

Date:

Thursday 25 September 2025 at 4.30pm

Venue:

Council Chamber, Dunedin House, Columbia Drive, Thornaby, Stockton-on-Tees
TS17 6BJ

Cllr Mrs Ann McCoy (Chair)

Cllr Katie Weston (Vice-Chair)

Cllr Robert Cook, Cllr John Coulson, Cllr Jason French, Cllr Ray Godwin,
Cllr Shakeel Hussain, Cllr Barbara Inman and Cllr Alan Watson

Agenda

1. **Evacuation Procedure** (Pages 7 - 10)
2. **Apologies for Absence**
3. **Declarations of Interest**
4. **Minutes** (Pages 11 - 20)

To approve the minutes of the last meeting held on 31 July 2025.
5. **Stockton-on-Tees Community Safety Strategy** (Pages 21 - 34)

The Committee will receive a briefing on the ongoing refresh of the local Community Safety Strategy (the current version expires at the end of 2025).
6. **Scrutiny Review of Children affected by Domestic Abuse** (Pages 35 - 58)

To consider submissions in relation to this scrutiny topic from:

 - Harrogate and District NHS Foundation Trust: Health Visitors
 - North Tees and Hartlepool NHS Foundation Trust: Maternity
 - Tees, Esk and Wear Valleys NHS Foundation Trust: CAMHS
7. **Chair's Update and Select Committee Work Programme 2025-2026** (Pages 59 - 66)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

Contact: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

Key – Declarable interests are :-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance

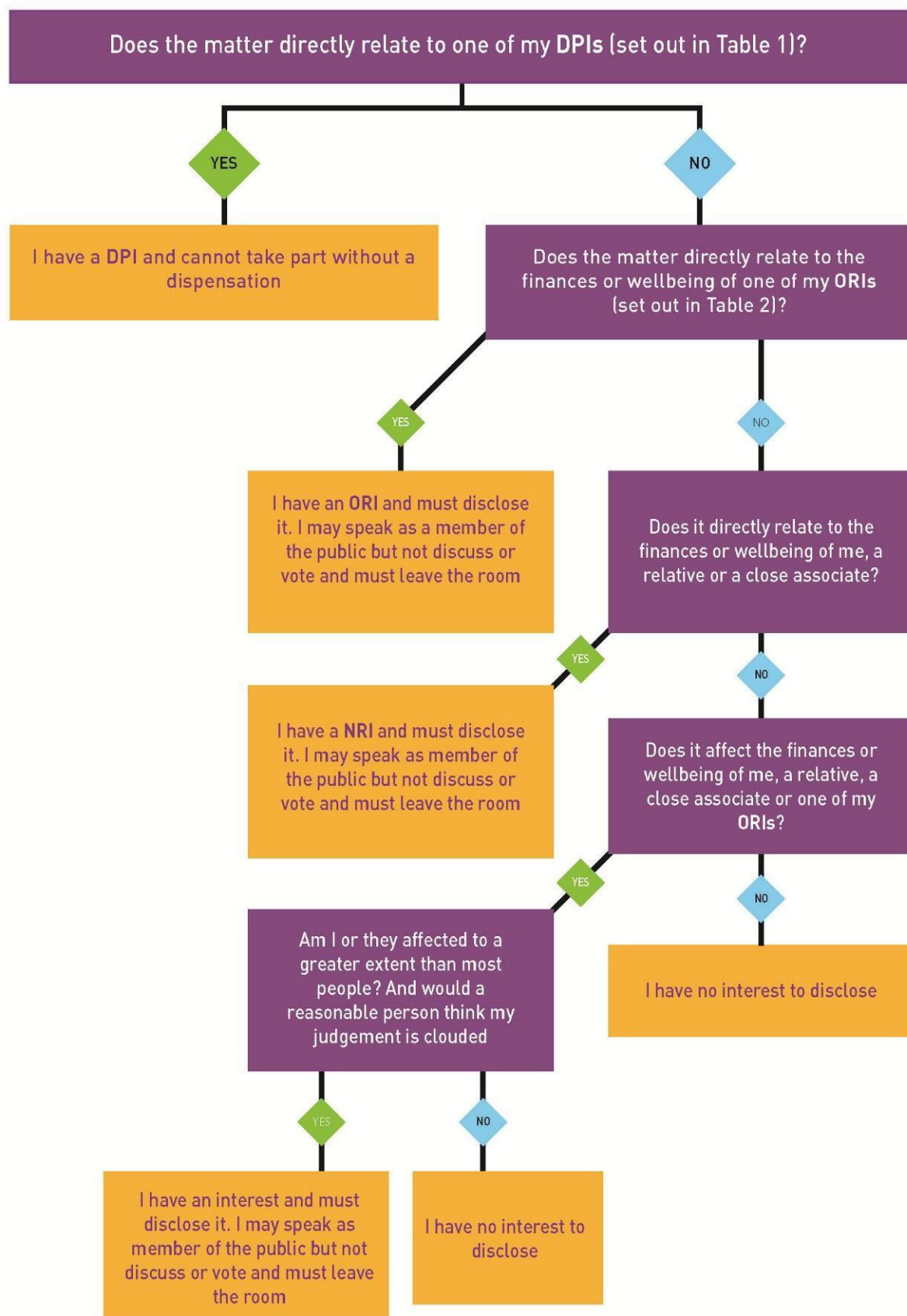


Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registrable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

Entry

Entry to the Council Chamber is via the South Entrance, indicated on the map below.



In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

The allocated assembly point for the Council Chamber is: D2

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately.** Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.
2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.
 - do not stop to collect your belongings
 - close all doors as you leave
3. **steer clear of hazards.** If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.
4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.
 - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

5. await further instructions.

- **do not re-enter the building under any circumstances without an “all clear”** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
- do not leave the area without permission.
- ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

Toilets

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

Water Cooler

A water cooler is available at the rear of the Council Chamber.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when invited to speak by the Chair, to ensure you can be heard by the Committee and those in attendance at the meeting.

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Community Safety Select Committee

A meeting of the Community Safety Select Committee was held on Thursday 31 July 2025.

Present: Cllr Mrs Ann McCoy (Chair), Cllr Bob Cook, Cllr John Coulson, Cllr Jason French, Cllr Shakeel Hussain, Cllr Barbara Inman, Cllr Alan Watson, Cllr Paul Weston (sub for Cllr Katie Weston (Vice-Chair))

Officers: Sarah Bowman-Abouna, Mandy MacKinnon (A,H&W); Louise Hollick, Majella McCarthy (ChS); Neil Mitchell (CS,E&C); Gary Woods (CS)

Also in attendance: Samantha Neil, Kelly Thomson (Harbour)

Apologies: Cllr Katie Weston (Vice-Chair)

CSS/12/25 Evacuation Procedure

The evacuation procedure was noted.

CSS/13/25 Declarations of Interest

There were no interests declared.

CSS/14/25 Minutes

Consideration was given to the minutes of the Community Safety Select Committee meeting which was held on 26 June 2025 for approval and signature.

AGREED that the minutes of the Committee meeting held on 26 June 2025 be approved as a correct record and signed by the Chair.

CSS/15/25 Monitoring the Impact of Previously Agreed Recommendations - Outdoor Play Provision

Consideration was given to the assessments of progress on the implementation of the recommendations from the Committee's previously completed review of Outdoor Play Provision.

Presented by the Stockton-on-Tees Borough Council (SBC) Head of Environment, Leisure & Green Infrastructure, this was the first progress update following the Committee's approval of the Action Plan in June 2024. Noting that the first stage of the new Outdoor Play Provision Strategy 2025 (setting out key principles which the Committee's review helped establish) was agreed by SBC Cabinet earlier in July 2025, key developments in relation to the agreed actions were highlighted as follows:

- Recommendation 1 (SBC ensures both revenue and renewal considerations are an intrinsic part of any existing and future outdoor play space proposal within the Borough to maximise the long-term sustainability of such sites): All play areas had been assessed and tables developed identifying individual items of equipment at

each site, the play value of each item, its life expectancy, and replacement costs (including surfacing). During the collation of the first stage strategy paper that was presented to Cabinet in July 2025, intensive work was undertaken around estimated costs, with the new strategy containing several principles designed to address revenue and renewal considerations – this recommendation was therefore deemed ‘fully achieved’.

- Recommendation 3 (Regarding future proposals by developers for new outdoor play spaces, SBC does not adopt any site installed by a developer which contravenes the key outcomes from this review): The new strategy contained several principles designed to address developer site adoption – this recommendation was therefore deemed ‘fully achieved’.
- Recommendation 4 (SBC considers support of existing play areas before any additional outdoor play spaces are agreed / approved): The new strategy contained several principles designed to support existing play areas before new spaces were agreed – this recommendation was therefore deemed ‘fully achieved’.
- Recommendation 5 (Regarding inequality of outdoor play provision across the Borough, SBC clarifies where it is deemed there is little / no provision and possible steps to address these inequalities (including, in exceptional cases, the provision of new play spaces): The new strategy highlighted areas of inequalities and over-provision. Following Cabinet’s decision, SBC officers were preparing the second stage of the strategy document (with the intention of presenting this to Cabinet in October 2025) which would identify specific sites in which to invest, and which may be decommissioned at the end of equipment life.

The Committee asked if a deadline for achieving this recommendation could be confirmed and were informed that this would be addressed in the second stage report to Cabinet in October 2025.

- Recommendation 6 (As part of a required rationalisation process in relation to the existing outdoor play offer:
 - a) Informed by the recent (March 2024) RoSPA assessments and an analysis of the distribution of existing outdoor play provision, proposals for the removal / repurposing of sites be developed with the aim of reducing pressure on the overall parks budget): The new strategy contained several principles designed to manage the Council’s assets in a sustainable manner. In July 2025, Cabinet resolved that the requirement of additional revenue funding of £150,000 per annum from 2026-2027 onwards be noted – this would enable the Council to retain approximately 30-35 play areas in good condition, in addition to the new play area at Stockton waterfront urban park. Approximately 7-12 play areas would be subject to removal of play equipment at end-of-life and repurposing of sites for recreational open space. Funding would be considered as part of the Medium-Term Financial Plan (MTFP) Update & Strategy report to Council in February 2026.
 - c) Further detail be provided around the anticipated longer-term maintenance requirements of the new Stockton waterfront park and the impact that this may have on the available funds for maintaining other existing outdoor play spaces): An inspection and maintenance package was being negotiated with the play park contractor – this would form a multi-year package purchased up front

using a capital allocation. It was noted that the new Stockton waterfront park was not included within the coverage for the proposed additional revenue funding of £150,000 per annum from 2026-2027 onwards (see sub-section a) above).

The Committee expressed surprise at this update, questioning why maintenance costs were not included in the original negotiations involving the new Stockton waterfront park. It was agreed that clarity would be sought from the relevant SBC department and forwarded to the Committee after this meeting.

- d) With due regard to the SBC Powering Our Future initiative, appropriate consultation (particularly with Stockton Parent Carer Forum and SBC Ward Councillors) is conducted around any proposed changes to existing outdoor play provision): Consultation was embedded for new play provision, and the Council would consult with stakeholders when considering outcomes for specific sites affected by the new strategy principles. During discussions at its meeting in July 2025, Cabinet requested that consultation / engagement took place with young people regarding any proposed changes to existing outdoor play provision – SBC officers duly committed to this.

Giving thanks for the information provided, the Committee requested that the next update on progress of the outstanding actions be presented as soon as possible following the consideration of the second stage strategy document by Cabinet.

AGREED that the Outdoor Play Provision progress update be noted, the assessments for progress be confirmed as stated, and further information be provided as requested.

CSS/16/25 Scrutiny Review of Children affected by Domestic Abuse

The second evidence-gathering session for the Committee's review of Children affected by Domestic Abuse featured contributions from the Stockton-on-Tees Domestic Abuse Steering Group and the commissioned support service, Harbour.

