



Scrutiny Review of Children affected by Domestic Abuse

Community Safety Select Committee
(DRAFT) Final Report

March 2026

DRAFT

Community Safety Select Committee
Stockton-on-Tees Borough Council
Dunedin House
Columbia Drive
Thornaby
Stockton-on-Tees
TS17 6BJ

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Select Committee – Membership

Councillor Mrs Ann McCoy (Chair)
Councillor Katie Weston (Vice-Chair)
Councillor Robert Cook
Councillor John Coulson
Councillor Jason French

Councillor Ray Godwin
Councillor Shakeel Hussain
Councillor Barbara Inman
Councillor Alan Watson

Acknowledgements

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- Councillor Norma Stephenson OBE (Cabinet Member for Access, Communities and Community Safety) – Stockton-on-Tees Borough Council (SBC)
- Councillor Carol Clark (Committee Substitute) – SBC
- Councillor Lynn Hall (Committee Substitute) – SBC
- Louise Hollick (Assistant Director – Early Help, Safeguarding and Children in Our Care) – SBC
- Mandy MacKinnon (Strategic Health & Wellbeing Manager) – SBC
- Majella McCarthy (Director of Children’s Services) – SBC; (Chair) – HSSCP
- Sarah Bowman-Abouna (Director of Public Health) – SBC; (Chair) – Stockton-on-Tees Domestic Abuse Steering Group)
- Jane Edmonds (Assistant Director – Housing & A Fairer Stockton-on-Tees) – SBC
- Julie Lathan (Service Lead – Homelessness, Lettings & Nominations) – SBC
- Cheryl Azam (Manager – Early Years & Childcare and School Service Planning) – SBC
- Nicola Coverdale (Early Years Training & Development Co-ordinator) – SBC
- Jem Bagdatlioglu (Consultation Officer) – SBC
- Samantha Neil (Team Manager – Children and Young People Team) – Harbour
- Kelly Thomson (Team Leader – Tees Valley IDVA) – Harbour
- Kimm Lawson (Strategic Head of Commissioning – Tees Valley) – NHS North East and North Cumbria Integrated Care Board (NENC ICB)
- Rebecca Warden (Head of Primary Care – Tees Valley) – NENC ICB
- Dr Clare Hodges (GP Partner) – Queens Park Medical Centre
- Sarah Massiter (HDFT Head of Public Health Nursing and Operations – 0-19 Services in Darlington, Stockton and Middlesbrough) – Harrogate and District NHS Foundation Trust
- Lindsay Britton-Robertson (Group Associate Director of Safeguarding) – University Hospitals Tees
- Elizabeth Swanson (Director of Nursing) – North Tees and Hartlepool NHS Foundation Trust
- Gemma Sharpe (Community Team Manager (Stockton Child and Adolescent Mental Health Services (CAMHS)) – Tees, Esk and Wear Valleys NHS Foundation Trust
- Alan O’Donoghue (Stockton District Commander) – Cleveland Police
- Matt Murphy-King (PVP Operations Superintendent – Prevention Command) – Cleveland Police
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- Primary Care Networks (PCNs) who provided their views on this scrutiny topic via the NENC ICB
- Early years providers who provided their views on this scrutiny topic via the Committee’s survey

Contact Officer

Gary Woods (Senior Scrutiny Officer)

Tel: 01642 526187

Email: gary.woods@stockton.gov.uk

Foreword

TBC



Cllr Mrs Ann McCoy
Chair
Community Safety Select Committee



Cllr Katie Weston
Vice-Chair
Community Safety Select Committee

Original Brief

Which of our strategic corporate objectives does this topic address?

The review will contribute to the following Stockton-on-Tees Plan 2024-2028 priorities:

- *Priority 1: The best start in life to achieve big ambitions:* We will support all children to have the best possible start in life, within a safe and inclusive community where everyone can thrive.
- *Priority 2: Healthy & Resilient Communities:* 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).

The outputs from this review will also contribute to the SBC *Powering Our Future* transformation review of 'Early Intervention and Prevention'.

What are the main issues and overall aim of this review?

In December 2023, Foundations (the national What Works Centre for Children & Families) reported figures which revealed that at least 827,000 children in England and Wales may have suffered domestic abuse by the end of 2023. Amid concerns that the numbers of children affected by domestic abuse had escalated, the organisation called for an urgent focus on testing the most promising approaches to strengthen support for children.

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?
- Does the existing service offer from individual organisations contribute effectively to a whole 'system' approach to the provision of domestic abuse support for children?
- 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?
- What national / regional / local developments will / are likely to impact upon this scrutiny topic and how will this affect services?

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.

1.0 Executive Summary

- 1.1. This report outlines the findings and recommendations following the Community Safety Select Committee's scrutiny review of Children affected by Domestic Abuse.
- 1.2. 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. [Statutory Guidance](#) supporting the understanding of the definitions of 'domestic abuse' and 'personally connected' as set out in the Domestic Abuse Act 2021 was released in 2022.
- 1.3. 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.
- 1.4. 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. A variety of research and commentaries on this scrutiny topic have been previously published, including by renowned organisations such as [Barnardo's](#), [The Children's Society](#), and the [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#).
- 1.5. In December 2023, [Foundations](#) (the national 'What Works Centre for Children & Families') reported figures which revealed that at least 827,000 children in England and Wales may have suffered domestic abuse by the end of 2023. Amid concerns that the numbers of children affected by domestic abuse had escalated, the organisation called for an urgent focus on testing the most promising approaches to strengthen support for children.
- 1.6. April 2025 saw the publication of the Domestic Abuse Commissioner for England and Wales's vision for transformation in the response to babies, children and young people subject to domestic abuse. '[Victims in their own right?](#)' examined the current reaction to those who experienced domestic abuse at home or in their family across both the statutory and non-statutory response. Evidencing current gaps in provision, examples of good practice, and providing constructive solutions for a co-ordinated approach that made the improvements needed, the report drew on extensive engagement and comprehensive insights to support recommendations across seven key themes.
- 1.7. The main aims for this review were to understand the impact of domestic abuse on children, the extent of the issue across the Borough, and the ways in which those who experience this were identified (with specific attention on exploring how domestic abuse impacted children in their early years, and the extent of the lasting impact as they grew older). Furthermore, the review sought to articulate the current local offer for children and young people affected by domestic abuse (providing clarity for frontline professionals, families and children / young people), as well as explore opportunities for early intervention (focusing on services engaging with children / families with children in their early years) to protect children from the enduring impacts of domestic abuse.

- 1.8. The Committee found that the Domestic Abuse Act 2021 had heralded a significant change in the law that led to children being recognised as victims in their own right if they saw, heard or were exposed to domestic abuse (defined as psychological, physical, sexual, financial and / or economic, emotional, and controlling and / or coercive behaviour, where the people involved were aged 16 or over and were or had been personally connected to each other (including relatives and intimate relationships)). Other relevant legislation / guidance outlined the expectations on organisations, both individually and in partnership with other agencies, to safeguard and promote the welfare of children.
- 1.9. Extensive information exists on both the immediate impact and the enduring and chronic effects of domestic abuse on children, and this was reinforced by several of the contributors to this review. The Committee acknowledge the wide range of physical and mental ramifications across different phases of a child's development, factors which underline the severity of the issue and the way in which it causes those experiencing such abuse problems in the present, as well as likely challenges and obstacles for them in the future. Stronger public communication of this impact may play a part in making those over 16 consider the effects of their actions / potential actions when children are in the household.
- 1.10. Councils have a number of obligations around domestic abuse, including the provision of safe accommodation, working with organisations that represent the voice of victim-survivors, and leading on a domestic abuse partnership (involving the development and implementation of an associated strategy). The Local Authority also offers a range of early help support, with children's services undertaking required statutory interventions in relation to safeguarding / child protection and other associated planning which involves, in part, child protection investigations, home visits, observations of the child with parent(s), and referrals to support services. Whilst some of this work is conducted on a multi-agency partnership basis, from a housing perspective, the Committee note that SBC has limited direct working with social housing providers regarding domestic abuse considerations.
- 1.11. Commissioned by SBC as the local domestic abuse support service, Harbour highlighted that, whilst progress had been made, there was work to do around this scrutiny topic, specifically in terms of educating professionals and the public (especially schools). Of particular interest to the Committee was the use of Independent Domestic Violence Advocates (IDVAs) within health settings, roles which were reportedly much-valued and had made a significant difference in assisting staff with this challenging issue, as well as facilitating safe disclosure of abuse from victim-survivors and signposting them / enabling access to available support. Although future funding for IDVAs is uncertain, it is clear that these arrangements should be maintained and indeed built upon where possible.
- 1.12. Given the focus on early years, the Committee sought, and was pleased to receive, assurance from several local organisations within the health sector around their role and actions in relation to this scrutiny topic – this included maternity, health visiting, and child mental health services. The Committee also welcomed the importance placed on domestic abuse by the overarching NHS North East and North Cumbria Integrated Care Board (NENC ICB), as well as its involvement in local multi-agency partnerships, though heard that three of the four Primary Care Networks (PCNs) within the Borough were unaware of the local GP IDVA arrangement (with all four requesting better promotion of the Harbour offer within practices). Cleveland Police was a key contributor to this review and highlighted its central role and responsibilities on this issue (including co-location within the Stockton-on-Tees Children's Hub (CHUB) to improve working relationships and the timeliness of responses). Mindful of the forthcoming changes to the SBC 'front door' arrangements, it is vital that established relationships with partners are maintained to ensure robust safeguarding of children.

- 1.13. Two important partnerships provided evidence of work undertaken on this issue. The local Domestic Abuse Steering Group involves a range of partners and is responsible for delivering 'system' outcomes around domestic abuse – the current Domestic Abuse Strategy 2022-2028 and its associated actions being key to this endeavour. Backing-up Harbour's view that further work was required within schools, the Committee encourage a focus on increasing the uptake of domestic abuse training within primary schools (which in September 2025 had seen only 10% of these settings partake). Separately, the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) has responsibility for safeguarding and promoting the welfare of children and involves multiple statutory and non-statutory partners. Whilst the Committee expressed concern about the lack of an explicit HSSCP focus on domestic abuse in recent years, it received assurance that this topic was frequently considered as part of the partnership's work (e.g. a recent multi-agency audit on this theme).
- 1.14. The Committee heard that there were 5,225 recorded 'incidents' of domestic abuse across the Borough and 3,907 recorded domestic abuse 'crimes' during 2023-2024. For this same period, 1,010 contacts into SBC Children's Services had domestic abuse listed as the reason for contact, with 25% of referrals made to SBC Children's Services over this period being domestic abuse-related. The recently published Stockton-on-Tees Community Safety Strategy stated that *'Domestic abuse overall is showing a downward trend; however, incidents involving children present in the household are beginning to rise'*, a claim which was supported by data published within HSSCP annual reports. From an early years perspective, Cleveland Police statistics demonstrated that there were 763 cases recorded of children aged 0-5 being present during a domestic abuse incident in Stockton in 2025.
- 1.15. This review had a strong emphasis on seeking assurance around identifying and reporting cases where children had experienced domestic abuse, and all contributors provided details on how this was carried out and how staff were supported to recognise signs and act on them. Importantly, individual organisations not only reflected on their own work to raise awareness of this form of abuse and promote reporting routes, but also acknowledged collective efforts around this scrutiny topic through their involvement in multi-agency arrangements. However, whilst the Committee was often given assurance on the provision of training for staff, little data was submitted on training uptake and the extent to which this was being repeated / reinforced. Similarly, the Committee found that some organisations did not appear to record domestic abuse-related referrals that they had made, making it difficult to cross-reference this against the work coming into the Stockton-on-Tees Children's Hub (CHUB) and local support service, Harbour, or establish trends within specific provision.
- 1.16. Again, mindful of this review's emphasis on the 0-5 age-range, the Borough's early years providers (e.g. nurseries / childminders) were asked to provide assurance on the identification and reporting of children who were, or were at risk of, being affected by domestic abuse within their household. Whilst the response rate to the Committee's survey was limited, those providers who did submit views demonstrated a good understanding of this issue, though also noted concerns regarding hidden abuse (particularly involving those who did not fit the stereotype of a family affected) and an absence of guidance / communications from the Council and / or other local organisations to assist in identifying / supporting children who had experienced domestic abuse. There was a clear call for an increased training offer for this sector.
- 1.17. Principally reflected through the ongoing work of Harbour, the Committee praised the involvement of local children and young people in the nationally significant *'Tell Nicole'* (the Domestic Abuse Commissioner) project which captured the voice of individuals affected by domestic abuse. As recognised in the Domestic Abuse Act 2021, children are victims in their own right if they see or hear domestic abuse, and those charged with supporting them have a duty to understand their experiences and seek their views in order to shape effective service provision.

- 1.18. There was broad positivity around the work of local partnerships when it came to the issue of domestic abuse, a feeling echoed by an annual assurance report from the Domestic Abuse Steering Group in September 2025 which, as stated by HSSCP, provided strong confidence regarding the effectiveness of arrangements, demonstrating that agencies from across the system were working to prevent, intervene early, and respond to domestic abuse. This review indicated sound buy-in and recognition of responsibility from all relevant local agencies, as well as an appreciation that working together was the best way to safeguard children.
- 1.19. Contributors were asked to identify areas for future focus in relation to this scrutiny topic, and a range of subsequent suggestions are included in the findings of this report – these should be considered by the local domestic abuse / safeguarding children partnerships. Additionally, the findings from six joint targeted area inspections (JTAs) carried out between October 2024 and June 2025 (looking at how local partnerships and services responded to children who were at risk of, or who had been victims of, domestic abuse) were published by the Government at the end of the Committee’s evidence-gathering phase – key messages from these also need to be disseminated to all relevant local agencies.
- 1.20. This was a complex topic to review about an issue that is multifaceted. Whilst it is not within the gift of the Committee to prevent this type of abuse occurring, the review has allowed a spotlight to be shone on how aware local services are of this issue, how they respond to any cases they identify, and how they work together to raise awareness and react to domestic abuse across the Borough. Addressing the causes of domestic abuse is a deep-rooted challenge for society in general, but it remains incumbent on organisations and their staff to be vigilant, appropriately trained, and suitably responsive to this all too prevalent issue.

Recommendations

The Committee recommend that:

- 1) The Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) undertake a communications campaign (reflecting the ‘keeping your child in mind’ principle) around the impact of domestic abuse on children.**
- 2) In collaboration with local schools, Stockton-on-Tees Borough Council (SBC) and Harbour introduce a school staff training programme on domestic abuse, its impact on children, and the support services available (including a plan to increase the uptake of domestic abuse training in primary schools).**
- 3) Options be explored in order to secure funding for the continuation / enhancement of Independent Domestic Violence Advocate (IDVA) services within local health settings (hospitals and primary care).**
- 4) All organisations improve their recording of details (including a child’s age) of domestic abuse-related referrals made to the Stockton-on-Tees Children’s Hub (CHUB) (*note: to be known as the ‘Family Help Point’ from 1 April 2026*) and local support service, Harbour (even when domestic abuse is only one of several reasons for a referral being submitted).**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

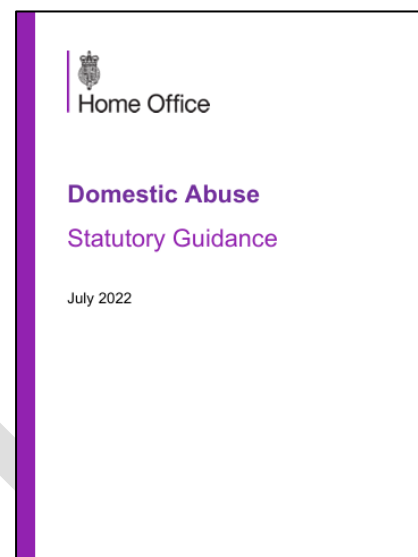
- 5) **In terms of domestic abuse-related training:**
 - a) **SBC introduces a mandatory course for all staff (and Elected Members) which includes content on identifying this form of abuse and how / where to report it.**
 - b) **Relevant partnerships with oversight of domestic abuse / safeguarding matters encourage organisations represented within these multi-agency arrangements to introduce mandatory courses for all staff, the content of which should reflect a tiered approach based on individual roles / responsibilities.**
 - c) **The Stockton-on-Tees Domestic Abuse Steering Group (DASG) seek greater assurance around the uptake of such training within individual organisations (including early years providers) and how this is impacting upon practice.**
- 6) **Harbour strengthens the promotion of its existing offer within local primary care services (across all Primary Care Networks (PCNs) and the individual practices themselves).**
- 7) **Where appropriate, the Stockton-on-Tees DASG oversee a drive to increase awareness and utilisation of Domestic Abuse Protection Orders (DAPOs) by frontline professionals across the local 'system' when domestic abuse is identified within a household.**
- 8) **SBC provides assurance to key partners and all Elected Members around the changes to its 'front door' to services for children and their families (*note: to be known as the 'Family Help Point' from 1 April 2026*), including how existing partnership arrangements will be maintained / enhanced.**
- 9) **The Stockton-on-Tees DASG seek assurance that key local partners have 'voice of the child' strategies / mechanisms in place and that best practice principles in relation to capturing the child's voice are shared and continually reinforced (particularly with frontline officers attending households).**
- 10) **The Stockton-on-Tees DASG provide updates on the progress of actions associated with the local Domestic Abuse Strategy, highlighting any areas which are proving challenging and the reasons for this.**
- 11) **Suggested areas of future focus identified by contributors to this review be shared with, and subsequently considered by, the Stockton-on-Tees DASG and the HSSCP.**
- 12) **The findings and recommendations from the recently published thematic joint targeted area inspection (JTAI) report on '*the multi-agency response to children who are victims of domestic abuse*' be shared with all relevant local organisations.**

2.0 Introduction

- 2.1. This report outlines the findings and recommendations following the Community Safety Select Committee's scrutiny review of Children affected by Domestic Abuse.
- 2.2. The main aims for this review were to understand the impact of domestic abuse on children, the extent of the issue across the Borough, and the ways in which those who experience this were identified (with specific attention on exploring how domestic abuse impacted children in their early years, and the extent of the lasting impact as they grew older). Furthermore, the review sought to articulate the current local offer for children and young people affected by domestic abuse (providing clarity for frontline professionals, families and children / young people), as well as explore opportunities for early intervention (focusing on services engaging with children / families with children in their early years) to protect children from the enduring impacts of domestic abuse.
- 2.3. The Committee identified 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?
 - Does the existing service offer from individual organisations contribute effectively to a whole 'system' approach to the provision of domestic abuse support for children?
 - 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?
 - What national / regional / local developments will / are likely to impact upon this scrutiny topic and how will this affect services?
- 2.4. The Committee took evidence from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing and SBC Children's Services directorates, the local Domestic Abuse Steering Group, Harbour, local NHS Trusts (regarding maternity, health visiting and mental health considerations), the NHS North East and North Cumbria Integrated Care Board, Primary Care Networks, Cleveland Police, the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership, and housing services (Thirteen Housing Group and SBC Housing Services). A survey for the Borough's early years providers was also issued.

