Training resources

Introduction

The Equally Safe and Supported training resources have been designed to make support and justice accessible to women with learning disabilities who have experienced gender-based violence, by complimenting the Equally Safe and Supported Self-Assessment Toolkit.

Who is this toolkit for?

These resources are designed for use by both frontline staff and service managers working across health, social care, education, justice, and third sector services.

Why use it?

The resources help organisations to reflect on, assess, and improve their understanding of how to support women with learning disabilities who have experienced gender-based violence. It supports a rights-based, inclusive approach to service development and support.

By completing the training resources, your organisation can identify practical ways to:

- Remove barriers to support for women with learning disabilities.
- Build staff confidence and awareness.
- Take forward practical ideas and actions to make your services more accessible to women with learning disabilities who have been affected by gender-based violence.

What do we mean by learning disabilities?

‘Do you have a learning disability?’ This isn’t always a simple question and asking it the wrong way can do harm.

Some women will tell you they have a learning disability if you ask. Others won't. Their reasons are deeply personal and often tied to past experience of being spoken down to, not being believed, or even having their children taken away.

'It's not the fact you've got a learning disability – it's how they treat you differently when they find out. They speak to you differently, like you're not an adult anymore'

Some women say yes because they want the right support – like clearer explanations or help filling out forms. Others say no because they don't trust how they will be treated. Some fear that services will pass on information to social work or put their families at risk.

'I didn't tell them. I was scared. But then when they didn't meet my needs, I knew it was my fault – not theirs'

'They [social worker] told me I'd be choosing to be homeless if I left him. If I'd gone to Women's Aid or whoever, Social Work would've got involved and they'd have given my kids to him – just because he had a house'

What you can do instead:

- **Start with trust** – if a woman doesn't tell you she has a learning disability, it might be because she's scared, not because she doesn't have one
- **Get to know the person first** – take your time, let her lead
- **Avoid direct labels too early** – Instead of asking 'Do you have a learning disability?' ask:
- Would you like this in Easy Read?
- Would you like me to explain that in a different way?
- **Show that you are a safe place** – Display a poster, add a note on your website, letting people know your service is learning disability friendly
- **Offer information in different ways as standard** – not just when someone discloses disability
- **Be aware of generational differences** – Some women will have lived their whole lives hiding a learning disability; some will have grown up in households where private business 'stayed at home'; some will be more open but may not have the language to explain due to poor education and low expectation of relationships

'I used to be embarrassed to say I had a learning disability. But then I realised it meant I could get the right support, and that changed things'

'This isn't about ticking a box. It's about creating safety so women can tell you what they need, and trust that you'll listen – without judging'

You can find out more about what a learning disability is here: what is a learning disability? *(https://equallysafe.scld.org.uk/toolkit/introduction-2/what-is-a-learning-disability-4/)* and here: how does a learning disability affect someone? *(https://equallysafe.scld.org.uk/toolkit/introduction-2/how-does-a-learning-disability-affect-someone-5/)*

What is in the resources?

The resources contain 4 modules. These are:

- Fairness-informed practice
- Supported decision-making
- Peer support
- Collaboration and co-production.

Within each module you will find:

- Evidence of best practice in removing the barrier's women with learning disabilities face when seeking support and justice for gender-based violence.
- Learning activities including reflection exercises and suggestions to help you get the most out of these activities.
- Animated examples of good and poor practice.
- Videos from subject experts including women with lived experience of learning disabilities and gender-based violence.
- Recommendations for practitioners.
- Recommendations for organisations.
- A quiz.
- Further information and resources.

How to use the resources

Managers may focus on strategic planning, policy alignment, and team processes.

Frontline staff may focus on direct support, practice, communication approaches, and accessibility.

Not every activity or resource will be relevant to every role, please engage with the content most applicable to your work.

Need some help? boxes

In these sections, we have suggested some prompt questions to help you reflect on your practices. These are not definitive. Think about them in terms of your personal life, your organisation, and the resources you have available.

True/false statements

In these sections, you will be invited to read some statements and choose whether you think they are true or false.

Once you have selected your answer, we will explain why the answer you gave is correct or incorrect.

Animations

The animation in these modules contains the voices of women with learning disabilities and is based on their lived experiences of seeking support and justice for gender-based violence.

Quiz

Each module has a quiz at the end where you can test your learning by completing a short true or false quiz.

Fairness Informed Practice (FIP)

This module aims to increase understanding of fairness and unfairness, the effects of unfairness on individuals, and how to use fairness-informed practices to support women with learning disabilities who have been affected by gender-based violence.

Learning outcomes

By completing this module, you will be able to:

- Apply fairness informed practice in your everyday work.
- Create environments that support sensitive discussions around relationships and disclosures of abuse.
- Listen and hear what women with learning disabilities say, show empathy, be non-judgemental, validate their experiences and ask what they need.
- Build trust and communicate fairly with women with learning disabilities who have been affected by gender-based violence.
- Make reasonable adjustments in line with victim/survivors needs and preferences.

What is fairness?

Activity 1

Reflect on/discuss:

- What does fairness mean to you in your everyday life?
- What does fairness mean to your organisation?
- What does unfairness mean to you in your everyday life?
- What does unfairness mean to your organisation?

Activity 2

Read what women with learning disabilities say about their experiences of fairness and unfairness here:

- What does being treated unfairly mean? *(https://equallysafe.scld.org.uk/toolkit/think-fairness-informed-practice-1/what-does-being-treated-unfairly-mean-11/)*
- What does being treated fairly mean? *(https://equallysafe.scld.org.uk/toolkit/think-fairness-informed-practice-1/what-does-being-treated-fairly-mean-13/)*

Activity 3

Reflect on/discuss:

- Can you think of any experiences in your own life that are similar to the ones you've just read about.
- What could you do to ensure women with learning disabilities who have been affected by gender-based violence are supported fairly.

The Fairness Informed Practice Framework

Fairness Informed Practice is a framework developed by Dr Gavin Hutchison on how to support adults with learning disabilities who have experienced domestic violence and abuse.

You can find out more about how the framework was developed here. *(www.scld.org.uk/supporting-people-with-learning-disabilities-who-have-experienced-domestic-violence-and-abuse-through-fairness-informed-practice/)*

Fairness informed practice is a way of working with women with learning disabilities based on a commonly understood idea: fairness. It pulls together four different ideas about what good practice should include when supporting women with learning disabilities who have been affected by gender-based violence. These are:

- Relationship-based approaches
- Trauma informed care
- Anti-discriminatory practice
- Professional reflexive practice.