STOCKTON-ON-TEES DOMESTIC ABUSE STEERING GROUP

The submission from the local Domestic Abuse Steering Group (DASG) was presented by the Stockton-on-Tees Borough Council (SBC) Director of Public Health (who was also the Chair of the DASG) and involved the following in response to the Committee's lines of enquiry:

- DASG: Role & Remit: Mandated by the Domestic Abuse Act 2021, the objectives of the DASG were to oversee the delivery of system outcomes for domestic abuse (as defined within the Stockton-on-Tees Domestic Abuse Strategy 2022-2028), facilitate the development and implementation of an Action Plan to deliver the strategy, and to adopt a whole system approach to domestic abuse (across partners). Membership included representation of the interests of victims of domestic abuse, the interests of children of domestic abuse victims, police, health services, and voluntary sector specialist services.
- DASG: Governance & Approach: The DASG was a sub-group of the local Health and Wellbeing Board, a Board which was currently undergoing development work in relation to terms of reference / revised governance which would reinforce links with / update reports to other strategic groups (e.g. Safer Stockton Partnership

(SSP), Teeswide Safeguarding Adults Board (TSAB)) and ensure clear lines of delivery.

DASG meetings were themed to align with the Domestic Abuse Strategy (overview of progress against actions, problem-solving (including discussions held on children and young people), etc.), with resulting actions including the clarification of the Harbour education offer to schools (involving attendance at Head Teacher meetings), and awareness-raising of Harbour children and young people workers and their connection into SBC Children's Services and wider colleagues. The whole system and whole family approach focus had led to wider community awareness-raising work, as well as work with adult victims and perpetrators (which would impact upon children and young people) – a 'no wrong door' policy was also adopted to eliminate barriers associated with identifying / raising instances of domestic abuse.

- Domestic Abuse Strategy 2022-2028: The strategy's vision had three distinct elements – everyone experiencing domestic abuse was listened to, supported and protected to live their life free from abuse; all victims of domestic abuse had access to inclusive, quality, affordable and appropriate safe accommodation / support; perpetrators of domestic abuse were held to account and supported to change behaviour. A recent progress review of the existing strategy had been undertaken – this had helped set priorities for the year ahead.
- Early Years Children & Young People (EYCYP): Actions undertaken in relation to this demographic included the exploration of ways of working with childcare providers (including pre-school), workforce development planning for frontline professionals working in the system for EYCYP (373 people trained to date in year two (total of 788 across two years, including schools, nursery managers and childminders)), and healthy relationships training in schools / school community awareness and a 'healthy schools' approach (how schools sat within the community).

Further achievements had seen joint assessment / planning between social care and Harbour, the establishment of a CYP Team in Harbour and a GP Independent Domestic Violence Advocate (IDVA) working in primary care, and the piloting of a Domestic Abuse Protection Order (DAPO) (in conjunction with the Office of the Police and Crime Commissioner (OPCC) for Cleveland) which now included a zone rather than a house, thus helping protect children going to school from 'bumping' into the abuser. The OPCC and Catalyst '*Bridging the Gap*' report was also referenced – this had helped to shape an understanding of the picture regarding domestic abuse within ethnically diverse communities across Cleveland (thus informing the support offer).

In terms of support from services / commissioned services, 0-19 health visiting and public health school nursing identified and responded to domestic abuse through several approaches, including routine enquiry and arranging meetings with families outside the home when appropriate. Response was risk-based, with actions tailored to the level of risk disclosed, and referrals made to relevant partners (e.g. Children's Hub (CHUB), Early Help, STEPS, Harbour, etc.). There were strong partnerships with Harbour, ensuring all staff were trained to Level 3 in domestic abuse awareness and received regular supervision. Individual cases were reviewed through deep dives to ensure effective support and safeguarding.

Other notable developments included the CGL Hidden Harm Team working with children and young people (recognising that domestic abuse and substance misuse can co-exist, this team also linked to Harbour as needed), the OPCC-funded Hospital IDVA which linked with maternity and midwifery (a key risk point with regard to domestic abuse), and SBC Children's Services work on 'Families First Partnership' system reforms.

- Community Awareness: In terms of awareness-raising across Stockton-on-Tees, 100% of libraries and 10% of primary schools had received training on domestic abuse (the DASG was seeking to increase take-up from the latter). Briefing sessions had also been held with nursery managers and childminders.

Since 2019-2020, there had also been a steady (and, aside from in 2023-2024, continuing) rise in the number of applications for Clare's Law (a scheme that allowed the police to disclose previous abusive behaviour about a current or previous partner). In 2019-2020, there were around 250 applications – this had increased to around 750 in 2024-2025.

- Outcome Monitoring Framework: Developed by the DASG, this framework monitored progress of strategic priorities which themselves were aligned to the Council's Stockton-on-Tees Plan, Joint Health and Wellbeing Strategy, and other key strategies (e.g. Community Safety Strategy). The priorities within the accompanying graphic were all relevant to children and young people (including early years), and whilst the DASG was still finalising the indicators that would be used to establish progress, much had already been achieved in relation to the existing strategy.
- Next Steps: Whilst acknowledging that there was more to do in relation to this demographic, the DASG did already have children and young people as a focus area, linking with the 'Families First Partnership' agenda (working group) – this would ensure joined-up strategic outcomes regarding domestic abuse and children and young people, including joint strategic outcomes with other key strategies (via the Health and Wellbeing Board), 'Families First Partnership' (children's system reforms) considerations involving work with communities, safeguarding, family support, early help and front door to services, and the ongoing SBC *Powering Our Future* – Early Intervention and Prevention: Complex Lives (severe multiple disadvantage) work.

Several other children and young people-related developments were also envisaged, including the exploration of opportunities to maximise the identification of domestic abuse in maternity services (Hospital IDVA already in place, but want to do more), the continued strengthening of relationships with childcare providers and safeguarding partnerships (including exploring joint training opportunities), a whole school approach to domestic abuse (which was building, but could still be enhanced), a community awareness plan (expanding to include a bystander programme for children and young people), and continued wider work on empowering the workforce, repeat perpetrators, and repeat victims.

Welcoming the DASG submission, the Committee expressed disappointment at only 10% of local schools receiving training on domestic abuse and asked where the problem lay in terms of this low take-up. SBC officers stated that there had been some past confusion around the offer available to schools (some thought there was a

cost attached) and its promotion – this had now changed and an improvement in take-up was anticipated.

The Committee sought further details on the role of the GP IDVA and whether this was one individual. Members were informed that this was indeed a singular role (though was supported by another staff member) which provided support at certain times and across multiple sites (not all local practices were signed up to this, though). The Committee was interested to know how successful this arrangement was and how this was determined – SBC officers stated that analysis could be shared, though noted previous difficulties in engaging with general practices around the issue of domestic abuse.

Third-party referrals (i.e. those raising domestic abuse-related concerns from outside the environment that these were / allegedly were occurring) were discussed, with the Committee questioning how these were handled. SBC officers gave assurance that anyone was able to make a referral through the Children's Hub (CHUB) and that these could be done anonymously – this would then be screened for any other information regarding those involved before a decision was made on how to proceed.

The Committee asked whether any interaction took place with housing associations and heard that links already existed, with Thirteen Housing Group represented in DASG planning workshops. In addition, Thirteen had a safeguarding team which linked with Harbour, and also worked closely with SBC Community Safety colleagues who dealt with housing services.

HARBOUR

Led by its Children and Young People (CYP) Team Manager and supported by its Tees Valley IDVA Team Leader, a presentation on behalf of Harbour was given which responded to several Committee lines of enquiry. Key details covered the following:

- Background: Harbour had been working with families affected by domestic abuse across the region for over 50 years. Commissioned in several North East Local Authority areas (including Stockton-on-Tees), its services supported the whole family, including children and young people who were previously the forgotten victims, with their views often downplayed or dismissed. Despite positive change over the years, there remained much work to be done around educating professionals and the public on this issue (particularly schools).
- Support available for families and children in Stockton: There were several strands of support available to those children and families within the Borough who were experiencing / had experienced domestic abuse – safe accommodation (including dispersed properties), outreach support, the Independent Domestic Violence Advocate (IDVA) service, assertive outreach (intensive support for those with additional needs), counselling, recovery, health IDVAs (the Hospital IDVA based at the University Hospital of North Tees also helped raise awareness of domestic abuse to health professionals, whilst the GP IDVA worked across 16 practices within the Stockton-on-Tees), the Children and Young People (CYP) Team, and the Domestic Abuse Prevention Service (DAPS). In terms of safe accommodation, whilst there were no specialist refuges situated within the Borough, there was ongoing dialogue about these being introduced locally.

- Data in relation to children affected by domestic abuse: For January 2024 – July 2025, 867 individual children and young people were referred into Harbour's CYP Team (equating to around 45 per month). During this period, Harbour had completed support with 690 of those children and young people (the remaining individuals were still currently accessing the service).
- CYP model of support: A flowchart demonstrated the key stages of referral, triage, assessment, and subsequent levels of support (either group, 1:1, or a mix of both, depending on need) which was always undertaken within safe places where the individual felt comfortable. Family assistance and guidance was provided throughout (recognising that siblings could also be affected), encompassing direct support for parents / carers as appropriate.

It was explained that anyone could refer into Harbour (including self-referrals) and recognised that, in terms of assessment, a child's interpretation of a situation may well be different to their parents' view. Referred individuals were not merely placed on a waiting list – fortnightly 'check-in' calls took place with families, and cases could be triaged to manage risk. This approach helped build relationships and eliminate any lack of trust.

- First level support: Children / young people aged 3-18 joined therapeutic support groups which ran outside of school times and were delivered in age groupings. The focus was on prevention, safety, risk management and healthy relationships, offering a space for individuals to express feelings about their experiences and have these acknowledged. Each group runs weekly for four weeks, and the individual will attend those beneficial to their needs.
- Moderate level support: Where an individual's needs were assessed as moderate (i.e. those experiencing acute circumstances whose harms could escalate without intervention), they would be offered an intensive version of first level support – this targets any problematic behaviours / presenting issues and involves 1:1 support or smaller groups. As well as covering the themes for groups in first level support, these children and young people may also explore self-worth / identity, emotional regulation, anger management, family history of domestic abuse, and self-care.
- Specialist level support: The decision about specialist level support would depend upon the circumstances of the individual, as well as the level of need. In line with Maslow's hierarchy of needs, if a child's physiological and safety needs were not met, they were unable to engage with psychological therapy (if they were still experiencing domestic abuse, specialist therapy may not be appropriate). In such cases, they would be allocated a caseworker to work intensively as above to prevent escalation. If appropriate, the child / young person would receive support from Harbour's specialist-trained counsellor.
- Adolescent support: Harbour had a specialist adolescent worker role which supported children and young people aged 12+ who may be using harm, and worked closely with YP IDVA (see next paragraph) to support with teenage relationship abuse.
- YP IDVA – Commissioned by PCC: The overall purpose of the YP IDVAs was to provide a trauma-informed, client-led support service to young people aged 12-17 who were experiencing harm from domestic abuse (interpersonal abuse) – this would enable them to address issues resulting from experiences of domestic

abuse, be empowered to aspire to a positive future, and prevent future abuse by promoting healthy attitudes to relationships. There had been a noticeable increase in those coming into the service as victims within their own relationships.

- Support provided to families and children in our safe accommodation: Family work involving 1:1 and group sessions with mothers and children (for those in both refuges and dispersed properties), EYP support for pregnant mothers and 0-3 year-olds (for those in refuges), weekly wellbeing sessions for mothers and children (funded separately from national charity, Kids in Mind), and Holidays Are Fun (HAF) involvement (additional funding from SBC in school holidays) were all highlighted.
- Voice of the child: Paramount to everything Harbour did, this was about making the child or young person central to the story being told. No child was too young to have a voice, and it was vital to think creatively about how to involve them so a real understanding of what made their day good or not so good could be ascertained. Observing and recording behaviour and experiences was key (in particular, interactions between a child and their parents / carers, and whether there was any difference in their interactions with other people), as was thinking about outcomes. All Harbour staff regardless of role undertook voice of the child core training, and regular consultations were held with children and young people to help inform future practice.
- Tell Nicole: Harbour worked closely with the Domestic Abuse Commissioner's (DAC) Office and local children and young people were involved in the 'Tell Nicole' project (capturing the voices of individuals affected by domestic abuse). Through subsequently published creative pieces of work, they highlighted what support they found helpful, what needed to improve, and what changes they would like to see that would help children in the future. The Domestic Abuse Commissioner and her team came to visit local children and young people who took part, to thank them for their involvement, and to share with them the next steps and the commitments to child victims of domestic abuse.
- Working with SBC and partners: Harbour worked closely with a multitude of agencies involved with families, attending joint visits and assessments, working together to support engagement / safety planning, and attending safeguarding meetings in relation to families accessing support. Harbour also provided weekly updates and liaised regularly throughout support, and offered workforce development opportunities to the Council's practitioners (free of charge).
- Existing challenges: Key areas for consideration included the need to understand the impact of the new social care transformation, the need for specialist roles in social care settings, and ongoing funding challenges (i.e. the Hospital IDVA role may come to an end in March 2026, though conversations were ongoing with health partners in relation to this). Given Stockton-on-Tees currently had the highest referral rate into Harbour across the areas in which it operated, continuing education and awareness-raising around domestic abuse and its impact on children and young people was crucial (this was not yet consistent across the Borough). There was also a specific need to look at what was being delivered within schools around this issue.