3.0 Background

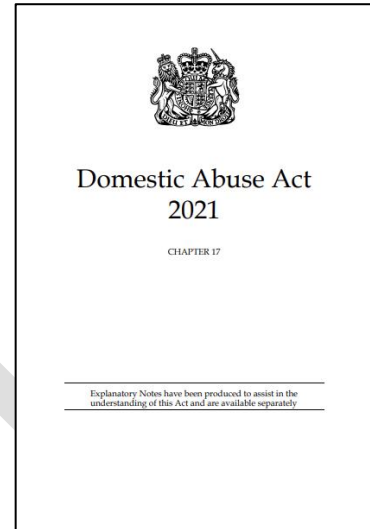
- 3.1 The impact of domestic abuse is felt by children regardless of their age, and this is now recognised in the Domestic Abuse Act 2021. Children exposed to domestic abuse or experiencing domestic abuse in their own relationships are regarded as victim-survivors in their own right. [Statutory Guidance](#) supporting the understanding of the definitions of 'domestic abuse' and 'personally connected' as set out in the Domestic Abuse Act 2021 was released in 2022.
- 3.2 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.
- 3.3 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. A variety of research and commentaries on this scrutiny topic have been previously published, including by renowned organisations such as [Barnardo's](#), [The Children's Society](#), and the [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#).
- 3.4 In December 2023, [Foundations](#) (the national 'What Works Centre for Children & Families') reported figures which revealed that at least 827,000 children in England and Wales may have suffered domestic abuse by the end of 2023. Amid concerns that the numbers of children affected by domestic abuse had escalated, the organisation called for an urgent focus on testing the most promising approaches to strengthen support for children.
- 3.5 April 2025 saw the publication of the Domestic Abuse Commissioner for England and Wales's vision for transformation in the response to babies, children and young people subject to domestic abuse. '[Victims in their own right?](#)' examined the current reaction to those who experienced domestic abuse at home or in their family across both the statutory and non-statutory response. Evidencing current gaps in provision, examples of good practice, and providing constructive solutions for a co-ordinated approach that made the improvements needed, the report drew on extensive engagement and comprehensive insights to support recommendations across seven key themes.
- 3.6 From a Council perspective, the Local Government and Social Care Ombudsman had previously issued '[Learning to improve council services for domestic abuse victims](#)' in response to the additional powers and duties created by the Domestic Abuse Act 2021. Locally, the Stockton-on-Tees Domestic Abuse Strategy 2022-2028 highlighted the importance of intervening early to minimise the impact of domestic abuse on children.
- 3.7 In related matters, the Stockton-on-Tees Borough Council (SBC) Children and Young People Select Committee conducted a '[Scrutiny Review of Domestic Abuse and its Impact on Children](#)' during 2019-2020.



4.0 Findings

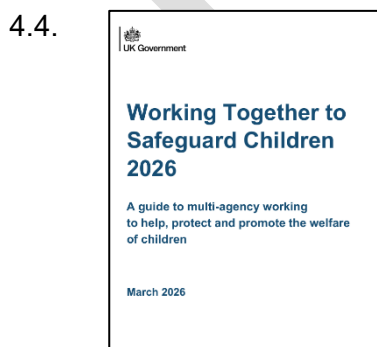
Definitions and legislative considerations

4.1. The review’s first evidence-gathering session in June 2025 saw Stockton-on-Tees Borough Council (SBC) departments reference existing legislation relevant to this scrutiny topic. **SBC Public Health** highlighted the [Domestic Abuse Act 2021](#) which stated that domestic abuse involved any single incident or pattern of conduct where someone’s behaviour towards another was abusive, and where the people involved were aged 16 or over and were or had been personally connected to each other (including relatives and intimate relationships). The different types of abuse comprised psychological, physical, sexual, financial and / or economic, emotional, and controlling and / or coercive behaviour. A significant change in the law had led to children being recognised as victims in their own right if they saw or heard domestic abuse. It was also important to distinguish that abusive behaviour directed at those aged 16 or over was deemed ‘domestic abuse’ but was categorised as ‘child abuse’ when directed at those under 16.



4.2. **SBC Early Help, Safeguarding and Children in Our Care** personnel drew attention to the legal recognition of children as victims within Section 3 of the Domestic Abuse Act 2021, as well as the requirements under the [Children Act 1989](#) which placed a duty on Local Authorities to safeguard and promote the welfare of children in need (i.e. a child requiring support and protection because their health or development was likely to be significantly impaired without such intervention, or because they had a disability).

4.3. The Children Act 1989 included an escalating scale of obligations, from the provision of services (Section 17), the need to investigate if a child was suspected to be suffering or likely to suffer significant harm due to domestic abuse (Section 47), and the provision of accommodation for children in need in specific circumstances (Section 20), through to a Care Order (a legal order made by a family court under Section 31 of the Children Act 1989, this placed a child under the care of a Local Authority, giving them shared parental responsibility with the child’s parents).



4.4. The [Working Together to Safeguard Children](#) (2018, updated in 2020, 2023 and 2026) guidance was statutory and set out how all organisations and agencies (not just social care and the police) should work together to safeguard and promote the welfare of children in England.

Key principles included a child-centred approach, a whole-family focus, and multi-agency collaboration, with specific regard to domestic abuse (stating that practitioners should continue to expand their understanding of domestic abuse and the impact it had on children).

4.5. Guidance clarified that the Data Protection Act 2018 and General Data Protection Regulations (GDPR) did not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children. Partners should attend multi-agency meetings to share information, participate in safeguarding planning, and contribute to assessments and support plans.

- 4.6. From a health perspective, in October 2025, the [NHS North East and North Cumbria Integrated Care Board \(NENC ICB\)](#) noted the [Health and Care Act 2022](#) which required ICBs to develop five-year strategic plans addressing needs of domestic abuse victims, including children. As commissioners of care, ICBs must actively safeguard vulnerable individuals by integrating healthcare services focused on domestic and sexual abuse victims. Requirements were met through the appointment of executive leads to ensure safeguarding responsibilities were prioritised at the highest governance level, compliance with statutory guidance ('Working Together to Safeguard Children') to co-ordinate multi-agency protection efforts, and active participation in local partnerships to ensure adherence to safeguarding standards across services. Furthermore, healthcare services must be safe and responsive to children's needs, promoting their welfare and protection, and the ICB had to ensure that services were aware of their own duties of care and that these were reflected within a service specification.
- 4.7. ICBs must commission trauma-informed services which centre on supporting children affected by domestic abuse, and domestic abuse considerations should be integrated into strategic planning and needs assessments by ICBs. Services must identify and respond to domestic abuse early, particularly in primary care, maternity, and emergency departments. ICBs must also ensure accessible and effective referral pathways for children and families affected by domestic abuse.
- 4.8. Updated in 2024 to reflect the role of ICBs in safeguarding children and adults, NHS England's [Safeguarding Accountability and Assurance Framework \(SAAF\)](#) emphasised multi-agency collaboration, training and localised safeguarding leadership. It also supported implementation of Children's Social Care reforms and revised 'Working Together to Safeguard Children' guidance.

Impact of domestic abuse on children

'Children and young people of different ages may respond in different ways to domestic abuse, depending on their stage of development. Babies and young children may be particularly vulnerable when living with domestic abuse, with protective factors often minimal for this age group (unable to seek help or remove themselves from danger, often 'out of sight' of regular contact with professionals, dependent on others and may not be able to recognise abusive behaviour). Babies experiencing the effects of domestic abuse may be more likely to have difficulty sleeping, have higher levels of excess crying and disrupted attachment. Children of pre-school age tend to show the most behavioural disturbance such as bed wetting, sleep disturbances and eating difficulties and are particularly vulnerable to blaming themselves for the adult violence. Older children may be more likely to show the effects of the disruption in their lives through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behaviour.'

Home Office: Domestic Abuse – Statutory Guidance (Jul 22)

- 4.9. Reinforcing several elements contained within chapter 4 (Impact of Domestic Abuse) of the Domestic Abuse [Statutory Guidance](#) issued by the Home Office in July 2022, **SBC Public Health** outlined a range of potential consequences following experiences of domestic abuse, from fear, anxiety and depression, through to suicide. Specific impacts during pregnancy were noted (it was estimated that 30% of domestic abuse began in pregnancy), as were the effects throughout different child phases (infants, toddlers, primary school age) – see table overleaf.

The impact of domestic abuse

- Fear, anxiety, depression, eating disorders
- Loneliness and isolation, withdrawn
- Physical injuries, untreated injuries
- Sleep, ability to function
- Sexual health, urinary tract infections
- Post traumatic stress disorder / enduring trauma
- Ability to work, disruption, absence
- Financial hardship
- Homelessness
- Substance misuse
- Severe and multiple disadvantage – interconnecting issues: complex lives
- Suicide

The Impact of Domestic Abuse			
Pregnancy	Infants	Toddlers	Primary School Age
<p>Incidence is likely to be higher due to under-reporting</p> <p>Suicide leading cause of maternal death; 43% of whom had reported experiencing domestic abuse</p> <p>Stress and cortisol, state of alert</p> <p>Foetal trauma, death, low birth weight, premature birth</p> <p>Brain development, brain function, emotional regulation</p>	<p>Under 12 months highest risk of serious incidents or homicide</p> <p>Risks to attachment with parent as protector</p> <p>Deliberate disruption to mother-child relationship</p> <p>Impact on child development (trust, self-regulation)</p>	<p>Brain development</p> <p>Cognitive and sensory growth</p> <p>Sleep, separation anxiety, fear when alone</p>	<p>Readiness for school</p> <p>'Behavioural problems'</p> <p>Toileting</p> <p>Eating</p> <p>Social interactions</p>

- 4.10. It was also stated that domestic abuse was present in 52% of child deaths, and that 50% of children accessing Child and Adolescent Mental Health Services (CAMHS) were victim-survivors of domestic abuse.
- 4.11. The Committee felt it would be useful to understand how well self-harm was investigated / identified as this could sometimes be a symptom which remained hidden (it was subsequently noted that Tees, Esk and Wear Valleys NHS Foundation Trust (TEVV) was included on the list of anticipated contributors to this review). Members were also keen to unpick the statistic that 50% of children in CAMHS were victim-survivors of domestic abuse.
- 4.12. Reflections on the effects of exposure led Members to query if any information was available on the likelihood of a child going on to become a perpetrator if they themselves had experienced domestic abuse in their formative years. The Committee also recognised the need to understand the causes of domestic abuse as well as its subsequent impact.
- 4.13. Members spoke of their personal involvement in supporting those who had been abused, noting that women were often reluctant to seek help until their child / children became affected, and were also liable to return to their partner despite being abused by them.
- 4.14. [Tees, Esk and Wear Valleys NHS Foundation Trust \(TEVV\)](#) representatives working within the Child and Adolescent Mental Health Service (CAMHS) added that 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 complications associated with adverse childhood experiences (ACEs).
- 4.15. Further recognition of the impact of domestic abuse on children had been previously published by [The For Baby's Sake Trust](#) (the first programme for expectant parents that took a whole-family approach, starting in pregnancy and dealing with the entire cycle and history of domestic abuse) and [Freeva](#) ('free from violence and abuse' – an organisation which empowered and supported those who were experiencing, or had experienced, domestic and sexual violence / abuse).

The Council role and local support services

Stockton-on-Tees Borough Council (SBC)

<https://www.stockton.gov.uk/Domestic-abuse-support>

- 4.16. Councils were required to undertake a range of tasks in relation to the issue of domestic abuse, with the Domestic Abuse Act 2021 requiring the provision of safe accommodation (refuges, dispersed properties, sanctuary support (known locally as 'Safe at Home')) which was facilitated via the production of a safe accommodation needs assessment and subsequent strategy to influence commissioning. Further key Local Authority obligations involved leading on a domestic abuse partnership with other organisations (in Stockton-on-Tees, this was done via the Domestic Abuse Steering Group), working with organisations that could represent the voice of victim-survivors (Harbour fulfilled this role locally), allocating the role of a Domestic Abuse Co-ordinator, and responding to the Domestic Abuse Commissioner for England and Wales.
- 4.17. SBC commissioned Harbour as the local domestic abuse support service whose offer included a GP Independent Domestic Violence Advocate (IDVA), a children's team and a Child IDVA (to ensure the voice of the child was heard), and the provision of safe accommodation. Harbour and SBC Children's Services worked together to jointly plan support and develop the workforce.
- 4.18. The Committee asked how much of the Public Health budget was spent on local organisations to provide support in relation to domestic abuse. SBC officers confirmed that the annual spend was around £500,000 which was part-funded via Public Health and 'safe accommodation' grants.

SBC Early Help, Safeguarding and Children in Our Care

- 4.19. In terms of early help, a number of options existed locally to support families with children in the early stages of their lives – this included:
- **the commissioned service, Family Action:** outreach volunteers providing community support (e.g. food parcels, signposting to other services)
 - **four Family Hubs across the Borough:** offering a range of parental support, group sessions and programmes – engagement workers were also in place to encourage access
 - **the Family Solutions Teams:** senior family workers providing 1:1 help to develop plans, visit homes, and work directly with children
 - **the SBC Project and Interventions Service:** family group conferencing and therapeutic support, featuring an established model which identified extended family / friends / distant relatives to allow the family unit to develop its own support plan.
- 4.20. As part of the current support offer, the Family Hub programmes included an element on 'nurturing' which covered the emotional wellbeing of the family, communicating / negotiating with a child, and how to keep a child safe and supported. The 'keeping your child in mind' principle was also highlighted – this aimed to give parents a better understanding of their own behaviour and the behaviour towards their partner, and the impact this could have on their child / children.
- 4.21. Further to the earlier section around legislative considerations, potential involvement of social workers was outlined which included children and families assessments (completed within 45 days), Child in Need plans, Child Protection plans (under Section 47 requirements), Pre-Proceedings plans under Public Law Outline (PLO), and Child in Our Care (CIOC) planning. Interventions for any of these situations would include referrals to Harbour, direct work with the child (obtaining their 'voice' if old enough), home visits, observations of the child with parent(s), parenting work, assessments, and referrals for other interventions such as substance misuse or mental health (often reflecting case complexity). Child in Need and Child Protection planning involved regular multi-agency partnership meetings.

- 4.22. Regarding social work interventions, the Committee asked what the timescales were in relation to the Section 47 duty and what happened to the child during this process. SBC officers stated that there was a statutory timeframe of 15 days to complete an investigation and decide if a child protection conference was required (though this was often determined within 15 days). Any investigation involved seeing the child by themselves and was a joint operation with the police. A family and child safety plan would be created and followed during this process.
- 4.23. Members drew attention to those families who were more transient and queried how organisations / agencies monitored those who did not remain in one place for very long. SBC officers provided assurance that if a family / child moved into the Borough from a neighbouring Local Authority, they would 'transfer in' (SBC would take responsibility for any existing plan). However, it was acknowledged that the Council may initially be unaware of some families / children who arrived into the locality from other areas.