In this video, Dr Hutchison gives an overview of the Fairness Informed Practice framework.

Watch Dr Hutchison's video about Fairness informed practice *(https://vimeo.com/1153991954)*

Now read the following statements, in activities 4-7, and choose whether you think they are true or false by clicking on your answer.

Once you have selected your answer, we will explain why the answer you gave is correct or incorrect.

Activity 4: Relationship-based practice

Engaging with a woman in ways that reflect her communication style, such as using visual cues or easy-read materials, is an example of relationship-based practice.

> **True:** Respecting individuals as a whole involves genuine interest and care to adapt your practice to their needs and preferences. These are all of core components of relationship-based practice.

In the next video, Dr Hutchison explains relationship-based practice.

Watch Dr Hutchison's video about relationship-based practice *(https://vimeo.com/1153992019)*

Activity 5: Trauma informed care

Providing structure and choice is part of trauma-informed care.

> **True:** Trauma-informed care includes empowerment, agency and choice to rebuild a sense of safety and control. This is key to the recovery of victim/survivors of gender-based violence with learning disabilities. Examples include offering control over the type, pace and location of support sessions and her desired outcomes.

In this video, Dr Hutchison explains trauma informed care.

Watch Dr Hutchison's video about trauma-informed care *(https://vimeo.com/1153992046)*

Activity 6: Anti-discriminatory practice

Giving every woman who attends your service the same information is fair and keeps things equal for all.

> **False:** Anti-discriminatory practice recognises that equal treatment isn't necessarily equitable. Materials need to be adapted to individual needs and preferences to be truly accessible. Examples of formats that people with learning disabilities find helpful include easy-read documents, photos and images, audio versions, the use of objects such as dolls, sandpits and role play. What works for one woman with a learning disability however, might not work for another, for example not all people with learning disabilities will benefit from a single approach, we need to be open to adapting to the person's needs.

In the next video, Dr Hutchison explains anti-discriminatory practice.

Watch Dr Hutchison's video about anti-discriminatory practice *(https://vimeo.com/1153991922)*

Activity 7: Professional reflexive practice

Once a service is established for people with learning disabilities, there is no need to revisit or question it – consistency ensures fairness across all cases.

> **False:** Reflexive practice requires continuous review of practice and standards – asking whether they still deliver equitable outcomes for diverse individuals.

In this video, Dr Hutchison explains professional reflexive practice.

Watch Dr Hutchison's video about professional reflexive practice *(https://vimeo.com/1153991990)*

Putting Fairness into Practice

Activity 8

Watch this short animation. The animation contains the voices of women with learning disabilities and is based on their lived experiences of seeking support for gender-based violence.

Fairness informed practice – poor practice *(https://vimeo.com/1165979762)*

Now reflect on/discuss:

- How would you feel, and respond, if you were treated this way.
- How might your own personal experiences and beliefs about women with learning disabilities support unfairness?
- How do wider culture, society and organisations reinforce unfairness towards women with learning disabilities who have been affected by gender-based violence?

Now listen to what members of People First (Scotland)'s Equally Safe Group say about Fairness informed practice.

Watch the Equally Safe Group video about Fairness informed practice *(https://vimeo.com/1154009900)*

Activity 9

Watch this short video of the same professional offering support to another woman with learning disabilities.

Fairness informed practice – good practice *(https://vimeo.com/1165979790)*

Now reflect on/discuss:

- What practitioners can do to embed fairness-informed practices in their everyday work.
- What service providers can do to embed fairness-informed practices in their organisations policies and procedures.

Quiz

You can now test your learning by completing this short true or false quiz.

1. Assigning a different practitioner each session ensures the person with a learning disability won't be upset if the staff member is absent or changes job.

> **False:** Trust, familiarity and consistency are central components of relationship-based practice. A relationship-based approach is especially important for women with learning disabilities who frequently experience multiple traumas throughout their lives, as well as being ignored or disregarded in their everyday lives. Changing practitioners could adversely their level of engagement and ultimately their safety. It is therefore essential that any changes to support sessions or staffing are reported, explained, and agreed with women with learning disabilities, ahead of support sessions when possible.

2. Ensuring the physical safety of someone who may be unable to safeguard themselves is of greater importance than emotional safety. Emotional state can be considered but risk assessment takes priority.

> **False:** Trauma-informed approaches require not only assessing risk but also attending to emotional safety, relational connection and avoiding re-traumatisation.

3. Determining whether the experience that led the woman to your service stems from gender-based violence, or is because she has a learning disability, is vital to ensuring she is offered the right service and support.

> **False:** The Equality Act 2010 *(www.equalityhumanrights.com/node/14503)* says that you must not be discriminated against because: you have a disability; someone thinks you have a disability (this is known as discrimination by perception); you are connected to someone with a disability (this is known as discrimination by association). It is not unlawful discrimination to treat a disabled person more favourably than a non-disabled person.

4. Reflecting on how assumptions, stress and time constraints shape women's experiences and interactions, is an example of reflexive practice.

> **True:** Reflexive practice requires service providers to examine how personal and/or systemic factors influence their work, as well as supporting them to uphold the principles of fairness.

Recommendations for practitioners

- Remain mindful of the barriers that women with learning disabilities face when accessing support for gender-based violence.
- Listen, hear, and validate every woman's experience(s) of gender-based violence.
- Make any reasonable adjustments needed to ensure women with learning disabilities can access equitable support and justice for gender-based violence.

Recommendations for organisations

- Embed fairness informed practice in your organisations policies and procedures.
- Include discussions around fairness informed practice in all staff support and supervision sessions, annual appraisals, and personal development reviews.
- As part of their annual professional development review, ensure that all staff are assessed on their understanding and delivery of fairness informed practice.
- Review new practices, policies, and changes to existing ones, prior to implementation to ensure fairness informed practice is embedded throughout your organisations policies and procedures.
- Ensure that your information, website, communications, and marketing are available in accessible formats.
- Ensure that women with learning disabilities are routinely asked to provide feedback on the accessibility and performance of your services, then use this feedback to inform your Equality Strategy and performance reports.

