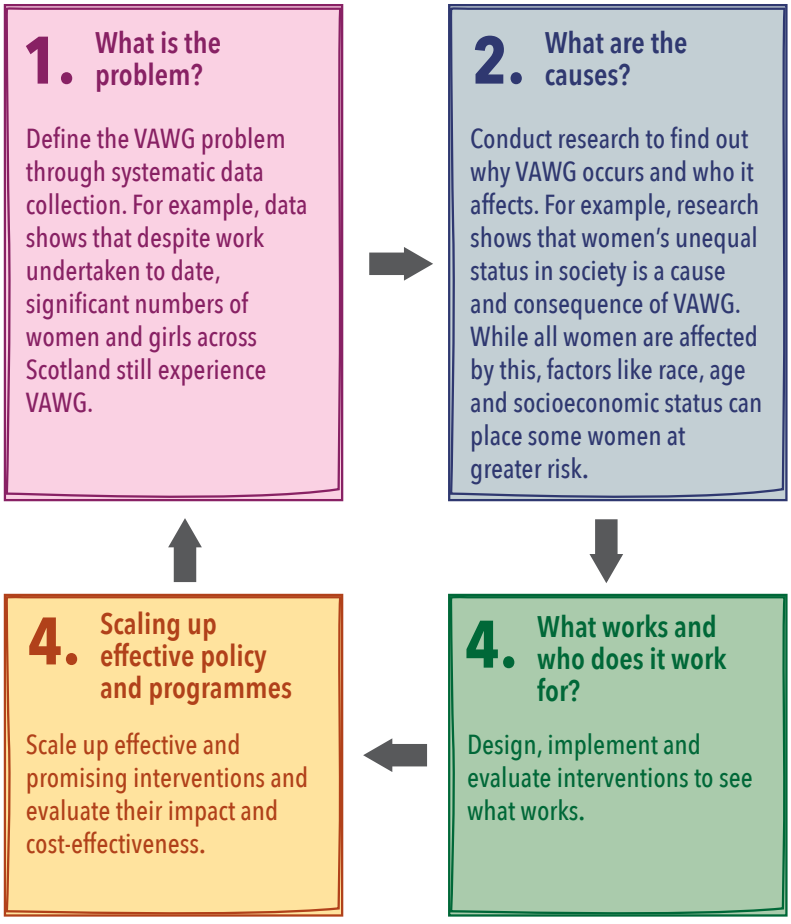
Why adopt a public health approach to preventing VAWG?

A public health approach helps partners prevent VAWG by understanding the scale and causes of the problem, identifying what is likely to work, taking action early, and learning from evidence. The approach is data-led and evidence-informed, but it should also involve communities, people with lived experience, and partners across different sectors.

Specifically, a public health approach promotes protective factors and addresses the underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence. It involves tackling the root causes of VAWG and advancing gender equality, which will have positive broader implications on factors including health and community wellbeing.

With an understanding of underlying causes, risk factors, and protective factors, interventions can be designed and implemented to prevent VAWG across the three tiers of prevention.

Equally Safe sets out 4 key steps to adopting a public health approach to preventing VAWG:





Step 1: Define and understand the problem, ensuring there is a shared understanding of the problem we are trying to solve

What this step means

This step is about building a shared understanding of the problem you want to prevent. For VAWG, this means being clear about what is happening, who is affected, where and when it happens, and what local and national evidence tells you.

At this stage, partners should avoid jumping straight to solutions. The aim is to describe the problem clearly enough that everyone is working from the same starting point.

Why it matters

A clear problem definition helps partners focus their work and make better decisions. Without this, activity can become too broad, disconnected, or based on assumptions rather than evidence.

Key actions

- Agree the specific problem you want to focus on.
- Consider whether it is tackled through primary, secondary or tertiary prevention.
- Describe who is affected, where and when the issue happens, and how it is experienced.
- Map what work is already happening locally to avoid duplication.
- Use a range of data sources, including local service data, national evidence and community insight.
- Consider whether some groups are under-represented in the data.
- Include insight from communities and people with lived experience, where it is safe and appropriate to do so.
- Refer to national and global best practice for insight into successful interventions.