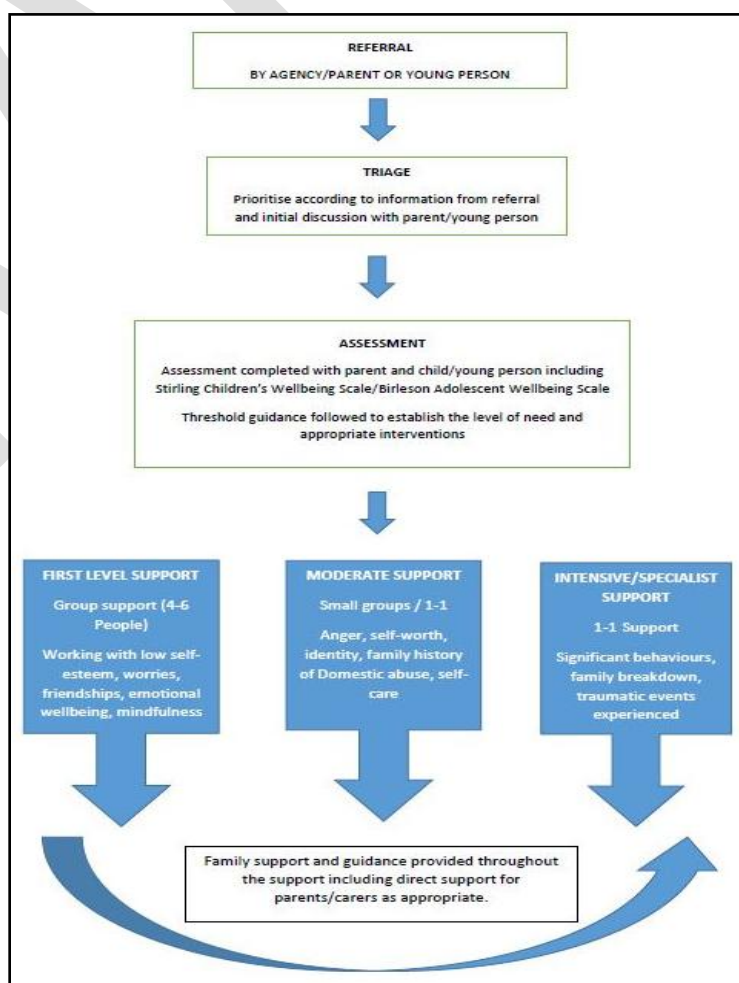
SBC Housing Services

- 4.24. The SBC Homelessness Service had direct contact with, and provided support to, individuals who were homeless because of domestic abuse, and / or supported individuals who had experienced domestic abuse. From a lettings and nominations perspective, Tees Valley Home Finder (TVHF) policy gave priority to those households fleeing domestic abuse (Thirteen Housing Group tenants were awarded a priority banding with TVHF). The wider SBC Housing Service also had officers visiting residents in their homes (including SBC Private Sector Housing and Disabled Facilities Grants Teams).
- 4.25. Any person who was offered short-term housing-related accommodation and who had disclosed either fleeing or experiencing domestic abuse was offered safety planning from a specialised Harbour worker (who worked within the SBC Homelessness Service) that was funded via Public Health contracts. SBC Public Health and the SBC Homelessness Service also co-funded a specific post which managed all cases that approached the service either on homeless grounds or for 'Safe at Home' works, ensuring follow-up support / contact after any practical works had been completed.
- 4.26. There was limited direct working with social housing providers regarding domestic abuse considerations. However, some engagement was undertaken, with the SBC Homelessness Service bringing together partners who were working / supporting those experiencing homelessness via a multi-agency forum (attended by social housing providers and organisations supporting those who were experiencing domestic abuse). The Council also engaged with tenants of Registered Providers and provided advice and support (via the SBC Homelessness Service and SBC Lettings & Nominations Service), and the SBC Homelessness Service Manager represented the wider service at the corporate Domestic Abuse Steering Group.
- 4.27. Noting previous backlogs for properties via the TVHF platform, the Committee was informed that this had eased due to improvements in team capacity. In response, Members encouraged greater awareness of support services for those families / individuals moving into the Borough (a potential area which could be assisted through the commissioned service, Family Action).
- 4.28. Empathising with the challenges faced by the service in terms of limited housing options and too many competing priority cases, the Committee heard that homeless families were provided with temporary accommodation (hostel or self-contained dispersed), and that B&B accommodation was used only in exceptional circumstances. There may also be instances where out-of-Borough placements were made, but again these were exceptional circumstances or when it was not safe for the family to remain in the Borough. Domestic abuse cases were classified 'band 1' (highest priority) on TVHF, though there may be others experiencing this type of abuse who were also trying to get the same available property.

- 4.29. Harbour had been working with families affected by domestic abuse across the region for over 50 years. Commissioned in several North East Local Authority areas (including Stockton-on-Tees), its services supported the whole family, including children and young people who were previously the forgotten victims, with their views often downplayed or dismissed. Despite positive change over the years, there remained much work to be done around educating professionals and the public on this issue (particularly schools).
- 4.30. **Support available for families and children in Stockton:** There were several strands of support available to those children and families within the Borough who were experiencing / had experienced domestic abuse – safe accommodation (including dispersed properties), outreach support, the Independent Domestic Violence Advocate (IDVA) service, assertive outreach (intensive support for those with additional needs), counselling, recovery, health IDVAs (the Hospital IDVA based at the University Hospital of North Tees also helped raise awareness of domestic abuse to health professionals, whilst the GP IDVA worked across 16 practices within Stockton-on-Tees), the Children and Young People (CYP) Team, and the Domestic Abuse Prevention Service (DAPS). In terms of safe accommodation, whilst there were no specialist refuges within the Borough, there was ongoing dialogue about these being introduced locally.
- 4.31. **Data in relation to children affected by domestic abuse:** For January 2024 – July 2025, 867 individual children and young people were referred into Harbour’s CYP Team (equating to around 45 per month). During this period, Harbour had completed support with 690 of those children and young people (the remaining individuals were still currently accessing the service).

4.32. **CYP model of support:** A flowchart (see graphic right) demonstrated the key stages of referral, triage, assessment, and subsequent levels of support (either group, 1:1, or a mix of both, depending on need) which was always undertaken within safe places where the individual felt comfortable. Family assistance and guidance was provided throughout (recognising that siblings could also be affected), encompassing direct support for parents / carers as appropriate.

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



- 4.33. **First level support:** Children / young people aged 3-18 joined therapeutic support groups which ran outside of school times and were delivered in age groupings. The focus was on prevention, safety, risk management and healthy relationships, offering a space for individuals to express feelings about their experiences and have these acknowledged. Each group ran weekly for four weeks, and the individual would attend those beneficial to their needs.
- 4.34. **Moderate level support:** Where an individual's needs were assessed as moderate (i.e. those experiencing acute circumstances whose harms could escalate without intervention), they would be offered an intensive version of first level support – this targeted any problematic behaviours / presenting issues and involved 1:1 support or smaller groups. As well as covering the themes for groups in first level support, these children / young people may also explore self-worth / identity, emotional regulation, anger management, family history of domestic abuse, and self-care.
- 4.35. **Specialist level support:** The decision about specialist level support would depend upon the circumstances of the individual, as well as the level of need. In line with Maslow's hierarchy of needs, if a child's physiological and safety needs were not met, they were unable to engage with psychological therapy (if they were still experiencing domestic abuse, specialist therapy may not be appropriate). In such instances, they would be allocated a caseworker to work intensively as above to prevent escalation. If appropriate, the child / young person would receive support from Harbour's specialist-trained counsellor.
- 4.36. **Adolescent support:** Harbour had a specialist adolescent worker role which supported children and young people aged 12+ who may be using harm, and worked closely with a Young Person's (YP) IDVA to support with teenage relationship abuse.
- 4.37. **YP IDVA (commissioned by PCC):** The overall purpose of the YP IDVAs was to provide a trauma-informed, client-led support service to young people aged 12-17 who were experiencing harm from domestic abuse (interpersonal abuse) – this would enable them to address issues resulting from experiences of domestic abuse, be empowered to aspire to a positive future, and prevent future abuse by promoting healthy attitudes to relationships. There had been a noticeable increase in those coming into the service as victims within their own relationships.
- 4.38. **Support provided to families and children in our safe accommodation:** Family work involving 1:1 and group sessions with mothers and children (for those in both refuges and dispersed properties), Early Years Practitioner (EYP) support for pregnant mothers and 0-3 year-olds (for those in refuges), weekly wellbeing sessions for mothers and children (funded separately from national charity, Kids in Mind), and Holidays Are Fun (HAF) involvement (additional funding from SBC in school holidays) were all highlighted.

Stockton Information Directory

- 4.39. Provided by SBC, the [Stockton Information Directory](#) included a list of domestic abuse-related support services available across the Borough and beyond.

The screenshot shows the Stockton Information Directory website. At the top, there is a navigation bar with 'Stockton Information Directory' on the left, and 'Create a SID account' and 'Sign in to My SID account' on the right. Below this is a search bar with 'Directory' and 'Add your service, organisation or event' on the left, and 'Using our directory' and 'Practitioners' on the right. A yellow banner below the search bar says 'Tell us what you think about the Stockton Information Directory' and 'Complete our short feedback form'. Below the banner is a breadcrumb trail: 'Home \ Directory \ Care, safety and support \ Domestic abuse \ Domestic abuse directory listings'. The main heading 'Domestic abuse' is displayed in large, bold, dark grey text.

Partners

- 4.40. In addition to **Harbour** which worked closely with a multitude of agencies involved with families (attending joint visits and assessments, working together to support engagement / safety planning, and attending safeguarding meetings in relation to families accessing support) and offered workforce development opportunities to Stockton-on-Tees Borough Council (SBC) practitioners (free of charge), a range of local and regional organisations were relevant to, and were therefore approached to contribute towards, this scrutiny review.

'Health care settings are often trusted environments, and so are a key partner in the response to child victims of domestic abuse. The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the National Health Service (NHS), and it is imperative that professionals are confident to identify domestic abuse in all its forms and respond appropriately and proportionately.'

Domestic Abuse Commissioner: Victims in their own right? Babies, children and young people's experiences of domestic abuse (Apr 25)

Harrogate and District NHS Foundation Trust (HDFT): Health Visitors

- 4.41. Commissioned by 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 (this was above the five nationally-mandated reviews for early years).

North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity

- 4.42. In September 2025, NTHFT reported that, 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.
- 4.43. 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.
- 4.44. 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.
- 4.45. 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).

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): CAMHS

- 4.46. Recognising the mental health impact on children who had experienced domestic abuse, a contribution was sought, and subsequently received, from TEWVs Child and Adolescent Mental Health Services (CAMHS).

NHS North East and North Cumbria Integrated Care Board (NENC ICB)

- 4.47. Domestic Abuse was one of the main priorities of the ICB and was recognised within all NHS contracts, with Trusts expected to ensure that the workforce could prevent, identify and respond consistently through a 'Think Family First' lens. The ICB was a strategic partner on the Community Safety Partnerships across the 14 Local Authorities, as well as the Domestic Abuse Board, and published a link around domestic abuse and safeguarding every month. A 'Safeguarding Network for Health Professionals' existed across the area, and in 2023, the ICB signed up to the Sexual Safety Charter. From a wider NHS England perspective, 'Standing Together for Domestic Abuse' was a network with learning opportunities which met four / six times a year.
- 4.48. Multi-Agency Risk Assessment Conferences (MARACs) brought together professionals from various sectors to share information and develop safety plans for high-risk victims, and ICBs participated in Domestic Homicide Reviews (DHRs) to learn from past incidents and improve future safeguarding responses (it was noted that communication between agencies can sometimes fail). Collaboration among Local Authorities, the police, and voluntary organisations ensured comprehensive support for children and families – Stockton-on-Tees was well served in terms of partnership-working.

Primary Care Networks (PCNs)

- 4.49. In Stockton-on-Tees, there were 20 practices (independent businesses) which were split between four PCNs (Billingham and Norton, BYTES, Norton Stockton, and Stockton). PCNs were groups of practices working together to deliver services and work in collaboration with other providers to deliver proactive and personalised care. They were responsible for delivering a national 'directed enhanced service' (DES) contract, though there was no requirement in the DES in respect of 'domestic abuse'.
- 4.50. 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 PCNs via the NENC ICB (for results, see paragraphs 4.99, 4.110, 4.116 and 4.148).

Cleveland Police

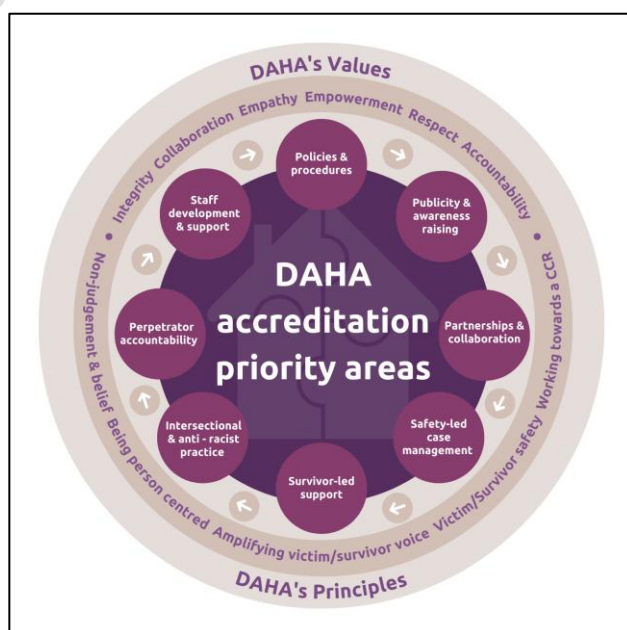
- 4.51. Cleveland Police's core responsibilities were protecting life and wellbeing, investigating all reports, holding offenders accountable, and adopting a multi-agency approach. Safeguarding was child-centred (via a 'through the eyes of a child' principle and a specific Child Strategy commitment), with specialist measures and support in place around early intervention and referral, protective orders (the force was one of a few forces using Domestic Abuse Protection Notices (DAPNs) and Orders (DAPOs) for longer-term safeguarding), and training and awareness. This was all within the context of a national legal framework (Domestic Abuse Act 2021, Children Act 2004, Working Together 2023), including emergency powers where officers

could enter premises and remove children to safety if they believed a child was suffering, or was likely to suffer, significant harm.

- 4.52. In summary, Cleveland Police's responsibilities combined protection, investigation and prevention, underpinned by a child-first approach and strong multi-agency collaboration. Children were treated as victims, not bystanders, and safeguarding measures extended beyond immediate response to include school notifications, protective orders, and trauma-informed practices.
- 4.53. Locally, the Stockton-on-Tees Children's Hub (CHUB) managed the operational teams from the partnership working together. Staff were co-located to improve working relationships and the timeliness of the responses – this in turn led to the improved safeguarding of children. Shortly, the 'front door' arrangements were to split (Hartlepool and Stockton-on-Tees), however, Cleveland Police would still be co-located with partners.
- 4.54. At a tactical level, the partnership was managed via the 'engine room' – this included all partners joining together to manage governance, performance, and learning and development, alongside the operational business.

Thirteen Housing Group

- 4.55. Thirteen's responsibility was to provide safe homes and support for victims of domestic abuse. It recognised that children exposed to domestic abuse were victims in their own right and was therefore required to take immediate safeguarding action when a child was at risk (which may involve contacting the police, Local Authority, or specialist services). Safe accommodation was offered via direct lets and priority bandings (emergency lets would also be considered if someone was in immediate danger), with emergency repairs / target hardening arranged to enhance protection. Domestic abuse / safeguarding policies (reviewed every three years, or earlier if regulations changed) were in place to support customers and staff alike, and the organisation worked in partnership with Local Authorities and multi-agency forums to ensure co-ordinated support.
- 4.56. Thirteen complied with the [Regulator of Social Housing standards on domestic abuse](#) through several key actions outlined in the policy, including awareness and training for all staff (part of which involved going into properties), adopting a victim-centred approach, having clear reporting and referral processes (using the DASH (Domestic Abuse, Stalking and Honour-Based Violence) risk identification checklist), accessing specialist support and advice for customers, partnership-working, data-monitoring and continuous improvement, and compliance with consumer standards (neighbourhood, transparency, safety).
- 4.57. Thirteen was in the process of re-accreditation of the [Domestic Abuse Housing Alliance \(DAHA\)](#), a partnership comprising housing providers, Local Authorities and domestic abuse organisations which focused on how housing responded to domestic abuse. The alliance influenced government policy and was recognised as best practice by the Domestic Abuse Commissioner and the UK Government.