Further information and resources

For further information about fairness informed practice see the THINK: Fairness Informed Practice *(https://equallysafe.scld.org.uk/toolkit/think-fairness-informed-practice-1/)* section of the Equally Safe and Supported self-assessment toolkit.

To access additional resources that can help you to embed fairness informed practice in your everyday policies and practices, see the fairness informed practice part of our inclusive resources and signposting section *(https://equallysafe.scld.org.uk/toolkit/inclusive-resources-and-signposting-9/#rlslider_1)* .

Supported decision-making

Aims

This module aims to improve understanding of:

- What we mean by supported decision-making
- The effects of removing the right of women with learning disabilities to make their own decisions
- How to support women with learning disabilities who have been affected by gender-based violence, to make their own informed decisions.

Learning outcomes

By completing this module, you will have a better understanding of:

- How to support women with learning disabilities to make informed decisions, express their views, and have those views and decisions respected.
- How to avoid making assumptions about a person's capacity to make their own decisions.
- Issues around decision-making and risk and how they apply to women with learning disabilities.

What is decision-making?

All of us make dozens of decisions every day, from what to wear, to what to have for lunch, to how to use our spare time in the evening.

Less frequently, we make bigger decisions with bigger consequences, like buying a new car, or whether to start, or finish, a relationship.

Making our own decisions is fundamental to being an adult. Our right to make our own decisions is enshrined in UK laws.

Even though the decisions we make about our own lives are ours alone to take, we often ask for help as part of the process. This could be a shop assistant, a friend, or a work colleague. We might look for technical knowledge from a specialist. Sometimes we don't need advice, we need someone to encourage us to make the decision our gut is telling us to make.

Activity 1

Purpose: This activity aims to get you to start thinking about your current understanding of decision-making.

Activity

Reflect and take notes on:

- How do you make your own decisions in everyday life and what does this mean to you?

Need some help?

Think about:

- The types of decisions you make in everyday life and how you go about making those decisions, for example what to have for lunch, or planning your next holiday.
- What you need to help you make these decisions, for example the types of information and advice you need.
- How important it is for you to be able to make your own decisions and what the benefits are of being able to do this.

Activity 2

Purpose: The purpose of this activity is to explore:

- The decision-making experiences of victim/survivors with learning disabilities
- How these compare to other women's experiences
- The effects of making decisions *for* women, instead of *with* them.
- What decision-making practice looks like in your organisation right now.

Activity

First, read what women with learning disabilities say about their experiences of decision-making *(https://equallysafe.scld.org.uk/toolkit/think-decision-making-6/women-with-learning-disabilities-experiences-of-decision-making-21/)* .

Now reflect and take notes on:

- Any experiences in the lives of someone you know or have worked with, that are like the ones you have just read about?
- How you currently work with women to make decisions.
- How you currently work with women with learning disabilities to make decisions.

Need some help?

Think about:

- A time when someone you know or have worked with (for example a victim/survivor of coercive control), had a decision(s) made *for* them instead of *with* them.
- What the effects of this could be on their thoughts, feelings, behaviour and level of engagement and trust.
- How you have felt, or would feel, if other people made decisions for you.
- How you support women with and without learning disabilities to make decisions about their lives. Is this any different and why?

Supported decision-making

Making informed decisions for ourselves instead of someone else making them for us is a human right, not a privilege. All of us get support from different sources to help us make decisions.

Supported decision-making is an approach that enables people to make their own informed decisions by providing the support they need to understand information, consider options, and communicate their choices.

It focuses on offering practical support which respects what the person wants, what matters to them and the choices they make.

This approach increases the voice, agency, choice and control of people with learning disabilities. It levels the playing field by giving them what they need to make informed decisions. By doing this, we challenge assumptions about ability and ensure that decisions reflect the person's own views.

With the right support people with learning disabilities can be at the centre of their decision-making and experience increased voice, agency, choice, and control.

What do we mean by 'informed decisions'?

Informed decisions are choices that are made with a clear understanding of facts, risks, benefits and potential outcomes associated with the options available.

Supported decision-making is about giving people the information they need to make good decisions. Crucially though, we must recognise that with all the information in the world, other people will still make what we think are 'bad decisions'.

We all have the right to take control of our own lives by making our own decisions. Even if those decisions appear to be risky, our choices should be respected and supported, for example when a woman chooses to return to an abusive partner.

Protecting women's right to make their own choices is important because it:

- Gives women the autonomy to make choices about *their* lives, and improves their self-esteem and general wellbeing.
- Enhances quality of life. For example, choosing to engage in life-enhancing social activities even when this carries a risk.
- Aligns with the principles of person-centred support because the preferences of women are prioritised.
- Recognises the danger of removing someone's autonomy in order to live a risk-free life.

> "Making our own decisions is good for our wellbeing, confidence, and learning. It allows us to practice making our own decisions, take responsibility and learn from our mistakes."
>
> *– Member of People First (Scotland)'s Equally Safe Group, 2024*

You can find out more about risk enablement here *(www.bsab.org/info/2/information-professionals/16/managing-risk-risk-enablement)* .

Trauma, coercive control and learning disability

Women with learning disabilities commonly experience multiple traumas, including gender-based violence, throughout their lives.

Women with learning disabilities also frequently have their right to make their own decisions taken away from them, particularly when they have experienced gender-based violence. This loss of control over their lives can lead to additional trauma.

It is therefore essential to understand the effects of trauma and coercive control when supporting women with learning disabilities, who are also victim/survivors of gender-based violence, to avoid repeating these patterns and causing additional trauma.

Effects of trauma from gender-based violence

Trauma from gender-based violence can have immediate and long-term effects on our ability to make decisions.

Short term effects include:

- **Emotional changes:** trauma often causes feelings of fear, guilt, shame and anxiety, that cloud our judgement and affect our ability to make decisions, resulting in choices that do not reflect our real needs or preferences.
- **Cognitive changes:** trauma can overwhelm us, making it difficult for us to focus on decisions.

Long term effects include:

- **Ability to assess risk:** significant trauma, particularly in childhood, can affect our ability to weigh up risks and consequences.
- **Changes in the brain:** trauma can lead to changes in the areas of the brain that are responsible for memory and decision-making that can result in impulsive behaviour and difficulty in processing information. Trauma can also cause us to focus on potential risks and dangers that can make it difficult for us to make balanced choices.

