

**Date:**

Thursday 30 October 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 - 22)  
  
To approve the minutes of the last meeting held on  
25 September 2025.
- 5. Monitoring the Impact of Previously Agreed  
Recommendations – Outdoor Play Provision** (Pages 23 - 34)  
  
Progress report for the previously completed Outdoor Play  
Provision review.
- 6. Scrutiny Review of Children affected by Domestic Abuse** (Pages 35 - 64)  
  
To consider submissions in relation to this scrutiny topic from:
  - NHS North East and North Cumbria Integrated Care Board
  - Primary Care Networks (PCNs)
- 7. Chair's Update and Select Committee Work Programme  
2025-2026** (Pages 65 - 72)

**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](mailto: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**

<b>Subject</b>	<b>Description</b>
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain
<b>Sponsorship</b>	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.
<b>Contracts</b>	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.
<b>Land and property</b>	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.
<b>Licences</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
<b>Corporate tenancies</b>	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.
<b>Securities</b>	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 Community Safety Select Committee was held on Thursday 25 September 2025.

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

**Officers:** Richard Bradford, Mandy MacKinnon, Marc Stephenson (A,H&W); Aishah Waithe, Gary Woods (CS)

**Also in attendance:** Cllr Norma Stephenson OBE (SBC Cabinet Member for Access, Communities and Community Safety); Sarah Massiter (Harrogate and District NHS Foundation Trust); Beth Swanson (North Tees and Hartlepool NHS Foundation Trust); Gemma Sharpe (Tees, Esk and Wear Valleys NHS Foundation Trust); Lindsay Britton-Robertson (University Hospitals Tees)

**Apologies:** None

### **CSS/19/25 Evacuation Procedure**

The evacuation procedure was noted.

### **CSS/20/25 Declarations of Interest**

There were no interests declared.

### **CSS/21/25 Minutes**

Consideration was given to the minutes of the Community Safety Select Committee meeting which was held on 31 July 2025 for approval and signature.

AGREED that the minutes of the Committee meeting held on 31 July 2025 be approved as a correct record and signed by the Chair.

### **CSS/22/25 Stockton-on-Tees Community Safety Strategy**

The Committee received a briefing on the ongoing refresh of the local Community Safety Strategy (the current version was due to expire at the end of 2025).

Community Safety Partnerships (known locally as the Safer Stockton Partnership (SSP)) had 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. A clear process was set out in the 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 set the framework of the priorities for the Borough, though many of these were mandated nationally).

A draft 'Community Safety Plan: Stockton-on-Tees 2025-2027' was provided in advance for the Committee's consideration. Introduced by the Stockton-on-Tees Borough Council (SBC) Assistant Director – Regulated Services and Transformation, and supported by the SBC Cabinet Member for Access, Communities and Community Safety and the SBC Civic Enforcement Manager, content included:

- Introduction (SBC Cabinet Member for Access, Communities and Community Safety)
- About Stockton Borough
- What do we know about crime in Stockton-on-Tees?
- Keeping Stockton Safe 2025-2027
- Priorities underpinning the strategic approach for the next three years
  - Managing the impact of serious and organised crime
  - Crime and disorder linked to drugs and alcohol
  - Anti-social behaviour (ASB) and feelings of safety
  - Reducing the offending rates of the most prolific offenders
  - Domestic Abuse
  - Prevent
  - Diverse Communities Feeling Safe
  - Welcoming Town Centres
- Operation Shield: A Unified Approach to Town Centre Safety
- Achieving our Mission

Reminding the Committee that this was a partnership plan as opposed to a SBC one, each of the proposed priorities for the 2025-2027 period were detailed. In terms of consultation to inform the preparation of this document, it was noted that meetings had taken place with young people involved with the Council's Bright Minds Big Futures (BMBF) initiative, as well as Cleveland Police's independent group on diversity. Once approved, an Action Plan relating to the strategy would be completed and available for scrutiny.

In response, the Committee referenced the perception of crime (often raised in discussions around community safety) and asked how this strategy would be communicated to the public. Members were informed that, despite successes in tackling local crime and disorder, perceptions remained an issue, and that a communications drive would be undertaken by all partners to reinforce messaging. It was important to ensure the voice of businesses / traders was heard, something which had already been aided by the *Operation Shield* initiative. Getting back to basics around resident engagement was also vital in understanding concerns and subsequently address these.

Drawing attention to the statement (within the 'What do we know about crime in Stockton-on-Tees?' section) that '*Domestic abuse overall is showing a downward trend; however, incidents involving children present in the household are beginning to rise*', the Committee noted its ongoing review of Children affected by Domestic Abuse, and requested any data and / or accompanying narrative which could contribute to the evidence for this work.

Praising officers for the continuing community safety-related efforts within the Ropner ward (e.g. Clear, Hold, Build; Project Harmony), the Committee raised the frustration often relayed by residents about failing to receive a response when reporting crime or disorder. Discussion then moved onto isolated incidents which were presented (often via social media) in such a fashion that gave the public the impression crime and

disorder was more prevalent in a particular area than it really was. Despite examples of the Borough's traders transmitting positive messaging about life in Stockton-on-Tees, some people appeared to want to use any single aggravation to portray local towns in a negative light.

Committee comments concluded with a request for engagement with the Stockton-on-Tees Domestic Abuse Steering Group (DSAG) as part of the strategy's compilation and associated actions that may follow its approval, as well as the need for future focus on issues around serious youth violence (an emerging nationally recognised concern). Assurance was given that the SBC Cabinet Member for Access, Communities and Community Safety was part of the DSAG (those leading that group were also part of the SSP), and that serious youth violence was a key issue in terms of local community safety considerations.

AGREED that the draft '*Community Safety Plan: Stockton-on-Tees 2025-2027*' be noted.

## **CSS/23/25 Scrutiny Review of Children affected by Domestic Abuse**

The third evidence-gathering session for the Committee's review of Children affected by Domestic Abuse had a health focus and considered information from NHS Trusts covering health visiting, maternity services, and mental health services for young people. Prior to these presentations, Members were reminded of two health-related publications, links to which had been incorporated into the covering report for this item:

- Home Office: Domestic Abuse – Statutory Guidance (July 2022): Agency Response to Domestic Abuse – Health (pages 91-97)
- GOV.UK: Victims in their own right? Babies, children and young people's experiences of domestic abuse: The role of health services (chapter five)

### **HARROGATE AND DISTRICT NHS FOUNDATION TRUST (HDFT)**

As per the review's focus on children in their early years, health visitors had previously been identified as key contributors to the Committee's work. The HDFT Head of Public Health Nursing and Operations (0-19 Services in Darlington, Stockton and Middlesbrough) was in attendance to present the Trust's response to the following lines of enquiry:

- How do health visitors identify at-risk individuals / families?: Commissioned by Stockton-on-Tees Borough Council (SBC) to provide local 0-19 services, and in the privileged position of being one of a small number of organisations providing support across the ante-natal to pre-school period, HDFT practitioners completed and / or reviewed the holistic health needs assessment at each of the Trust's seven contact points with an individual / family (above the five nationally-mandated reviews for early years) – this included, when this was safe to do so (i.e. no child over the age of 2 was present; individual was alone), routine and selective enquiry regarding any possible domestic abuse. If such an enquiry could not be asked at the previous contact, the plan would be to ask at the next available opportunity.

If there was any historic or current 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 colleagues.

0-19 practitioners were made aware of high-risk vulnerable child and adult domestic abuse notifications through the local Children's Hub (CHUB) (indeed, HDFT sat within the CHUB, and liaised closely with SBC Early Help, leading / being involved in multi-agency work), and there were high priority reminders to the child's SystmOne record. HDFT were also notified of domestic abuse incidents through PiTstop (a police initiative).

- How confident do they feel about spotting signs of domestic abuse?: All 0-19 practitioners were trained (Level 3 Safeguarding Children) to be able to recognise signs and indicators of domestic abuse. Even if no disclosures were made, HDFT staff had a safeguarding single point of contact where supervision and advice could be sought in respect of concerns. As previously referenced, the requirement for the completion / review of the holistic health needs assessment also provided opportunities for the identification of domestic abuse-related issues.
- Are health visitors aware of how to report domestic abuse?: Staff were able to contact the HDFT safeguarding single point of contact where supervision and advice could be sought regarding next steps / potential referrals. The Trust had good links with Harbour for advice and support, and also had the DASH (Domestic Abuse, Stalking and Honour-Based Violence) risk assessment tool that staff could be supported with to inform onward referrals.
- How does the Trust promote reporting routes?: Reporting routes were shared via training and during 1:1 safeguarding supervision sessions.
- Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?: The HDFT Head of Safeguarding was responsible for the Trust's domestic abuse policy (which was current, accessible and user-friendly). Delivery of training at HDFT was the responsibility of the Specialist Nurses and Named Nurses (in accordance with the Intercollegiate Document), and 0-19 staff could also attend external training delivered by partner agencies. Any staff member within the 0-19 service could make a referral if they suspected domestic abuse.
- Data on the number of domestic abuse-related referrals made by health visitors in the last three years: HDFT did not capture individual data like this. The Trust would be able to see the volume of referrals 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 was threaded through all HDFT level 3 safeguarding training in addition to the stand-alone domestic violence training. The Trust also had its safeguarding single point of contact for any staff member to discuss imminent safeguarding concerns. Furthermore, HDFT facilitated 4x4 supervision which took place on a quarterly basis, though staff were also able to access face-to-face supervision with a Specialist Nurse (Child Protection) if they had 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?: Trust staff reported positive experiences of working with partners, and a HDFT Named Nurse sat on the local safeguarding partnership, with the Trust accessing training provided through this function (the benefits of multi-agency training, offering the ability to reflect with other agencies, were noted). In terms of strengthening arrangements, PiTstop being a part of the new 'front door' was highlighted, as was consideration towards receiving *Operation Encompass* notifications (though 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.