Making use of local and national data sources is an effective way to build an evidence base and define the extent of the problem. These can include:

- National datasets.
- Local datasets.
- Research reports from VAWG or equality organisations, especially those working with minority and marginalised groups of women.
- Consultation activities with members of the community, including people with lived experience of VAWG.

Community engagement and consultation are valuable data sources for generating an understanding of the issue since not all cases of VAWG are reported or captured in formal data sources. Trust in respective services can vary, particularly within marginalized groups of women and girls. Effective community engagement can be conducted through anonymous surveys, focus groups or community cafés, and collaborating with existing groups of women with lived experience of differing forms of inequality and VAWG.

Authentic Voice provides the knowledge, tools, and confidence in embedding survivor voice into local system and service design processes in a robust, trauma-informed, meaningful way.

Enablers

Engaging with this work creates a number of opportunities to:

- Build partnerships with other relevant stakeholders, including local authorities, health, third sector, women's sector and police.
- Amplify the expertise of organisations led by and for minority groups of women.
- Centre survivor voices in defining the problem.

Challenges

There may be multiple challenges when carrying out this work, including:

- Underreporting- this may prevent capturing the full scale of the issue via data sources.
- Data siloes across services, meaning that data could be fragmented or inconsistent, hindering collaboration.
- Community mistrust, which may cause reluctance in engaging with community consultations.
- The urgent necessity of secondary and tertiary prevention often limits the attention and resources available for primary prevention.

What this could look like in practice

A local partnership is developing strategic priorities to improve gender equality and prevent VAWG. To understand local drivers of inequality, partners review gender pay gap information, poverty statistics, childcare access, and research on women's economic participation. They also engage with employers, women's rights organisations, trade unions, and women with lived experience of poverty.

The evidence highlights that women face unequal access to the social and economic conditions that support safety, independence and equality. Barriers including unaffordable childcare, unequal caring responsibilities and low-paid work that can increase vulnerability to financial insecurity, exploitation and VAWG. The partnership identifies a lack of affordable and accessible child-care as a target issue that could positively influence gender equality, economic security and women's safety.

The partnership agrees the following problem statement:

Women across the community do not have equitable access to the conditions that support economic security, independence and safety- this includes a lack of affordable and accessible childcare. The impact of childcare inequalities is likely to be greater than available data shows, as barriers are often experienced through unpaid caring responsibilities and unseen financial insecurity. A public health approach to primary prevention is needed to reduce these conditions, promote equal economic opportunities and reduce the root cause of VAWG.

Questions to ask yourself:

There are a number of questions you can ask yourself when beginning to define the problem:

- What population is affected by the problem? (e.g. single mothers in low-income households)
- Where is the problem? (Are there particular neighbourhoods within the local authority that have high rates of child poverty?)
- When is the problem happening? (Are there seasonal patterns, such as increased financial hardship during school holidays?)
- How big is the problem? (How many children are living in poverty?)
- What populations are underrepresented in the data and why?



Step 2: Understand the causes and identify what could prevent harm

What this step means

This step is about understanding why VAWG remains a pervasive problem and what could help to prevent it. This means looking at root causes, including power, harmful social norms, and structural inequalities.

It also means identifying risk factors that may increase harm and protective factors that may reduce harm. This helps partners decide where prevention activity should focus.

Why this matters

If partners do not understand why the problem is happening, they may choose actions that only deal with symptoms rather than causes. This step helps partners choose actions that are more likely to prevent violence before it happens.

Key actions

- Identify the root causes and drivers of the problem.
- Consider risk and protective factors at individual, relationship, community, organisational, and societal levels.
- Review evidence about what works, for whom and in what context.
- Consider how gender inequality, poverty, racism, disability, age, sexuality, immigration status and other factors may shape experiences.
- Assess whether current local activity addresses the causes of the problem or mainly responds after harm has happened.
- Identify opportunities for prevention across settings such as schools, workplaces, communities, services, and public spaces.
- Consider whether it is tackled through primary, secondary or tertiary prevention.