Thanking Harbour's representatives for their detailed submission, the Committee offered congratulations for the local input into the published 'Tell Nicole' report. Noting

that the children and young people involved in this project felt heard, Members stated that this review could also help accentuate the voices of those who had experienced domestic abuse. SBC officers in attendance added that the Council was investigating the possibility of using some of the artwork from local children and young people within its buildings.

Referencing the comments around the support provided to mothers and their children, the Committee asked if there were any sessions which fathers could attend. Regarding Harbour's safe accommodation, Members were informed that refugees only catered for mothers / children, but that dispersed properties may house males who would be assisted through tailored support. Continuing this thread, the Committee questioned the extent of fathers reporting that they had been victims of domestic abuse, and heard that this was an increasing trend locally.

The Committee sought views on why Stockton-on-Tees had the highest referral rate into Harbour. Ongoing awareness-raising of domestic abuse was seen as a principal factor which had likely led to a rise in reported cases. Ultimately, organisations were trying to break the cycle of this type of abuse, though it was acknowledged that this was difficult. In response, the Committee asked how success was measured in relation to the interventions used – Harbour confirmed it had a monitoring / evaluation team and highlighted case studies to demonstrate success (further information could be provided if required), with SBC officers commenting that contract management data was showing an increase in the number of perpetrators completing interventions and that support was effective.

The evidence-gathering session concluded with further details on third-party referrals (raised earlier during discussions which followed the Stockton-on-Tees Domestic Abuse Steering Group submission). SBC officers noted that should such a referral be received, Harbour would provide advice and an opportunity to meet on neutral territory to ascertain further information (though care was needed not to negatively affect an ongoing situation).

SCOPE AND PROJECT PLAN

With reference to the potential contributors listed within the scoping document, the Committee considered who it wanted to hear from at its next meeting in September 2025. It was agreed that the September evidence-gathering session would focus on some of the health-related organisations which had previously been identified as having an important role within this scrutiny topic.

AGREED that the information provided by the Stockton-on-Tees Domestic Abuse Steering Group and Harbour be noted, and further information be provided as requested.

CSS/17/25 Safer Stockton Partnership (SSP) - Previous Minutes (March & May 2025)

Consideration was given to the minutes of previous Safer Stockton Partnership (SSP) meetings which took place in March and May 2025.

AGREED that the minutes of Safer Stockton Partnership (SSP) meetings which took place in March and May 2025 be noted.

CHAIR’S UPDATE

During consideration of the work of the Select Committees at its meeting earlier in July 2025, the Executive Scrutiny Committee had requested further details of the contributions of local children and young people (via Harbour) to the recently published ‘*Tell Nicole*’ report which reflected children’s views on the support they needed after experiencing domestic abuse.

WORK PROGRAMME 2025-2026

Consideration was given to the Committee’s current work programme. The next meeting was due to take place on 25 September 2025 where the third evidence-gathering session for the Children affected by Domestic Abuse review would be held.

AGREED that the Chair’s Update and Community Safety Select Committee Work Programme 2025-2026 be noted.

Chair:

Community Safety Select Committee

25 September 2025

STOCKTON-ON-TEES COMMUNITY SAFETY STRATEGY

Summary

The Committee will receive a briefing on the ongoing refresh of the local Community Safety Strategy (the current version expires at the end of 2025).

Detail

1. Community Safety Partnerships (known locally as the Safer Stockton Partnership (SSP)) have statutory obligations under the Crime and Disorder Act 1998 to prepare a strategy to reduce crime and disorder, reduce reoffending, and reduce the harm caused by drugs and alcohol.
2. The current Stockton-on-Tees strategy (https://www.stockton.gov.uk/media/3085/Stockton-on-Tees-Community-Safety-Plan/pdf/Stockton-on-Tees_Community_Safety_Strategy_2022-2025_final_accessible.pdf?m=1647595513977) expires at the end of 2025, with preparation for the development of the new version commencing at the beginning of this year.
3. A clear process is set out in the Crime and Disorder Act in terms of developing a strategy, the main requirement being a significant strategic assessment of data and information in relation to crime and disorder locally. This work then sets the framework of the priorities locally, although many priorities are mandated nationally.
4. From the end of August 2025, the aim was for consultation to commence on the emerging priorities across the Community Safety Partnership, and with other bodies such as the Community Safety Select Committee, which were vital in representing resident voices – this would help inform the priorities for Stockton-on-Tees. The intention is to then bring a final draft version to the SSP in October 2025, with a view to publishing the new strategy in December 2025.
5. A draft 'Community Safety Plan: Stockton-on-Tees 2025-2027' has been provided for the Committee's consideration and is included within these meeting papers. The SBC Cabinet Member for Access, Communities and Community Safety and other relevant officers will be in attendance to present this document and then address any subsequent Committee comments / questions.

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Community Safety Plan: Stockton-on-Tees 2025 - 2027

Introduction: Councillor Norma Stephenson

Since 1998, Stockton-on-Tees Community Safety Partnership (SSP) has worked to reduce crime and the fear of crime for residents across the borough. The SSP has statutory obligations under the Crime and Disorder Act 1998 to prepare a strategy to reduce crime and disorder, reduce reoffending, and reduce the harm caused by drugs and alcohol.

This new Community Safety Plan seeks to build on the progress made in recent years to further improve safety for all who live and work in our Borough. Our key objective is to make Stockton a safe, welcoming place to live, work and visit.

While there have been significant reductions over the last three years, and in 2024/25 Stockton had the lowest amount of crime reported in the Tees Valley, we should not be complacent. I recognise that despite these drops, some fear of crime remains. I understand the impact being a victim or witness to a crime can have; the SSP will continue to drive successful outcomes and will not be complacent in our endeavours to address the issues.

I thank those that have helped to develop this strategy, we have consulted local stakeholders to ensure that local concerns are incorporated, and feedback has been invaluable in developing this plan.

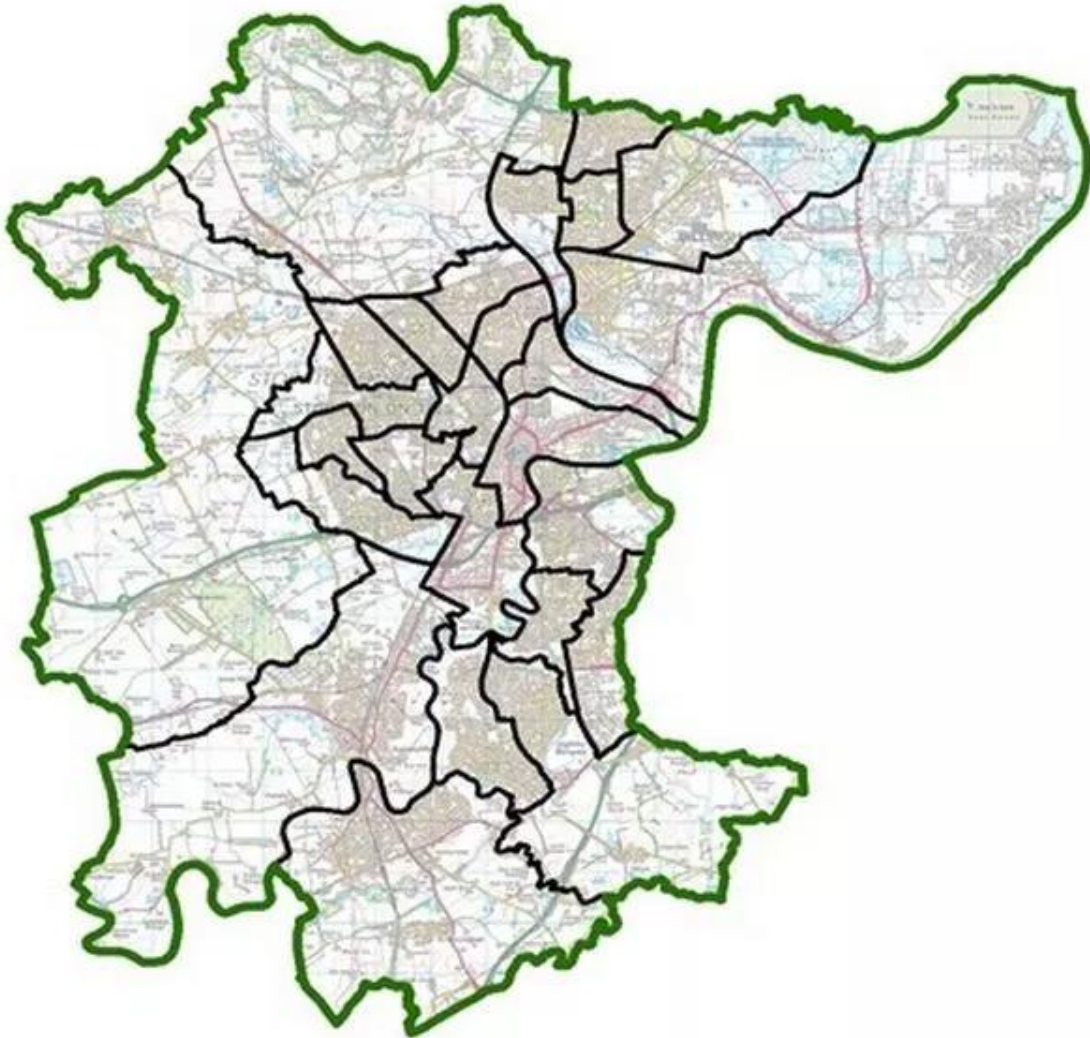
This Community Safety Plan is shaped by the priorities residents expressed in recent surveys and in consultation with local communities. Discussions also took place with young people in about what concerns them most, and with members of the Independent Advisory Group and Police and Crime Panel.

Concerns were expressed about the visibility of antisocial behaviour in Town Centres and public spaces. I am aware of the anxiety inconsiderate use of off-road bikes and e-bikes can cause. I also know that despite significant progress by the partnership, and drops in actual crime numbers, the public remain concerned about these issues.

These issues will be addressed by the partnership through evidence-based interventions addressing the root causes, active enforcement of available legislation where appropriate, and continued meaningful conversations with

stakeholders. Options such as revising the Public Space Protection Order and exploring opportunities for funded interventions will be explored.

About Stockton Borough



The Borough of Stockton covers around 79 square miles (205 square kilometres) and has a population of approximately 197 350, 92% of whom are white and the remaining 8% consist of various ethnicities. Almost 25% of our population is under 19 years old and 18% are aged over 65. There are large gaps in life expectancy between some of the most deprived wards and those areas with higher affluence.