Wider 'system' / partnership arrangements

Stockton-on-Tees Domestic Abuse Steering Group (DASG)

- 4.58. Mandated by the Domestic Abuse Act 2021, the objectives of the DASG were to oversee the delivery of system outcomes for domestic abuse (as defined within the [Stockton-on-Tees Domestic Abuse Strategy 2022-2028](#)), facilitate the development and implementation of an Action Plan to deliver the strategy, and to adopt a whole system approach to domestic abuse (across partners). Membership included representation of the interests of victims of domestic abuse, the interests of children of domestic abuse victims, police, health services, and voluntary sector specialist services.
- 4.59. The DASG was a sub-group of the local Health and Wellbeing Board, a Board that was currently undergoing development work in relation to terms of reference / revised governance which would reinforce links with / update reports to other strategic groups (e.g. Safer Stockton Partnership (SSP), Teeswide Safeguarding Adults Board (TSAB)) and ensure clear lines of delivery.
- 4.60. DASG meetings were themed to align with the Domestic Abuse Strategy (overview of progress against actions, problem-solving (including discussions held on children and young people), etc.), with resulting actions including the clarification of the Harbour education offer to schools (involving attendance at Head Teacher meetings), and awareness-raising of Harbour children and young people workers and their connection into SBC Children's Services and wider colleagues. The whole system and whole family approach focus had led to wider community awareness-raising work, as well as work with adult victims and perpetrators (which would impact upon children and young people) – a 'no wrong door' policy was also adopted to eliminate barriers associated with identifying / raising instances of domestic abuse.
- 4.61. **Domestic Abuse Strategy 2022-2028:** The strategy's vision had three distinct elements:
- everyone experiencing domestic abuse was listened to, supported and protected to live their life free from abuse.
 - all victims of domestic abuse had access to inclusive, quality, affordable and appropriate safe accommodation / support.
 - perpetrators of domestic abuse were held to account and supported to change behaviour.



A recent progress review of the existing strategy had been undertaken – this had helped set priorities for the year ahead.

- 4.62. **Early Years Children & Young People (EYCYP):** Actions undertaken in relation to this demographic included the exploration of ways of working with childcare providers (including pre-school), workforce development planning for frontline professionals working in the system for EYCYP (373 people trained to date in year two (total of 788 across two years, including schools, nursery managers and childminders)), and healthy relationships training in schools / school community awareness and a 'healthy schools' approach (how schools sat within the community).

Further achievements had seen joint assessment / planning between social care and Harbour, the establishment of a CYP Team in Harbour and a GP Independent Domestic Violence Advocate (IDVA) working in primary care, and the piloting of a Domestic Abuse Protection Order

(DAPO) (in conjunction with the Office of the Police and Crime Commissioner (OPCC) for Cleveland) which now included a zone rather than a house, thus helping protect children going to school from ‘bumping’ into the abuser. The OPCC / Catalyst ‘[Bridging the Gap](#)’ report was also referenced (subsequently shared with the Committee) – this had helped to shape an understanding of the picture regarding domestic abuse within ethnically diverse communities across Cleveland (thus informing the support offer).

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

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

- 4.63. **Community Awareness:** In terms of awareness-raising across Stockton-on-Tees, 100% of libraries and 10% of primary schools had received training on domestic abuse (the DASG was seeking to increase take-up from the latter). Briefing sessions had also been held with nursery managers and childminders. Since 2019-2020, there had also been a steady (and, aside from in 2023-2024, continuing) rise in the number of applications for [Clare’s Law](#) (a scheme that allowed the police to disclose previous abusive behaviour about a current or previous partner). In 2019-2020, there were around 250 applications – this had increased to around 750 in 2024-2025.
- 4.64. **Outcome Monitoring Framework:** Developed by the DASG, this framework monitored progress of strategic priorities which themselves were aligned to the Council’s Stockton-on-Tees Plan, Joint Health and Wellbeing Strategy, and other key strategies (e.g. Community Safety Strategy). The priorities were all relevant to children and young people (including early years), and whilst the DASG was still finalising the indicators that would be used to establish progress, much had already been achieved in relation to the existing strategy.
- 4.65. **Next Steps:** Whilst acknowledging that there was more to do in relation to this demographic, the DASG did already have children and young people as a focus area, linking with the ‘Families First Partnership’ agenda (working group) – this would ensure joined-up strategic outcomes regarding domestic abuse and children and young people, including joint strategic outcomes with other key strategies (via the Health and Wellbeing Board), ‘Families First Partnership’ (children’s system reforms) considerations involving work with communities, safeguarding, family support, early help and ‘front door’ to services, and the ongoing SBC *Powering Our Future* – Early Intervention and Prevention: Complex Lives (severe multiple disadvantage) work.

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

- 4.66. The Committee praised the involvement of health organisations in local partnership arrangements (as this was where many experiences of domestic abuse could be identified) and commended the emphasis on local organisations and agencies talking to each other.
- 4.67. Members expressed disappointment at only 10% of local schools receiving training on domestic abuse and asked where the problem lay in terms of this low take-up. SBC officers stated that there had been some past confusion around the offer available to schools (some thought there was a cost attached) and its promotion – this had now changed and an improvement in take-up was anticipated.
- 4.68. The Committee sought further details on the role of the GP IDVA and whether this was one individual. Members were informed that this was indeed a singular role (though was supported by another staff member) which provided support at certain times and across multiple sites (not all local practices were signed up to this, though). The Committee was interested to know how successful this arrangement was and how this was determined – SBC officers stated that analysis could be shared (which Harbour subsequently provided – see below graphic), though noted previous difficulties in engaging with general practices around the issue of domestic abuse.

GP IDVA overview

'The GP IDVA role has been working extremely well and has had a clear, positive impact. Since the role was introduced, we have seen a significant increase in referrals coming through GP practices compared to the period before the role was in place. This shows that the presence of an IDVA within primary care is helping to raise awareness among GPs and practice staff, is improving identification of domestic abuse, and is providing patients with quicker and more direct access to specialist support.

Prior to the IDVA being in post within the GP surgeries, we have ran a data check to show the total number of referrals from any GP surgery across Stockton into Harbour – the total number over a 12-month period was 5 (1 April 2022 – 31 March 2023).

We have then compared that to the number of referrals made from the GP surgeries to the IDVA / Harbour now the GP IDVA is in post and on site within the surgeries – the total number of referrals over a 12-month period between 1 April 2024 – 31 March 2025 was 128.

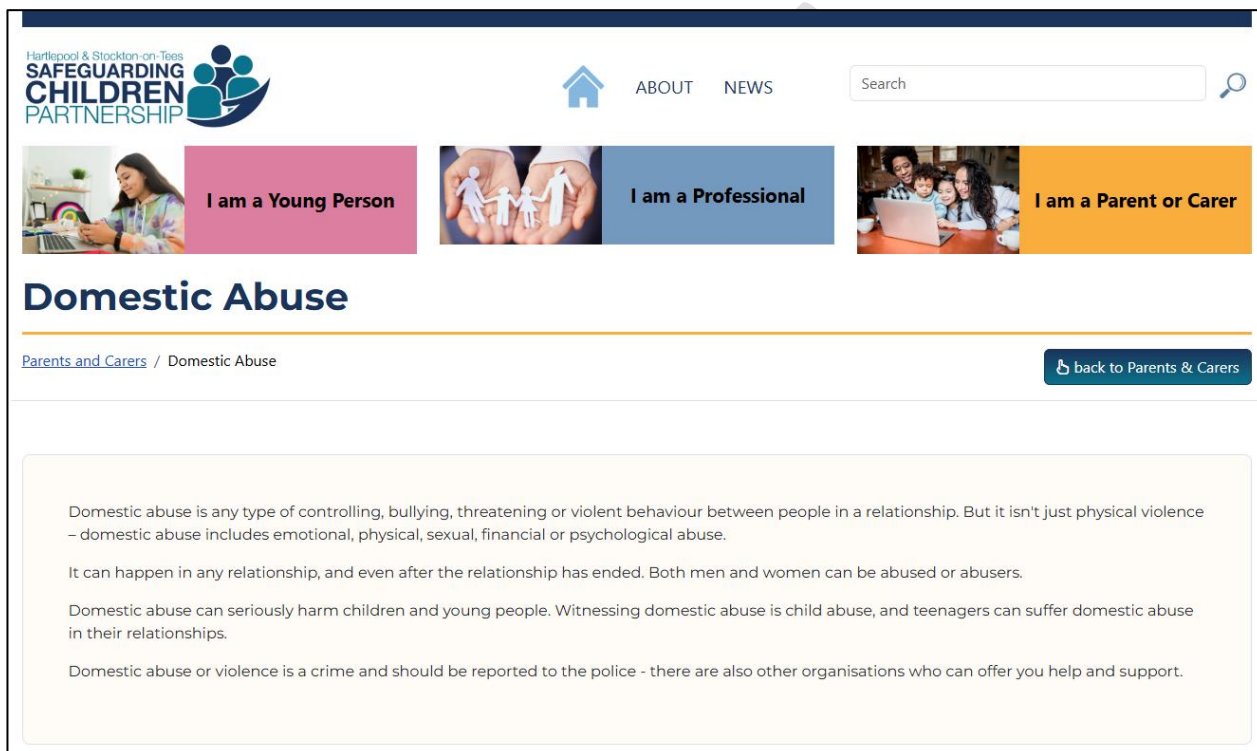
The increase in referrals demonstrates that survivors who might otherwise not have disclosed in other settings are now being identified and supported earlier. The GP IDVA role is therefore strengthening pathways between healthcare and specialist services, ensuring that more individuals receive timely and appropriate help.'

**Harbour
September 2025**

- 4.69. Third-party referrals (i.e. those raising domestic abuse-related concerns from outside the environment that these were / allegedly were occurring) were discussed, with the Committee questioning how these were handled. SBC officers gave assurance that anyone was able to make a referral through the Children's Hub (CHUB) and that these could be done anonymously – this would then be screened for any other information regarding those involved before a decision was made on how to proceed. SBC officers also noted that should such a referral be received, Harbour would provide advice and an opportunity to meet on neutral territory to ascertain further information (though care was needed not to negatively affect an ongoing situation).
- 4.70. The Committee asked whether any interaction took place with housing associations and heard that links already existed, with Thirteen Housing Group represented in DASG planning workshops. In addition, Thirteen had a safeguarding team which linked with Harbour, and also worked closely with SBC Community Safety colleagues who dealt with housing services.

Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP)

- 4.71. Established in April 2019, the [HSSCP](#) was a multi-agency arrangement made up of statutory and non-statutory partners from across Hartlepool and Stockton-on-Tees which had responsibility for safeguarding and promoting the welfare of children. The four lead safeguarding partners (LSPs) – Hartlepool Borough Council, SBC, the NHS North East and North Cumbria Integrated Care Board (NENC ICB), and Cleveland Police (Chief Officer) – had an equal and joint responsibility for their local multi-agency safeguarding arrangements / partnership. They set the strategic direction, vision and culture of the partnership, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.



The screenshot shows the website for the Hartlepool & Stockton-on-Tees Safeguarding Children Partnership. The header includes the logo, navigation links for 'ABOUT' and 'NEWS', and a search bar. Below the header are three main navigation buttons: 'I am a Young Person' (pink), 'I am a Professional' (blue), and 'I am a Parent or Carer' (orange). The main content area is titled 'Domestic Abuse' and includes a breadcrumb trail 'Parents and Carers / Domestic Abuse' and a 'back to Parents & Carers' button. The text on the page defines domestic abuse as any type of controlling, bullying, threatening or violent behaviour between people in a relationship, including emotional, physical, sexual, financial or psychological abuse. It notes that it can happen in any relationship and even after it has ended, and that it can seriously harm children and young people. It also states that domestic abuse or violence is a crime and should be reported to the police.

- 4.72. To achieve the HSSCP vision (*'Every child in Hartlepool and Stockton feels safe, secure and protected from harm; enabling them to reach their full potential'*), a range of consultation and engagement was undertaken to unpick areas which required focus as part of a rolling programme. The HSSCP Independent Scrutineer also carried out annual deep-dive review work in line with Department of Education requirements.
- 4.73. Despite domestic abuse not being one of the partnerships priorities over recent years, HSSCP monitored and responded to this issue by receiving and scrutinising key performance indicators (KPIs) regarding domestic abuse (tasking actions to existing groups where required), and by receiving minutes and assurance reports from the Domestic Abuse Partnership and updates from the Office of the Police and Crime Commissioner (OPCC) for Cleveland (i.e. [Perpetrator Strategy](#)). In addition, it undertook Rapid Reviews and Local Child Safeguarding Practice Reviews of serious child safeguarding cases, identifying where domestic abuse was a feature (highlighting key learning and responding to this learning through the HSSCP Engine Room, Training Sub-Group and Procedures Sub-Group), and regularly reviewed, updated and promoted training and guidance on domestic abuse across the multi-agency workforce.
- 4.74. HSSCP agencies and representatives had been involved in the development, review and implementation of domestic abuse strategies (e.g. via the OPCC (Perpetrator Strategy) and the Domestic Abuse Partnership (Domestic Abuse Strategy)), and the Tees Procedures Group (a

sub-group of both HSSCP and South Tees Safeguarding Children Partnership) undertook a review of the '[Assessing and Responding to the Impact of Domestic Abuse](#)' in 2023 which was updated and uploaded to the Tees Procedures website.

- 4.75. In 2025, when the joint-targeted area inspection (JTAI) focus on domestic abuse was announced, the HSSCP Engine Room undertook a multi-agency audit on this theme. In addition to evidence of cross-cutting good practice, three subsequent recommendations were being progressed via the Engine Room's combined learning Action Plan:
- when a perpetrator was such high-risk, how could professionals be supported to work together to effectively engage
 - how to strengthen approaches to recognising risk, hold the perpetrator to account, partner with the victim, and keep the child at the centre
 - how to promote best practice principles across two Local Authority areas with differing domestic abuse approaches / models.
- 4.76. Members questioned why domestic abuse had not been a specific priority for HSSCP in recent years and asked what would make it such – in response, it was stated that the partnership's key ongoing priority around trauma included domestic abuse matters. The Committee welcomed this and emphasised the point that 'safeguarding was everyone's business'.

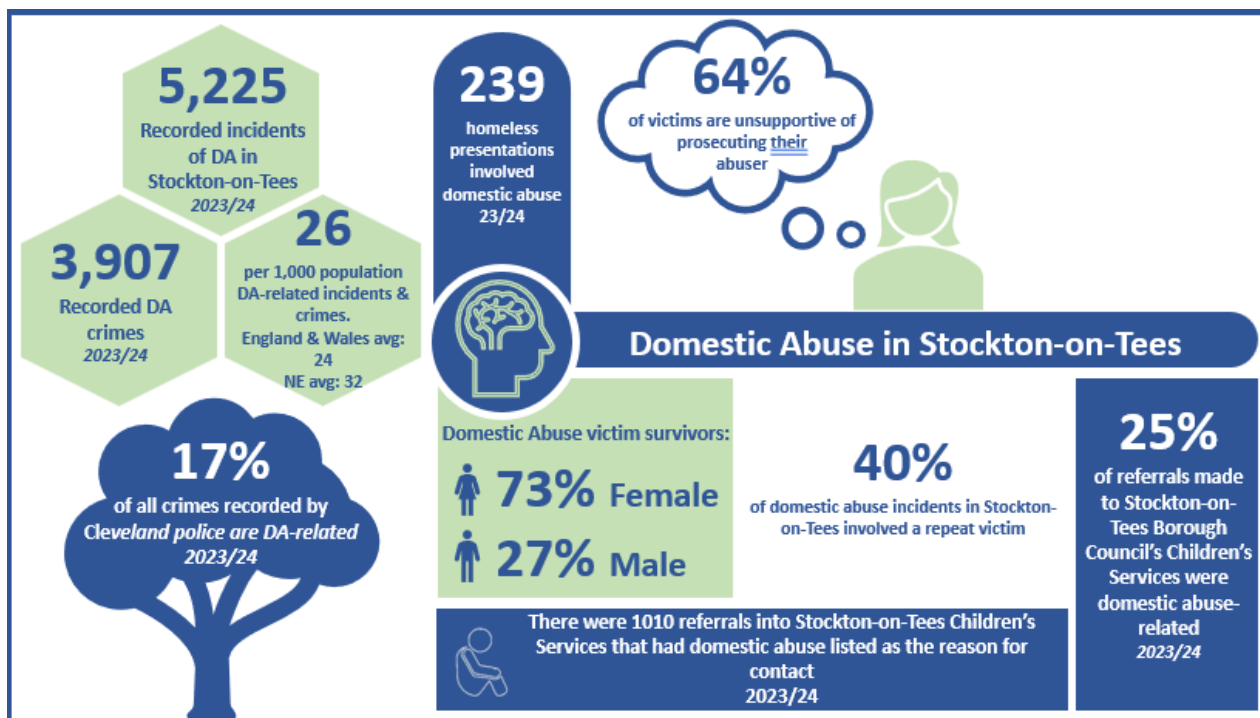
Prevalence

'Estimates of the number of children affected by domestic abuse vary and are hampered by the underreporting of abuse. The lack of a prevalence survey and limited official statistics in England and Wales makes assessing the numbers of children affected difficult. This undermines prioritisation and resource allocated to preventing, identifying and responding to this harm.'

'Assessing the true prevalence of children experiencing domestic abuse is difficult due to social norms and attitudes that perpetuate familial norms of privacy, shame and denial of abuse within the home. Minimisation and limited recognition of coercive control create insurmountable barriers to disclosure for many victims and survivors.'