Effects of coercive control

Coercive control is a pattern of behaviour that is intended to increase perpetrators' power and control over victims by isolating them and removing their independence and choices. Perpetrators do this by isolating them from support, manipulating and exploiting them, depriving them of their independence and controlling their everyday behaviour.

The effects of coercive control extend beyond victim/survivors' relationship with their abuser, impacting them long after they have left their abuser.

The long-term effects of this often leaves victim/survivors struggling with the smallest of decisions. Dependency on their abuser, anxiety and confusion, loss of autonomy, self-esteem and psychological manipulation can have a significant effect on their ability to make future decisions.

Activity 3

Purpose: The purpose of this activity is to improve understanding of supported decision-making, and the effects of this on victim/survivors with learning disabilities.

Read the following statements and choose whether you think they are true or false.

Supporting women with learning disabilities to make informed decisions can aid their recovery from gender-based violence.

> **True:** By promoting a culture of supported decision-making, you can support victim/survivors with learning disabilities to navigate uncertainty, as well as empowering them to achieve better outcomes for themselves, such as:
>
> - Increased confidence
> - Greater control
> - More options
> - More realistic expectations
> - Achieving their desired goals
> - Minimising risk

Specialist support is needed to assist women with learning disabilities to make decisions.

False: When support is offered in the context of trusting relationships, there are a number of things we can all do to support women to make their own decisions. These steps are:

- Clearly identify the issue.
- Collect relevant information.
- Compare the options by considering the potential risks, benefits and short and long-term outcomes of each option.
- Make a decision.
- Implement the decision.
- Review the decision.

This is not a checklist or box-ticking exercise. The process of supporting someone to make their own decisions should take place within the context of a trusting relationship, and perhaps over a number of conversations.

Advocacy services can support women to make informed choices.

True: Advocacy services can play a crucial role in promoting autonomy by supporting women with learning disabilities to make their own decisions.

Advocacy services may include communication aids, support from professional advocates, and tailored communication strategies to help victim/survivors make their own choices and communicate their decisions.

Supported decision-making in practice

Activity 4

Purpose: The purpose of this activity is to think about what poor support to make decisions looks like in practice and how to prevent it.

Activity

First watch this short animation of an example of poor practice in supporting victim/survivors with learning disabilities to make decisions.

Supported decision-making: Poor practice *(https://vimeo.com/1165438746)*

Now reflect and take notes on:

- How the woman with a learning disability in the animation was prevented from making her own decisions.
- What the support worker could have done differently, to support the woman with a learning disability to make her own decisions.

Need some help?

Think about:

- What the support worker did wrong.
- Why it was wrong.
- How it made the victim/survivor with a learning disability feel and respond.
- What could the potential short and long-term consequences be for the victim/survivor with a learning disability?
- Could a supported decision-making approach have helped?
- How could a supported decision-making approach have helped?

Now, listen to what members of People First (Scotland)'s Equally Safe Group advise about supporting victim/survivors with learning disabilities to make decisions in this video.

Watch our video *(https://vimeo.com/1165404627)*

Activity 5

Purpose: The purpose of this activity is to think about what good support to make decisions looks like in practice and how to promote good practice in your organisation.

Activity

Watch this short video of the same professional offering support to another woman with learning disabilities.

Supported decision-making: Good practice *(https://vimeo.com/1165438773)*

Now reflect and take notes on:

- What practitioners can do to embed supported decision-making in their everyday work.
- What service providers can do to embed supported decision-making in their organisations' policies and procedures.

Need some help?

Think about:

- The types of decision-making processes you have previously used to support victim/survivors with or without learning disabilities, whether they were effective and why they were/were not effective.
- Practical steps you can take to support victim/survivors with learning disabilities to make their own informed decisions.
- What resources and support you would need to do this.
- Whether you and/or your colleagues feel confident in supporting women with learning disabilities to make informed decisions, and if not, what would help, for example further information, guidance, or training.
- Which policies and procedures could help your organisation to embed supported decision-making practices, for example Equality Diversity and Inclusion strategies, staff recruitment, induction, and development procedures.

Supported decision-making resources

For further guidance and advice about putting supported decision-making into practice, click here *(https://peoplefirstscotland.org/wp-content/uploads/2019/02/Framework-Final.compressed.pdf)*

For further guidance and advice about communicating with people with learning disabilities, click here *(www.mencap.org.uk/learning-disability-explained/communicating-people-learning-disability)*

Substitute decision-making

When one person decides to make a decision on behalf of somebody else, this can be called substitute decision-making. You might have had the experience of someone taking a decision out of your hands and making it for you.

Women with learning disabilities report that decisions are frequently taken out of their hands when they report gender-based violence. The individuals and authorities that do this believe that they are acting in the women's best interests, and that the women concerned lack the capacity to make good decisions for themselves.

However, in removing control and limiting individual autonomy they risk making decisions that do not reflect what people with learning disabilities want and what matters to them.

Taking someone's autonomy away by making decisions on their behalf may mirror traumatic experiences they have had within a relationship. So, workers must be particularly mindful of this. Giving people the time and support they need to make their own decisions is crucial.

Substitute decision-making can be done formally in law. Guardianship and Power of Attorney are two examples of when people are given legal authority to act as substitute decision-makers.

You can find out more about this here. *(www.publicguardian-scotland.gov.uk/)*

Activity 6

Purpose: The purpose of this activity is to improve understanding of substitute decision-making, and the effects of this on victim/survivors with learning disabilities.

Read the following statements and choose whether you think they are true or false.

To safeguard victim/survivors with learning disabilities, you should always decide what is in their best interests, as they lack the capacity to make their own decisions.

False: The law in Scotland says that you should always presume that an adult i.e., those over the age of 16, is capable of making their own decisions. This can only be overturned where there is medical evidence stating otherwise.

The Adults with Incapacity (Scotland) Act 2000 also requires professionals to encourage adults who 'lack capacity' to make their own decisions as much as possible as well as supporting them to use existing skills, and develop new skills needed to do this.

Therefore, you should always presume that, like most women, women with learning disabilities are able to make their own decisions with the right support, and adapt your practice to their support needs and preferences.

When an individual has been assessed by an approved mental health professional as 'lacking capacity', professionals are legally required to make all decisions on their behalf.