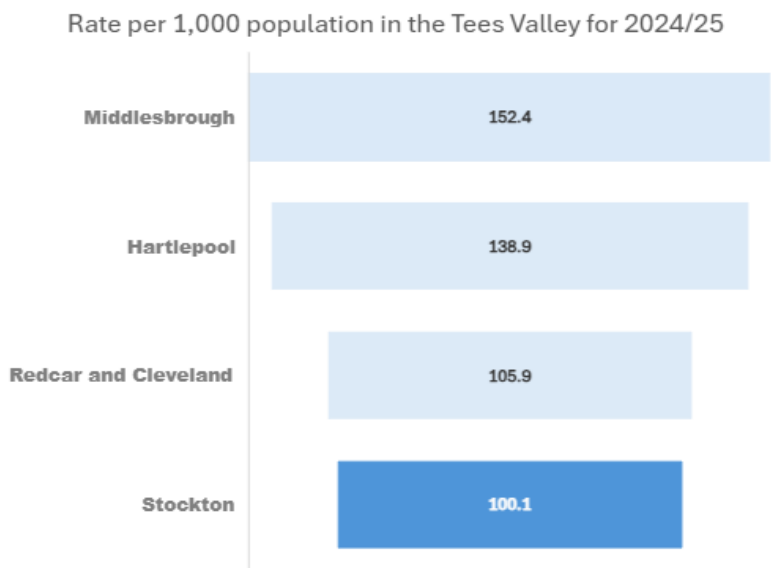
Stockton is undergoing significant change; regeneration schemes are taking place across the borough. To support this, we are working with partners on projects to

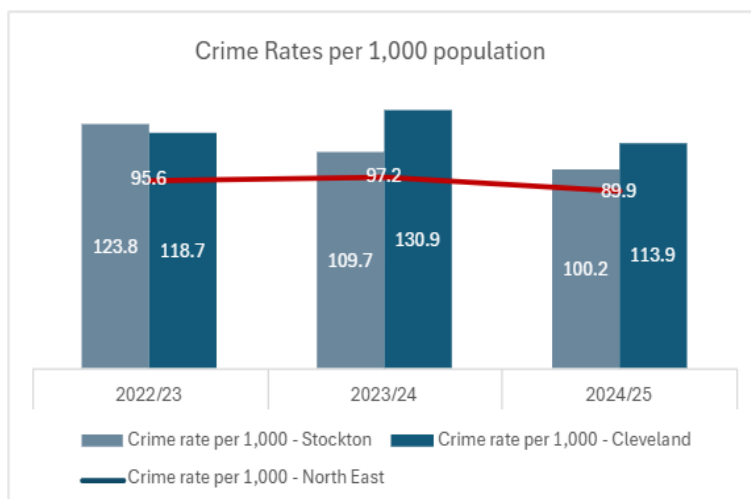
keep our communities safe. Funding from the Home Office and from the Police and Crime Commissioner has been used to support violence reduction initiatives in our town centres. There have been upgrades to CCTV cameras, crime prevention kits distributed to homes and businesses and funding granted to grass roots organisations to support community initiatives.

There is much to be proud of, and significant positive efforts are underway in the borough. The residents are a crucial asset in addressing crime and ASB, and we urge everyone to keep reporting all incidents. Public information has frequently played a pivotal role in our successes. The local community have been involved with and advised us on Project Harmony and Operation Shield in Ropner wards and the Town Centre, resulting in improvements in crime rates and incidents of antisocial behaviour.

What do we know about crime in Stockton on Tees?

Crime in Stockton-on-Tees has decreased over the last three years. Overall, in 2024/25, Stockton had the lowest amount of crime reported in the Tees Valley. Over the period from 2022/23 to 2024/25 there has been a continuing decline in crime figures for the Stockton area although reports of drug trafficking and rape have increased.





There has been a significant decrease in death or serious injury caused by illegal driving in 2024/25, along with significant reductions to burglary residential, burglary business and community and bicycle theft.

Stockton’s crime rates were lower than the wider Cleveland Police force averages in both 2023/24 and 2024/25.

There are concerns about the presence and influence of organised crime groups (OCGs) within local communities and of criminal exploitation of young people, signalling a need for targeted early intervention and safeguarding strategies.

ASB incidents are prevalent, with dog fouling frequently reported while noise nuisance complaints have declined. Domestic abuse overall is showing a downward trend; however, incidents involving children present in the household are beginning to rise, suggesting a shift in the nature and complexity of domestic abuse cases. These patterns emphasise the importance of a coordinated, intelligence-led approach to community safety, with a focus on prevention, early intervention, and multi-agency collaboration.

Hate crimes related to race, disability, and religion have declined year-on-year since 2022/23, reflecting progress in some areas of inclusion. However, reports of transgender hate crime have risen sharply, highlighting a growing concern and the need for focused support and awareness around LGBTQ+ safety.

Reported fire incidents across the borough have generally declined over the past three years, despite occasional fluctuations. The nature of fire types has remained broadly consistent, with a modest reduction in false alarm reports.

Keeping Stockton Safe 2025-2027

Our partnership approach will continue to address cross-cutting themes across all key agencies of the Safer Stockton Partnership (SSP), including domestic abuse, child exploitation, serious and organised crime, and violence against women and girls (VAWG). In line with the Serious Violence Duty, we will work collaboratively with police and partners to prevent and reduce serious violence, with a strong emphasis on understanding its root causes and delivering targeted prevention and intervention.

To ensure our efforts are effective and impactful, we will embed continuous evaluation into all aspects of our work. Success will be measured through a combination of:

- **Performance indicators** aligned to strategic priorities
- **Qualitative feedback** from communities and service users
- **Partnership reviews** and shared learning
- **Monitoring of outcomes** from pilot projects and wider initiatives

Where shared priorities exist with other partnership agencies, we will align our evaluation frameworks to ensure consistency and maximise learning. This evidence-led approach will allow us to adapt and refine our interventions, scale up successful projects, and remain responsive to emerging challenges.

By working together with partners and communities, and by measuring what matters, we will ensure our strategy delivers real and lasting improvements—making Stockton a safer, stronger place for everyone.

What is the Serious Violence Duty?

This requires Local Authorities to work together and share information to reduce serious violence.

Serious Violence is defined in Cleveland Police Serious Violence and Homicide Prevention Strategy as the following:

- Homicide, attempted murder, and manslaughter.
- Assault with intent to cause serious harm.
- Malicious wounding, wounding or inflicting grievous bodily harm.
- Arson with intent to endanger life.

- Aggravated burglary.
- Death or serious injury caused by unlawful driving.
- Causing death by aggravated vehicle taking.
- Kidnap.
- Knife/firearm enabled offences of:
- Robbery – business and personal.
- Threats to kill.
- Assault with injury.
- Assault with injury on a Constable.
- Racially or religiously aggravated assault with injury.

We will work alongside a wide range of partners, including Public Health, Police, Cleveland Unit for the Reduction of Violence and with the community to address the underlying causes of serious violence. We will also focus on addressing the underlying risk factors that make people vulnerable to violent crime, while directing enforcement activity to the locations and individuals most responsible for violent offending in the borough.

The following priorities will underpin our strategic approach for the next three years:

1. Managing the impact of serious and organised crime

We acknowledge that Serious and Organised Crime (SOC) is a significant issue that drives criminal activity, causing harm and increasing fear of crime for residents and communities in Stockton. Organised crime groups engage in various criminal activities, ranging from fraud, drug offences, firearms supply, violence and exploitation. We will adopt a comprehensive approach to organised crime, aiming to disrupt and dismantle organised crime groups and intervene to prevent young and vulnerable individuals from being drawn into criminality. We will collaborate with communities to build resilience against the threat of serious and organised crime, empowering these communities to be part of the solution and reducing future victimisation. We will coordinate efforts across the partnership to address the drivers and consequences of organised crime.

2. Crime and disorder linked to drugs and alcohol

A focus on early intervention and prevention, taking a harm reduction approach to addressing the determinants of crime and community safety. Factors such as social inequality, skills, health, housing, employment and environment all have an impact.

Stockton-on-Tees rate of admissions for alcohol-specific conditions are higher than the national average. Under 18s admissions for alcohol specific conditions is also higher than the England average. The Authority is working with local partners and the Youth Endowment Fund to target support for young people at risk.

3. Anti-social behaviour (ASB) and feelings of safety

Anti-social behaviour (ASB) can have a corrosive impact on communities, businesses and visitors to our borough; and often overlaps with criminal offending. We are aware of the impact of off road and e-bike ASB and will work closely with police and others to address these issues and their impacts on the community. We will continue to work closely with our partners to strengthen relationships with residents and community organisations, fostering trust and shared responsibility. Ongoing visible joint patrols involving police and enforcement officers will help deter antisocial behaviour, while ensuring public spaces are consistently clean, well-lit, and welcoming. Our aim is to create inclusive, respectful environments where everyone feels safe, valued, and part of the community.

4. Reducing the offending rates of the most prolific offenders

Persistent offenders are often responsible for high volumes of crime. We will work to reduce reoffending with partners in police, probation and the prison service through the OPCC led Reducing Reoffending Group. Criminality is often driven by socio-economic factors, as well as substance misuse and addiction, we will explore interventions to address this.

5. Domestic Abuse

The Domestic Abuse Strategy for Stockton-on-Tees (2022-28) sets a strong focus on reducing perpetration of domestic abuse: holding perpetrators to account and supporting them to change their behaviour. The strategy sets out the plan to work as a system to ensure that abusive and harmful behaviours are disrupted and addressed at the earliest opportunity through a range of appropriate interventions. A multi-agency approach will include support from our communities, specialist services providing perpetrator programmes and criminal justice partners. We will ensure that we learn from Domestic Homicide Reviews to inform local approaches to prevention and addressing abusive, violent behaviours.

The evidence-based Respect intervention for high risk, high harm perpetrators will be introduced to Cleveland by the OPCC in 2026. Community-based specialist domestic abuse services include the provision of a 26-week Respect accredited

perpetrator programme. Currently, completion rates mirror those experienced nationally, with 33% of participants benefiting from the full programme.

Harbour, the provider of specialist domestic abuse services within the borough, delivers a community awareness programme. This promotes understanding of healthy relationships and challenges harmful, abusive behaviours within our communities.

In addition, our prevention work includes working across agencies to develop approaches which promote healthy relationships in the early years. Working with childminders we are promoting activities for children which focus on empathy, sharing, caring and cause and consequence of behaviours.

6. Prevent

Prevent aims to safeguard individuals from being drawn into terrorism by identifying and addressing the underlying factors that make people susceptible to radicalisation. It focuses on early intervention through education, community engagement, and support services, helping individuals build resilience against extremist influences.

Prevent works in partnership with schools, local authorities, health services, and community organisations to promote shared values, challenge harmful ideologies, and provide tailored support to those at risk. We will continue to use this approach to create safer, more cohesive communities where people feel protected and empowered to reject extremism and hate in all its forms.

7. Diverse Communities Feeling Safe

We are committed to ensuring that all diverse communities in Stockton-on-Tees feel safe and supported. We will work closely with community leaders and organisations to understand the unique challenges faced by different groups and develop tailored strategies to address these issues. By fostering open communication and building trust, we aim to create an inclusive environment where everyone feels secure and valued. Our efforts will include cultural competency training for law enforcement and community safety officers, as well as initiatives to promote diversity and inclusion within our safety programs.

8. Welcoming Town Centres

Fostering vibrant and welcoming town centres is vital to the health and well-being of our communities. We are committed to delivering initiatives that engage young

people and diverse community groups, transforming our town centres into lively, inclusive spaces where everyone feels a sense of belonging.

Our approach includes:

- **Organising community events** that bring people together.
- **Supporting local businesses** to thrive and contribute to the town centre experience.
- **Enhancing public spaces** to ensure they are safe, accessible, and enjoyable for all.

Each of our six town centres has a unique character, offering a mix of entertainment, leisure, and shared community spaces. Ongoing regeneration projects will continue to improve these areas, strengthening their role as community hubs.

Operation Shield: A Unified Approach to Town Centre Safety

Operation Shield is a multi-agency initiative designed to improve safety and public confidence in Stockton Town Centre. It brings together departments within Stockton Borough Council and external partners under a shared mission: to respond to public concerns about crime and antisocial behaviour and to deliver visible, coordinated action.

Shield integrates multiple workstreams under a single, recognisable banner, addressing:

- **Community safety**
- **Addiction and recovery**
- **Public perceptions of crime**

Key partners include Cleveland Police, Recovery Connections, CGL, The Moses Project, Stockton BID, and Wellington Square, alongside internal teams such as Public Health, Licensing, and Community Safety. Together, these organisations are tackling antisocial behaviour and offending in the town centre's business district.

Operation Shield balances enforcement with support for addiction recovery, recognising both as essential components of a long-term solution to community safety challenges on the High Street.

Creating vibrant and welcoming town centres is essential for the well-being of our community. We will implement programs and activities designed to engage young people and other communities, making our town centres lively and inclusive spaces. This includes organizing events, supporting local businesses, and enhancing public spaces to ensure they are accessible and enjoyable for all. By fostering a sense of belonging and community pride, we aim to make Stockton-on-Tees a place where everyone feels welcome and connected. Our six Town Centres are very different; offering entertainment, leisure and shared community spaces. Regeneration initiatives will further improve the offer.