Domestic Abuse Commissioner: Victims in their own right? Babies, children and young people's experiences of domestic abuse (Apr 25)

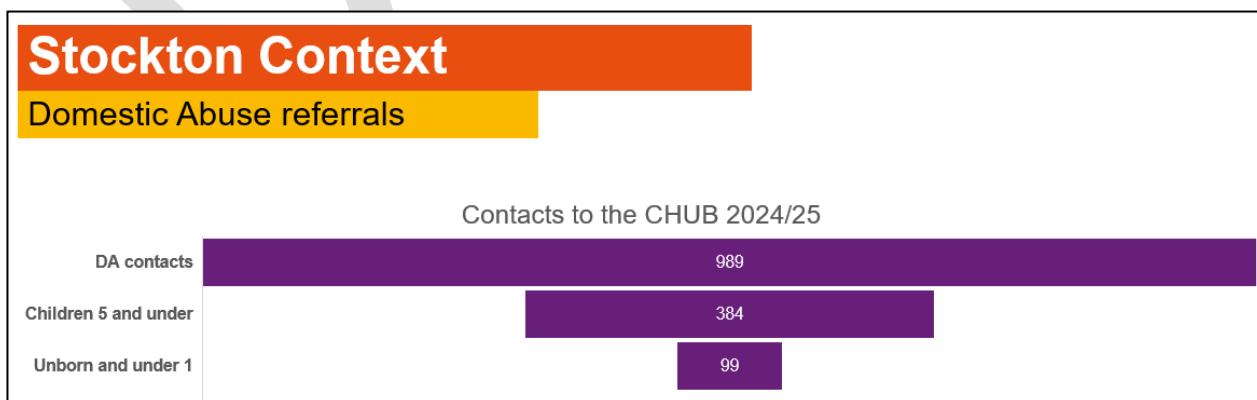
- 4.77. Crime data from the Home Office for the year ending March 2024 showed the number of domestic abuse-related incidents and crimes recorded by the police. Of the over two million estimated victims, 851,062 'crimes' and 499,366 'incidents' were documented, though the number of suspects referred, charged, and offenders convicted was very low by comparison.
- 4.78. According to the Crime Survey for England and Wales (2024), approximately one in five (20.5%) people aged 16 years and over had experienced domestic abuse since the age of 16 years – this equated to 33,508 people in Stockton-on-Tees given its 16 years+ population was estimated to be 163,456 (ONS population estimates, June 2023). An estimated 4.8% (7,845) of people aged 16 years and over (6.6% of women and 3.0% of men) had experienced domestic abuse in the last year.
- 4.79. Statistics were highlighted in relation to the extent of domestic abuse within Stockton-on-Tees (see graphic overleaf). During 2023-2024, there were 5,225 recorded 'incidents' of domestic abuse across the Borough and 3,907 recorded domestic abuse 'crimes', with 17% of all crimes recorded by Cleveland Police during this period being domestic abuse-related.



The Stockton-on-Tees rate of 26 domestic abuse incidents and crimes per 1,000 population was higher than the England and Wales average (24) but less than the North East average (32).

Stockton-on-Tees Borough Council (SBC)

- 4.80. From a Local Authority perspective, during 2023-2024, 1,010 referrals into SBC Children's Services had domestic abuse listed as the reason for contact, with 25% of referrals made to SBC Children's Services over this period being domestic abuse-related (a reduced percentage compared to 2022-2023 when this was around a third). The gender split of domestic abuse victim-survivors was 73% female: 27% male, 40% of domestic abuse incidents involved a repeat victim, and 64% of victims were unsupportive of prosecuting their abuser.
- 4.81. Data on contacts to the Stockton-on-Tees Children's Hub (CHUB) for 2024-2025 indicated that 989 domestic abuse-related referrals were received in relation to children up to 16 years-old (around 25% of the total number of referrals received (just under 4,000)). Of these 989, 384 involved children aged five or under, and 99 were unborn or under one year-old.



The police were by far the biggest referrer, submitting 485 (49%) of all referrals relating to domestic abuse (it was noted that SBC and Cleveland Police were currently undertaking a joint

pilot involving daily 'PiTstop' meetings to triage domestic abuse referrals – this identified anything considered medium-risk and above, and also involved Harbour). Referrals from other organisations / agencies were very dispersed, with some, arguably, not as high as they perhaps should be (see graphic below).

Domestic Abuse	989	100.0%
Police	485	49.0%
Education-Primary School	64	6.5%
Relative	48	4.9%
PITSTOP	45	4.6%
Probation	41	4.1%
External LA Services	28	2.8%
Education-Secondary School	27	2.7%
Midwifery	27	2.7%
EDT	27	2.7%
Health Visitor	22	2.2%
A&E Department	20	2.0%
Voluntary Organisation/Charity	20	2.0%
Anonymous	19	1.9%
Social Worker (SBC)	17	1.7%
CHUB	15	1.5%
Service Provider	12	1.2%
Education-Nursery	12	1.2%
Adult Mental Health	10	1.0%
CAMHS	7	0.7%
Other Health Providers	7	0.7%
Adult Social Care	6	0.6%
Early Help	6	0.6%
Prison	5	0.5%
Neighbour/Friend	5	0.5%
Ambulance	4	0.4%
Education-College/Further Education	3	0.3%
Stockton BC Department	2	0.2%
Housing	2	0.2%
Other Section in Social Care	2	0.2%
School Nurse	1	0.1%
Grand Total	989	100.00%

Table: Contacts to the Stockton-on-Tees Children's Hub (CHUB) for 2024-2025

- 4.82. The Committee was particularly shocked that 64% of victims were unsupportive of prosecuting their abuser and wondered what proportion of these cases involved victims who had children and whether they were aware of the possible impact of domestic abuse upon their child. The victim-survivor gender-related statistics for 2023-2024 were also queried, with Members suggesting that the male figure (27%) may be an underestimate due to a reluctance to come forward and report their experience.
- 4.83. The Committee noted the labelling of cases as either 'crimes' or 'incidents' and felt this needed further probing to establish how instances of domestic abuse were determined / recorded. SBC officers referenced the Council's involvement in work being undertaken on a Tees Valley-wide basis (led by the Office of the Police and Crime Commissioner for Cleveland) around perpetrators of domestic abuse.

- 4.84. Links between the rise in alcohol consumption / substance misuse and domestic abuse were discussed, with SBC officers acknowledging that these factors were interconnected, and that settings where such behaviour was entrenched were more likely to see exploitation occur (it was also noted that alcohol and drugs could be used as a coping mechanism). Whilst domestic abuse could be a compounding factor in areas of deprivation, it was, however, prevalent across all communities.
- 4.85. The Committee requested further statistics on domestic abuse prevalence over a longer period of time to ascertain its trajectory (see paragraph 4.87). SBC officers stated that an increase in recorded incidents may be reflective of more individuals reporting cases (as opposed to a rise in prevalence) which was to be welcomed.
- 4.86. Analysing the CHUB referral data, the Committee wondered if safeguarding-related assessment tools used by the Council and its partners included specific references to domestic abuse so that professionals were aware of the signs they should be looking out for. Members also felt that the statistics for the EDT (Emergency Duty Team) – 27 for the 2024-2025 period – should be checked to see which organisation made the original referral (as the EDT would have merely forwarded this on).

Stockton-on-Tees Community Safety Strategy

- 4.87. In September 2025, 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). With reference to the draft 'Community Safety Plan: Stockton-on-Tees 2025-2027', Members drew 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*'. Noting the ongoing review of Children affected by Domestic Abuse, the Committee requested any data and / or accompanying narrative which could contribute to the evidence for this work. The 'Stockton-on-Tees Crime and Community Safety Strategic Needs Assessment 2025-2026' document (produced to inform the new strategy) was subsequently shared which highlighted the following:

Domestic abuse has gradually decreased over the 3-year period to 2024/25 with a 4% reduction in 2024/25 compared with the previous year. Repeat victims of domestic abuse as a proportion of the total victims reduced in Stockton to 36.8%, slightly over the force average of 35.4%. There is a decreasing trend of repeat victims across all areas in the Tees Valley.



The number of domestic abuse incidents in Stockton-on-Tees with a child present in the household is showing an increasing trend (an increase of 5% year-on-year in 2023/24 and 2024/25), whilst the proportion of domestic violence incidents this cohort makes-up is relatively stable, averaging around 39% of all reported incidents every year, this increasing picture is concerning.

DA with child present			
	2022/23	2023/24	2024/25
Number of DA incidents with at least one child present	1205	1266	1325
Difference in number	-	61	59
Difference (%)	-	5%	5%
% of all DA incidents	39.00%	39.60%	39.50%

Cleveland Police

- 4.88. During the December 2025 evidence-gathering session involving Cleveland Police, the Committee enquired about the prevalence of domestic abuse-related cases across the Borough and heard that around 18% of all recorded incidents involved this type of abuse (it was also noted that there was an average of 30-40 domestic incidents across the Cleveland footprint per day). There had been a slight increase in cases over the past year, and it was later confirmed that Cleveland's domestic abuse rate had been above the 'most similar group' (police force) average in each of the three years from 2021-2022 to 2023-2024 (with a small reduction in 2023-2024). Further comparisons with any force within England and Wales could be accessed via a [Domestic abuse in England and Wales – Data tool](#) provided by the Office for National Statistics, though it was noted that, currently, there was no routinely published national dataset which reported how many children were involved in domestic abuse police incidents across England and Wales.
- 4.89. Conscious of previous cuts to police budgets over the past decade and more, Members questioned whether the force could deal with this rise in identified domestic abuse. The Stockton District Commander expressed confidence that Cleveland Police was managing demand and gave assurance that domestic abuse was a force priority – this involved ensuring the right resources were available at the right times, with highly-skilled call-handlers an integral part in identifying and categorising issues which could then be acted on promptly. There were also flexible options to meet with domestic abuse victims when it suited them. The key message was that an individual would get an effective response if contacting Cleveland Police, with the force doing what was right for the victim and their family. Mindful of upcoming decisions around the latest police precept, Members felt it was important for the public to understand that it had to pay for good quality services and that this was a relatively small price to prevent much more significant issues arising.
- 4.90. A Committee query was raised around whether domestic abuse tended to happen more in certain areas (e.g. deprived locations). It was acknowledged that poor socio-economic factors could be a driver, though it was stressed that this type of abuse happened within all settings and that it would not be appropriate to target one particular group / community. Members also referenced the ongoing national priority on violence against women and girls (VAWG), along with past concerns around victims withdrawing complaints due to the fear of repercussions from their abuser. Whilst it was acknowledged that some did not want to proceed through the criminal justice system, the force did not need the support of victims to go through this route.

Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP)

- 4.91. HSSCP did not hold any data specifically in relation to the prevalence of children’s exposure to domestic abuse. HSSCP received data on this from the Local Authority.
- 4.92. For the period 2020-2024, HSSCPs Performance Management Framework (PMF) included two key performance indicators (KPIs) in respect of domestic abuse:
- the rate of domestic abuse incidents with a child present in the year-to-date
 - the percentage of domestic abuse incidents with a child present within 12 months of a similar incident out of all domestic abuse incidents in the year-to-date

SBC collected and reported these KPIs on behalf of, and to, HSSCP on a quarterly basis.

- 4.93. In 2025, a new PMF was agreed which included five KPIs in respect of domestic abuse:
- Local Authority assessment factors (domestic abuse)
 - children subject to repeat plans where domestic abuse was a factor
 - children subject to a Child Protection Plan longer than 12 months where domestic abuse was a factor
 - number of children referred to domestic abuse support services
 - number of children supported by domestic abuse support services

Responsibility for collection and reporting of this data transferred over to Redcar & Cleveland Borough Council in 2025.

- 4.94. The domestic abuse data reported to HSSCP under the above indicators over the past five years was not broken down into age-ranges to enable HSSCP to specifically comment upon early years prevalence. However, data published within the HSSCP annual report indicated a steady rise in the number of children witnessing a domestic abuse incident since 2020-2021, with only the 2022-2023 period seeing a fall when compared to the previous year (see graphic below). It was stated that data was just one element of intelligence and that relevant material from other sources was also considered.

The domestic abuse data reported in the HSSCP annual report over the past 5 years (at year end), including direction on travel, is as follows:

- | | |
|---|---|
| • 2020-21: 2,003 children witnessing a domestic abuse incident | ↑ |
| • 2021-22: 2,153 children witnessing a domestic abuse incident | ↑ |
| • 2022-23: 2,058 children witnessing a domestic abuse incident | ↓ |
| • 2023-24: 2,121 children present during a domestic abuse incident | ↑ |
| • 2024-25: 2,305 children present during a domestic abuse incident | ↑ |

- 4.95. Highlighting the review’s focus on early years, the Committee noted that there were no references to specific age-ranges within the HSSCP submission. Members were reminded that the partnership did not hold data itself but did observe indicators – should a key line of enquiry emerge, subsequent deep-dive work may lead to requests for further information.
- 4.96. Continuing with this theme, the Committee queried how HSSCP could identify relevant questions to ask if it did not hold data. Members were assured that HSSCP did see data alongside other information sources (including the child’s voice) and stated that its Performance Sub-Group could be approached regarding age-range-related considerations.

Identification of those experiencing / at risk of experiencing domestic abuse and reporting of concerns (inc. support for staff)

'Given that less than 1 in 5 victims report their abuse to the police, many victims of domestic abuse do not come into contact with the criminal justice system. It is therefore important that a wide range of agencies and bodies are able to identify victims and know how to provide the right response. Early intervention by the voluntary sector and statutory agencies working together can help to protect adults and children from further harm, as well as preventing escalation and recurrence of abuse.'

Home Office: Domestic Abuse – Statutory Guidance (Jul 22)

- 4.97. All partners had a responsibility to have written safeguarding policies, and staff should be trained to identify the signs of abuse and harm for children. Where there were concerns for a child's wellbeing, a referral should be made to children's social care (through the Stockton-on-Tees Children's Hub (CHUB)).
- 4.98. [Chapter 6](#) of the Domestic Abuse Statutory Guidance (Jul 22) outlined the role of individual agencies in identifying and responding to domestic abuse (including assessing risk), and contributors to this review were asked how local organisations ensured these crucial elements were being adequately met.
- 4.99. **Identifying at-risk individuals / families and staff confidence about spotting signs of domestic abuse**

Organisation	Response
<p>Harrogate and District NHS Foundation Trust (HDFT)</p> <p>Health Visitors</p>	<p>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 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.</p> <p>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.</p> <p>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 SystemOne record. HDFT was also notified of domestic abuse incidents through PiTstop (a police initiative).</p> <p>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.</p>

Organisation	Response
<p>North Tees and Hartlepool NHS Foundation Trust (NTHFT)</p> <p>Maternity</p>	<p>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.</p>
<p>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)</p> <p>CAMHS</p>	<p>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.</p> <p>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).</p> <p>Staff confidence in spotting signs was dependent on the experience of the clinician working with the child / young person / family.</p>
<p>Primary Care Networks (PCNs)</p> <p>Survey Feedback</p>	<p>Key themes identified were collaboration across roles, identification and monitoring of at-risk individuals, structured information-sharing and early intervention, and training and use of safeguarding tools.</p> <p>Out of the Borough’s four PCNs, two felt that practice staff were ‘very confident’ about spotting the signs of domestic abuse, with the other two reporting that staff were ‘somewhat confident’.</p>
<p>Cleveland Police</p>	<p>Cleveland Police used a multi-layered approach, combining structured tools (officers applied the DASH (Domestic Abuse, Stalking and Honour-Based Violence) framework during initial contact, with risk graded as standard, medium or high (though officers were trained not to rely solely on tick-box scoring)), professional judgement and contextual indicators (looking beyond physical injuries and considering behavioural cues, emotional state, and environmental factors), and information-sharing with other agencies (e.g. <i>Operation Encompass</i>, where schools were notified when children were present at domestic incidents).</p>
<p>Thirteen Housing Group</p>	<p>Domestic abuse affected Thirteen’s workforce and its customers, and the organisation reinforced staff awareness of their safeguarding duties and the importance of promptly reporting any concerns or issues. Colleagues were encouraged to trust their instincts and reinforcement was given that their professional judgement was valid. Raising awareness of this issue empowered everyone to recognise the signs of abuse, respond safely, and provide support effectively.</p> <p>In the last 12 months, 664 Thirteen customers were known to have experienced domestic abuse, with 139 tenancies sustained through its ‘stay-at-home’ (target hardening) scheme. Whilst these numbers were not increasing significantly, cases were becoming more complex (open longer / requiring more staff time).</p>

Organisation	Response
Stockton-on-Tees Borough Council (SBC)	Staff were encouraged to trust their instincts when visiting properties (if something did not seem right, it probably was not).
Housing Services	During 2024-2025, there were 78 presentations to the SBC Homelessness Service from families fleeing domestic abuse (which included six presentations from families fleeing domestic abuse from an associated person).

- 4.100. The Committee sought clarity on the **HDFT** 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 (ACEs), 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.
- 4.101. The Committee questioned 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.
- 4.102. Responding to the **TEWV** submission, 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).
- 4.103. After being assured that the **TEWV** CAMHS 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).
- 4.104. The Committee sought clarity from **TEWV** 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.
- 4.105. Regarding the **Cleveland Police** response, the Committee initiated a discussion around [Operation Encompass](#). In response to concerns about the timeframe for informing schools when a child had been present at a domestic abuse incident, Members were notified that a case would be reported to an educational provider on the morning of the next day (even if the incident took place late on the previous evening). A further query confirmed that pre-schools / nurseries were not part of this operation and would instead be picked up through the local Children's Hub (CHUB) where staff would contact a relevant early years setting / health provider / GP after a referral. The Committee requested an update on the current situation with *Operation Encompass* and this was subsequently provided by the force:

'Since last year, Cleveland Police have enhanced their process for Operation Encompass notifications. Schools now receive more comprehensive information regarding all notifications relating to high-risk domestic abuse incidents, with broader context and circumstances provided. Work has commenced on robotic processing solutions, which are expected to facilitate the automation of notifications. Once operational, this will ensure that contextual details are included in all notifications.'