False: This is not an 'all or nothing' definition. The Adults with Incapacity (Scotland) Act 2000 recognises that:

- A person's capacity can vary over time and/or in different situations.
- Individuals may lack capacity to make some decisions while having capacity to make other decisions. It depends on the decision at hand, but their right to be included in decisions about their life never changes.

The Act aims to protect people who lack capacity to make some decisions, but also to support their involvement in making decisions about their own lives as far as they are able to do so.

Therefore, even if you know someone has a guardian you should always adapt your practice in supporting women to make their own decisions. With the right support all of us can make our own choices and decisions.

Making decisions for women with learning disabilities can lead to additional trauma and harm.

> **True:** Women with learning disabilities report that substitute decision-making can lead to a form of safeguarding that is at least as damaging as the abuse it tries to prevent and perpetuates their risk of harm by taking away their right to make their own decisions.

Quiz

You can now test your understanding of supported decision-making by completing this short true or false quiz.

1. If a woman finds making a decision difficult, it is usually kinder and safer for professionals or family members to make decisions on her behalf.

> **False:** Most women can make decisions with the right support. Taking decisions away can reduce confidence and risks repeating patterns of control that many gender-based violence survivors have already experienced.

2. Supported decision-making means helping someone to understand their options, not steering them toward what professionals think is best.

> **True:** Good support involves explaining choices clearly, giving time, and respecting the woman's right to decide – even when her decision feels uncomfortable or risky to others.

3. The level and type of support a woman needs to make decisions may change depending on stress, trauma or what is happening in her life at that moment.

> **True:** Decision-making is not 'fixed' for any of us. Services need to be flexible and responsive, willing to offer more support at some times and less at others.

Recommendations for practitioners

1. Take time to ask about the person's goals, wants and needs.
2. Identify what practical support a person needs to make a decision.
3. Adapt communication to individual needs and preferences.
4. Promote choice, control, and independence while balancing duty of care.
5. Identify personal and organisational barriers to supported decision-making.
6. Reflect on your own practice and attitudes and commit to changes that promote rights-based practice.

Recommendations for organisations

1. Make a plan for your team to undertake further training in supported decision-making, such as this module.
2. Embed supported decision-making in your organisation's policies and procedures.
3. Include discussions around supported decision-making practices in all staff support and supervision sessions, annual appraisals, and personal development reviews.

Further information and resources

For further information about decision-making see the THINK: Decision-making section of the Equally Safe and Supported self-assessment toolkit: THINK: Decision-making | Toolkit | Equally Safe and Supported *(https://equallysafe.scld.org.uk/toolkit/think-decision-making-6/)*

To access additional resources that can help you support victim/survivors with learning disabilities to make informed decisions, click here: Inclusive resources and signposting | Toolkit | Equally Safe and Supported *(https://equallysafe.scld.org.uk/toolkit/inclusive-resources-and-signposting-9/#rlslider_2)*

Peer support

Aims

This module explores the role of peer support for women with learning disabilities who have experienced gender-based violence.

Peer support is not a replacement for professional services. Instead, it can play a vital role alongside formal support by helping women feel less isolated, more understood, and more confident to engage with services.

This module aims to improve understanding of:

- What peer support is
- Why it matters
- And what your service can do, even if you do not offer peer support directly.

Learning outcomes

By completing this module, you will be able to:

- Understand what peer support means in the context of learning disability and gender-based violence
- Recognise why peer support can be particularly important for women with learning disabilities
- Identify ways your service can support, promote or signpost to peer support safely and appropriately.

What is peer support?

Activity 1

Purpose: This activity aims to explore your current understanding of peer support.

Activity

Reflect and take notes on:

- What peer support looks like in your everyday life and what does this mean to you?

Need some help?

Think about:

- Times when the support of your peers (for example your friends) was helpful, what they did, and how it was helpful.
- Times when the support, or lack of support, of your peers was not helpful – what they did, or didn't do, and how it was unhelpful.
- How important it is for you to have peer support in your everyday life and what the benefits of this are for you.

Now read the following statement and choose whether you think it is true or false.

For women with learning disabilities, peer support means meeting with other women with learning disabilities.

> **True and false:** Peer support is support between people who share similar life experiences.
>
> In the context of this work, peer support means women with learning disabilities supporting, listening to, and learning from other women with and without learning disabilities – particularly around experiences of relationships, abuse, safety and recovery.
>
> Peer support can take many forms, including:
>
> - Structured peer support groups
> - Informal support spaces
> - Community-based groups where women feel understood and safe.
>
> What matters most is the shared experience, not the format.
>
> Peer support does not require women to have had identical experiences, but it does rely on shared understanding. For women with learning disabilities who have experienced gender-based violence, this may be shared experiences of disability, parenting, isolation, stigma or navigating services. Gender-based violence may not be the explicit focus of the group.

Different forms of peer support

Peer support can be formal or informal, and both are valuable.

Formal Peer Support is usually:

- Organised by a service or organisation
- Facilitated by trained staff
- Focused explicitly on support, recovery and/or wellbeing, for example, a Women's Aid support group.

Informal peer support happens in everyday community spaces where women build relationships naturally, such as:

- Mother and toddler groups
- Faith or church-hall women's groups
- Community or interest-based groups that create regular connection.

While not all groups will suit all women, these spaces can still offer meaningful support and connection, particularly where formal options are limited.

It's important to note that not every group is peer support. For example, a yoga class or a book club focused specifically on a set topic may not provide the depth or shared experience needed. What matters is whether the space allows for connection, trust and understanding to develop, not simply shared attendance.

Why peer support matters

Many women with learning disabilities who experience gender-based violence grow up being told not to talk about what happens at home, not to cause a scene, not to complain or cause problems. This can make it very hard to speak to professionals, especially if previous experiences of services have been negative.

Peer support can help because:

- Women are often more willing to talk openly with someone who has lived a similar life
- Shared experiences can reduce shame, self-blame and isolation
- Hearing 'this happened to me too' can help women understand that abuse is not normal and not their fault.

Peer support can also help women:

- Build confidence
- Feel less alone
- Feel more able to engage with formal services.

For some women, peer support may be the first place they feel believed.

Peer support and safety

Peer support must always be safe and well thought through.

It is important to recognise that:

- Peer support can involve strong emotions
- Women may be at different stages of safety or recovery
- Boundaries and clear support structures matter.