Thanking HDFT for its submission, the Committee referenced the response to the request for data on the number of domestic abuse-related referrals made by health visitors in the last three years, and asked how the Trust satisfied itself that it was carrying out its part in identifying, and then making referrals for, those who were experiencing domestic abuse. The HDFT officer reiterated that only overall numbers of referrals were recorded, not the reasons why – however, qualitative (deep dive) work was undertaken around specific cases which could identify issues. Members were reminded that the initial presentation by SBC officers at the Committee meeting in July 2025 stated that health visitors had made 22 domestic-abuse referrals to the CHUB during the 2024-2025 period – a request followed for any further available data on referrals made by health visitors to the Stockton-on-Tees CHUB for the last few years (overall numbers, as well as a breakdown of those which were domestic abuse-related if possible).

The Committee sought clarity on the holistic approach to the health needs assessment conducted by health visitors. With attention drawn to what was a challenging, and often stressful, time after a baby was born, Members were informed that this process assisted in identifying vulnerability and need by looking for physical and emotional signs, adverse childhood experiences, and the individual's own understanding of caregiving (potentially shaped by how they themselves were brought up). To assist with this, health visitors benefitted from good links with maternity professionals.

Acknowledging the demands on the workforce, the Committee questioned whether HDFT experienced any significant absenteeism by health visitors due to the cases they were involved with. It was stated that the Trust recognised the importance of staff wellbeing and that employees were well supported. Whilst the health visitor role was a stressful one, there was not a high absence / sickness rate.

Returning to the theme of referrals, the Committee asked if there were ever instances where concerns were raised by health visitors but then not backed up via subsequent investigation. Assurance was given that HDFT tried to ensure referral information was comprehensive, and that if a reported case gave no further cause for concern, this would be challenged (demonstrating why risk might still be present). In related matters, Members highlighted the issues that could be caused once a family became aware of a referral being made about it / an associated individual, and also cautioned that a child's view on presenting situations may not necessarily give a true reflection of life within the home, particularly if affected by any underlying health condition they may be experiencing. The value and importance of establishing and maintaining positive relationships between health visitors and families was thus emphasised.

## NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (NTHFT)

Maternity provision was another area the Committee wished to explore in relation to this scrutiny topic. The Group (University Hospitals Tees) Associate Director of Safeguarding and the NTHFT Director of Nursing were in attendance and gave a summary of the submitted response to the following lines of enquiry:

- How do maternity staff identify at-risk individuals / families? How confident do they feel about spotting signs of domestic abuse?: All midwives undertook routine enquiry into domestic abuse and asked patients if they were currently experiencing domestic abuse. This was evidence-based to encourage people to disclose in a safe space. There was a Trust Safeguarding Team (including safeguarding midwives) and an Independent Domestic Violence Advocate (IDVA) available to support staff, patients, and their families. The safeguarding midwives provided 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 was well recognised across the organisation and staff were 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 were posters on 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 sat with the Group Chief Nursing Officer, the Group Associate Director of Safeguarding had overall responsibility for safeguarding policy and practice, and for ensuring standards and availability of training delivery. The Trust promoted a 'safeguarding is everyone's business' principle, and it was expected that each staff member was responsible for ensuring their own mandatory training completion (monitored through appraisal). Collective compliance data was provided to each senior manager within clinical areas.
- Data on the number of domestic abuse-related referrals made by maternity services: A comparison between referral data before and after the IDVA post was installed demonstrated the increase in victims receiving support.
- How are staff supported in relation to domestic abuse (e.g. training course options and any available date on the uptake of these)?: Staff were trained in accordance with the Intercollegiate Documents (which included how to make an adult / child referral), as well as on how to complete a DASH assessment. Guidance on MARAC (Multi-Agency Risk Assessment Conference – a meeting where information was shared on domestic abuse cases deemed to be high-risk) was available within policy for both sites (the IDVA was available to support with these), and external training offered by partners was also offered and shared via Trust 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 had gathered evidence that the IDVA service was creating opportunities for survivors to safely disclose abuse and access tailored support. Case studies highlighted both the direct engagement between clients and the Hospital IDVAs, and the proactive steps taken to ensure survivors received timely



and effective interventions. Without this role, many clients may not have accessed specialist domestic abuse support.

There had been a marked increase in referrals from the hospital to the IDVA / Harbour service. Having the IDVA based on site had enhanced communication, encouraged patient engagement, and allowed for immediate safeguarding, signposting, and referrals. This also showed that hospital staff were 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 did not wish to access ongoing support, each person referred still had the opportunity to engage with the IDVA on site for support and safety planning.

The Hospital IDVA role was vital in supporting clients who attended hospital and may be vulnerable or unaware that they were experiencing domestic abuse. The role not only raised awareness of domestic abuse but also enabled engagement with specialist support services. By working closely with ward staff, the IDVA promoted knowledge and understanding of domestic abuse, and strengthened responses to disclosures.

As the role was trauma-informed, the Hospital IDVA was able to respond quickly and effectively in an environment where staff were often extremely busy and may not have the capacity to provide in-depth support themselves. The IDVA delivered 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 also increased access to support for clients who were harder to reach, thereby reducing risk and encouraging engagement with services (e.g. elderly clients, who were often less likely to access external support, were more effectively engaged through the IDVAs 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 was strength in working across both safeguarding partnerships together with community safety in order to tackle some of the challenges related to domestic abuse as it straddled all three and affected all ages. As a provider, it was a challenge working across multiple Local Authorities, especially for children as the Teeswide Safeguarding Adults Board (TSAB) worked 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, was both limited and inconsistent. Also, the allocation from central government did not reflect the needs of the area.

The Trust IDVA post was at risk because Office of the Police and Crime Commissioner (OPCC) for Cleveland funding ended in March 2026. IRIS (a general practice-based domestic violence and abuse training, support, and referral programme) supported primary care with identification and seeking help for victims, however, this was not consistently funded. MARAC was not statutory, therefore it was harder for agencies to gain resource to support the process when other statutory duties took precedence. Integration and unification of clinical records systems was required in order to facilitate better recognition and support for victims and better risk information-sharing.

Welcoming this important contribution, the Committee began its response by questioning if NTHFT had links with other Trusts (other than neighbours South Tees Hospitals NHS Foundation Trust) regarding those individuals coming into the area and using its services. Members heard that whilst relationships did exist between Trusts, information-sharing was limited due to the use of different systems for patient records.

The Committee sought confirmation, and was subsequently assured, that NTHFT processes allowed for a child to be referred for support should a parent present with / disclose domestic abuse-related issues (figures for this could be provided if required). Members were also informed that posters within Trust departments directed patients to help where needed, and that an initiative existed whereby individuals could discreetly seek support by using a codeword. The Committee asked that the stated number of referrals for Hartlepool and Stockton (277) following the introduction of the Hospital IDVA post be separated out so Stockton-only data could be established.

From a wider perspective, Trust representatives were asked if they felt the overarching local 'system' was operating effectively in terms of identifying and responding to domestic abuse. In response, challenges in relation to the IDVA funding and MARAC not being statutory were reiterated, with financial shortfalls meaning organisations needed to prioritise their statutory duties. Whilst NTHFT shared information and took actions, many health organisations were unable to physically attend meetings due to the length and frequency. Regarding the IDVA situation, it was also noted that recently published joint targeted area inspection (JTAI) reports on the multi-agency response to children and families needing help in Redcar and North Yorkshire had highlighted the importance of health IDVAs.

#### TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV)

Recognising the mental health impact on children who had experienced domestic abuse, a contribution had also been sought from TEWV. Representing the Trust, the TEWV Community Team Manager (Stockton Child and Adolescent Mental Health Services (CAMHS)) gave a presentation which covered the following:

- What is the mental health impact on children experiencing domestic abuse?: Children who experienced domestic abuse, whether directly or by witnessing it, faced significant and often long-lasting mental health challenges – this included emotional and psychological effects (e.g. anxiety, depression, post-traumatic stress disorder (PTSD)), developmental delay, relationship and behavioural difficulties, and long-term mental health difficulties associated with adverse childhood experiences (ACEs).
- How do CAMHS staff identify at-risk individuals / families?: Referrals were received from a variety of sources, and may include concerns about emotional distress, behavioural issues, exposure to trauma or abuse, or family dysfunction / parental mental health. During initial screening, the CAMHS Single Point of Contact (SPOC) Team conducted triage assessments to determine urgency and appropriateness – these looked for risk indicators such as self-harm or suicidal ideation, signs of neglect or abuse, substance misuse, domestic violence, and school refusal or exclusion. Physical presentation and any changes to the 'norm' were also assessed.