Currently, schools are routinely informed whether a child was present during a domestic abuse incident. For high-risk cases, additional context and any 'voice of the child' details recorded within the Public Protection Notice (PPN) are also shared. This represents a significant development in the operation of the scheme.

Efforts are ongoing to secure access to education systems, allowing for the rapid and accurate identification of a child's school. This capability is already in place with Redcar & Cleveland, and it is anticipated that all districts will implement similar arrangements. This improvement will reduce delays in notifying schools, as it will no longer be necessary to obtain this information via social services.

Additionally, a refined data capture system has been introduced through the new Power BI Operation Encompass page.'

- 4.106. Regarding identification of at-risk individuals, **Cleveland Police** stressed with its officers the importance of looking for signs of domestic abuse even if attending a property for other reasons. When dealing with a case involving a child, the Committee asked if ages were recorded by officers and, if so, requested a breakdown of age-ranges for incidents across the Borough – this was subsequently provided in January 2026 (see graphic below).

Below relates to the number of children that have been recorded on the Public Protection Notices (PPN) as being present during a domestic abuse incident in Stockton in 2025 (*please note that some children have been present more than once and will be counted each time recorded as present*).

Age	Count
0	149
1	145
2	113
3	151
4	105
5	100

Age	Count
6	89
7	113
8	105
9	118
10	115
11	110

Age	Count
12	96
13	122
14	112
15	125
16	190
17	211

Members were informed that ages were logged and that officers were expected to physically attend a property to assess and record a situation (this report was then checked by other force personnel as part of internal quality control / assurance). It was also confirmed that Police Community Support Officers (PCSOs) were included in the roll-out of domestic abuse-related training.

- 4.107. The Committee asked whether **Thirteen Housing Group** recorded how many of the 664 cases of customers experiencing domestic abuse in the last 12 months involved children / had children within the household. It was acknowledged that this data would need to be broken down for analysis (which would help target resources), and that a dashboard was being developed to assist in this regard. Stockton-on-Tees-specific numbers in relation to the tenancy support data provided was subsequently confirmed – of the 664 cases referenced, 229 pertained to the Borough.

- 4.108. **SBC Housing Services** stated that those reporting experience of domestic abuse were not forced to respond to questions from service staff, though family / individual backgrounds would be investigated to ascertain relevant details.
- 4.109. Attention turned to the private housing sector, with Members querying how difficult it was to monitor domestic abuse within this domain. **SBC Housing Services** noted the Selective Licensing areas across the Borough and the requirement under this scheme for landlords to reference all potential new tenants prior to allocating a tenancy. Additionally, over the lifetime of the scheme, Selective Licensing Officers would undertake a home visit to each property. Under new legislation ([Renters' Rights Act](#)) for private rented properties, there would be a requirement for landlords to complete mandatory registration of properties. Assurance was also given that staff working within the SBC Private Sector Housing Team had completed relevant training on safeguarding / domestic abuse.
- 4.110. **Awareness of how to report domestic abuse and organisational promotion of reporting routes**

Organisation	Response
<p>Harrogate and District NHS Foundation Trust (HDFT)</p> <p>Health Visitors</p>	<p>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.</p> <p>Reporting routes were shared via training and during 1:1 safeguarding supervision sessions.</p>
<p>North Tees and Hartlepool NHS Foundation Trust (NTHFT)</p> <p>Maternity</p>	<p>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.</p>
<p>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)</p> <p>CAMHS</p>	<p>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).</p>
<p>Primary Care Networks (PCNs)</p> <p>Survey Feedback</p>	<p>Of the Borough's four PCNs:</p> <ul style="list-style-type: none"> • Are primary care staff within your network aware of how to report domestic abuse?: Yes – 4; No – 0. • What mechanisms do practices within your network use to promote how to report domestic abuse?: Key themes identified were using a variety of media channels and signposting, staff training and support, regular communication and support, accessible reporting pathways, and commitment to consistency and best practice. • Do practices within your network utilise the clinical system to record concerns relating to domestic abuse and or referrals they make to support agencies?: Yes – 4; No – 0.

Organisation	Response
Cleveland Police	<p>Significant force-wide emphasis was placed on domestic abuse training so that staff knew how to address incidents (bearing in mind the majority of incidents were reported to Cleveland Police as opposed to reported by it). The force's domestic abuse policy dealt with the responsibilities of each and every individual involved in the domestic abuse process from start to finish – this was regularly reviewed and was currently in the process of being updated to emphasise no crime / no disclosure did not negate submission of a Public Protection Notice (PPN) and other recent developments including the use of Domestic Abuse Protection Orders (DAPOs).</p> <p>The Cleveland Police Protecting Vulnerable People (PVP) Hub had developed a decent working relationship with the Vulnerability Desk, and provided advice and support in terms of how they handled domestic abuse risk assessments, particularly in light of the introduction of rapid video response (RVR). All shifts had been visited by PVP staff at least once (giving support in the submission of a PPN), and made it quite clear in all feedback that the office was available to offer advice and support regarding domestic abuse incidents. There were compliance measures within PVP using Power Bi to determine those PPNs that were not submitted timely, with immediate measures taken to identify and process those high-risk incidents. Feedback was given to officers regarding this to improve future submission.</p>
Thirteen Housing Group	<p>One key principle was that victim disclosure alone triggered immediate support (staff did not need to investigate or prove anything) – if someone reported that they were experiencing domestic abuse, Thirteen acted quickly to provide help and signpost to specialist services. Additionally, there were designated domestic abuse 'champions' in every service directorate to drive awareness, and reporting routes were widely promoted via the Thirteen website / social media platforms and through transparent policies.</p>
Stockton-on-Tees Borough Council (SBC) Housing Services	<p>All officers visiting private sector housing completed a service 'Safeguarding Visit Form' when they attended a property – this also provided information on how to report abuse. A safeguarding referral would be triggered if a concern was raised.</p>

- 4.111. The Committee asked if there were ever instances where concerns were raised by **HDFT** 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.
- 4.112. 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.

- 4.113. The Committee asked **Cleveland Police** about safeguards around data when liaising with other agencies. Members heard that the force adhered to the established data protection rules and also had information-sharing protocols in place – it was therefore confident that sensitive details were not being passed around.
- 4.114. Questions were directed at the benefits of DAPOs and what these brought over and above the court system. **Cleveland Police** stated that these orders had been extremely effective thus far and did not require perpetrators to be charged with a criminal offence (a DAPN could be served whilst a criminal investigation was ongoing). A significant number of orders had been applied for and served within the Cleveland Police footprint this year, and these provided an extra layer of protection for victims and their families. DAPOs could cover zones (not just individual properties) and be indefinite – should an order be breached, the offender would be put before the next court. Importantly, third parties could also apply for an order to be served (e.g. family member, neighbour, social worker) which also included potential positive requirements such as behavioural change programmes.
- 4.115. When reacting to a disclosure of domestic abuse, the Committee felt that there could be a conflict over decisions to move a family away from their household. **Thirteen Housing Group** stated that it would not put barriers in place if such a disclosure was received, but that it was important to look at the wider circumstances (e.g. moving those who had experienced domestic abuse might not be the best solution if their children had made friends (at / outside school) who may be lost if they had to relocate). Confirmation was also given that Thirteen did take third-party referrals of domestic abuse into account (and would sensitively link-in with SBC Housing Services for further exploration).
- 4.116. **Support of staff in relation to domestic abuse (e.g. training course options and any available data on the uptake of these)**

Organisation	Response
Harrogate and District NHS Foundation Trust (HDFT) Health Visitors	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.
North Tees and Hartlepool NHS Foundation Trust (NTHFT) Maternity	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.
Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) CAMHS	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.

Organisation	Response
NHS North East and North Cumbria Integrated Care Board (NENC ICB)	Staff roles and responsibilities in safeguarding were defined by the NHS England Safeguarding Accountability and Assurance Framework (SAAF). Healthcare staff must be trained to identify domestic abuse signs and understand referral pathways for victim support, and it was acknowledged that training needed to be continuous and tailored to specific staff roles to ensure confident and appropriate responses to safeguarding issues. Effective monitoring ensured compliance and maintained safeguarding as a priority across all organisational levels.
Primary Care Networks (PCNs) Survey Feedback	Of the Borough's four PCNs: <ul style="list-style-type: none"> • Is domestic abuse training promoted to staff within your network?: Yes – 4; No – 0. • Are primary care staff within your network aware of local domestic abuse services?: Yes – 3; No – 1. • Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?: Yes – 4; No – 0. • Are practices aware of the Local GP Independent Domestic Violence Advocate (IDVA)?: Yes – 1; No – 3. Feedback from the one PCN which answered 'yes' on the effectiveness of the IDVA arrangement was positive.
Cleveland Police	Skills in relation to this issue were enhanced by the roll-out of Domestic Abuse Matters (DA Matters) training to all officers and staff. Developed with SafeLives and the College of Policing, this programme focused on recognising coercive / controlling behaviour and improving cultural attitudes. Over 1,500 personnel had completed the training thus far which aimed to give staff the confidence to recognise domestic abuse and respond compassionately (though it was acknowledged that challenges remained in consistently identifying subtle signs like psychological abuse).
Thirteen Housing Group	Thirteen provided clear internal guidance and mandatory training for its near-1,500 workforce, with the latter tailored to the needs of an individual's respective role within the organisation (e.g. front-facing staff received more in-depth, face-to-face training, while back-office personnel completed e-learning modules to ensure they understood their responsibilities).
Stockton-on-Tees Borough Council (SBC) Housing Services	SBC aimed to ensure all team members received sufficient training so they felt confident in identifying signs of domestic abuse (levels of training varied depending on role). All new starters had to complete 'Introduction to Safeguarding' training and each team member was required to refresh this training every two years. The service was currently reviewing its employee training and development plans. Rather than encouraging colleagues to attend Safeguarding Adult and Children's refresher training (every two years), it was intended to make this mandatory for all SBC Housing and A Fairer Stockton-on-Tees team members (regardless of role). Wider Teeswide Safeguarding Adults Board (TSAB) training courses were shared with Service Managers who reviewed and identified suitable training for staff.

4.117. 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.

- 4.118. Responding to the Committee’s observation regarding three **PCNs** not being aware of the local GP IDVA, the GP Partner in attendance spoke of the very positive impact they and their patients had experienced via this arrangement. Within their own practice, the GP IDVA worked with social prescribers and gave individuals who otherwise may have felt stigmatised by having to walk into a support service the opportunity to raise concerns relating to domestic abuse within the safe space of the practice (also providing examples of solutions to enable the individual to be seen on their own by creating opportunities to divert the abusive partner). The benefits of all the Borough’s practices utilising the IDVA resource were emphasised.
- 4.119. Clarity was sought on whether **Cleveland Police** call-handlers were trained to listen to background noise for any clues of domestic abuse (as ambulance staff were reportedly skilled in doing). The Committee was informed that the force had the facility to listen back to a call so any signs of abuse could be retrospectively identified, and it was subsequently confirmed that initial training for call handlers included specific inputs regarding listening to background noise and recording observations on the police log.
- 4.120. The Committee welcomed the **Thirteen Housing Group** emphasis on providing training for its staff on this issue and sought assurance that confidentiality was maintained if someone reported a domestic abuse incident. Thirteen stated that any approach to its services would be recorded as a contact, but that if it was domestic abuse-related, the contact would be locked down in a sensitive area of their system (i.e. with restricted access). Replying to a subsequent Member query, it was confirmed that staff knew how to escalate any concerns around domestic abuse to a named individual (whose details were shared with the workforce).
- 4.121. **Responsible person / role within the organisation regarding written safeguarding policies / training / submitting referrals**

Organisation	Response
Harrogate and District NHS Foundation Trust (HDFT) Health Visitors	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.
North Tees and Hartlepool NHS Foundation Trust (NTHFT) Maternity	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.
Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) CAMHS	Not answered.
Cleveland Police	The responsibilities for domestic abuse and child safeguarding were overseen by Superintendent Strategic Leads who, as portfolio leads, had overall responsibility for policy, training and referrals.
Thirteen Housing Group	Not answered.

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

Organisation	Response														
<p>Harrogate and District NHS Foundation Trust (HDFT)</p> <p>Health Visitors</p>	<p>HDFT did not capture individual data like this.</p> <p>The Trust would be able to see the volume of referrals made by the 0-19 service, but not for specific reasons.</p>														
<p>North Tees and Hartlepool NHS Foundation Trust (NTHFT)</p> <p>Maternity</p>	<p>A comparison between referral data before and after the IDVA post was installed demonstrated the increase in victims receiving support:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Received 01/04/2018 – 31/03/2020 with the category of referrer "Hospital" (2 year period before the IDVA post).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Location</th> <th style="text-align: left;">Number of referrals</th> </tr> </thead> <tbody> <tr> <td>Stockton</td> <td>39</td> </tr> <tr> <td>Hartlepool</td> <td>58</td> </tr> <tr> <td>Middlesbrough</td> <td>13</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Since the Hospital IDVA has been in post, the number of referrals from the Hospital to the IDVA/harbour over the most recent 2 year period is as follows.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Location</th> <th style="text-align: left;">Number of referrals</th> </tr> </thead> <tbody> <tr> <td>Hartlepool and Stockton</td> <td>277</td> </tr> <tr> <td>Middlesbrough</td> <td>218</td> </tr> </tbody> </table> </div>	Location	Number of referrals	Stockton	39	Hartlepool	58	Middlesbrough	13	Location	Number of referrals	Hartlepool and Stockton	277	Middlesbrough	218
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<p>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)</p> <p>CAMHS</p>	<p>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 2024-25).</p>														
<p>Cleveland Police</p>	<p>The CHUB would be able to provide this data.</p>														
<p>Thirteen Housing Group</p>	<p>Not answered.</p>														
<p>Stockton-on-Tees Borough Council (SBC)</p> <p>Housing Services</p>	<p>Regarding domestic abuse-related referrals made by SBC Housing Services, whilst referrals were made, the service did not record the number.</p>														

4.123. The Committee referenced the **HDFT** 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. HDFT personnel 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-related referrals to the Stockton-on-Tees CHUB during the 2024-2025 period (see paragraph 4.81) – 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), with additional information subsequently provided:

'There were 164 SAFER referrals made from Oct 23-Oct 25 – I would need to access each of these records to determine the reason for referral. Data has always been an issue as it is a patient health record so often not set up like other systems to collect data in the way that it is requested. The referral form used is multi-purpose, so not just for referrals to social care but early help and other services too.'

- 4.124. Regarding the **NTHFT** figures, 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 – the Trust subsequently confirmed that the 277 referrals were split 196 for Stockton and 84 for Hartlepool for the 1 April 2023 – 31 March 2025 period (taken from the Hospital IDVAs database).
- 4.125. A number of requests were made to **TEWV** 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), with TEWV subsequently providing the following:

'I have reviewed your request for additional information by linking in with both our data and safeguarding teams and can confirm that we are unable to fulfil your request for additional information as this is not data that we monitor as a young person would not be referred solely as result of Domestic violence. We are linked in with all of the Domestic abuse / safeguarding processes across Teesside and have also agreed to link in with the SBC Strategic Health & Wellbeing Manager for additional support as required. The data that we do collate is specific to Mental health which is our primary business.'

- 4.126. The Committee asked why **SBC Housing Services** did not log the referrals it made in relation to domestic abuse. Officers stated that safeguarding concerns were escalated through a specific route, with staff trained to make referrals where appropriate. Service audits identified if a referral should have been made or, if one had been made, whether it was done in a timely manner. Furthermore, any homelessness case was considered for safeguarding (this had to be documented).
- 4.127. In addition to the above tables and the subsequent comments / responses from the Committee, views from the Borough's **early years providers** (nurseries, childminders, breakfast / after-school clubs) were also sought in relation to the identification of at-risk individuals / families, awareness of reporting routes (and experience of these processes if concerns had been reported), and the provision of domestic abuse training. A Committee survey was issued to this sector in late-2025, with responses submitted from:
- 14 nurseries
 - 1 breakfast / after-school / holiday club
 - 1 childminder

Appendix 1 shows the feedback received, with selected comments including:

- How do you / staff within your service identify at-risk individuals / families?

'Up-to-date on training, communicate with families, observing child's behaviour and wellbeing, observing parent and carer behaviour, listening to disclosures and dealing with them correctly.'

'Staff are trained to notice signs and also working closely with families, building up relationships to ensure if there are any changes or signs we are more aware to these. Staff also work closely with external agencies so that we have an holistic approach with families and share information.'

'Observation of parents / carers, children, their everyday conversations, mannerisms, play. Changes in their demeanour. Conversation.'