Operation Shield is a multi-agency and multi-component initiative, aligning Stockton Borough Council departments and external agencies with a common purpose: to enhance safety and improve public perceptions of safety in Stockton Town Centre. Shield is a direct response to listening to the public about their fears of crime and antisocial behaviour in the town centre. Shield also coalesces multiple work streams addressing wider town centre safety and addiction issues, under one unified and identifiable banner for the public.

Stockton Council and Cleveland Police are leading partners, such as Recovery Connections, CGL, the Moses Project, Stockton BID, and Wellington Square, alongside internal departments such as Public Health, Licensing and Community Safety. Together, these like-minded agencies aim to combat ASB & offending in the business district areas of the town centre ward. The operation emphasises enforcement and addiction recovery as equal methodologies to problem-solving community safety concerns on the High Street.

Achieving our Mission

An Action Plan will be developed in line with this strategy and monitored by the Stockton Safer Partnership (SSP) to deliver on these priorities and to achieve our Mission:

“To make Stockton a Safer place where people are protected from serious harm and live in communities which are safe and welcoming.”

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SCRUTINY REVIEW OF CHILDREN AFFECTED BY DOMESTIC ABUSE

Summary

The third evidence-gathering session for the Committee's review of Children affected by Domestic Abuse will consider information from NHS Trusts covering health visitors, maternity services, and mental health services for young people.

Detail

1. As per the review's focus on children in their early years, health visitors were identified as key contributors to the Committee's work. **Harrogate and District NHS Foundation Trust (HDFT)** has therefore been asked to provide a response to the following lines of enquiry:

- *How do health visitors identify at-risk individuals / families? How confident do they feel about spotting signs of domestic abuse?*
- *Are health visitors aware of how to report domestic abuse? How does the Trust promote reporting routes?*
- *Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?*
- *Data on domestic abuse-related referrals made by health visitors in the last three years.*
- *How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?*
- *Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?*
- *Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?*

A report has been prepared and is included within these meeting papers. The HDFT Head of Public Health Nursing and Operations (0-19 Services in Darlington, Stockton and Middlesbrough) and the HDFT Service Manager – Stockton 0-19 Team are scheduled to be in attendance to give a summary of this submission and address Committee comments / questions.

2. Maternity provision was another area the Committee wished to explore in relation to this scrutiny topic. As such, **North Tees and Hartlepool NHS Foundation Trust (NTHFT)** has been asked to provide a response to the following:

- *How do maternity staff identify at-risk individuals / families? How confident do they feel about spotting signs of domestic abuse?*
- *Are maternity staff aware of how to report domestic abuse? How does the Trust promote reporting routes?*
- *Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?*
- *Data on domestic abuse-related referrals made by maternity services in the last three years.*
- *How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?*
- *Views on the Hospital Independent Domestic Violence Advocate (IDVA) (e.g. visibility, working with Trust staff, effectiveness).*
- *Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?*
- *Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?*

A briefing paper has been prepared and is included within these meeting papers. The Group (University Hospitals Tees) Associate Director of Safeguarding and the NTHFT Director of Nursing are scheduled to be in attendance to give a summary of this submission and address any Committee comments / questions.

3. Recognising the mental health impact on children who had experienced domestic abuse, the Committee has also asked **Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)** to provide a response to the following:
- *What is the mental health impact on children experiencing domestic abuse?*
 - *Data on numbers of children accessing Child and Adolescent Mental Health Service (CAMHS) who are victim-survivors of domestic abuse over the last three years.*
 - *How do CAMHS staff identify at-risk individuals / families? How confident do they feel about spotting signs of domestic abuse? How well is self-harm investigated / identified?*
 - *Are CAMHS staff aware of how to report domestic abuse? How does the Trust promote reporting routes?*
 - *Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?*
 - *Data on domestic abuse-related referrals made by CAMHS in the last three years.*
 - *How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?*
 - *Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?*
 - *Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?*

A presentation has been prepared and is included within these meeting papers. Relevant TEWV personnel are scheduled to be in attendance to give a summary of this submission and address any Committee comments / questions.

4. In advance of this session, Members may again wish to familiarise themselves with some associated background material in relation to this scrutiny topic:
- **Home Office: Domestic Abuse – Statutory Guidance (Jul 22)**
https://assets.publishing.service.gov.uk/media/62c6df068fa8f54e855dfe31/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf (see pages 91-97: Agency Response to Domestic Abuse – Health)
 - **GOV.UK: Victims in their own right? Babies, children and young people's experiences of domestic abuse**
<https://www.gov.uk/government/publications/babies-children-and-young-peoples-experiences-of-domestic-abuse/victims-in-their-own-right-babies-children-and-young-peoples-experiences-of-domestic-abuse-accessible#chapter-five-the-role-of-health-services>
(see Chapter five: The role of health services)
 - **Stockton-on-Tees Domestic Abuse Strategy 2022-2028**
https://www.stockton.gov.uk/media/3841/Domestic-Abuse-Strategy-2022-28-Accessible/pdf/Stockton-on-Tees_Domestic_Abuse_Strategy_2022-28_Final_Accessible.pdf?m=1674053753577
5. A copy of the agreed scope and plan for this review is included for information.

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SBC Community Safety Select Committee - Scrutiny Review of Children affected by Domestic Abuse (HDFT)

- **How do health visitors identify at-risk individuals / families?**

0-19 practitioners at all contacts complete and / or review the holistic health needs assessment including routine and selective inquiry regarding any possible domestic abuse when safe to do so ie no child over the age of 2 is present, individual is alone.

If routine and selective enquiry was not able to be asked at the previous contact, the plan would be to ask at the next available opportunity.

If there was any historic or intelligence shared regarding potential risk, the Health Visitor would arrange for a contact to take place outside the family home through discussion and supervision with their line manager and safeguarding.

0-19 practitioners are made aware of high-risk Vulnerable child and Adult and domestic abuse notifications through the CHUB and there are high priority reminders to the child's system one record.

HDFT are also notified of domestic abuse incidents through PITSTOP.

- **How confident do they feel about spotting signs of domestic abuse?**

All 0-19 practitioners are trained (level 3 safeguarding children) to be able to recognise signs and indicators of domestic abuse.

Even if no disclosures are made, 0-19 practitioners have a safeguarding single point of contact where supervision and advice can be sought in respect of concerns.

0-19 practitioner ask questions re domestic abuse as part of a wider holistic health needs assessment.

- **Are health visitors aware of how to report domestic abuse?**

Staff could contact our safeguarding single point of contact where supervision and advice can be sought re next steps / potential referrals.

We have good links with HARBOUR for advice and support.

We have the DASH risk assessment that staff can be supported to undertake to inform onward referrals.

- **How does the Trust promote reporting routes?**

Reporting routes are shared via training, during 1:1 safeguarding supervision sessions, through safeguarding supervision.

- **Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?**

HDFT head of safeguarding is responsible for our Domestic Abuse policy.

Delivery of training at HDFT is the responsibility of the Specialist Nurses and Named Nurses in accordance with the Intercollegiate Document.

0-19 staff can also attend external training delivered by partner agencies.

Any staff member within the 0-19 service can make a referral if they suspect Domestic Abuse.

- **Data on the number of domestic abuse-related referrals made by health visitors in the last three years.**

We do not capture individual data like this. We would be able to see regarding the volume of referral made by the 0-19 service but not for specific reasons.

- **How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?**

Domestic Abuse is threaded through all of our Level 3 safeguarding training in addition to the stand-alone Domestic Violence training.

We have our safeguarding single point of contact for any staff member to discuss imminent safeguarding concerns.

We have 4x4 supervision which takes place on a quarterly basis, but staff are also able to access face to face supervision with a Specialist Nurse Child Protection if they have concerns about a family.

- **Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?**

For Pitstop to be part of the new front door

To consider receiving operation encompass notifications but these would be for information to inform cumulative risk only so would need to unpick impact of this

- **Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?**

As above

*Harrogate and District NHS Foundation Trust
September 2025*



University Hospitals Tees

Select Committee Scrutiny Briefing- 25th September 2025

How do maternity staff identify at-risk individuals / families? How confident do they feel about spotting signs of domestic abuse?

All our midwives undertake routine enquiry into domestic abuse and ask patients if they are currently experiencing domestic abuse. This is evidence based to encourage people to disclose in a safe space.

There is a Trust safeguarding team including safeguarding midwives and an Independent Domestic Violence Advocate (IDVA) available to support staff, patients and their families. They safeguarding midwives provide regular supervision to hospital and community maternity staff.

Are maternity staff aware of how to report domestic abuse? How does the Trust promote reporting routes?

The Trust safeguarding team is well recognised across the organisation and staff are made aware of how to contact from the point of induction through every training level and through the trust intranet and bulletins. As well as this there are posters of how to contact both the team and the IDVA within wards and departments.

Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?

Whilst the executive leadership sits with the Group Chief Nursing Officer, the Group Associate Director – Safeguarding has overall responsibility for safeguarding policy and practice and ensuring standards and availability of training delivery. The Trust promotes a “safeguarding is everyone’s business,” principle however and it is expected that each staff member is responsible for ensuring their own mandatory training completion, monitored through appraisal. Collective compliance data is provided to each senior manager within clinical areas.

Data on the number of domestic abuse-related referrals made by maternity services.

The data below represents a comparison between referral data before and after the IDVA post was installed which demonstrates the increase in victims receiving support.

Received 01/04/2018 – 31/03/2020 with the category of referrer “Hospital” (2 year period **before the IDVA post**).

<u>Location</u>	<u>Number of referrals</u>
Stockton	39
Hartlepool	58
Middlesbrough	13

Of those clients this is the number of people who then went on to attend an assessment with Harbour. **This is over a 2 year period.**

Location	Number of clients who attended an Assessment and received support/safety advice and planning.
Stockton	3
Hartlepool	2
Middlesbrough	2

Since the Hospital IDVA has been in post, the number of referrals from the Hospital to the IDVA/harbour over the most recent 2 year period is as follows.

<u>Location</u>	<u>Number of referrals</u>
Hartlepool and Stockton	277
Middlesbrough	218

How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?

Staff are trained in accordance with the Intercollegiate Documents (<https://www.rcn.org.uk/Professional-Development/publications/pub-007366>, <https://www.rcn.org.uk/Professional-Development/publications/rcn-adult-safeguarding-roles-and-competencies-for-health-care-staff-011-256>) which includes how to make an adult/child referral.

Guidance on MARAC is available within policy for both sites however the IDVA is also available to support with these.

External training offered by our partners is also available and shared via our bulletins and internal systems.

Views on the Hospital Independent Domestic Violence Advocate (IDVA) (e.g. visibility, working with Trust staff, effectiveness).

Through client outcomes and data collected, Harbour have gathered evidence that the IDVA service is creating opportunities for survivors to safely disclose abuse and access tailored support. Case studies highlight both the direct engagement between clients and the Hospital IDVAs, and the proactive steps taken to ensure survivors receive timely and effective interventions. Without this role, many clients may not have accessed specialist domestic abuse support.

There has been a marked increase in referrals from the hospital to the IDVA/Harbour service. Having the IDVA based on site has enhanced communication, encouraged patient engagement, and allowed for immediate safeguarding, signposting, and referrals. This also shows that hospital staff are becoming more confident and consistent in recognising victims of domestic abuse and referring them to the right support at the point of crisis.

If a patient does not wish to access ongoing support, each person referred still has the opportunity to engage with the IDVA on site for support and safety planning.

The Hospital IDVA role is vital in supporting clients who attend hospital and may be vulnerable or unaware that they are experiencing domestic abuse. The role not only raises awareness of domestic abuse but also enables engagement with specialist support services. By working closely with ward staff, the IDVA promotes knowledge and understanding of domestic abuse and strengthens responses to disclosures.

As the role is trauma-informed, the Hospital IDVA is able to respond quickly and effectively in an environment where staff are often extremely busy and may not have the capacity to provide in-depth support themselves. The IDVA delivers immediate safety advice and guidance to clients at the point of disclosure, ensuring timely intervention that may not otherwise be available.

The presence of an IDVA within the hospital increases access to support for clients who are harder to reach, thereby reducing risk and encouraging engagement with services. For example, elderly clients—who are often less likely to access external support—are more effectively engaged through the IDVA's consistent presence on wards and their ability to build trust through repeated contact.