There are multiple forms of evidence that can support with step 2 of the public health approach. This includes:

- Research and systematic reviews, such as: Public Health's Scotland 2022 report, 'Ending Violence Against Women and Girls: A Public Health Approach'.
- Guidance published by the Scottish Government.
- Third sector organisations such as Zero Tolerance and Engender.

- Local data, evaluation, and inputs from women with lived and living experience of VAWG.
- Public Health Wales 'What works to prevent violence against women, domestic abuse, and sexual violence' evidence review.
- Drawing from global evidence, such as the What Works to Prevent Violence Against Women and Girls Global Programme.

When evaluating evidence, it is important to consider the information through a VAWG and gender-sensitive lens. This includes considering important factors such as:

- Gender inequality and power.
- Trauma and intersectionality.
- Safety and unintended consequences.
- Whose voices are missing?
- Does it address root causes, not just symptoms?

Enablers

There are a number of enablers that can be embraced when implementing step 2:

- A shared understanding of the root causes of VAWG.
- Access to evidence, data, and community insight.
- Strong multi-agency partnerships and collaboration.
- Capacity to apply an intersectional and systems-based approach.
- Leadership and commitment to long-term prevention.
- Workforce skills to interpret evidence and identify prevention opportunities.

Challenges

- Focusing only on individual behaviour: this can miss wider causes such as gender inequality, social norms, poverty, and institutional practice.
- Using evidence without checking local fit: what works in one place may need to be adapted for another.
- Limited evaluation evidence: some promising practice may not yet have strong published evidence.
- Overlooking intersectionality: prevention work may not meet the needs of women and girls facing multiple forms of inequality.
- Treating prevention as one activity: prevention usually requires a mix of actions across different parts of the system.
- The urgent necessity for secondary and tertiary prevention often limits the attention and resources available for primary prevention.

What this could look like in practice

Using the problem statement from Step 1, the partnership explores how limited access to affordable childcare contributes to gender inequality. Evidence and local insight highlight that childcare barriers can restrict women's ability to enter or remain in safe working environments, access education, and reduce the likelihood of harmful, financially dependent relationships.

Partners identify that these inequalities are further compounded by intersecting factors such as disability, race, age and immigration status. Opportunities for primary prevention action are identified, including improving the availability, affordability and accessibility of childcare and embedding childcare requirements within the local workforce.

By addressing childcare inequalities before they contribute to financial insecurity and dependence, partners aim to strengthen factors that promote women's equal participation in public life and reduce the risk of harm.

Questions to Ask Yourself

There are a number of questions that you can ask yourself when reviewing the evidence-base to understand "what works" and "for who", including:

How strong is it?

- How strong is the evidence?
- Is the evidence consistent?
- Is it a similar scale?

How relevant is it?

- Is the evidence relevant to the population in your local area?
- Is it applicable to your local area settings?
- Does it take into account similar inequalities?

How transferable is it?

- Does the evidence involve a similar culture?
- Can the evidence be applied by your current system/workforce?
- Does your local authority have the resources to implement the learning in a way that is consistent with the evidence base?



Step 3: Design, deliver and evaluate prevention activity

What this step means

This step is about turning evidence into action. Partners use what they learned in Steps 1 and 2 to design prevention activity that fits the local context, is safe and equitable, and has a clear plan for delivery and evaluation.

Why it matters

Good design helps partners avoid poorly planned, one-off, or unsafe activity. It also makes it easier to explain what the work is trying to change, how it will be delivered, and how partners will know whether it is making a difference.

Key Actions

This involves:

- Agree what you want to achieve.
- Identify who the activity is for and why.
- Designing interventions that fit your local context.
- Set out core parts of the activity that should not be involved.
- Ensuring safety and equity are central.
- Plan delivery, including roles, resources, timescales and governance.
- Gathering appropriate resources.
- Build in safety, referral routes and trauma-informed practice.
- Plan evaluation from the start, including what data will be collected and how learning will be used.
- Consider whether you are still focused on primary, secondary or tertiary prevention or a mix.