Peer support works best when it is:

- Voluntary
- Well supported
- Clear about its purpose
- Linked to, not isolated from, professional support.

Peer support does not have to look 'special'

Peer support does not only happen in specialist groups.

Some women experience peer support in everyday spaces, such as

- Mother and toddler groups
- Community groups
- Women's wellbeing activities

For women with learning disabilities who have experienced gender-based violence, these spaces can offer:

- Connection with other women
- A sense of belonging
- Shared understanding, especially when parenting or isolation are part of their experience.

These spaces are not automatically safe or supportive but with awareness and good signposting, they can play a positive role.

In some parts of Scotland, in particular rural and remote areas, women with learning disabilities may have few or no specialist peer support options. Here, a broader and more flexible understanding of peer support is essential. Without it, women may be left isolated even when informal and community spaces exist that could offer connection and support.

Activity 2

Purpose: This activity aims to explore options for supporting victim/survivors with learning disabilities to access peer support.

Activity

Read the following statements and choose whether you think they are true or false.

If my service doesn't offer peer support, this module doesn't apply to me.

False: Many services will not run peer support spaces themselves – you can still help!

Your role may be to:

- Understand the value of peer support
- Know what peer support options exist locally or nationally
- Talk to women about whether peer support feels or would feel helpful to them
- Make warm, informed referrals rather than simply handing out leaflets.

Signposting works best when you:

- Explain clearly what it is and where it is available
- Match a referral to the woman's needs and preferences
- Follow up, wherever possible.

Some organisations are cautious about signposting to informal or unregulated groups, particularly where staff are not disclosure-checked. While this concern is understandable, complete avoidance can unintentionally increase isolation.

Where appropriate, signposting to informal peer spaces can be a positive option if done transparently. This means being clear with the woman that:

- The service cannot verify or vouch for the group or its members
- Attendance is her choice – she can try it and always has the choice not to go back if she doesn't like it
- Support remains available if concerns arise.

Informed choice, managed risk and honest conversation are safer and more inclusive than leaving women with learning disabilities without any peer connection at all.

Mainstream peer support groups are not suitable for women with learning disabilities.

False: Some small, practical changes can make existing groups more accessible for women with learning disabilities. Here are some suggestions:

- Use clear, respectful language and avoiding jargon, like workplace acronyms
- Give information in advance about what will happen, the structure of the groups (especially if it changes often) and how long sessions last
- Allow extra time for conversation and decision-making
- Make sure the woman isn't consistently interrupted or talked over
- Check understanding without being patronising
- Be explicit with boundaries, confidentiality and group expectations.

These adjustments may benefit many people, not only women with learning disabilities, and can often be made without additional funding.

Putting peer support into practice

Activity 3

Purpose: The purpose of these activities is to think about what poor practice looks like in the context of peer support and how to prevent it.

Activity

First watch this short animation of an example of poor practice in peer support.

The animation contains the voices of women with learning disabilities and is based on their lived experiences of seeking support and justice for gender-based violence.

Watch our video on Peer support - poor practice *(https://vimeo.com/1165979915)*

Now take some time to reflect and take notes on:

- How you would feel and what you might do if you were treated this way
- How this approach could increase isolation or discourage the woman from seeking support
- At what points in the interaction might the woman have felt dismissed, judged or put off from exploring peer support?

Now listen to what members of People First (Scotland)'s Equally Safe Group advise about supporting victim/survivors with learning disabilities to make decisions in this video.

Watch our Equally Safe Group video: peer support *(https://vimeo.com/1165980092)*

Activity 4

Purpose: The purpose of these activities is to think about what good practice looks like in the context of peer support and how to promote good practice in your organisation.

Activity

First watch this short animation of an example of good practice in peer support.

Watch our video on Peer support - good practice *(https://vimeo.com/1165979954)*

Now take some time to reflect and take notes on:

- What the worker did to help build trust and reduce the woman's fear of being judged or treated differently
- How peer support was explained in a way that respected the woman's autonomy and allowed her to decide what felt right to her
- What parts of this interaction you could realistically use in your own role or service.

Need some help?

Think about:

- What practitioners can do to promote peer support
- What organisations can do to reinforce peer support.

The peer recovery hub

For further guidance and advice about how to put peer support into practice, click here *(https://scottishrecovery.net/peer-support/)*

Recommendations for practitioners

1. Talk about peer support early and positively – introduce peer support as an option in a respectful, non-pressured way, recognising that it may feel safer to explore once trust has started to build.

2. Explain options clearly and honestly – be open about what different peer support spaces are, what they offer and any limits to what you can verify or guarantee.

3. Support informed choice, not avoidance of risk – help women weigh up what feels right for them rather than avoiding peer support because it feels unfamiliar or uncertain.

4. Check in, don't assume – follow up after signposting to see how it felt and whether further support is needed.

5. Reflect on your own comfort levels – notice when personal anxiety, time pressure or organisational culture influences how you talk about peer support and seek support or supervision.

Recommendations for organisations

1. Recognise peer support as part of a support 'package' – embed peer support into service thinking, even if it's not 'what you do'.

2. Develop clear guidance on signposting – support staff to signpost safely and transparently to both formal and informal peer support, including how to explain boundaries and limits clearly.

3. Map local and national peer support options – maintain up to date knowledge of community, online and specialist peer support options, including those outside traditional service settings.

4. Make existing groups more accessible – review communication, structure and facilitation of current groups to ensure they're welcoming and inclusive for women with learning disabilities.

5. Value lived-experience in service development – involve women with learning disabilities in shaping how peer support is discussed, signposted and evaluated.

6. Create space for reflection and learning – encourage reflective practice through supervision, team discussions and training, recognising that improving peer support is ongoing work.

Quiz

You can now test your understanding of peer support by completing this short true or false quiz

1. Peer support is mainly about socialising and is not essential to recovery after gender-based violence.

> **False:** For many women, peer support is where they first feel believed, understood and less alone – which can be a key part of healing and rebuilding confidence.

2. Peer support could probably replace professional support because women with learning disabilities understand each other better than services do.

> **False:** Peer support works best alongside professional services. It can strengthen engagement and trust but does not replace specialist support or safeguarding responsibilities.