'Strong partnership with parents / families. Clear and consistent communication. Always available and open to chat with parents and families, open and warming to chat and develop strong bonds. Extra vigilant at all times. I receive as much background information as possible through visits before starting at the setting, time away from my open hours to be able to talk with families and also identify any other services that may already be involved with the family.'

- How confident are you / they about spotting signs of domestic abuse when working with young children?

'I feel like the majority of the team are really confident at spotting signs of domestic abuse and following procedures if needed. Some of the team are awaiting more training as they are new to the setting and are not as knowledgeable yet.'

'I don't think this is something practitioners are particularly confident with. Although they know the signs due to the area we are in, I believe this is something that would be covered up as the families are all professionals and do not fit the stereotype of a family affected by abuse.'

'I think the more experienced staff would be confident, and happy to raise concerns. I think newer staff would be a little unsure.'

'This is never a clear-cut answer. I believe I am confident that my staff are up to date with training and know the generic signs and symptoms to look out for in behaviour of parents and children. Strong parent partnerships emphasise early identification too. However, I cannot say for definite that cases wouldn't slip through the net.'

- If your service has reported signs of domestic abuse in the past, how did you find the process?

'We would like to be informed more explicitly to ensure we have the correct links.'

'All safeguarding concerns are passed onto to our designated safeguarding officers who will start the process, whilst we support the family. The process of reporting has been straightforward, although it can be emotional for the families and the staff supporting them. I feel that our calm steady presence has helped the family be open to accepting help.'

- Do you / staff within your service access domestic abuse training?

All respondents answered 'yes' (apart from two nurseries which did not answer).

- Are you / staff within your service aware of local domestic abuse services?

All respondents answered 'yes' (apart from two nurseries and 1 breakfast / after-school / holiday club which answered 'no').

Capturing / acting upon the voice of the child

Domestic Abuse Commissioner (DAC)

<https://domesticabusecommissioner.uk/>

- 4.128. Dame Nicole Jacobs began the Domestic Abuse Commissioner (DAC) role in 2019 which was granted additional powers in 2021. With regional offices across the UK, the Commissioner had published a '[Victims in their own right? Babies, children and young people's experience of domestic abuse](#)' policy paper in April 2025 (updated in October 2025) which reflected the voice of those children and young people who had experienced domestic abuse. Outcomes from a '[Tell Nicole](#)' project were also published at this time.
- 4.129. The '[Victims in their own right?](#)' report reinforced the importance of seeking and considering the voice of children, though also recognised that this was not always a straightforward task:

'Giving a voice to and working with children subject to domestic abuse can be difficult, as children may harbour mistrust of professionals, rooted in fear, or previous breaches of confidentiality and/or poor support. Children and young people can be articulate, strategic and reflexive communicators, and support must enable space for children and young people's voice to be heard. Children need time to build relationships with professionals and be able to trust them. The NSPCC briefing paper 'Voice of the child' sets out common barriers to including the voice of the child effectively and highlighted the ways in which a child's voice can be understood, especially when working with babies, pre-verbal children and children with disabilities.'

'Statutory services must collaborate to understand the needs, desires and voice of the child in any decision making.'

'Attempts to silence or quieten the voice of the child are unacceptable. Yet many children and young people, via Tell Nicole, say that they did not feel listened to when important decisions were being made about contact with family members.'



- 4.130. The Committee sought a contribution from the DAC Office but was informed that this could not be facilitated due to current capacity constraints and the fact that it was a small team (indeed, they were stepping back from some external engagement). The Committee was, however, signposted to the Government's official response to its '[Victims in their own right?](#)' report (see [Government response to the report 'Victims in their own right?' - GOV.UK](#)).

Harbour

- 4.131. Making the child or young person central to the story being told was paramount to everything Harbour did. No child was too young to have a voice, and it was vital to think creatively about how to involve them so a real understanding of what made their day good or not so good could be ascertained. Observing and recording behaviour and experiences was key (in particular, interactions between a child and their parents / carers, and whether there was any difference in their interactions with other people), as was thinking about outcomes. All Harbour staff, regardless of role, undertook 'voice of the child' core training, and regular consultations were held with children and young people to help inform future practice.
- 4.132. Harbour worked closely with the DAC Office, and local children and young people were involved in the 'Tell Nicole' project. Through subsequently published creative pieces of work, they highlighted what support they found helpful, what needed to improve, and what changes they would like to see that would help children in the future. The DAC and her team came to visit local children and young people who took part, to thank them for their involvement, and to share with them the next steps and the commitments to child victims of domestic abuse.
- 4.133. The Committee offered congratulations for the local input into the published 'Tell Nicole' report. Noting that the children and young people involved in this project felt heard, Members stated that this review could also help accentuate the voices of those who had experienced domestic abuse. SBC officers added that the Council was investigating the possibility of using some of the artwork from local children and young people within its buildings.

Effectiveness of local services / arrangements and areas for future focus

- 4.134. The Committee was keen to ascertain views on the effectiveness of local arrangements in relation to domestic abuse and give an opportunity for stakeholders to highlight any existing challenges that needed to be addressed in relation to this scrutiny topic.

Harbour

- 4.135. Key areas for consideration included the need to understand the impact of the new social care transformation, the need for specialist roles in social care settings, and ongoing funding challenges (i.e. the Hospital IDVA role may come to an end in March 2026, though conversations were ongoing with health partners in relation to this). Given Stockton-on-Tees currently had the highest referral rate into Harbour across the areas in which it operated, continuing education and awareness-raising around domestic abuse and its impact on children and young people was crucial (this was not yet consistent across the Borough). There was also a specific need to look at what was being delivered within schools around this issue.
- 4.136. The Committee sought views on why Stockton-on-Tees had the highest referral rate into Harbour. Ongoing awareness-raising of domestic abuse was seen as a principal factor which had likely led to a rise in reported cases. Ultimately, organisations were trying to break the cycle of this type of abuse, though it was acknowledged that this was difficult. In response, the Committee asked how success was measured in relation to the interventions used – Harbour confirmed it had a monitoring / evaluation team and highlighted case studies to demonstrate success (examples were subsequently shared with the Committee), with SBC officers commenting that contract management data was showing an increase in the number of perpetrators completing interventions and that support was effective.

Harrogate and District NHS Foundation Trust (HDFT): Health Visitors

- 4.137. 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).

North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity

- 4.138. There was strength in working across both safeguarding partnerships (adults and children's), 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.
- 4.139. 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.
- 4.140. 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, as well as better risk information-sharing.
- 4.141. 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 published joint targeted area inspection (JTAI) reports on the multi-agency response to children and families needing help in [Redcar & Cleveland](#) and [North Yorkshire](#) had highlighted the importance of health IDVAs.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): CAMHS

- 4.142. 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. Key areas of future focus should be understanding / recognising partner roles, responsibilities and expertise, as well as understanding service limitations (organisations had specialisms and could not cover everything).

NHS North East and North Cumbria Integrated Care Board (NENC ICB)

- 4.143. The [Researching Effective Approaches for Children \(REACH\) Plan](#) (2024-2029), led by Foundations – What Works Centre for Children & Families, aimed to identify and evaluate effective programmes to prevent domestic abuse and support child victims. ICBs were expected to collaborate in identifying, testing and scaling interventions across healthcare settings, and

following investment of £75 million over five years, the focus was on prevention, early identification, and recovery support for children affected by domestic abuse.

4.144. [IRIS](#) and [ADVISE](#) programmes were being expanded to support ICBs in embedding domestic abuse identification and referral pathways in general practice and sexual health clinics, with a focus on early intervention, clinician training, and direct referral to domestic abuse specialists.

4.145. The Committee asked how the NENC ICB monitored / assured itself that learning around domestic abuse cases involving children was appropriately shared / acted upon by those organisations it commissioned. In response, it was stated that learning was shared and discussed within established safeguarding and safety partnerships, with the NENC ICB Safeguarding Designated Nurse later confirming that:

'We have implemented a quarterly thematic learning group with NENC ICB which compiles all of the learning from Domestic Homicide Reviews (DHRs) / Domestic Abuse Related Death Reviews (DARDRs) / Safeguarding Adult Reviews (SARs) and Learning Reviews / Child Safeguarding Practice Reviews (CSPRs). We meet for the first time later this month. The aim of the group is to explore the frequency across our 14 Local Authorities footprint that themes emerge – then what actions are taken or products developed to address the themes. We will develop a secure digital repository to enable our learning community to access and hopefully avoid duplication. We also compile a monthly publication.'

4.146. Members noted a lack of reference to the commissioning of mental health trusts within the information submitted and queried how these organisations were monitored when it came to domestic abuse policies / practice. Assurance was given that all commissioned providers should have a service specification which included up-to-date considerations around statutory obligations (safeguarding being a key feature of NHS contracts). A statement in relation to service monitoring was later provided:

'Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) have their own domestic abuse procedure and safeguarding policies which this would fall under from a monitoring perspective; these would be discussed at the Trust's internal Quality Assurance Group (QuAG), which a Director of Safeguarding attends from the ICB. Therefore, we have oversight of any issues, etc. Anything relating to staff or patients should be going through the safeguarding route.'

'TEWVs, like all NHS providers, contract outlines the NHS requirements in respect of Domestic Abuse, Sexual Violence and Violence Against Women and Girls (VAWG). They are part of the Children Safeguarding Partnership which facilitates case audits which TEWV fully engage with, most recent summer 2025. Redcar JTAI was just prior to this and TEWV were fully engaged. TEWV have an internal safeguarding committee, DA, etc. as above are all an integral part of the portfolio and assurance is discussed in that setting, NENC ICB have a place at the table and currently one of our experience Designated Nurses attends, and her role is to scrutinise the assurance provided. NHS England (NHSE) requires all providers to complete the Safeguarding Assurance Framework (SAF). NHSE requires NENC ICB to maintain the NHSE Tracker upon which all DARDRs are entered (along with themes) and this is monitored.'

4.147. The NENC ICB Strategic Head of Commissioning (Tees Valley) informed the Committee of the need for professionals to be able to identify the reasons for patient behaviour, not just see / treat the behaviour itself. Members were then notified of plans for a forthcoming complex trauma team (hosted by Stockton-on-Tees) which would work with a small number of complex cases involving young people. Funded jointly by the ICB and the five Tees Valley Local Authorities, the team was due to be operational from April 2026 and would add to the local offer and support the national Family First Partnership Programme (FFPP) – it was subsequently confirmed that this was recurrent funding and that there were no known examples of a similar team elsewhere in the country.

Primary Care Networks (PCNs)

4.148. Responses to the relevant survey questions from the Borough's four PCNs:

- Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence?: Yes – 1; No – 3.

'Cross-service referrals are being efficiently picked up and acknowledged.'

'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.'

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

'We would benefit from support to implement a single process across our PCN.'

- Are there any key areas that your network would like scrutiny to focus on in future in relation to this topic: Proposals included 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. Regarding potential opportunities moving forward:

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

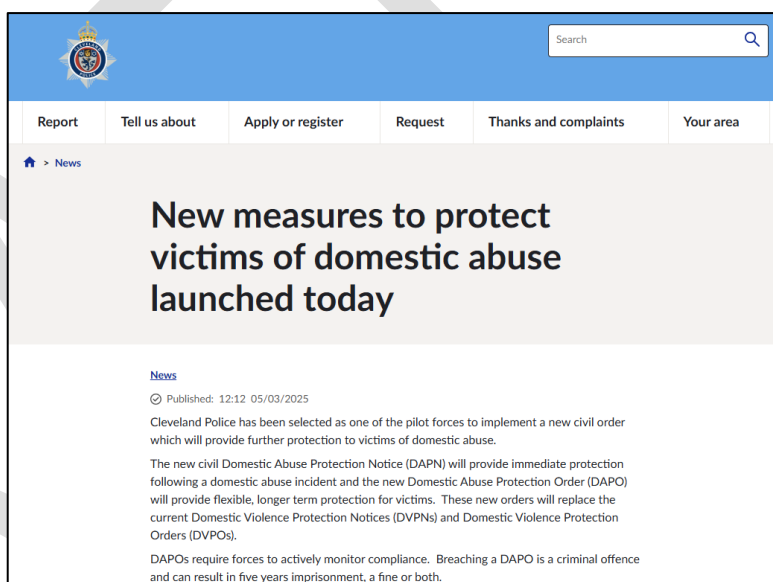
- Practices use a range of mechanisms (e.g., clinical coding, safeguarding registers, patient alerts, posters, websites, TeamNet) to identify and support at-risk individuals. Practices could share best practice about how they promote services to provide peer support and to identify potential opportunities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

4.149. The Committee sought views on what single development within general practices might have the most significant impact in identifying and / or managing domestic abuse-related cases involving children. Addressing Members, a GP Partner drew attention to their experience in using the personal list system – a highly valued arrangement which enabled a patient to be seen by the same GP, allowing relationships to be developed and family backgrounds to be established. However, as individual businesses, practices had differing operating models / staffing structures which may not make it possible to adopt a similar approach.

Cleveland Police

4.150. The partnership arrangements were currently split across north and south Tees; however, they often covered the same themes and issues which occurred across Tees. Looking ahead, a central team structure would cut down on duplicity and make things more streamlined – this would also mean learning and good practice was shared on a Tees-wide basis.

4.151. Several developments likely to impact upon this scrutiny topic were highlighted, including the Families First (Children’s Social Care Reform) initiative, the Victims and Prisoners Act 2024 – Section 20 implementation (police must notify schools if a child was suspected to be a victim of domestic abuse), and the continued expansion of the Domestic Abuse Act 2021. This was in addition to the new DAPOs (Cleveland Police was a pilot force for this 2025 national scheme), as well as the Tees-wide Domestic Abuse [Perpetration Strategy](#) (a 10-year plan to reduce repeat offending and improve multi-agency collaboration, it aligned with the Government’s commitment to halve violence against women and girls over the next decade).



4.152. Noting discussions at previous evidence-gathering sessions for this review, the Committee asked about the force’s relations with Independent Domestic Violence Advocates (IDVAs). Members heard that these were strong and that IDVAs played an invaluable support role outside criminal investigations (indeed, one was embedded within the Cleveland Police control room).

4.153. The Committee queried what single development would make the biggest difference in terms of local domestic abuse matters from a police perspective. Increasing awareness of applying for a DAPO so this was not always a force-led process (particularly given not everyone reported abuse to the police) was identified as a key aim moving forward – this was another avenue of support for victims which all organisations could better utilise.

Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP)

4.154. HSSCP received an annual assurance report from the local Domestic Abuse Steering Group (DASG) in September 2025 which provided strong confidence regarding the effectiveness of arrangements, demonstrating that agencies from across the system were working to prevent, intervene early, and respond to domestic abuse. As previously indicated (see paragraph 4.75), the HSSCP domestic abuse-themed audit identified where current arrangements could be further strengthened.

- 4.155. There was an indicator in the HSSCP Performance Management Framework (PMF) around attendance from each agency at multi-agency meetings, however, this was not broken down specifically to domestic abuse. There were partnership escalation processes in place that enabled any professional to challenge another agency should there be concerns regarding attendance at multi-agency meetings or around contributions to assessment and planning – no issues regarding this had been escalated to the HSSCP Executive.
- 4.156. As per the HSSCP domestic abuse-themed audit, existing challenges and future areas of focus were on how professionals could be supported to work together to effectively engage when a perpetrator was high-risk, and how approaches could be strengthened to recognise risk, hold the perpetrator to account, partner with the victim, and keep the child at the centre.
- 4.157. The effectiveness of perpetrator programmes was raised, and Members heard that whilst HSSCPs domestic abuse audit had demonstrated examples of success, areas for improvement were also identified (e.g. tools / models which could be used).
- 4.158. Views were requested on what single development / change in relation to this scrutiny topic HSSCP would like to see as a result of the Committee's review. Communication around this issue (e.g. highlighting the impact of domestic abuse on children and the support available for children, their families and perpetrators) was subsequently emphasised, along with a need to hold perpetrators to account and also focus on 'significant others' (including those who may be causing problems to a household even if not living there). That said, the HSSCP Chair felt both awareness and reporting of domestic abuse had improved (helped by changes in legislation which had increased focus on the child), and confirmed that there were no concerns around attendance and engagement in relation to those agencies who were involved in the partnership.