Beyond this initial phase, holistic assessments established any mental health symptoms (e.g. anxiety, depression, PTSD), family dynamics and parenting

capacity, social determinants (housing, poverty, isolation), and ACEs. Multi-agency collaboration (including liaison with Local Authorities to share concerns / obtain further information) was undertaken where identified, and further formulation and risk assessment was conducted using the 'five Ps' framework (presenting problems, and perpetuating, precipitating, predisposing and protective factors).

- How confident do staff feel about spotting signs of domestic abuse?: This was dependent on the experience of the clinician working with the child / young person / family. However, TEWV supported its workforce in this regard via monthly supervisions for clinical staff, daily huddles (where concerns could be raised and advice sought), and the provision of training around domestic abuse (included in all mandated safeguarding training at levels 1-3, the Durham Tees Valley Care Group compliance rate was 95%). In addition, all teams had good relationships with the Child Safeguarding Team / Leads, and had access to domestic abuse basic awareness training delivered by a MARAC specialist advisor.

The TEWV Safeguarding Children Policy outlined domestic abuse as a safeguarding concern and encouraged staff to view children as victims. It highlighted the support staff should access to understand the steps to be taken when concerns were raised (including referral to the Local Authority where appropriate).

- Safeguarding Data from TEWV electronic records: Tees Valley-wide data showed a recent increase in the rate of recorded safeguarding concerns involving domestic abuse – 131 from April 2024 to March 2025 (12 months), compared to 71 from April 2025 to August 2025 (5 months). Only one case had been reported to the police for each of these periods, though all cases since April 2025 had multi-agency liaison (compared to 83% in 2024-2025).
- SBC as a Partner Agency: In general (not specific to domestic abuse), staff reported positive working relationships with SBC, noting reliability, effective communication, being a voice around the table, and responsiveness.
- Any views on key areas of future focus relating to this scrutiny topic (e.g. existing challenges that need to be addressed)?: Understanding / recognising partner roles, responsibilities and expertise, and understanding service limitations (organisations had specialisms and could not cover everything).

Thanking the TEWV representative for their presentation, the Committee enquired about any age-related limitations on gathering information. The CAMHS offer was designed for 0-18 year-olds, though most service-users were over the age of 10 (rather than in the early years phase). Members queried the current CAMHS waiting list for Stockton-on-Tees and were informed that a routine appointment could now be obtained within a week (if urgent, this would be available earlier).

After being assured that the service was able to meet existing demand, the Committee asked if there was a set time between receiving a referral and triage taking place. It was stated that CAMHS managers met every week, cases were triaged within a week of receipt, and the referred individual was seen within two weeks (though usually well within this timeframe). Responding to a Member query around the average length of intervention, it was noted that this would depend on the complexity of an individual's situation / previous experiences, but that CAMHS tended to focus on moderate-to-

severe cases, so contact was usually longer (reflecting the time required to build the therapeutic relationship which was vital in ensuring effective intervention).

The Committee sought clarity on whether a scenario where a child was living in poor conditions was considered 'abuse', and heard that an understanding of the bigger picture would be required to ascertain this (though such a situation could suggest neglect and / or financial abuse). Home visits were conducted, and professionals were active in the community, though it was stressed that any inklings around potential abuse needed to be reported to allow investigations to be initiated.

A number of requests were made to the Trust for further information – this related to 1) any data on the numbers of children accessing CAMHS who were victim-survivors of domestic abuse over the last three years, 2) any data on which organisations were referring into CAMHS, and 3) the percentage of children referred to CAMHS who a) the service went on to engage with, and b) were referred to another agency. The Committee was informed that domestic abuse-specific data may be difficult to provide as this would often not be the principal reason for a referral (though may be one of several factors).

## SCOPE AND PROJECT PLAN

The next evidence-gathering session (due to take place at the October 2025 meeting) was scheduled to feature contributions from the remaining health-related entities identified during the original scoping exercise for this review – namely the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and local Primary Care Networks (PCNs).

AGREED that the information provided by Harrogate and District NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust, and Tees, Esk and Wear Valleys NHS Foundation Trust be noted, and further information be provided as requested.

## **CSS/24/25 Chair's Update and Select Committee Work Programme 2025-2026**

### CHAIR'S UPDATE

The Chair had no further updates.

### WORK PROGRAMME 2025-2026

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 30 October 2025 and would feature the fourth evidence-gathering session for the ongoing Scrutiny Review of Children affected by Domestic Abuse involving contributions from the NHS North East and North Cumbria Integrated Care Board (NENC ICB) and the views of local Primary Care Networks (PCNs). It was also anticipated that the next progress update on outstanding actions in relation to the recommendations of the previously completed Outdoor Play Provision review would be presented.

The Committee was reminded of the 'Other Information Sources / Updates' section of the work programme, with new material highlighted for specific attention (this included developments in relation to expected new guidance for Community Safety Partnerships). The Committee Chair also referenced the proposed new statutory duty

for individuals undertaking key roles with responsibility for children and young people in England to report sexual abuse when they were made aware of it (as part of the Crime and Policing Bill).

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

Chair: .....

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## Community Safety Select Committee

30 October 2025

**PROGRESS UPDATE ON PREVIOUSLY AGREED RECOMMENDATIONS –  
OUTDOOR PLAY PROVISION****Summary**

Members are asked to consider the evidence and assessments of progress contained within the attached Progress Update on the implementation of previously agreed recommendations in relation to the review of Outdoor Play Provision (see <https://moderngov.stockton.gov.uk/documents/s9508/Final%20Report%20-%20Outdoor%20Play%20Provision.pdf> for the final report).

**Detail**

1. Following the Cabinet consideration of scrutiny reports, accepted recommendations are then subject to a monitoring process to track their implementation.
2. Two main types of report are used. Initially this is by means of Action Plans detailing how services will be taking forward agreed recommendations. This is then followed by a Progress Update report approximately 12 months after the relevant Select Committee has agreed the Action Plan (unless requested earlier). Evidence is submitted by the relevant department together with an assessment of progress against all recommendations. Should members of the Select Committee agree, those recommendations which have reached an assessment of '1' are then signed off as having been completed.
3. If any recommendations remain incomplete, or if the Select Committee does not agree with the view on progress, the Select Committee may ask for a further update.
4. The assessment of progress for each recommendation should be categorised as follows:

1	Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2	On-Track (but not yet due for completion)	The evidence provided shows that implementation of the recommendation is on track but the timescale specified has not expired.

3	Slipped	<p>The evidence shows that progress on implementation has slipped.</p> <p>An anticipated date by which the recommendation is expected to become achieved should be advised and the reasons for the delay.</p>
4	Not Achieved	<p>The evidence provided shows that the recommendation has not been fully achieved.</p> <p>An explanation for non achievement of the recommendation would be provided.</p>

5. To further strengthen the monitoring process, from August 2020, the Progress Update report will also include (where available) references on the evidence of impact for each recommendation.
6. For progress update reports following the completion of a review, the relevant Link Officer(s) will be in attendance.
7. **Appendix 1** (Review of Outdoor Play Provision) sets out the recommendations for this Committee. Members are asked to review the update and indicate whether they agree with the assessments of progress.

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## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

SCRUTINY MONITORING – PROGRESS UPDATE	
<b>Review:</b>	<b>Outdoor Play Provision</b>
<b>Link Officer/s:</b>	<b>Neil Mitchell</b>
<b>Action Plan Agreed:</b>	<b>June 2024</b>

Updates on the progress of actions in relation to agreed recommendations from previous scrutiny reviews are required approximately 12 months after the relevant Select Committee has agreed the Action Plan. Progress updates must be detailed, evidencing what has taken place regarding each recommendation – a grade assessing progress should then be given (see end of document for grading explanation). Any evidence on the impact of the actions undertaken should also be recorded for each recommendation.

<b>Recommendation 2:</b>	<b>To encourage a greater sense of community ownership, consideration be given to approaching relevant Town / Parish Councils and the local business community within the vicinity of existing outdoor play spaces to potentially support the development / maintenance of a site.</b>
Responsibility:	Neil Mitchell
Date:	At draft Strategy stage (see 7)
Agreed Action:	Approach Town and Parish Council to determine whether they are willing to provide additional financial support to maintain / develop play provision in their local area.  Business sponsorship / involvement to be discussed with individual organisations and within forum opportunities.
Agreed Success Measure:	Third parties contribute towards costs of maintaining, renewing or developing outdoor play provision.
Evidence of Progress (July 2025):	This area of work will commence when we have completed the analysis of play provision utilising the principles agreed at Cabinet on the 17 <sup>th</sup> July 25.
Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>
Evidence of Impact (July 2025):	n/a
Evidence of Progress (October 2025):	Following the adoption of the full Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 on 16 <sup>th</sup> October 2025, the principle has been established that adoption of sites by Town or Parish Councils will be explored where a site is at risk. In addition, officers will engage with town and parish councils on an ongoing basis, as time allows, to determine willingness to provide financial support to maintain / develop play provision in their local area.

## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>
Evidence of Impact (October 2025):	Explicit inclusion in the approved strategy.

<b>Recommendation 5:</b>	<b>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).</b>
Responsibility:	Graham Clingan
Date:	At draft strategy
Agreed Action:	To be addressed through the proposed Strategy (see 7).
Agreed Success Measure:	Principles agreed via strategy.
Evidence of Progress (July 2025):	First stage of Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 agreed by Cabinet 17/7/25. The strategy document highlights areas of inequalities and over provision. Following cabinets decision, officers are preparing the second stage of the strategy document which will identify specific sites in which to invest, and which may be decommissioned at the end of equipment life.
Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>
Evidence of Impact (July 2025):	<a href="https://moderngov.stockton.gov.uk/documents/s18385/Appendix%20A%20-Strategy%20for%20Stockton-on-Tees%20Borough%20Council%20Outdoor%20Play%20Provision%202025%201.pdf">https://moderngov.stockton.gov.uk/documents/s18385/Appendix%20A%20-Strategy%20for%20Stockton-on-Tees%20Borough%20Council%20Outdoor%20Play%20Provision%202025%201.pdf</a>
Evidence of Progress (October 2025):	The full Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 agreed by Cabinet 16/10/25. The strategy document highlights areas of inequalities and over provision. Following Cabinet's decision, officers have identified specific sites in which to invest, and which will be decommissioned at the end of equipment life.
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>
Evidence of Impact (October 2025):	<a href="#">Strategy for outdoor play provision 2025.pdf.pdf</a>

## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

<b>Recommendation 6:</b>	<b>As part of a required rationalisation process in relation to the existing outdoor play offer:</b>	
	<b>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.</b>	
Responsibility:	Graham Clingan	Graham Clingan
Date:	31 July 2024	31 December 2024
Agreed Action:	Recommendations to be formulated on the basis of that analysis and to form part of the proposed strategy (see 7).	Recommendations to be formulated on the basis of that analysis and to form part of the proposed strategy (see 7).
Agreed Success Measure:	Analysis of distribution.	Overlay financial breakdown.
Evidence of Progress (July 2025):	<p>First stage of Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 agreed by Cabinet 17/7/25. Strategy contains several principles designed to manage our assets in a sustainable manner.</p> <ul style="list-style-type: none"> <li>• Principle 6: We aim to limit the overall scale of provision to a level which is sustainable in terms of Council resources for management and maintenance.</li> </ul> <p>Cabinet resolved that:</p> <p>The requirement of additional revenue funding of £150,000 per annum from 2026/27 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 to 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 Update &amp; Strategy report to Council in February 2026.</p>	

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### PROGRESS UPDATE: Review of Outdoor Play Provision

Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>	
Evidence of Impact (July 2025):	<a href="https://moderngov.stockton.gov.uk/documents/s18385/Appendix%20A%20-Strategy%20for%20Stockton-on-Tees%20Borough%20Council%20Outdoor%20Play%20Provision%202025%201.pdf">https://moderngov.stockton.gov.uk/documents/s18385/Appendix%20A%20-Strategy%20for%20Stockton-on-Tees%20Borough%20Council%20Outdoor%20Play%20Provision%202025%201.pdf</a>	
Evidence of Progress (October 2025):	<p>On Wednesday 16<sup>th</sup> October 2025, Cabinet agreed to:</p> <ol style="list-style-type: none"> <li>1. That Cabinet approve the full strategy document.</li> <li>2. That Cabinet approve the site-specific recommendations, subject to financial approvals of the additional £150,000 pa contained within the 2026/27 MTFP report to be presented in February 2026. This would enable 23 Council-owned play areas to be prioritised for retention, development or redevelopment, ensuring high maintenance standards and delivering good play value. A further 9 play areas will also be retained subject to availability of resources, while 11 sites would be subject to phased decommissioning and repurposing.</li> <li>3. That Cabinet note the series of additional cross-cutting actions relating to the development, design and management of play provision.</li> </ol>	
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>	
Evidence of Impact (October 2025):	<a href="#">Strategy for outdoor play provision 2025.pdf.pdf</a>  <a href="#">Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 (Part 2)</a>	
	<b>b) Complementing sub-section a), SBC undertakes a piece of work around those sites requiring more urgent attention to ascertain costs of either removing the play area or raising it to an appropriate standard.</b>	
Responsibility:	Steve Bowerbank	
Date:	Compiled list by 30 June 2024	
Agreed Action:	List of sites requiring urgent attention to be compiled (and note of sites already earmarked for refurbishment, e.g. Newham Grange Park).	
Agreed Success Measure:	List compiled which feeds into analysis and strategy development.	
Evidence of Progress (July 2025):	All play areas have been assessed and tables developed identifying individual items of equipment at each site, the play value of each item, it's life expectancy and replacement costs (including surfacing). This information will be invaluable with the development of the second phase of strategy to be presented to Cabinet.	

## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>
Evidence of Impact (July 2025):	n/a
Evidence of Progress (October 2025):	<p>All evidence was collated and used to evaluate the entire play estate. This evidence was essential information in order to prepare a site specific recommendation.</p> <p>Following Cabinet's approval of the full Play Provision Strategy on the 16<sup>th</sup> October 2025, officers can now enact the principles for each site. It should be noted that recommendation 2 states:</p> <p><i>That Cabinet approve the site-specific recommendations, subject to financial approvals of the additional £150,000 pa contained within the 2026/27 MTFP report to be presented in February 2026. This would enable 23 Council-owned play areas to be prioritised for retention, development or redevelopment, ensuring high maintenance standards and delivering good play value. A further 9 play areas will also be retained subject to availability of resources, while 11 sites would be subject to phased decommissioning and repurposing.</i></p> <p>As set out above, raising of standards is a principle enshrined in the approved strategy and the decommissioning of the selected sites, is informed by the assessment of the current condition.</p> <p>On that basis, the commitment to either improve the facilities or remove the play equipment, has been adopted.</p>
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>
Evidence of Impact (October 2025):	n/a
	<b>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.</b>
Responsibility:	Town team
Date:	Compiled and submitted by September 2024
Agreed Action:	Costs to be identified and potential impact on other play spaces to be assessed.
Agreed Success Measure:	Provision of information which clearly demonstrates long term maintenance obligations including warranty consideration.

## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

Evidence of Progress (July 2025):	An inspection and maintenance package is being negotiated with the play park contractor. This will form a multi-year package purchased up front using a capital allocation.	
Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>	
Evidence of Impact (July 2025):	n/a	
Evidence of Progress (October 2025):	<p>An allowance for maintenance has always been made. At the point Esh (lead contractor) were appointed, the play equipment was not designed (but an allowance for delivery and maintenance was made in the budget). The play equipment subcontract was competitively tendered and delivered by Timberplay as a subcontract package for what is a specialist item. Therefore, the ongoing maintenance of equipment supplied by a specialist sub-contractor sits with the sub-contractor (as the supplier / manufacturer of said equipment) and not the lead contractor.</p> <p>An allowance of £40,000 has been made within the waterfront project budget for repairs, maintenance and or spare parts.</p> <p>In addition, an additional sum has been built into the MTFP for the Waterfront Park grounds maintenance. As has been referred to in other sections, the Play Area Strategy also established the need for a further non-site-specific allocation of £150,000 towards play area maintenance.</p> <p>The combined effect of these changes are expected to ensure that all play areas can be adequately maintained in future.</p>	
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>	
Evidence of Impact (October 2025):	n/a	
	<b>d) With due regard to the SBC <i>Powering Our Future</i> initiative, appropriate consultation (particularly with Stockton Parent Carer Forum and SBC Ward Councillors) is conducted around any proposed changes to existing outdoor play provision.</b>	
Responsibility:	Keith Mathews	Graham Clingan
Date:	n/a	Dec 2024 - Feb 2025
Agreed Action:	Appropriate consultation to be carried out in relation to current planned developments.	Consultation process for changes identified in proposed strategy to be developed as part of the process for strategy delivery.
Agreed Success Measure:	Ongoing, fully developed process.	Process confirmed as part of strategy development.