Working with SBC and its partners with regards domestic abuse – how does this operate; is this effective; is there anything that could strengthen current arrangements?

There is strength in working across both safeguarding partnerships together with community safety in order to tackle some of the challenges related to DA as it straddles all three and affects all ages.

As a provider it is challenging working across multiple LA's, especially for children as the TSAB works well to encompass all.

Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?

Funding for domestic abuse within health settings as well as across partnerships is both limited and inconsistent. Also the allocation from central government does not reflect the needs of the area.

Our Trust IDVA post is at risk because OPCC funding ends in March '26.

IRIS in GP practices supports primary care with identification and seeking support for victims however this is not consistently funded.

MARAC is not statutory therefore it is harder for agencies to gain resource to support the process when other statutory duties take precedence.

Integration and unification of clinical records systems is required in order to facilitate better recognition and support for victims and better risk information sharing.



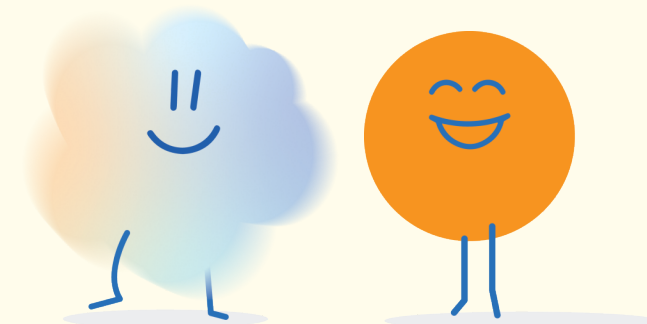
Scrutiny Review of Children affected by Domestic Abuse

What is the mental health impact on children experiencing domestic abuse?



Children who experience domestic abuse whether directly or by witnessing it face significant and often long-lasting mental health challenges.

- **Emotional and Psychological Effects**
- **Developmental Delay**
- **Relationship and Behavioural Difficulties**
- **Long-Term Mental Health Difficulties associated with ACEs**



How do CAMHS staff identify at-risk individuals / families?



- **Referrals come for a variety of sources, and may include concerns about:**

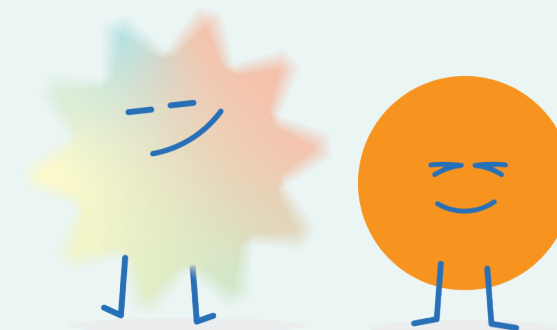
- Emotional distress
- Behavioural issues
- Exposure to trauma or abuse
- Family dysfunction or parental mental health

- **Initial Screening and Triage**

CAMHS Single Point of Contact Team (SPOC) conduct triage assessments to determine urgency and appropriateness.

They look for risk indicators, such as:

- Self-harm or suicidal ideation
- Signs of neglect or abuse
- Substance misuse
- Domestic violence
- School refusal or exclusion



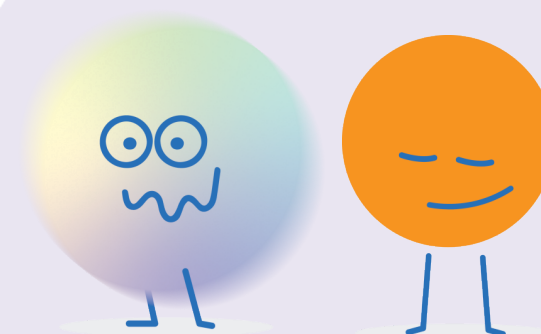
Holistic Assessment

- Mental health symptoms (e.g., anxiety, depression, PTSD)
- Family dynamics and parenting capacity
- Social determinants (housing, poverty, isolation)
- Adverse Childhood Experiences (ACEs)

• Multi-Agency Collaboration

• Formulation & Risk Assessment

- Presenting Problems
- Perpetuating Factors
- Precipitating Factors
- Predisposing Factors
- Protective Factors

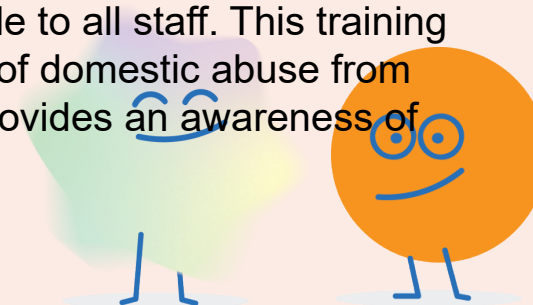


How confident do staff feel about spotting signs of domestic abuse?



This is dependent on the experience of the clinician working with the children/young person/family.

- All clinical staff have monthly supervision to discuss children/young people they may have concerns about. Each team have daily huddles where concerns can be raised and advice can be sought.
- TEWV safeguarding children Policy outlines domestic abuse as a safeguarding concern and encourages staff to view children as victims and the support staff should access to understand steps to be taken when concerns are raised including referral to the local authority where appropriate.
- Tewv also provide training around domestic abuse
- It is included in all mandated safeguarding training at levels 1-3 Durham Tees Valley Care Group compliance rate of 95%
- All teams have good relationships with the Child Safeguarding Team/Leads seeking advice as appropriate.
- There is Domestic Abuse Basic awareness training delivered by a MARAC specialist advisor available to all staff. This training gives an overview of domestic abuse and awareness of legal definitions. Responding to disclosures of domestic abuse from victims and perpetrators. An overview of child on parent abuse. Safeguarding children and adults. Provides an awareness of DASH risk assessment, how and when to complete, including MARAC referral process.
- Staff are also encouraged to attend HSSCP training.





Safeguarding Data from TEWV electronic records

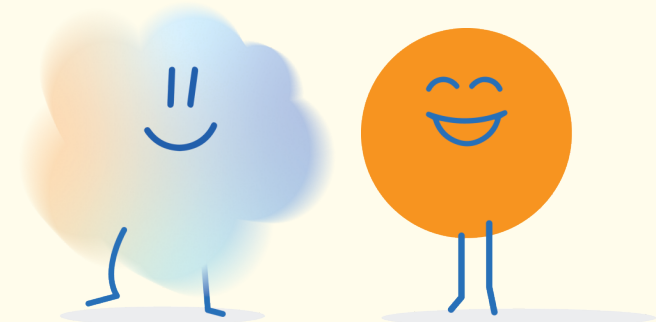
From April 2024- March 2025

131 Safeguarding concerns involving domestic abuse were recorded

- **23** MARACS were attended for under 18's
- **83%** have multi agency input
- **1** reported to the police
- **18** referred to the Local Authority
- **90** had multi-agency liaison

April 2025 – Aug 2025

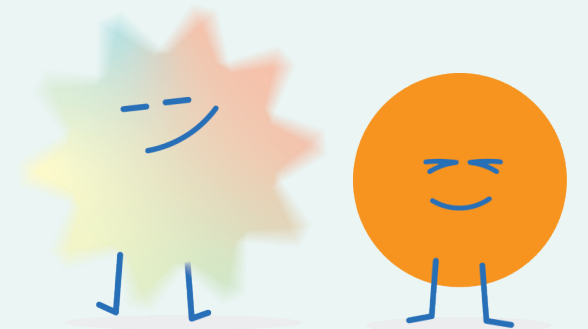
- **71** safeguarding concerns involving domestic abuse were recorded
- **64** MARACS were attended (Jan – Aug 25)
- **100%** had multi agency liaison
- **1** reported to the Police
- **5** referred to the Local Authority
- **65** had multi-agency liaison



SBC as a Partner Agency

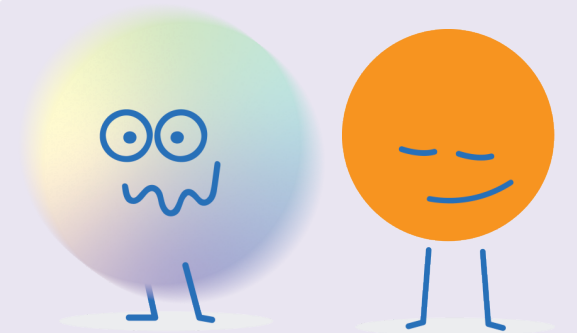


- **Staff report in general positive working relationships with SBC including;**
- Reliability
- Effective communication
- Being a voice around the table
- Responsive
- CIOC
- ASYE – Psychology provision



Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?

- Understanding of each other roles & responsibilities
- Understanding service limitations
- Recognising each others expertise



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Thank you...any questions

Gemma Sharpe, Amy Danks

Team Manager, Modern Matron

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Community Safety Select Committee
Review of Children affected by Domestic Abuse
Outline Scope

Scrutiny Chair (Project Director): Cllr Ann McCoy	Contact details: ann.mccoy@stockton.gov.uk
Scrutiny Officer (Project Manager): Gary Woods	Contact details: gary.woods@stockton.gov.uk 01642 526187
Departmental Link Officer: Louise Hollick (SBC Assistant Director – Early Help, Safeguarding and CIOC) Mandy MacKinnon (SBC Strategic Health & Wellbeing Manager)	Contact details: louise.hollick@stockton.gov.uk mandy.mackinnon@stockton.gov.uk
Programme Management Office Link Aishah Waithe (SBC Senior Project Manager – Early Intervention & Prevention)	Contact details: aishah.waithe@stockton.gov.uk
<p>Which of our strategic corporate objectives does this topic address?</p> <p>The review will contribute to the following Stockton-on-Tees Plan 2024-2028 priorities:</p> <ul style="list-style-type: none"> • <i>Priority 1: The best start in life to achieve big ambitions:</i> We will support all children to have the best possible start in life, within a safe and inclusive community where everyone can thrive. • <i>Priority 2: Healthy & Resilient Communities:</i> We will continue to work with our partners through the Safer Stockton Partnership to make Stockton-on-Tees a safer place, where people are protected from serious harm and live in communities that are safe and welcoming (Building safe and connected communities). <p>The outputs from this review will also contribute to the SBC <i>Powering Our Future</i> transformation review of ‘Early Intervention and Prevention’.</p>	
<p>What are the main issues and overall aim of this review?</p> <p>In December 2023, Foundations (the national What Works Centre for Children & Families) reported figures which revealed that at least 827,000 children in England and Wales may have suffered domestic abuse by the end of 2023. Amid concerns that the numbers of children affected by domestic abuse had escalated, the organisation called for an urgent focus on testing the most promising approaches to strengthen support for children.</p>	

The impact of domestic abuse is felt by children regardless of their age, and this is now recognised in the Domestic Abuse Act 2021. Children exposed to domestic abuse or experiencing domestic abuse in their own relationships are regarded as victim-survivors in their own right.

Domestic abuse can seriously affect families and the physical, mental and emotional health, wellbeing and development of children and young people. Children and young people can develop emotional, behavioural and developmental issues such as anxiety, challenging and aggressive behaviour or withdrawal, delayed speech, language and communication and low self-esteem, affecting their ability to form healthy relationships and educational attainment. In 2020-2021, the local domestic abuse service found that children were exposed to three-quarters of domestic abuse incidents, whilst a third of referrals to Children's Services were related to domestic abuse.

Domestic abuse can be experienced by anyone and disproportionately affects children and young people. Domestic abuse can be one of the factors resulting in child exploitation and can contribute and exacerbate multiple disadvantage. In 2020-2021, services in Stockton-on-Tees reported that 17% of homeless presentations were related to domestic abuse and 20% of substance misuse service users had experienced domestic abuse.

The Domestic Abuse Strategy 2022-2028 for Stockton-on-Tees highlights the importance of intervening early to minimise the impact of domestic abuse on children. As such, the main aims for this review will be to:

- Understand the impact of domestic abuse on children, the extent of this issue across the Borough, and the ways in which those who experience this are identified. In particular, explore how domestic abuse impacts children in their early years, and the extent of the lasting impact as they grow older.
- Articulate the current local offer for children and young people affected by domestic abuse, providing clarity for frontline professionals, families and children / young people.
- Explore opportunities for early intervention (focusing on those services engaging with children / families with children in their early years) to protect children from the enduring impacts of domestic abuse.