Starting a simple design framework is a useful method in implementing the correct activities in line with what the evidence suggests.

1. Define the change you want to see.
2. Identify your target group.
3. Select evidence informed strategies.
4. Choose delivery methods.
5. Identify partners.

6. Establish resources.
7. Plan for evaluation from the start.

Useful sources in measuring change include:

- Surveys
- Routine data
- Survivor feedback
- Staff reflections
- Multi-agency data
- Create specific indicators

Enablers

There are a number of enablers that can be embraced to implement this work effectively:

- Encouraging leadership commitment (including service managers, council leaders, and elected members) across the local authority is crucial for embedding a public health approach and can assist with prioritising this work.
- Including public health approaches into current workforce development and training programmes can strengthen staff skills and confidence in practicing a public health approach.
- Engaging with other relevant partners can introduce new skillsets into embedding public health approaches.
- Making use of existing data and feedback loops is another useful enabler that will produce insights into areas for improvement and provide examples of good practice.

Challenges

Progressing this work can also come with challenges, including:

- Lack of clarity in roles and responsibilities.
- No shared ownership.
- Insufficient training.
- Lack of reporting or monitoring progress.
- Challenges in collecting longitudinal data for primary prevention of VAWG i.e. complexities in mapping the difference awareness raising and altered attitudes has on long-term behavioural changes.
- The urgent necessity for secondary and tertiary prevention often limits the attention and resources available for primary prevention.

What this could look like in practice

The partnership develops a coordinated primary prevention programme focused on improving access to affordable and accessible childcare as a means of reducing gender inequality and preventing VAWG. The programme aims to remove structural barriers that limit women's freedom of choice and economic participation.

The programme includes the following activities:

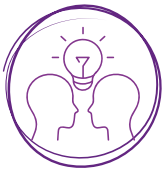
- Developing childcare support schemes, such as the provision of child-care vouchers or financial assistance.
- Increased funding for local organisations supporting mothers to overcome barriers to accessing the workplace.
- Embedding childcare protection into workplace policies.
- Working directly with workplaces to strengthen their education and capacity on gender inequality and support for parents to provide on-site childcare.

The partners agree to timescales and budgets. This includes dedicated resources to ensuring women with lived experience of childcare barriers and low socioeconomic background are involved in shaping delivery. Evaluation is planned from the outset, with measures including increased access to childcare, improved ability for women to participate in employment or education, reduced financial insecurity and improved experiences of independence and wellbeing.

Questions to ask yourself

There are a number of questions that you can ask yourself when using evidence to design, implement and evaluate interventions, including:

- What does the evidence say works?
- What change are we trying to achieve?
- Why have we chosen this approach?
- What does it say works for whom?
- What adaptations are needed for our context?
- What resources and partnerships do we need?
- How will we know what is most effective?
- How will we identify areas for improvement?
- How will activities be delegated?
- What safety issues do we need to consider?
- Are we staying focused on the form of prevention we originally identified (e.g. primary), or are we focusing on another (e.g. secondary), or doing a mix (e.g. both)?



Step 4: Review learning, scale what works and sustain change

What this step means

This step is about reviewing what has been learned, deciding what should continue, and considering whether effective activity can be scaled or embedded more widely. Scaling should be based on evidence, safety, feasibility, and fit with local context.

Why it matters

Prevention work is strengthened when partners learn from delivery and use that learning to improve practice. Scaling too early, or without adapting to context, can reduce quality or cause harm. Sustaining change also requires leadership, resources, workforce capacity and ongoing learning.

Key actions

Step 4 focuses on:

- Review evaluation findings and delivery learning.
- Identify what worked well, what did not work and what needs to change.
- Consider who benefited and who may have been missed.
- Decide whether the activity should stop, continue, adapt or scale.
- Identify the core elements that must be protected if the work is scaled.
- Consider what needs to change in systems, policy, funding, leadership or workforce practice.
- Share learning with partners and communities.
- Build continuous improvement into future planning.
- Consider whether you stayed focused on primary, secondary or tertiary prevention or a mix.