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### PROGRESS UPDATE: Review of Outdoor Play Provision

Evidence of Progress (July 2025):	Consultation is embedded for new play provision. We will consult with stakeholders when considering outcomes for specific sites affected by the strategy principles.	
Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>	
Evidence of Impact (July 2025):	n/a	
Evidence of Progress (October 2025):	<p>The need for consultation is embedded in the Play Area Strategy. Consultation with the Parent Carer Forum has occurred already and will continue in relation to future developments and changing circumstances.</p> <p>The decommissioning process for the identified sites could take several years, so the consultation will be ongoing, but the requirement for that involvement is now fixed.</p>	
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>	
Evidence of Impact (October 2025):	n/a	

<b>Recommendation 7:</b>	<p><b>Reflecting the main outcomes from this review, SBC develops and publishes an outdoor play provision strategy which includes the following elements:</b></p> <ul style="list-style-type: none"> <li><b>The Council's aims in relation to the provision of outdoor play spaces.</b></li> <li><b>The locations and assessments of existing and outdoor play provision, as well as any planned developments.</b></li> <li><b>The key challenges associated with providing these spaces.</b></li> <li><b>How the Council will seek to address these key challenges (including guiding principles).</b></li> <li><b>Timelines for action and who will be accountable.</b></li> </ul>		
Responsibility:	Graham Clingan	Graham Clingan	Graham Clingan
Date:	28 February 2025	31 March 2025	31 May 2025
Agreed Action:	Develop draft strategy for internal consultation.	External consultation / engagement regarding any major changes to play area provision.	Final strategy published.



## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

Agreed Success Measure:	Draft strategy circulated for comment.	Draft strategy circulated for comment.	Draft strategy circulated for comment.
Evidence of Progress (July 2025):	First stage of Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 agreed by Cabinet 17/7/25. Second part of strategy will be submitted to cabinet identifying which sites are affected after applying the principles and data.		
Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>		
Evidence of Impact (July 2025):	<a href="https://moderngov.stockton.gov.uk/documents/s18385/Appendix%20A%20-Strategy%20for%20Stockton-on-Tees%20Borough%20Council%20Outdoor%20Play%20Provision%202025%201.pdf">https://moderngov.stockton.gov.uk/documents/s18385/Appendix%20A%20-Strategy%20for%20Stockton-on-Tees%20Borough%20Council%20Outdoor%20Play%20Provision%202025%201.pdf</a>		
Evidence of Progress (October 2025):	<p>On Wednesday 16<sup>th</sup> October 2025, Cabinet agreed to:</p> <ol style="list-style-type: none"> <li>1. That Cabinet approve the full strategy document.</li> <li>2. That Cabinet approve the site-specific recommendations, subject to financial approvals of the additional £150,000 pa contained within the 2026/27 MTFP report to be presented in February 2026. This would enable 23 Council-owned play areas to be prioritised for retention, development or redevelopment, ensuring high maintenance standards and delivering good play value. A further 9 play areas will also be retained subject to availability of resources, while 11 sites would be subject to phased decommissioning and repurposing.</li> <li>3. That Cabinet note the series of additional cross-cutting actions relating to the development, design and management of play provision.</li> </ol>		
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>		
Evidence of Impact (October 2025):	<a href="#">Strategy for outdoor play provision 2025.pdf.pdf</a>  <a href="#">Strategy for Stockton-on-Tees Borough Council Outdoor Play Provision 2025 (Part 2)</a>		



## APPENDIX 1

### PROGRESS UPDATE: Review of Outdoor Play Provision

<b>Recommendation 8:</b>	<b>This final report be shared with the SBC Planning Committee for information only.</b>
Responsibility:	Gary Woods
Date:	June 2024
Agreed Action:	Share final Action Plan and Strategy with SBC Planning.
Agreed Success Measure:	Circulated strategy document.
Evidence of Progress (July 2025):	The Committee's final report was circulated to the SBC Planning Committee in June 2024. The associated Action Plan and new outdoor play provision strategy will be shared with the SBC Planning Committee for information once the latter is agreed.
Assessment of Progress (July 2025): (include explanation if required)	<b>2 (On-Track)</b>
Evidence of Impact (July 2025):	n/a
Evidence of Progress (October 2025):	The Action Plan in relation to the review's recommendations (approved by the Committee in June 2024) and the subsequent new Strategy for SBC Outdoor Play Provision 2025 (endorsed by Cabinet in October 2025) were circulated to the SBC Planning Committee in October 2025.
Assessment of Progress (October 2025): (include explanation if required)	<b>1 (Fully Achieved)</b>
Evidence of Impact (October 2025):	n/a

<b>Assessment of Progress Gradings:</b>	<b>1</b> Fully Achieved	<b>2</b> On-Track	<b>3</b> Slipped	<b>4</b> Not Achieved
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## SCRUTINY REVIEW OF CHILDREN AFFECTED BY DOMESTIC ABUSE

### Summary

The fourth evidence-gathering session for the Committee's review of Children affected by Domestic Abuse will consider information from the NHS North East and North Cumbria Integrated Care Board, as well as survey feedback from local Primary Care Networks.

### Detail

1. The **NHS North East and North Cumbria Integrated Care Board** (NENC ICB) was identified as an important contributor to this review as part of the initial scoping process and has therefore been asked to provide a response to the following lines of enquiry:

- *What roles / responsibilities do ICBs have in relation to domestic abuse (in particular duties involving children)?*
- *What work (pertinent to Stockton-on-Tees) has NENC ICB been involved with in relation to domestic abuse (and its impact upon children)?*
- *Who / what is the responsible person / role within your organisation regarding written safeguarding policies / training / submitting referrals?*
- *How are NENC ICB staff supported in relation to domestic abuse (e.g. training course options and any available data on the uptake of these)?*
- *Does the NENC ICB highlight / raise awareness of the issue of domestic abuse (and its impact upon children) and support services? If so, how / how often (include examples)?*
- *Are there any ongoing or proposed national / regional ICB-related initiatives regarding this scrutiny topic?*
- *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. The NENC ICB Strategic Head of Commissioning (Tees Valley) and NENC ICB Deputy Director of Nursing – Safeguarding are scheduled to be in attendance to give a summary of this submission and address Committee comments / questions.

2. Recognising the importance of primary care within the context of this scrutiny topic, the Committee was keen to engage with local practices. A survey was therefore developed and issued to the Borough's four **Primary Care Networks (PCNs)**:

- Billingham and Norton PCN
- BYTES PCN
- North Stockton PCN
- Stockton PCN

A paper detailing and reflecting upon the responses received has been produced and is included within these meeting papers. The NENC ICB Head of Primary Care – Tees Valley (who co-ordinated this survey) and a local GP Partner are scheduled to be in attendance to give a summary of this submission and address any Committee comments / questions.

3. 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](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](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)
4. A copy of the agreed scope and plan for this review is included for information.

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**North East and  
North Cumbria**

# **NENC ICB Responsibilities: Domestic Abuse & Children**

Protecting vulnerable children from domestic abuse harms

# Our Statutory Duties



## **Legal Recognition of Child Victims**

The Domestic Abuse Act 2021 officially recognises children affected by domestic abuse as victims needing specific care and support.

## **ICBs' Strategic Planning**

The Health and Care Act 2022 requires ICBs to develop five-year strategic plans addressing needs of domestic abuse victims including children.

## **Proactive Safeguarding Role**

ICBs must actively safeguard vulnerable individuals by integrating healthcare services focused on domestic and sexual abuse victims

# Safeguarding Children



## **Executive Safeguarding Leads**

Appointing executive leads ensures safeguarding responsibilities are prioritized at the highest governance level.

## **Statutory Guidance Compliance**

ICBs comply with 'Working Together to Safeguard Children' to coordinate multi-agency protection efforts.

## **Local Safeguarding Partnerships**

Active participation in local partnerships ensures adherence to safeguarding standards across services.

## **Safe Healthcare Services**

Healthcare services must be safe and responsive to children's needs, promoting their welfare and protection.

# Commissioning & Service Planning

## **Trauma-Informed Service Commissioning**

ICBs must commission services that are trauma-informed and centred on supporting children affected by domestic abuse.

## **Strategic Planning and Needs Assessment**

Domestic abuse considerations should be integrated into strategic planning and needs assessments by ICBs.

## **Early Identification in Healthcare**

Services must identify and respond to domestic abuse early, particularly in primary care, maternity, and emergency departments.

## **Accessible Referral Pathways**

ICBs must ensure referral pathways are accessible and effective for children and families affected by domestic abuse.





# Workforce Training & Accountability

## **Comprehensive Staff Training**

Healthcare staff must be trained to identify domestic abuse signs and understand referral pathways for victim support.

## **Compliance with SAAF Framework**

Staff roles and responsibilities in safeguarding are defined by the NHS England Safeguarding Accountability and Assurance Framework.

## **Ongoing Role-Specific Training**

Training is continuous and tailored to specific staff roles to ensure confident and appropriate responses to safeguarding issues.

## **Accountability Mechanisms**

Effective monitoring ensures compliance and maintains safeguarding as a priority across all organizational levels.



# Multi-Agency Collaboration

## **Multi-Agency Risk Assessment Conferences**

MARACs bring together professionals from various sectors to share information and develop safety plans for high-risk victims.

## **Domestic Homicide Reviews**

ICBs participate in DHRs to learn from past incidents and improve future safeguarding responses.