The Committee will undertake the following key lines of enquiry:

When children experience domestic abuse in their early years, how does this then impact them throughout their lives (immediate and longer-term)? Are there variations in terms of a child's experience / impact of domestic abuse across different cultures?

What local data exists in relation to children experiencing domestic abuse and / or the subsequent impact of this?

How are children at risk of / experiencing domestic abuse identified locally? What are the reporting routes for professionals and how are these reinforced with staff?

What is the Local Authority's offer for children affected by domestic abuse in Stockton-on-Tees? Has this evolved over time and is it effective? How are support services promoted?

What is in place across local partners (particularly those engaging with children / families with children aged 0-5) to identify and mitigate the effects of domestic abuse on children in the Borough (including involvement in multi-agency arrangements)?

How does the Council and its partners capture the voice of children themselves when considering / reflecting upon their service offer?

<p>Does the existing service offer from individual organisations contribute effectively to a whole 'system' approach to the provision of domestic abuse support for children?</p> <p>What evidence-based practice exists to tackle and reduce the impact of domestic abuse on children who have been exposed to or experienced this in their early years?</p> <p>What national / regional / local developments will / are likely to impact upon this scrutiny topic and how will this affect services?</p>	
<p>Who will the Committee be trying to influence as part of its work?</p> <p>Council, Cabinet, health sector, police, schools, early years providers, families and young people.</p>	
<p>Expected duration of review and key milestones:</p> <p>8 months (report to Cabinet in March 2026)</p>	
<p>What information do we need?</p> <p>Existing information (background information, existing reports, legislation, central government documents, etc.):</p> <ul style="list-style-type: none"> • Home Office: Domestic Abuse – Statutory Guidance (Jul 22) • GOV.UK: Victims in their own right? Babies, children and young people's experiences of domestic abuse (part 3: opportunities to identify and intervene early) • SBC Children and Young People Select Committee: Scrutiny Review of Domestic Abuse and its Impact on Children – Final Report (Jan 20) 	
<p><i>Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)</i></p> <p>Stockton-on-Tees Borough Council</p> <ul style="list-style-type: none"> • Children's Services (Early Help, Safeguarding and CIOC) • Public Health <p>Domestic Abuse Steering Group</p> <p>Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP)</p> <p>Cleveland Police</p> <p>Early Years Providers</p>	<p><i>What specific areas do we want them to cover when they give evidence?</i></p> <ul style="list-style-type: none"> ➤ What domestic abuse is and how it involves / can involve children ➤ Known impact of domestic abuse on children ➤ Identification / reporting routes / local data ➤ Local Authority support offer / future plans ➤ Capturing the voice of the child ➤ Evidence-based practice to tackle this issue ➤ Previous / current / future work re. this topic ➤ Previous / current / future work re. this topic ➤ 'System' co-ordination / accountability ➤ Identification of at-risk individuals / families ➤ Working with partners ➤ Identification of at-risk individuals / families ➤ Awareness / promotion of reporting routes

North East and North Cumbria Integrated Care Board (NENC ICB)	<ul style="list-style-type: none"> ➤ 'System' considerations around this topic ➤ National / regional developments re. this topic
Primary Care Networks (PCNs)	<ul style="list-style-type: none"> ➤ Identification of at-risk individuals / families ➤ Awareness / promotion of reporting routes ➤ Working with the Council / NHS partners
North Tees and Hartlepool NHS Foundation Trust (Maternity)	
Harrogate and District NHS Foundation Trust (Health Visitors)	
Tees, Esk and Wear Valleys NHS Foundation Trust	<ul style="list-style-type: none"> ➤ Mental health impact of domestic abuse
Domestic Abuse Commissioner's Office (Regional Lead)	<ul style="list-style-type: none"> ➤ National / regional developments re. this topic ➤ Views on local offer / strategies
Harbour	<ul style="list-style-type: none"> ➤ Local data / support offer ➤ Capturing the voice of the child ➤ Working with partners
Housing Services (SBC / Thirteen)	<ul style="list-style-type: none"> ➤ Identification of at-risk individuals / families ➤ Awareness / promotion of reporting routes
How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)	
Committee meetings, reports, research, case studies.	
How will key partners and the public be involved in the review?	
Committee meetings, information submissions.	
How will the review help the Council meet the Public Sector Equality Duty?	
The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.	
How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?	
<u>Stockton Joint Strategic Needs Assessment (JSNA)</u> : The current Stockton JSNA includes a (now dated) section on 'Domestic abuse victims' – references to children are incorporated throughout.	
<u>Stockton-on-Tees Joint Health and Wellbeing Strategy 2025-2030</u> : <i>All children and families have the best start in life</i> – Commitments (Safe from harm): Children and young people are safe from harm and safe in their communities, protected from bullying, neglect and abuse in the home, online and in the community. <i>Everyone lives in healthy and sustainable places and communities</i> – Commitments (Domestic Abuse): We want everyone living or working in Stockton-on-Tees to feel safe, supported and protected from domestic abuse, regardless of their age, sex, gender, sexuality, disability, socio-economic status, faith or background.	

Provide an initial view as to how this review could lead to efficiencies, improvements and / or transformation:

This review will seek to make recommendations which contribute to the provision of an effective multi-agency approach towards supporting children and young people who experience domestic abuse in Stockton-on-Tees.

With a focus on early intervention, reducing the impact of domestic abuse on individuals may reduce the need (demand) for services. This review will contribute to greater understanding of interventions and approaches which are effective at protecting children and young people from harm. The review will also identify where services and practice can be improved.

Project Plan

Key Task	Details/Activities	Date	Responsibility
Scoping of Review	Information gathering	May 2025	Scrutiny Officer Link Officer
Tri-Partite Meeting	Meeting to discuss aims and objectives of review	07.05.25	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Agree Project Plan	Scope and Project Plan agreed by Committee	22.05.25	Select Committee
Publicity of Review	Determine whether Communications Plan needed	TBC	Link Officer, Scrutiny Officer
Obtaining Evidence	SBC <ul style="list-style-type: none"> Children's Services Public Health 	26.06.25	Select Committee
	DA Steering Group Harbour	31.07.25	
	NTHFT (Maternity) HDFT (Health Visitors) TEWV (CAMHS)	25.09.25	
	NENC ICB Primary Care Networks	30.10.25	
	Cleveland Police Early Years Providers	27.11.25	
	HSSCP Housing Services	18.12.25	

Members decide recommendations and findings	Review summary of findings and formulate draft recommendations	29.01.26	Select Committee
Circulate Draft Report to Stakeholders	Circulation of Report	February 2026	Scrutiny Officer
Tri-Partite Meeting	Meeting to discuss findings of review and draft recommendations	TBC	Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer
Final Agreement of Report	Approval of final report by Committee	26.02.26	Select Committee, Cabinet Member, Director
Consideration of Report by Executive Scrutiny Committee	Consideration of report	[17.03.26]	Executive Scrutiny Committee
Report to Cabinet / Approving Body	Presentation of final report with recommendations for approval to Cabinet	12.03.26	Cabinet / Approving Body

COMMUNITY SAFETY SELECT COMMITTEE
Work Programme 2025-2026

Date (4.30pm unless stated)	Topic	Attendance
1 May 2025	CANCELLED	
22 May	Monitoring: Action Plan – Welcoming and Safe Town Centres Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> • (Draft) Scope and Project Plan 	Sharon Cooney Louise Hollick / Mandy MacKinnon
26 June	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> • Stockton-on-Tees Borough Council <ul style="list-style-type: none"> ○ Early Help, Safeguarding and Children in our Care (Children's Services) ○ Public Health (Adults, Health and Wellbeing) 	Louise Hollick Mandy MacKinnon
31 July	Monitoring: Progress Update – Outdoor Play Provision Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> • Domestic Abuse Steering Group • Harbour Minutes of the Safer Stockton Partnership (March & May 2025)	Neil Mitchell Sarah Bowman-Abouna Samantha Neil / Kelly Thomson
25 September	Stockton-on-Tees Community Safety Strategy Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> • Harrogate & District NHS Foundation Trust (Health Visitors) • North Tees & Hartlepool NHS Foundation Trust (Maternity) • Tees, Esk & Wear Valleys NHS Foundation Trust (CAMHS) 	Cllr Norma Stephenson OBE / Marc Stephenson / Richard Bradford Sarah Massiter / Aimee Preston Lindsay Britton-Robertson / Beth Swanson Gemma Sharpe / Helen Smith / Amy Danks / Amy Cross
30 October	Monitoring: Progress Update – Outdoor Play Provision Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> • NHS North East & North Cumbria ICB • Primary Care Networks 	Neil Mitchell Kimm Lawson / TBC Rebecca Warden / TBC

COMMUNITY SAFETY SELECT COMMITTEE Work Programme 2025-2026

Date (4.30pm unless stated)	Topic	Attendance
27 November	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> Cleveland Police (TBC) Early Years Providers – Survey Feedback Minutes of the Safer Stockton Partnership	
18 December	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (TBC) Housing Services <ul style="list-style-type: none"> SBC (TBC) Thirteen Housing Group (TBC) 	
29 January 2026 (informal)	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> Summary of Evidence / Draft Recommendations 	Louise Hollick / Mandy MacKinnon
26 February	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> (Draft) Final Report 	Cllr Clare Besford / Cllr Norma Stephenson OBE / Sarah Bowman-Abouna / Majella McCarthy / Louise Hollick / Mandy MacKinnon
26 March	Review of Community Participation Budget and Ward Transport Budgets <ul style="list-style-type: none"> TBC 	

2025-2026 Scrutiny Reviews

- Children affected by Domestic Abuse
- Community Participation Budget and Ward Transport Budgets

Monitoring Items (scheduled / to be scheduled)

- Fly-Grazed Horses (Progress Update) – TBC
- Outdoor Play Provision (Progress Update) – Oct 25

Other Information Sources / Updates

- Safer Stockton Partnership (SSP):** The SSP is the local community safety partnership and works together to reduce crime and anti-social behaviour (ASB) – meeting dates, agendas and minutes can be accessed via <https://moderngov.stockton.gov.uk/ieListMeetings.aspx?CId=1144&Year=0>. Every three years, the SSP

COMMUNITY SAFETY SELECT COMMITTEE

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undertake a Crime and Disorder Audit and, following public consultation, produce a Community Safety Plan which sets out how agencies within the Partnership intend to achieve targets in crime reduction – the latest version is the [Stockton-on-Tees Community Safety Strategy 2022-2025](#).

Part two of the [Police and Crime Commissioner Review](#), recommended that the Home Office undertake a full review of Community Safety Partnerships (CSPs) across England and Wales. The CSP review ran from March 2023 to January 2024 and has now concluded – it sought to clarify the role of CSPs, and improve their transparency, accountability, and effectiveness, making it easier for them to serve the needs of their communities in tackling crime, disorder, and antisocial behaviour. As a result of the review, the Home Office will be developing new guidance for CSPs, which will reflect the context CSPs currently work within and set out recommended minimum standards, as well as suggestions for good practice.