Step 4 involves:

- Replication-The same model could be used, but in a different area.
- Adaption- Tailored to new populations/settings.
- Integration- Built into routine systems.
- System-level Change- Policy, funding, culture shifts.

Scaling across all of these areas will achieve population level impact, beyond simply expanding the intervention. Effective adaptation is particularly important to ensure that the activities are suitable for each local context.

Instead of: how do we scale this specific intervention?

Consider: what system changes are needed to achieve this outcome at scale?

This requires changing the conditions that produce the problem, instead of replicating individual programs:

- Start with the outcome- define population level outcomes i.e. reduce violence or improve gender equality.
- Understand the system- mapping key sectors and identifying relationships and feedback loops that shape the problem.
- Act across the system- areas where small changes can have a large impact such as shifting gender norms or improving institutional accountability. These actions must not be done in isolation, but partnered with other actions across the system and combine interventions that reinforce each other.
- Build system conditions, including leadership, cross-sector collaboration, workforce capacity, and strong data systems to support learning and adaptation.

Competent prevention approaches should be evidence-based and implementation infrastructure must be embedded in planning. A robust strategy would identify data collection that reflects a theory of change.

- How are activities affecting indicators of inequality?
- How do those indicators link to prevalence of VAWG?
- How does data add to the evidence base of what works to prevent VAWG?
- What is the infrastructure needed to implement activities, measure progress, sustain change?

Enablers

There are a number of enablers that can support in implementation of step 4:

- Leadership commitment.
- Strong, multi-agency partnerships.
- Workforce training.
- Sustainable funding.
- Data and feedback systems.
- Clear model (what exactly are you scaling?)
- Faithful to core components.

Barriers

However, there are also a number of barriers to consider:

- Scaling too early.
- Losing quality (model drift, drifting away from the core components of what a successful intervention looks like)
- Lack of workforce capacity.
- Funding short-term pilots only.
- Failing to adapt for new groups.

What this could look like in practice

Following delivery, partners review evaluation findings to understand the impact of improved childcare access on gender equality and women's safety. The evaluation identifies that increased availability and affordability of childcare reduced barriers for some women, improving access to employment, education and financial independence.

However, the review also identifies ongoing challenges for some groups, including women with disabilities and women with insecure immigration status, who may continue to face barriers accessing suitable childcare.

Partners adapt the programme by working with 'by and for' organisations who hold trusting and ongoing relationships with such groups, to ensure this programme reaches these individuals and is adapted to any complex needs.

By addressing childcare, a structural driver of gender inequality, the partnership works to prevent VAWG before it occurs.

Questions to Ask Yourself

There are a number of questions that you can ask yourself when using evidence to scale up effective and promising interventions, including:

- Is it effective? (Did we deliver what we planned?)
- Is it safe? (Are there potential long-term improvements?)
- Is it equitable? (Who benefited? Who didn't?)
- Has it been tested in real-world conditions? (Did we achieve the change we intended?)
- Is it scalable in our context (resources, workforce, cost, acceptability)? (Was it cost-effective?)

Works cited

Authentic Voice

Elsberg, et al, 2015, Prevention of violence against women and girls: what does the evidence say?

Ending Violence Against Women and Girls: A public Health Approach, 2022

Engender

Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls

Flood & Peace, 2009, Factors Influencing Attitudes to Violence Against Women

Flood, 2015, Work with men to end violence against women: a critical stocktake

Htun & Weldon, 2012, Searching for Gender Equality

Peacock &Barker, 2014, Working with Men and Boys to Prevent Gender-based Violence: Principles, Lessons Learned, and Ways Forward

Scottish Government, Women and Justice Leadership Panel, 2023,

UN Women, 2015, Progress of the world's women 2015–2016: Transforming economies, realizing rights

What Works to Prevent Violence Against Women: A Summary of Evidence, 2020

What Works to Prevent Violence: From Insight to Impact

Zero Tolerance

Improvement Service
West Lothian Civic Centre
Howden South Road
Livingston EH54 6FF

E. vaw@improvementservice.org.uk
W. www.improvementservice.org.uk

improvement service