## **Holistic Safeguarding Approach**

Collaboration among local authorities, police, and voluntary organisations ensures comprehensive support for children and families.



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# National, Regional, Local

## National

National Head of  
Safeguarding  
Kenny Gibson

Responsibility for:

- Domestic Abuse
- Violence Against Women and Girls
- Sexual Violence

## Regional

Chief Nurse  
David Purdue

Chris Brown NHSE  
Safeguarding Lead

## Local

Molly Larkin  
Deputy Director of  
Nursing-  
Safeguarding

# NENC ICB - Internally

- Domestic Abuse is one of the main priorities of the ICB
- Domestic Abuse is in all NHS contracts, and the Trusts are expected to ensure that the workforce can:
  - Prevent
  - Identify
  - Respond consistently through a Think Family First lens
- The ICB is a strategic partner on the:
  - Community Safety Partnership Boards across the 14 LAs
  - Domestic Abuse Board
  - ICB publish every month a link around DA and safeguarding
  - Safeguarding Network for Health Professionals across the area
  - NENC ICB signed up to the Sexual Safety Charter in 2023

# NHSE – External

- Standing Together for DA – A network with learning opportunities
  - Meets 4/6 times a year

# National Initiatives



# NHS England Safeguarding Accountability and Assurance Framework (SAAF)

**Updated in 2024** to reflect the role of ICBs in safeguarding children and adults.

Emphasises **multi-agency collaboration**, training, and **localised safeguarding leadership**.

Supports implementation of **Children's Social Care Reforms** and revised **Working Together to Safeguard Children** guidance.

# IRISi & NHS Collaboration

**IRIS and ADViSE programmes** are being expanded to support ICBs in embedding domestic abuse identification and referral pathways in general practice and sexual health clinics.

**Focus:** Early intervention, clinician training, and direct referral to domestic abuse specialists.



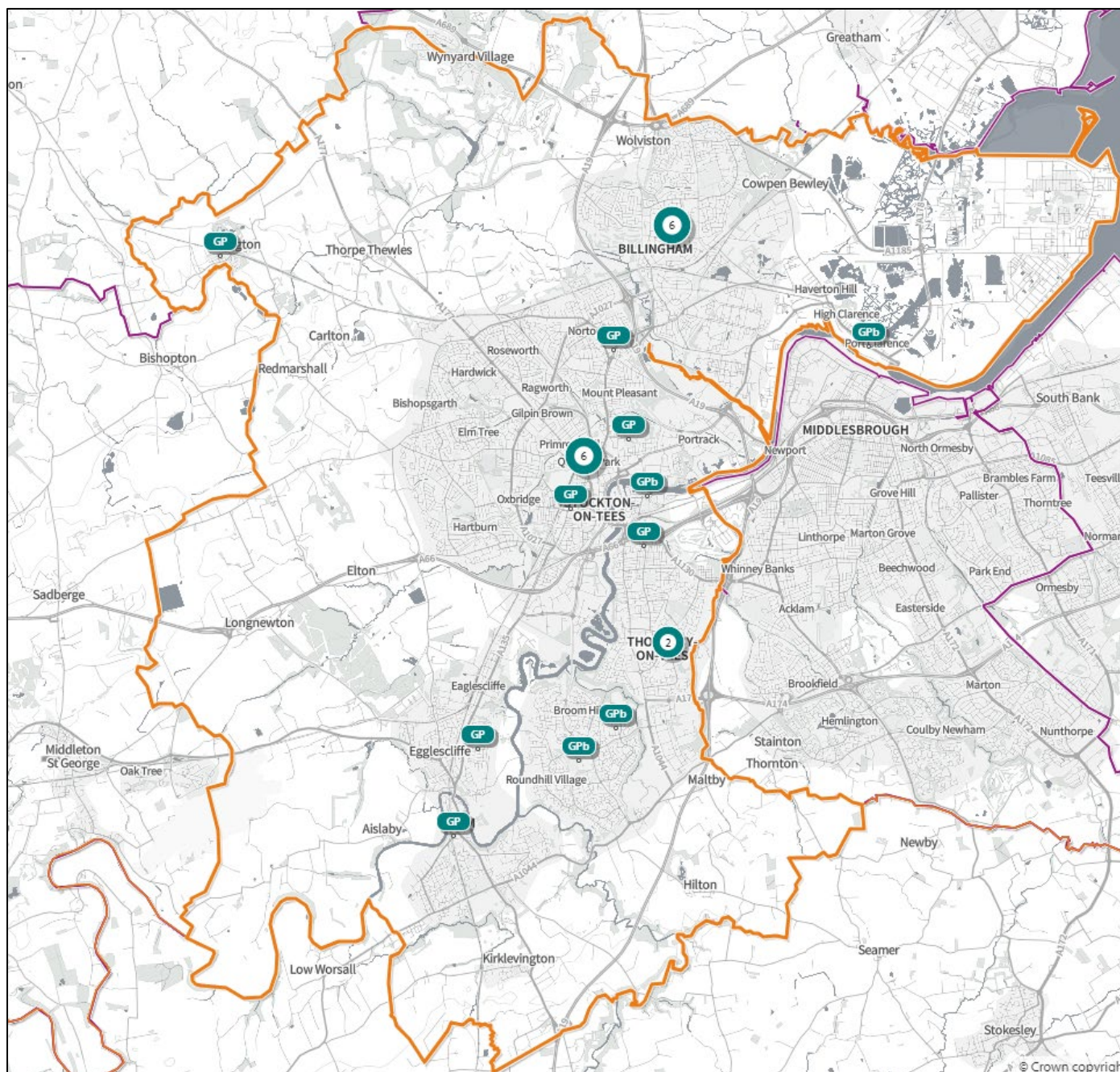
# **Primary Care Network Key Contributor responses to scrutiny review of:**

## **Children affected by domestic abuse- Stockton-on-Tees**

Coordinated by: Rebecca Warden- Head of Primary Care-  
North East and North Cumbria Integrated Care Board

## Stockton-on-Tees General Practice Overview

In Stockton-on-Tees there are 20 practices in 4 Primary Care Networks (PCNs)]. The location of general practices and branch sites, grouped together in to four Primary Care Networks (PCNs) can be seen in the map, and list below.



Kingsway Medical Centre	Billingham and Norton
Melrose Surgery	Billingham and Norton
Queenstree Practice	Billingham and Norton
Norton Medical Centre	Billingham and Norton
Alma Medical Centre	North Stockton
Tennant Street Medical Practice	North Stockton
Queens Park Medical Centre	North Stockton
Woodlands Family Medical Centre	Stockton
Dovecot Surgery	Stockton
Densham Surgery	Stockton
Riverside Practice	Stockton
Elm Tree Surgery	Stockton
Woodbridge Medical Practice	Stockton
Eaglescliffe Medical Practice	BYTES
Park Lane Surgery	BYTES
Thornaby & Barwick Medical Group	BYTES
Yarm Medical Practice	BYTES

## **Approach**

The North East and North Cumbria Integrated Care Board (ICB) Tees Valley Primary Care Team developed and issued a Microsoft (MS) form survey via PCN Operational Managers to support coordination of response from the member practices.

The survey issued was developed on the basis of the key lines of enquiry (KLOEs) identified and agreed by the Link Officers.

*Note- PCNs are groups of practices working together to deliver services and work in collaboration with other providers to deliver proactive and personalised care. They have a national 'directed enhanced service' (DES) contract which they are responsible for delivering. There is no requirement in the DES in respect of 'domestic abuse'.*

## **Key lines of enquiry**

The below provides a screenshot of the MS forms survey outlining the questions asked of PCNs.

1. Primary Care Network

- ☐ Stockton
- ☐ North Stockton
- ☐ Billingham & Norton
- ☐ BYTES

2. What mechanisms or tools do primary care staff within your network use to identify at-risk individuals, children and families who are affected by domestic abuse?

Enter your answer

3. How confident do practice staff within your network feel about spotting the signs of domestic abuse?

- ☐ Very confident
- ☐ Some what confident
- ☐ Not confident at all

4. Is domestic abuse training promoted to staff within your network?

- ☐ Yes
- ☐ No

5. Are primary care staff within your network aware of how to report domestic abuse?

- ☐ Yes
- ☐ No

6. Are primary care staff within your network aware of local domestic abuse services?

- ☐ Yes
- ☐ No

7. Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?

- ☐ Yes
- ☐ No

8. What mechanisms do practices within your network use promote how to report domestic abuse? e.g. teamnet, posters

Enter your answer

9. Do practices within your network utilise the clinical system to record concerns relating to domestic violence, and or referrals they make to support agencies?

- ☐ Yes
- ☐ No


10. If no, please explain why the system is not used in this way e.g confidentiality concerns

Enter your answer

11. Are practices within your network aware of the Local GP Independent Domestic Violence Advocate [IDVA]

☐ Yes

☐ No

13. Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence? 