- **Serious Violence Duty:** The Duty (Aug 22) <https://www.gov.uk/government/publications/police-crime-sentencing-and-courts-bill-2021-factsheets/police-crime-sentencing-and-courts-bill-2021-serious-violence-duty-factsheet> and associated guidance (Dec 22): https://www.gov.uk/government/news/efforts-to-tackle-serious-violence-and-homicide-stepped-up?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=66d44b4c-9d22-4f1d-aed7-517818847183&utm_content=immediately. The Home Office plan to update the guidance to the Serious Violence Duty (SVD) – the LGA will be giving views (Councils have contributed to this).
- **Martyn's Law:** ([The Terrorism \(Protection of Premises\) Draft Bill](#) has recently (May 23) been published, which will introduce new requirements for those responsible for certain public premises or events to take protective security measures to mitigate against terrorist attacks. Also known as Martyn's Law, this will likely have a number of implications for Councils. Further details can also be found on [the Home Office's Martyn's Law factsheet](#). The LGA has recently (Apr 23) published [a case study highlighting how Manchester Council](#) has embedded the principles of Martyn's Law into their licensing process. The Terrorism (Protection of Premises) Act 2025, also known as Martyn's law, received Royal Assent on Thursday 3 April. Now that the legislation has received Royal Assent, the LGA expect the implementation phase will be at least 24 months. The LGA continue to signpost people to both [Protect UK](#) and [Gov.UK](#) for further information and updates on the Terrorism (Protection of Premises) Act 2025. Materials and guidance to support duty holders will be published on either Gov.uk or Protect UK.
- **Modern Slavery:** [New modern slavery risk assessment and due diligence guidance for local authority commissioners of adult social care](#), produced by the University of Nottingham Rights Lab in tandem with the LGA, was published in October 2023 - it provides advice on to how to set up effective local systems to identify and manage the risks of modern slavery in adult social care. The LGA has established a modern slavery network for Council officers leading on work to tackle modern slavery – the network meets quarterly via Teams and aims to share good practice and discuss current issues. In March 2025, the Home Office [published its end of year summary for the National Referral Mechanism \(NRM\)](#) and Duty to Notify Statistics in 2024. The statistics provide a breakdown of the number of potential victims of modern slavery referred into the NRM. 19,125 potential victims of modern slavery were referred to the Home Office last year, representing a 13 per cent increase compared to the preceding year. The [Home Office has published their Action Plan on modern slavery](#), which sets out the Home Office and partners' actions to tackle modern slavery over the next 12 months, and long-term ambition over the coming years. It sets the strategic approach for the next financial year, reflecting current parameters and constraints (including resourcing and budget). Middlesex University and Anti-Slavery International have completed [research exploring the role of local authorities as first responders](#). The report looks at the challenges and

COMMUNITY SAFETY SELECT COMMITTEE

Work Programme 2025-2026

opportunities facing Councils, and focuses on the need to improve training, awareness, and collaboration to strengthen the local response to modern slavery.

The LGA has [updated its councillor guide on tackling modern slavery](#). The guide provides advice to Councillors on how they can increase awareness and understanding of modern slavery across their Council and community, as well as how Councillors can scrutinise the work of the Council and its partners on modern slavery, ensuring accountability.

- **Youth Offending:** *Turnaround* is a voluntary youth early intervention programme led by the Ministry of Justice. The programme provides multi-year grant funding to Youth Offending Teams (YOTs) across England and Wales until March 2025, enabling them to intervene earlier and improve outcomes for children on the cusp of entering the youth justice system. The eligibility criteria for *Turnaround* includes; children involved in anti-social behaviour (ASB) – ranging from coming to notice for repeated involvement in ASB up to and including receiving a Civil Order for ASB. The Ministry of Justice is encouraging all community safety teams to engage with their local YOT Manager or Management Board to discuss a referral pathway for eligible children so they can be offered support via *Turnaround*.
- **Anti-Social Behaviour (ASB):** The Local Government and Social Care Ombudsman issued a press release in August 2023 expressing concern that [Councils were not doing enough to help victims of ASB](#). The Ombudsman has also produced a [learning lessons from complaints about antisocial behaviour](#) document which includes scrutiny questions for Councillors. The [ASB Action Plan](#) has since been updated (March 2024).

The Victims and Courts Bill includes new powers for the Victims' Commissioner to scrutinise the treatment of victims of anti-social behaviour. The Commissioner has already taken a close interest in ASB but to date, her focus has been on the criminal justice system. This additional power will enable future Commissioners to look more widely at the victim experience. In preparation for this, the Office of the Victims' Commissioner is undertaking a mapping exercise, to look at the victim journey across all agencies, identifying sources of data, gaps in policy and obstacles to victims reporting and getting support. The Commissioner is keen to receive any case studies and feedback about current processes.

- **CONTEST:** In July 2023, the Government published its [updated counter-terrorism strategy, CONTEST](#), which judges that risks from terrorism are rising. In related matters, SBC rolled-out mandatory staff training around the Prevent and Protect duty at the end of April 2023. In March 2024, the Government [published a new definition of extremism](#), updating the one in the 2011 Prevent Strategy and to reflect the evolution of extremist ideologies and the social harms they create. The Government also recently published a [progress report one year on from the publication of the Independent Review of Prevent](#). This sets out that 30 of the 34 recommendations are now complete, including updated statutory guidance, training and the assessment framework, the launch of a new [Standards and Compliance Unit \(STaCU\)](#) to handle complaints and provide oversight.
- **Fire & Rescue:** [State of Fire & Rescue 2022](#) - His Majesty's Chief Inspector of Fire and Rescue Services Annual Assessment of Fire and Rescue Services in England. Arson and deliberate fire setting remain a significant issue for Cleveland Fire Brigade with Cleveland being the arson capital of the UK – in October 2022, Cleveland Fire Brigade [appealed for everyone to become a FireStopper in a new bid to reduce arson and violent attacks on Firefighters](#).

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- **Shoplifting:** Police to treat shoplifting like organised crime (BBC online article published in October 2023): <https://www.bbc.co.uk/news/business-67191793>. In November 2024, it was reported that incidents of shoplifting had reached a 20-year high, according to figures recorded by the police. A survey of shopkeepers by the Association of Convenience Stores found that 94 per cent felt that the problem had worsened in the last 12 months: [Sky: 'We need help': Workers say shoplifting is 'out of control' after surge in brazen thefts](#).
- **Dangerous Dogs Act 1991:** The Government has added the XL Bully breed type to the list of dogs banned under the Dangerous Dogs Act 1991 in England and Wales. From 31 December 2023, breeding, selling, exchanging, advertising, rehoming, gifting, abandoning, and allowing an XL Bully dog to stray will be illegal, and these dogs must be muzzled and on a lead in public. From 1 February 2024 it will be a criminal offence to own an XL Bully in England and Wales unless the owner has a Certificate of Exemption. [Defra has published further information about how to prepare for the ban which will be updated regularly](#), and they will continue engagement with stakeholders. In March 2024, the LGA wrote to Council chief finance officers on behalf of DEFRA about new burdens funding relating to the XL Bully Ban for 2023-24.
- **Licensing:** [Legislation has been introduced into Parliament to amend the Licensing Act 2003](#) so that it is easier to get changes to licensing hours for special events or occasions, such as significant sporting events, through Parliament. The Bill is more concerned with parliamentary process than the contents of the Licensing Act itself. The Local Government Association (LGA) understands this legislation has Government support, so is likely to complete its parliamentary stages and become law.

In July 2025, the Transport Select Committee launched [a new parliamentary inquiry looking at taxi and private hire vehicle licensing](#). This inquiry will examine whether the current licensing framework provides authorities with the tools they need to successfully regulate the sector. The Committee will consider the implications of uneven rules between areas, the growing role of digital ride-hailing platforms, and the challenges that can arise from cross-border working. It will also explore what reforms may be needed to improve standards for passengers and drivers. Councils are encouraged to respond to this inquiry, and the deadline for responses is Monday 8 September.

Leeds City Council and West Yorkshire Trading Standards are working together to push for a national change to the Licensing Act by gathering national support and evidence via a short survey: [Licensing Act loophole survey](#). The goal is to close the loopholes which undermine the work from Local Authorities and regulatory services to protect communities and public health. One major issue is the transfer of alcohol licences during a review or appeal. Organised crime groups are exploiting this by passing licences to individuals with no known links to the criminal activity.

- **Domestic Homicide Reviews (DHRs):** The LGA and DAC conducted a survey regarding DHRs - [the results can be found on the LGA website](#). The LGA, Association of Police and Crime Commissioners (APCC) and Domestic Abuse Commissioner (DAC) formed a Domestic and Related Deaths Review (DARDR) forum for those who are involved in commissioning DARDRs or DHRs. There are currently 195 members of the forum from Councils, police, Offices of Police and Crime Commissioners and health. The forum set up a task group to give recommendations to government to consider in the forthcoming output from a review of DARDRs. The second phase will begin shortly where access to qualified chairs and costs will be considered.
- **Fires involving e-bikes and e-scooters:** The Office for Product Safety & Standards (OPSS) has written to heads of trading standards, asking that, where resources and prioritisation allow, Trading Standards services identify and inspect bike repair businesses and where possible inform OPSS of their findings.

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- **Khan Review:** Dame Sara Khan has published her [independent review into social cohesion and resilience](#). Recommendations include the establishment of a new Office for Social Cohesion and Democratic Resilience (OSCDR), a 5-year Social Cohesion and Democratic Resilience Strategy (SCDR) and Action Plan, and that Government should better engage with Local Authorities over actions that could undermine social cohesion – for example in relation to asylum dispersal.
- **Safe Access Zones Around Abortion Clinics:** Councils have been contacting the LGA regarding Safe Access Zones around abortion clinics. The LGA have been engaging with government to ensure safe access zones can be established. Legislation will come into force from 31 October 2024 and will make it illegal for anyone to do anything that intentionally or recklessly influences someone's decision to use abortion services, obstructs them, or causes harassment or distress to someone using or working at these premises. The law will apply within a 150-metre radius of the abortion service provider. The College of Policing and the Crown Prosecution Service will be publishing operational guidance to ensure there is clarity and consistency with the enforcement of the new offence. Further information is available at: [Protection zones around abortion clinics in place by October - GOV.UK \(www.gov.uk\)](#).
- **Trading Standards:** Illegal imported sweets which contain banned additives linked to cancer and behavioural problems are "flooding UK high streets", councils have said (see February 2025 article: https://www.theguardian.com/uk-news/2025/feb/13/imported-sweets-american-candy-flooding-uk-high-streets-councils-banned-additives?utm_medium=email&utm_source=govdelivery). The warning first came from the Chartered Trading Standards Institute, which said that demand for American confectionery was being driven by influencers on social media platforms, leading to high street shops and smaller convenience stores stocking the products.
- **Crime and Policing Bill:** Early-2025 saw the UK Government introduce the Crime and Policing Bill to Parliament. Key provisions include:
 - **Powers for Theft Recovery:** Police can now enter properties without a warrant to recover stolen items located via electronic tracking, such as 'find my phone' apps. This change enables swifter action during critical investigation periods.
 - **Protection for Retail Workers:** The bill introduces a specific offence for assaulting retail workers, ensuring better safeguards for employees in shops and supermarkets.
 - **Addressing Antisocial Behaviour:** New "Respect Orders" will ban habitual offenders from town centres, and police are empowered to seize vehicles like off-road bikes and e-scooters used irresponsibly in public spaces.
 - **Combatting Knife Crime:** Measures include increased penalties for selling dangerous weapons to minors and the creation of a new offence for possessing a blade with intent to cause harm.
 - **Violence Against Women and Girls:** The bill strengthens Stalking Protection Orders, criminalises spiking incidents, and restricts registered sex offenders from changing their names to evade detection (note: publication of a new VAWG government strategy is expected later in 2025).
 - **Child Protection:** A new duty mandates adults in specific roles to report instances of child sexual abuse, implementing recommendations from the Independent Inquiry into Child Sexual Abuse.
 - **Public Order Enhancements:** The legislation bans face coverings used to conceal identity during protests and criminalises climbing on designated war memorials, promoting respect for public monuments.
- **Young Futures Programme:** The Young Futures Programme is a national, cross-government plan to prevent youth violence by proactively identifying and supporting young people most at risk. Central to the strategy are Young Futures Hubs, local centres that bring together mental health services, education, career advice, youth workers and police. Prevention Partnerships, which are multi-agency panels, will be

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introduced where there are Violence Reduction Units. This will work with communities, charities, schools, health services and police to map risk, co-ordinate early interventions and tailor support packages. These panels harness VRU expertise and local knowledge to spot vulnerabilities early, reduce youth involvement in crime (including knife crime and violence against women and girls), and offer continuous, evidence-based support. Each area with a VRU area will introduce a Prevention Panel from October 2025. Roll out to further areas is expected from April 2026.

- **Violence Against Women and Girls (VAWG):** The Violence Against Women and Girls (VAWG) Strategy publication is scheduled for September 2025.
- **Police and Crime Commissioner (PCC) for Cleveland:** Further information on the office of the PCC can be found on via <https://www.cleveland.pcc.police.uk/commissioner/office/> - this includes engagement with the **Cleveland Police and Crime Panel (PCP)**. Access to PCP agendas and papers can be found via <https://www.cleveland.pcc.police.uk/commissioner/office/the-work-of-cleveland-police-and-crime-panel/>.

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