3. Services should actively provide or signpost to peer support opportunities rather than hoping they happen informally.

> **True:** When services provide (or signpost to) safe spaces with ongoing support, peer support becomes safer, more inclusive, and more sustainable.

Further information and resources

For further information about peer support see the THINK: Peer support section of the Equally Safe and Supported self-assessment toolkit: THINK: Peer support | Toolkit | Equally Safe and Supported *(https://equallysafe.scld.org.uk/toolkit/think-peer-support-7/)*

To access additional resources that can help you support victim/survivors with learning disabilities to access peer support, click here: Inclusive resources and signposting | Toolkit | Equally Safe and Supported *(https://equallysafe.scld.org.uk/toolkit/inclusive-resources-and-signposting-9/#rlslider_3)*

Collaboration and co-production

Aims

This module is about working *with* women with learning disabilities – not just *for* them. Collaboration and co-production are approaches that help services design and deliver support that fully meets people's real needs.

The aims of this module are to improve understanding of:

- What collaboration and co-production are
- Why they matter
- What your organisation can do to embed the principles of collaboration and co-production in your services.

Learning outcomes

By completing this module, you will have a better understanding of how to:

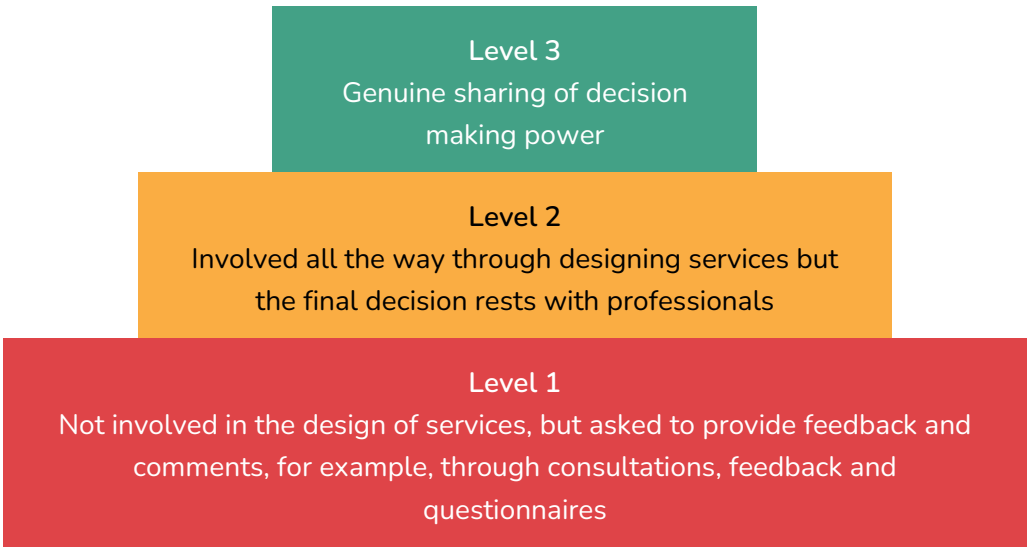
- Work with women with learning disabilities to shape services.
- Gather feedback, act on suggestions, and support participation.
- Identify opportunities to collaborate with women with learning disabilities more meaningfully.
- What meaningful collaboration and co-production look like in practice.
- Recognise why co-production is particularly important when working with women with learning disabilities who have been affected by gender-based violence.
- Identify practical steps your organisation can take to embed co-production into everyday work.

What we mean by collaboration and co-production

In the context of this module, collaboration means all forms of activity where services and people with lived experience work together to make services better.

Co-production is a specific kind of collaboration. It means services and people with lived experience making decisions together and sharing power in the process.

Not all collaboration is the same. It can be helpful to think in stages. Here is a way of understanding what each means in the diagram below:



Level one of the pyramid involves consultation. This kind of collaboration means listening and gathering feedback from women with lived experience. Gathering views about an existing service is valuable but on its own is not co-production.

Level two involves co-design. This means involving women with lived experience in the development of services while plans are still being developed and they can influence their direction. An example of this could be designing accessible resources together. Again, this is valuable but on its own is not co-production. At this level the big decisions are still being made by the service e.g., the decision to create the document in the first place.

Level three is co-production. This means acting on the suggestions of women with lived experience and sharing decision-making power where services and women with lived experience make decisions together about priorities, design, language, accessibility, and delivery. For example, some women who use your service suggest setting up a peer support group and are involved at every stage of developing the new service.

All collaboration is important, because in different ways you are listening to the voices of people with lived experience and using their insight to improve your service. However, the more power you give women with lived experience to make decisions, the greater the possible impact of the collaboration. In other words, co-production (Level 3) is more impactful than consultation (Level 1).

Sharing decision-making power with people with lived experience can be scary or difficult. For example, if you think the best way to improve your service is to do A, but the women you are collaborating with say you should do B, do you take the risk of believing them and trusting their judgement?

Also, there will be other factors that limit how much decision-making power you hand over: the law, operating conditions laid down by your funders, and your own finances are three of these factors.

With these limits in mind, the rest of this module will focus on co-production as the most impactful kind of collaboration and will look at ways your service can maximise opportunities for co-production.

Why co-production matters to women with learning disabilities

For women whose voices have often been ignored, dismissed, or misunderstood, co-production is a more effective way of delivering safe, efficient, and sustainable services.

Women with learning disabilities who experience gender-based violence often face:

- Disbelief or minimisation
- Over-protection and/or removal of their autonomy
- Inaccessible services
- Decisions being made without their involvement and/or consent.

When services are designed without their input, barriers are often built in unintentionally.

Co-produced services can help women with learning disabilities by:

- Improving their accessibility and relevance
- Reducing assumptions about what support they need
- Strengthening trust
- Increasing engagement
- Creating more effective safeguarding and support.

Most importantly, it recognises lived experience as expertise.

Co-production means:

- Involving women early, not after decisions are made
- Giving them real influence over decisions
- Providing the support they need to participate meaningfully
- Valuing their lived experience equally alongside professional knowledge.

Co-production is not:

- A one-off consultation
- Asking for feedback on a finished plan
- Inviting someone to attend a meeting without power to shape outcomes
- Tokenistic representation.

Common challenges to good co-production

Good co-production means people being able to give the best of themselves. This will not happen if someone's confidence is low or attendance is inconsistent – it might help to build smaller, regular groups and offer one-to-one options if possible. Most importantly, *ask* what would help.