☒ Yes

☐ No

14. If yes, please provide the reason for your response e.g. how does this operate

Enter your answer

15. If no, please explain improvements that practices feel could be made to strengthen the current arrangements

Enter your answer

16. Are there any key areas that your network would like scrutiny to focus on in future in relation to this topic [e.g existing challenges that need to be addressed]

Enter your answer

## Responses

- All 4 PCNs responded on behalf of members practices

**Q: What mechanisms or tools do primary care staff within your network use to identify at-risk individuals, children and families who are affected by domestic abuse?**

PCN	Response
Stockton on Tees	Collaboration between clinicians and all ARRS staff in particular Social Prescribers and Health and Well-Being Coaches.
BYTES	<p>Primary care staff within our network use a range of mechanisms and tools to identify at-risk individuals, children, and families who may be affected by domestic abuse.</p> <p>All practices consistently make use of clinical coding to record relevant concerns and safeguarding issues within the patient record, ensuring that important information is clearly flagged and accessible to all members of the care team.</p> <p>Safeguarding registers are maintained and updated to monitor vulnerable individuals and families, providing a structured overview of</p>



	<p>those who require additional oversight. Patient alerts are also applied within electronic health systems, allowing clinicians to be immediately aware of potential risks during consultations.</p> <p>In addition to these digital tools, staff participate in regular multidisciplinary team (MDT) meetings where concerns can be discussed collaboratively with other professionals. This creates an environment for information-sharing, early intervention, and coordinated support. Collectively, these approaches ensure that safeguarding concerns, including those related to domestic abuse, are identified, monitored, and acted upon in a timely and consistent manner across the network.</p>
<b>North Stockton</b>	Utilise tools learned from Safeguarding Children and Safeguarding Adults training.
<b>Billingham and Norton</b>	We do not have a single way of working across practices.

### Key themes:

- Collaboration Across Roles
- Identification and Monitoring of At-Risk Individuals
- Structured Information Sharing and Early Intervention
- Training and Use of Safeguarding Tools

### Q: How confident do practice staff feel about spotting the signs of domestic abuse?

How confident do practice staff within your network feel about spotting the signs of domestic abuse? (0 point)



### Q: Is domestic abuse training promoted to staff within your network?

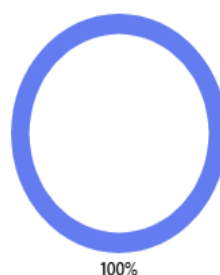
Is domestic abuse training promoted to staff within your network? (0 point)



## Q: Are primary care staff within your network aware of how to report domestic abuse?

Are primary care staff within your network aware of how to report domestic abuse? (0 point)

● Yes 4  
● No 0

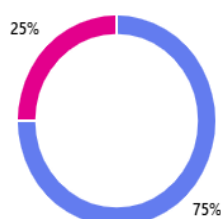


## Q: Are primary care staff within your network aware of local domestic abuse services?

\*BYTES responded 'no' this question

Are primary care staff within your network aware of local domestic abuse services? (0 point)

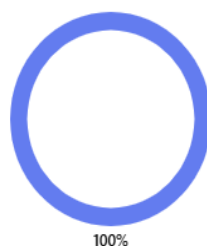
● Yes 3  
● No 1



## Q: Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?

Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?  
(0 point)

● Yes 4  
● No 0



## Q: What mechanisms do practices within your network use promote how to report domestic abuse? e.g. teamnet, posters

PCN	Response
Stockton on Tees	Posters, PPG noticeboards, Practices and PPG social media.
BYTES	<p>Practices within our network use a variety of mechanisms to promote awareness of how to report domestic abuse and to ensure both patients and staff know how to access support. Online signposting is routinely provided through practice websites and digital platforms, directing individuals to trusted local and national resources.</p> <p>Within the practice environment, information is displayed prominently through posters, flyers, and reception displays, with particular attention</p>

	<p>to placing materials in discreet areas such as toilets, so that individuals can access information privately and safely.</p> <p>Each practice has safeguarding leads who act as visible points of contact for staff, ensuring clear lines of accountability and advice. Opportunities to raise awareness and reinforce reporting pathways are also created through regular meetings, discussions at multidisciplinary forums, and protected learning events.</p> <p>In addition, staff are supported with mandatory and refresher safeguarding e-learning modules, which include specific guidance on domestic abuse and reporting procedures.</p>
<b>North Stockton</b>	<p>Within our network, the importance of recognising and reporting domestic abuse is reinforced through several mechanisms. All staff complete annual training modules which include safeguarding and domestic abuse awareness.</p> <p>In addition, monthly ARRS staff MDT meetings provide an opportunity to review patients collectively, ensuring that safeguarding processes are consistently applied and reinforced across the team. Monthly GP mentoring sessions also support this by allowing discussion of any safeguarding submissions made, alongside reflection on advice received and best practice guidance.</p> <p>To further promote awareness and accessibility, a permanent link to the Stockton Council domestic abuse reporting pathway is available on our PCN's GP TeamNet homepage.</p>
<b>Billingham and Norton</b>	Posters within patient toilets and on practice website

### Key themes:

- Using a variety of media channels and signposting
- Staff training and support
- Regular communication and support
- Accessible reporting pathways
- Commitment to consistency and best practice

### Q: Do practices within your network utilise the clinical system to record concerns relating to domestic abuse and or referrals they make to support agencies?

. Do practices within your network utilise the clinical system to record concerns relating to domestic violence, and or referrals they make to support agencies? (0 point)

● Yes 4  
● No 0





## Q: Are practice aware of the Local GP Independent Domestic Violence Advocate?

. Are practices within your network aware of the Local GP Independent Domestic Violence Advocate [IDVA] (0 point)



## Q: if yes how effective is the current IDVA arrangements?

### BYTES PCN responded:

*"Overall, feedback on the current IDVA (Independent Domestic Violence Advisor) arrangement is positive, with many practices reporting that the support provided has been strong, effective, and well-received by both staff and patients. The presence of the IDVA has been valuable in offering specialist advice, helping staff to feel more confident when responding to disclosures, and ensuring that at-risk individuals are connected with appropriate services in a timely manner. That said, there is recognition that the arrangement could be strengthened further. In some practices, safeguarding leads have not yet had the opportunity to meet the IDVA directly, which can limit the consistency of engagement and the visibility of the role across the network. Enhancing direct contact and building stronger relationships between IDVAs and safeguarding leads would help to embed their input more fully into day-to-day practice safeguarding work"*

## Q: Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence?

. Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence? (0 point)



### BYTES PCN responded:

*"Cross-service referrals are being efficiently picked up and acknowledged"*

### Those who responded NO:

*"Collaboration works in principle, but lack of feedback after referrals is a shared frustration"*

*"There seems to be little promotion of collaborative working, with Harbour and other societies working in isolation"*

*"We would benefit from support to implement a single process across our PCN" [Billingham and Norton]*

*"Regular communications from the department/nominated staff members to raise the service's profile"*

**Q: Are there any key areas that your network would like scrutiny to focus on in future in relation to this topic**

- Better interoperability/communication between agencies
- Enhanced training and education (e.g., "Child behind the adult"), multi-disciplinary safeguarding training, and 0–19 service attendance at safeguarding meetings (possibly at PCN level)
- Ensuring the current referrals to both CHUB and the Adult equivalent remain in place as they are working

### **Potential opportunities**

Based on the responses received to this survey the potential opportunities include:

#### **Enhanced Collaboration and Communication/ Feedback following referral**

- While collaboration with agencies like Harbour and Stockton Borough Council exists, feedback highlights that collaborative working can at times be fragmented, with lack of feedback after referrals and a desire from practices for better communication between agencies to ensure cases are followed up and outcomes are communicated

#### **Increased Visibility and Engagement with IDVA**

- The presence of the Independent Domestic Violence Advisor (IDVA) is valued, but not all practices have met the IDVA directly, which may be limiting engagement and the role's impact. This could be resolved by regular, direct meetings between IDVAs and practices to embed the IDVA role more fully into daily safeguarding work

#### **Ongoing Training, promotion and Awareness**

- Whilst there was good awareness amongst practices there was a call for constant refresher awareness training and more multi-disciplinary safeguarding training, including topics like "Child behind the adult" and attendance from 0–19 services at safeguarding meetings
- Regular promotion of local service offers and reporting pathways through internal communications, meetings, and digital platforms would be welcomed

#### **Improved Use of Digital Tools and Communication Channels**

- Practices use a range of mechanisms (e.g., clinical coding, safeguarding registers, patient alerts, posters, websites, TeamNet) to identify and support at-risk individuals. Practices could share best practice about how they promote services to provide peer support and to identify potential opportunities of standardised process for identifying and responding to domestic abuse (recognising practices are independent businesses)

<b>Community Safety Select Committee</b>
<b>Review of Children affected by Domestic Abuse</b>
<b>Outline Scope</b>

<b>Scrutiny Chair (Project Director):</b> Cllr Ann McCoy	<b>Contact details:</b> <a href="mailto:ann.mccoy@stockton.gov.uk">ann.mccoy@stockton.gov.uk</a>
<b>Scrutiny Officer (Project Manager):</b> Gary Woods	<b>Contact details:</b> <a href="mailto:gary.woods@stockton.gov.uk">gary.woods@stockton.gov.uk</a> 01642 526187
<b>Departmental Link Officer:</b> Louise Hollick (SBC Assistant Director – Early Help, Safeguarding and CIOC)  Mandy MacKinnon (SBC Strategic Health & Wellbeing Manager)	<b>Contact details:</b> <a href="mailto:louise.hollick@stockton.gov.uk">louise.hollick@stockton.gov.uk</a>  <a href="mailto:mandy.mackinnon@stockton.gov.uk">mandy.mackinnon@stockton.gov.uk</a>
<b>Programme Management Office Link</b> Aishah Waithe (SBC Senior Project Manager – Early Intervention & Prevention)	<b>Contact details:</b> <a href="mailto:aishah.waithe@stockton.gov.uk">aishah.waithe@stockton.gov.uk</a>
<p><b>Which of our strategic corporate objectives does this topic address?</b></p> <p>The review will contribute to the following Stockton-on-Tees Plan 2024-2028 priorities:</p> <ul style="list-style-type: none"> <li>• <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.</li> <li>• <i>Priority 2: Healthy &amp; 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).</li> </ul> <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><b>What are the main issues and overall aim of this review?</b></p> <p>In December 2023, Foundations (the national What Works Centre for Children &amp; 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><b>Who will the Committee be trying to influence as part of its work?</b></p> <p>Council, Cabinet, health sector, police, schools, early years providers, families and young people.</p>	
<p><b>Expected duration of review and key milestones:</b></p> <p>8 months (report to Cabinet in March 2026)</p>	
<p><b>What information do we need?</b></p> <p>Existing information (background information, existing reports, legislation, central government documents, etc.):</p> <ul style="list-style-type: none"> <li>• Home Office: Domestic Abuse – Statutory Guidance (Jul 22)</li> <li>• 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)</li> <li>• SBC Children and Young People Select Committee: Scrutiny Review of Domestic Abuse and its Impact on Children – Final Report (Jan 20)</li> </ul>	
<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"> <li>• Children's Services (Early Help, Safeguarding and CIOC)</li> <li>• Public Health</li> </ul> <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"> <li>➤ What domestic abuse is and how it involves / can involve children</li> <li>➤ Known impact of domestic abuse on children</li> <li>➤ Identification / reporting routes / local data</li> <li>➤ Local Authority support offer / future plans</li> <li>➤ Capturing the voice of the child</li> <li>➤ Evidence-based practice to tackle this issue</li> <li>➤ Previous / current / future work re. this topic</li> <li>➤ Previous / current / future work re. this topic</li> <li>➤ 'System' co-ordination / accountability</li> <li>➤ Identification of at-risk individuals / families</li> <li>➤ Working with partners</li> <li>➤ Identification of at-risk individuals / families</li> <li>➤ Awareness / promotion of reporting routes</li> </ul>

North East and North Cumbria Integrated Care Board (NENC ICB)	<ul style="list-style-type: none"> <li>➤ 'System' considerations around this topic</li> <li>➤ National / regional developments re. this topic</li> </ul>
Primary Care Networks (PCNs)	<ul style="list-style-type: none"> <li>➤ Identification of at-risk individuals / families</li> <li>➤ Awareness / promotion of reporting routes</li> <li>➤ Working with the Council / NHS partners</li> </ul>
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"> <li>➤ Mental health impact of domestic abuse</li> </ul>
Domestic Abuse Commissioner's Office (Regional Lead)	<ul style="list-style-type: none"> <li>➤ National / regional developments re. this topic</li> <li>➤ Views on local offer / strategies</li> </ul>
Harbour	<ul style="list-style-type: none"> <li>➤ Local data / support offer</li> <li>➤ Capturing the voice of the child</li> <li>➤ Working with partners</li> </ul>
Housing Services (SBC / Thirteen)	<ul style="list-style-type: none"> <li>➤ Identification of at-risk individuals / families</li> <li>➤ Awareness / promotion of reporting routes</li> </ul>
<b>How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)</b>	
Committee meetings, reports, research, case studies.	
<b>How will key partners and the public be involved in the review?</b>	
Committee meetings, information submissions.	
<b>How will the review help the Council meet the Public Sector Equality Duty?</b>	
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.	
<b>How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?</b>	
<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 • 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	

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



**COMMUNITY SAFETY SELECT COMMITTEE**  
**Work Programme 2025-2026**

<b>Date</b> (4.30pm unless stated)	<b>Topic</b>	<b>Attendance</b>
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"> <li>• (Draft) Scope and Project Plan</li> </ul>	Sharon Cooney  Louise Hollick / Mandy MacKinnon
26 June	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> <li>• Stockton-on-Tees Borough Council <ul style="list-style-type: none"> <li>○ Early Help, Safeguarding and Children in our Care (Children's Services)</li> <li>○ Public Health (Adults, Health and Wellbeing)</li> </ul> </li> </ul>	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"> <li>• Domestic Abuse Steering Group</li> <li>• Harbour</li> </ul> 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"> <li>• Harrogate &amp; District NHS Foundation Trust (Health Visitors)</li> <li>• North Tees &amp; Hartlepool NHS Foundation Trust (Maternity)</li> <li>• Tees, Esk &amp; Wear Valleys NHS Foundation Trust (CAMHS)</li> </ul>	Cllr Norma Stephenson OBE / Marc Stephenson / Richard Bradford  Sarah Massiter  Lindsay Britton-Robertson / Beth Swanson Gemma Sharpe
30 October	Monitoring: Progress Update – Outdoor Play Provision  Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> <li>• NHS North East &amp; North Cumbria Integrated Care Board (NENC ICB)</li> <li>• Primary Care Networks (PCNs)</li> </ul>	Neil Mitchell  TBC  Rebecca Warden / Dr Clare Hodges

## 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"> <li>Cleveland Police (TBC)</li> <li>Early Years Providers: Survey Feedback (TBC)</li> </ul> SBC Air Quality Strategy 2025-2030  Minutes of the Safer Stockton Partnership (July & October 2025)	Stephen Donaghy
18 December	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> <li>Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (TBC)</li> <li>Housing Services                             <ul style="list-style-type: none"> <li>SBC (TBC)</li> <li>Thirteen Housing Group (TBC)</li> </ul> </li> </ul>	
22 January 2026 (informal)	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> <li>Summary of Evidence / Draft Recommendations</li> </ul>	Louise Hollick / Mandy MacKinnon
26 February	Review of Children affected by Domestic Abuse <ul style="list-style-type: none"> <li>(Draft) Final Report</li> </ul>	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"> <li>TBC</li> </ul>	

### 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

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#### 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 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](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

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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 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.

The Home Office has updated the ASB statutory guidance for frontline professionals to housing providers and LAs which has been updated on [gov.uk](#). These changes have been made following the recommendations of the Victims' Commissioner's 2024 report, "[Still living a nightmare: Understanding the experiences of victims of anti-social behaviour](#)". Key updates include:

- Enhanced recommendations for victim participation and support throughout the ASB Case Review process.
- Clearer guidance on the role of a single point of contact for victims
- Stronger emphasis on the use of independent chairs for case reviews.
- Alignment with the Victims Code to ensure victims of criminal ASB are referred to support services, regardless of whether criminal charges are pursued.
- Additional guidance on the interface between ASB and safeguarding, including domestic abuse and exploitation.

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- **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](#).
- **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.

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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.

October 2025 saw calls for better monitoring of gambling venues, following investigation by the BBC which found that more than a third of Councils have not been able to carry out an inspection in the past year. The LGA said Councils struggled to fund proactive inspections, and welcomed plans to give it new powers to block new gambling premises opening on high streets.

- **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.
- **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](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.

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- **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 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.
- **Domestic Abuse:** A Sanctuary Scheme is a victim survivor centred initiative which aims to enable households at risk of domestic abuse to remain in their own homes (if it is safe and their choice) and reduce repeat victimisation through the provision of enhanced security measures (sanctuary) and support. The Local Government Association (LGA), the Ministry of Housing, Communities and Local Government (MHCLG), and Standing Together Against Domestic Abuse (STADA) are working in partnership to clarify current practice. In September 2025, surveys were sent to all Council Directors of Housing to delegate to relevant colleagues to complete.

A national reciprocal housing scheme is being developed, led by Standing Together Against Domestic Abuse and Clarion Housing, to provide secure housing options for domestic abuse survivors who need to relocate while retaining their tenancy rights. Building on the Whole Housing Approach toolkit, several local schemes already exist, and the national initiative aims to expand this support across England. With 2.4 million people experiencing domestic abuse in 2022, housing remains a key barrier to safety, making reciprocal moves a vital lifeline that prevent re-victimisation, reduce homelessness pressures, uphold

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tenancy security under the Domestic Abuse Act, widen rehousing options, and offer consistent support for both survivors and landlords. Standing Together Against Domestic Abuse would appreciate if councils completed this [survey](#).

- **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/>.