Emotional impact – Asking people to draw on their lived experience can be emotionally difficult – provide debrief space and ensure support pathways are available.

Power imbalance – This can be between group members: a group facilitator should actively reflect on who is speaking and who is not, and make sure they give space and encouragement to quieter members, and those who take longer to reflect on an issue. The imbalance can also be between workers and women with lived experience. Some women may not want to openly disagree with a worker, or might even assume the worker must be right.

Time pressures – Co-production takes time but prevents costly redesign later. Anticipate this, and build time into the process so that for each meeting there is enough time for people to prepare beforhand, to participate in the meeting, and to process and reflect afterwards.

For more suggestions about how to address these challenges and embed good co-production in your practice, look at the Recommendations section below.

Co-production at different levels

Co-production can sit at all levels of an organisation's hierarchy and can be used to influence:

- peer support development
- referral pathways
- accessibility of written materials
- training content
- evaluation processes
- policy and procedure review.

Even small, consistent involvement improves services.

Co-production in practice

Activity 1

Purpose: The purpose of this activity is to explore what poor collaboration looks like and how to avoid these practices.

Activity

Watch this short animation.

Watch our video on co-production – poor practice *(https://vimeo.com/1165980030)*

Now reflect and make notes on:

- The support worker's practice in terms of collaboration.
- How the support worker could have collaborated better with the woman with a learning disability.

Need some help?

Think about:

- What the support worker missed/did wrong.
- What the potential short and long-term consequences could be for other victim/survivors with a learning disability.
- How a co-production approach could have helped.

Now listen to what members of People First (Scotland)'s Equally Safe Group say about co-production.

Watch our Equally Safe Group video: co-production *(https://vimeo.com/1165980063)*

Activity 2

Purpose: The purpose of this activity is to think about what good collaboration looks like and how to promote good practice in your organisation.

Activity

Watch this short video of the same professional offering support to another woman with learning disabilities.

Watch our video on co-production – good practice *(https://vimeo.com/1165980060)*

Now reflect and take notes on:

- What practitioners can do to embed co-production with women with learning disabilities in their everyday work.
- What service providers can do to embed co-production with women with learning disabilities in their organisations' policies and procedures.

Need some help?

Think about:

- The types of collaboration and co-production you have previously used with victim/survivors, whether they were effective, why they were/were not effective, and how they could be improved.
- Whether you and/or your colleagues feel confident in co-producing services with women with learning disabilities and, if not, what would help, for example further information, resources, guidance, or training.
- Which policies and procedures could help your organisation to embed collaboration and co-production, for example Equality Diversity and Inclusion strategies, staff induction, and professional development procedures.
- What practical barriers might prevent meaningful collaboration.
- One realistic step you could take in the next six months to strengthen collaboration and co-production.

The co-production guide

For further guidance and advice about how to put co-production into practice, click here *(www.coproductionscotland.org.uk/guide)*

Recommendations for practitioners and organisations

Co-production doesn't require large budgets or complex systems. It requires intentional practice.

1. Start with relationships

Trust is essential, especially where trauma is present:

- Use consistent facilitators where possible
- Allow time for trust to develop
- Do not rush participation to meet deadlines – safety and predictability matter.

2. Be clear and honest about purpose and influence

One of the biggest mistakes with co-production is over-promising the decision-making power that women will have, when certain courses of action have already been ruled out. Women should understand from the start:

- What the work is about
- What decisions are open to change as well as those that are not
- How their input will shape outcomes – transparency prevents frustration and builds trust.

3. Provide practical support to participate

Consider that removing barriers is part of sharing power. This includes:

- Accessible materials
- Easy-read summaries
- Travel reimbursement
- Flexible meeting formats
- Additional preparation time
- Advocacy support if requested.

4. Adapt communication

- Use clear, respectful language
- Avoid jargon and acronyms
- Check understanding without being patronising
- Don't dilute complex information, break it down and explain it accessibly.
- Make sure that the meaning of an easy read document is the same as the original document. Don't let things get lost in translation.

5. Share power intentionally

Professional roles carry real and perceived power. Co-production requires you to actively balance this by:

- Inviting women to co-chair discussions
- Sharing draft materials early
- Documenting how decisions were reached
- Showing clearly what changed because of lived experience input.

6. Close the loop

After engagement:

- Share what was agreed
- Explain what could not change and why
- Show how people's input influenced final outcomes.

Quiz

You can now test your understanding of co-production by completing this short true or false quiz.

Read the following statements and choose whether you think they are true or false by clicking on your answer.

Once you have selected your answer, we will explain why the answer you gave is correct or incorrect.

1. Asking women with learning disabilities for feedback after a service or policy is already designed counts as co-production.

> **False:** Co-production means involving women from the beginning, before decisions are made, not asking for opinions once plans and/or practice is already in place.

2. Co-production means women must do the planning, writing or presenting themselves to prove the value of their involvement.

> **False:** Real co-production is about sharing ideas, voices and influence – not who physically produces documents or implements changes. In the best co-production, *everyone* plays to their strengths.

3. Co-production takes more time than traditional approaches but leads to better and more effective services.

> **True:** While it may take longer at the start, co-produced services are more accessible, trusted and accurate which reduces problems later on.

4. Professionals and organisations still hold power in co-production even when working with lived experience groups.

> **True:** Recognising power differences is essential. Co-production requires professionals to share power, listen carefully and be open to challenge.

5. If women with learning disabilities are supported to take part in service design and improvement, services are more likely to meet real needs rather than assumed ones.

> **True:** Women with lived experience understand barriers, risks, and solutions in ways that professional development alone cannot.

6. Co-production is only relevant at strategic or policy level, not in every-day service delivery.

> **False:** Co-production should shape day-to-day practice, including how services communicate, make decisions and respond to feedback.

Further information and resources

For further information about collaboration and co-production see the THINK: Collaboration and co-production *(https://equallysafe.scld.org.uk/toolkit/think-collaboration-and-co-production-8/)* section of the Equally Safe and Supported self-assessment toolkit.

To access additional resources that can help you to co-produce services with victim/survivors with learning disabilities, click here: Inclusive resources and signposting | Toolkit | Equally Safe and Supported *(https://equallysafe.scld.org.uk/toolkit/inclusive-resources-and-signposting-9/#rlslider_4)*