Thirteen Housing Group

- 4.159. There was a strong relationship between Thirteen's Domestic Abuse Team and SBC Housing and Homelessness Services, with regular collaboration on domestic abuse cases, and mirrored banding processes to prevent victim-survivors having to undergo two separate assessments. Thirteen was also an active participant in the Domestic Abuse Strategic (Steering) Group, was newly involved in the Teesside Perpetrator Strategic Group, and was exploring opportunities to link-in on target hardening provision in Stockton-on-Tees.
- 4.160. Key areas for future consideration around domestic abuse included the ongoing challenges posed by under-reporting due to stigma and fear among victims (particularly older customers), having to tackle complex needs (requiring multi-agency responses), and managing both funding and housing pressures (limited safe accommodation options could increase risk for victims). Digital abuse was an emerging issue, with perpetrators using technology for harassment and control, whilst national developments (e.g. Domestic Abuse Act 2021, the Violence Against Women and Girls (VAWG) Strategy, and upcoming Criminal Justice reforms) would shape the approach to this form of abuse. Moving forward, priorities should include improving early identification, enhancing role-specific training, better data-sharing between agencies, improving safeguarding for children affected by domestic abuse, and expanding perpetrator programmes to reduce repeat offending.
- 4.161. Thirteen was asked for its views on what single issue was of most significance from their perspective in relation to this scrutiny topic – recognition that moving domestic abuse victims away from their existing residence was not always the best option and having access to robust data were both highlighted. A query was also raised around Thirteen's experience of Domestic Abuse Protection Orders (DAPOs), with the following statement later provided to the Committee:

'Overall, DAPOs are proving to be a positive and effective tool in supporting victim safety. They are helping to clearly set boundaries for perpetrators, improve understanding of expectations, and in many cases enable victims to remain safely in their own homes rather than being forced to relocate. While there are areas where the process could be strengthened, DAPOs are an important additional deterrent and safeguarding measure.'

Feedback from our Domestic Abuse Team included a case where we were able to prevent a perpetrator from gaining entry to a property, despite him being a joint tenant. At the time, the victim was staying in refuge accommodation and the perpetrator was attempting to return to the home. The DAPO clearly prohibited him from being at the property, which meant he could not return and avoided the need for the locks to be changed. The perpetrator was later arrested for being in the area and is currently on remand in prison pending a court date for breach of the DAPO, and also received a fine. This demonstrates how effective enforcement of a DAPO can be in protecting the victim and reducing immediate housing intervention.

More generally, where a customer has a DAPO in place, both the victim and the perpetrator appear to be better informed about how the order works. This increased understanding is helping to reinforce boundaries and, importantly, supporting victims to remain in their homes rather than having to move away for their own safety. However, there are ongoing safeguarding concerns in some cases. There have been situations where a DAPO is in place and the perpetrator has breached it on more than one occasion, yet they have not been remanded in custody. Although the perpetrator is arrested each time, they are released again while awaiting a CPS decision, during which time they continue to attend the victim's home and breach the DAPO further. This approach does not sufficiently safeguard the victim and creates ongoing risk and anxiety. This issue needs further consideration and review.

Another challenge is that we are not always aware whether positive requirements have been attached to a DAPO. Additionally, these positive requirements are not mandatory and rely on voluntary engagement by the alleged perpetrator. DAPO cases are also not automatically referred into MARAC, which limits multi-agency oversight. Moving forward, it would be beneficial if positive requirements became mandatory, particularly where the perpetrator is a tenant. This would allow housing providers to take stronger and more consistent enforcement action where requirements are not adhered to.

In summary, DAPOs are another important deterrent that strengthens protection for victims. While they are not perfect and would benefit from some refinement, they are a positive step forward in safeguarding practice and victim support.'

Stockton-on-Tees Borough Council (SBC) Housing Services

- 4.162. The Government had recently published the policy paper, [A National Plan to End Homelessness](#) (Dec 25), with section 3.4.7 including a specific reference to domestic abuse. A related toolkit was being developed – SBC would consider and respond to this once published.
- 4.163. The service was looking to explore how it could support children who may be placed in temporary accommodation when a homelessness presentation was made (regardless of the reason for the presentation) and would be meeting with Family Action to see how this support could be facilitated. As requested by the Committee, feedback was subsequently provided on the outcome of these discussions which saw areas of collaboration agreed in relation to widening opportunities for referrals to Family Action, the provision of a 'learning lunch' for SBC Housing Services staff, and support with framing conversation with parents. Family Action would also share leaflets / publicity material (currently being refreshed).
- 4.164. SBC officers were asked what single change would make the biggest impact around this scrutiny topic from a housing perspective. Maximising the number of victims coming forward so that appropriate support could be provided, and to encourage all Registered Providers (with stock in the Borough) to let their properties by advertising via Tees Valley Home Finder (TVHF), was encouraged.

Early Years Providers

4.165. The Committee survey issued to the Borough's early years providers (nurseries, childminders, breakfast / after-school clubs) in late-2025 included questions on any experience of working with local domestic abuse services, whether any guidance / communication was received to assist in identifying / supporting children who have experienced domestic abuse, and what should be the key areas of future focus in relation to this scrutiny topic. **Appendix 1** shows the feedback received, with selected comments including:

- **Have you had any experience of working with local domestic abuse services?**

Six respondents (all nurseries) answered 'yes'; 10 respondents (eight nurseries, one breakfast / after-school / holiday club, and one childminder) answered 'no'.

'We've had families join our setting who've used the services of Harbour; we've not been involved in any referrals or assessments for it, but helped support families and their children.'

'When speaking with a family who has been through this, they were recommended services such as Harbour and CGL. The Family Hub offer lots of advice and support.'

'I have worked with Harbour for some parents to make sure that they are getting the help they needed. They were referred in by a Social Worker, but I feel confident I could refer in if needed.'

- **Do you receive any guidance / communications from Stockton-on-Tees Borough Council and / or other local organisations to assist you in identifying / supporting children who have experienced domestic abuse?**

Nine respondents (eight nurseries and one childminder) answered 'yes'; six respondents (five nurseries and one breakfast / after-school / holiday club) answered 'no'.

- **What should be the key areas of future focus relating to this scrutiny topic?**

'Training from the Local Authority, if available, and sharing of experiences, sharing ideas and how to address situations like this.'

'Hidden abuse in professional working families and breaking the stereotype.'

'Increased specialist domestic abuse training, particularly focused on early years and young children. Greater awareness of local support pathways for families. Earlier intervention and prevention work with families.'

'Breaking down barriers to disclosing and reporting domestic violence. More in-depth training. More safe spaces identified for families to disclose abuse and gain information.'

'I believe this is still a taboo subject and should be talked about more in all meetings across early years. A more refined step-by-step approach to reporting and supporting parents, children and families.'

'Adverse childhood experiences that may be caused through parents / families experiencing domestic abuse. What to do if we suspect abuse but no consent given from parents to refer them to services.'

Other Developments

- 4.166. Recent multi-agency inspections had concluded that domestic abuse practice across inspected areas was not sufficiently child-focused, resulting in delayed or inadequate protection and support for children. Agencies continued to rely too heavily on non-abusing parents – predominantly mothers – to keep children safe and did not consistently recognise children as victims of domestic abuse in their own right, despite this status being enshrined in law through the Domestic Abuse Act 2021. These findings were set out in [The multi-agency response to children who are victims of domestic abuse - GOV.UK](#) report summarising joint targeted area inspections (JTAs) conducted by Ofsted, the Care Quality Commission, HM Inspectorate of Constabulary and Fire & Rescue Services, and HM Inspectorate of Probation. The inspections reviewed responses to unborn children and children aged 0-7 affected by domestic abuse and followed similar inspections undertaken in 2017, with inspectors finding insufficient improvement since that time.

The screenshot shows the GOV.UK website interface. At the top, the GOV.UK logo is on the left, and a 'Menu' button and search icon are on the right. Below the header is a breadcrumb trail: Home > Parenting, childcare and children's services > Safeguarding and social care for children > Safeguarding and child protection > The multi-agency response to children who are victims of domestic abuse. A list of participating agencies is shown: Ofsted, Care Quality Commission, HM Inspectorate of Constabulary and Fire & Rescue Services, and His Majesty's Inspectorate of Probation. The main content area features a blue banner with the text 'Research and analysis' and the title 'The multi-agency response to children who are victims of domestic abuse' in large white font. Below the title, it says 'Published 21 January 2026'. At the bottom of the banner, a grey box contains the text 'Applies to England'.

- 4.167. Between October 2024 and June 2025, inspectorates visited six Local Authority areas – Hertfordshire, Hillingdon, Norfolk, North Yorkshire, Reading, and Redcar & Cleveland. They assessed multi-agency practice across four areas:

- Identification of child victims of domestic abuse
- Assessment, planning and decision making
- Protection, support and care for children at risk or harmed
- Prevention of future victimisation

Inspectors tracked the experiences of hundreds of children, undertook detailed reviews of 36 cases, spoke directly with children and families, and worked with the Domestic Abuse Commissioner's Office to gather national feedback from survivors and parents.

4.168. Key findings contained within the report were as follows:

- **Persistent Failure to Recognise Children as Victims and Prevention Work:** Inspectors found a consistent pattern of children being viewed as passive witnesses or indirect victims, rather than as individuals experiencing harm. Only 8% of parents surveyed reported their children being treated as victims in their own right. This failure led to poor risk recognition, delays in strategy discussions, and insufficient protective action. This was particularly for pre-verbal children, unborn babies, or where mothers minimised or did not disclose abuse.

National data reinforced these findings. In the year ending 31 March 2025, domestic abuse involving a parent was the second most common factor in Child in Need assessments (162,890 cases), yet concerns recorded about children as victims were significantly lower (57,930 cases). This disparity persists despite legal recognition of children as victims since October 2021.

Preventative services (early help, community support, early identification in universal settings) were inconsistent or under-resourced. There was a need for stronger public awareness and earlier routine screening to reduce likelihood of young children becoming victims.

- **Adult Focused Practice and Weak Use of the Child's Voice:** Assessments and service delivery were often adult-focused, particularly within probation and policing, where insufficient attention was paid to risks to children. The voice and lived experience of the child were frequently absent from police and probation documentation, undermining effective analysis and multi-agency planning. While health practitioners demonstrated some strong practice – especially with children who had special educational needs and disabilities (SEND) – this was not applied consistently in records or safeguarding decisions.
- **Over-Reliance on Non-Abusing Parents:** Agencies often placed disproportionate responsibility on non-abusing parents to manage risk, without adequate recognition of coercive control or accountability for perpetrators. Safety planning was sometimes ineffective due to poor information sharing between agencies.
- **Work with Perpetrators is Underdeveloped:** Services rarely worked directly with perpetrators to address behaviour, meaning risk to children could remain unmitigated. A more systematic approach to perpetrator assessment and intervention was needed across agencies.
- **Information-Sharing Failures:** Inspectors identified systemic weaknesses in information-sharing, driven by fragmented IT systems and lack of practitioner confidence about legal thresholds for sharing data. This resulted in siloed working, inconsistent interventions, and missed opportunities to identify risks – particularly where perpetrators posed risks to children across multiple households or Local Authorities.

The use of Clare's Law was found to be inconsistent, with critical information not always shared with partner agencies, leaving professionals unaware of significant risks to children and adult victims.

The findings highlight a nationally inconsistent understanding of information-sharing responsibilities. Although updated statutory guidance allows sharing without parental consent when children are at risk, confidence remains low. The Children's Wellbeing and Schools Bill sought to address this by introducing a duty to share safeguarding information, which inspectors strongly urge agencies to implement effectively.

5.0 Conclusion & Recommendations

- 5.1. The Domestic Abuse Act 2021 heralded a significant change in the law that led to children being recognised as victims in their own right if they saw, heard or were exposed to domestic abuse (defined as psychological, physical, sexual, financial and / or economic, emotional, and controlling and / or coercive behaviour, where the people involved were aged 16 or over and were or had been personally connected to each other (including relatives and intimate relationships)). Other relevant legislation / guidance outlined the expectations on organisations, both individually and in partnership with other agencies, to safeguard and promote the welfare of children.
- 5.2. Extensive information exists on both the immediate impact and the enduring and chronic effects of domestic abuse on children, and this was reinforced by several of the contributors to this review. The Committee acknowledge the wide range of physical and mental ramifications across different phases of a child's development, factors which underline the severity of the issue and the way in which it causes those experiencing such abuse problems in the present, as well as likely challenges and obstacles for them in the future. Stronger public communication of this impact may play a part in making those over 16 consider the effects of their actions / potential actions when children are in the household.
- 5.3. Councils have a number of obligations around domestic abuse, including the provision of safe accommodation, working with organisations that represent the voice of victim-survivors, and leading on a domestic abuse partnership (involving the development and implementation of an associated strategy). The Local Authority also offers a range of early help support, with children's services undertaking required statutory interventions in relation to safeguarding / child protection and other associated planning which involves, in part, child protection investigations, home visits, observations of the child with parent(s), and referrals to support services. Whilst some of this work is conducted on a multi-agency partnership basis, from a housing perspective, the Committee note that SBC has limited direct working with social housing providers regarding domestic abuse considerations.
- 5.4. Commissioned by SBC as the local domestic abuse support service, Harbour highlighted that, whilst progress had been made, there was work to do around this scrutiny topic, specifically in terms of educating professionals and the public (especially schools). Of particular interest to the Committee was the use of Independent Domestic Violence Advocates (IDVAs) within health settings, roles which were reportedly much-valued and had made a significant difference in assisting staff with this challenging issue, as well as facilitating safe disclosure of abuse from victim-survivors and signposting them / enabling access to available support. Although future funding for IDVAs is uncertain, it is clear that these arrangements should be maintained and indeed built upon where possible.
- 5.5. Given the focus on early years, the Committee sought, and was pleased to receive, assurance from several local organisations within the health sector around their role and actions in relation to this scrutiny topic – this included maternity, health visiting, and child mental health services. The Committee also welcomed the importance placed on domestic abuse by the overarching NHS North East and North Cumbria Integrated Care Board (NENC ICB), as well as its involvement in local multi-agency partnerships, though heard that three of the four Primary Care Networks (PCNs) within the Borough were unaware of the local GP IDVA arrangement (with all four requesting better promotion of the Harbour offer within practices). Cleveland Police was a key contributor to this review and highlighted its central role and responsibilities on this issue (including co-location within the Stockton-on-Tees Children's Hub (CHUB) to improve working relationships and the timeliness of responses). Mindful of the forthcoming changes to the SBC 'front door' arrangements, it is vital that established relationships with partners are maintained to ensure robust safeguarding of children.

- 5.6. Two important partnerships provided evidence of work undertaken on this issue. The local Domestic Abuse Steering Group involves a range of partners and is responsible for delivering 'system' outcomes around domestic abuse – the current Domestic Abuse Strategy 2022-2028 and its associated actions being key to this endeavour. Backing-up Harbour's view that further work was required within schools, the Committee encourage a focus on increasing the uptake of domestic abuse training within primary schools (which in September 2025 had seen only 10% of these settings partake). Separately, the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) has responsibility for safeguarding and promoting the welfare of children and involves multiple statutory and non-statutory partners. Whilst the Committee expressed concern about the lack of an explicit HSSCP focus on domestic abuse in recent years, it received assurance that this topic was frequently considered as part of the partnership's work (e.g. a recent multi-agency audit on this theme).
- 5.7. The Committee heard that there were 5,225 recorded 'incidents' of domestic abuse across the Borough and 3,907 recorded domestic abuse 'crimes' during 2023-2024. For this same period, 1,010 contacts into SBC Children's Services had domestic abuse listed as the reason for contact, with 25% of referrals made to SBC Children's Services over this period being domestic abuse-related. The recently published Stockton-on-Tees Community Safety Strategy stated that *'Domestic abuse overall is showing a downward trend; however, incidents involving children present in the household are beginning to rise'*, a claim which was supported by data published within HSSCP annual reports. From an early years perspective, Cleveland Police statistics demonstrated that there were 763 cases recorded of children aged 0-5 being present during a domestic abuse incident in Stockton in 2025.
- 5.8. This review had a strong emphasis on seeking assurance around identifying and reporting cases where children had experienced domestic abuse, and all contributors provided details on how this was carried out and how staff were supported to recognise signs and act on them. Importantly, individual organisations not only reflected on their own work to raise awareness of this form of abuse and promote reporting routes, but also acknowledged collective efforts around this scrutiny topic through their involvement in multi-agency arrangements. However, whilst the Committee was often given assurance on the provision of training for staff, little data was submitted on training uptake and the extent to which this was being repeated / reinforced. Similarly, the Committee found that some organisations did not appear to record domestic abuse-related referrals that they had made, making it difficult to cross-reference this against the work coming into the Stockton-on-Tees Children's Hub (CHUB) and local support service, Harbour, or establish trends within specific provision.
- 5.9. Again, mindful of this review's emphasis on the 0-5 age-range, the Borough's early years providers (e.g. nurseries / childminders) were asked to provide assurance on the identification and reporting of children who were, or were at risk of, being affected by domestic abuse within their household. Whilst the response rate to the Committee's survey was limited, those providers who did submit views demonstrated a good understanding of this issue, though also noted concerns regarding hidden abuse (particularly involving those who did not fit the stereotype of a family affected) and an absence of guidance / communications from the Council and / or other local organisations to assist in identifying / supporting children who had experienced domestic abuse. There was a clear call for an increased training offer for this sector.
- 5.10. Principally reflected through the ongoing work of Harbour, the Committee praised the involvement of local children and young people in the nationally significant *'Tell Nicole'* (the Domestic Abuse Commissioner) project which captured the voice of individuals affected by domestic abuse. As recognised in the Domestic Abuse Act 2021, children are victims in their own right if they see or hear domestic abuse, and those charged with supporting them have a duty to understand their experiences and seek their views in order to shape effective service provision.

- 5.11. There was broad positivity around the work of local partnerships when it came to the issue of domestic abuse, a feeling echoed by an annual assurance report from the Domestic Abuse Steering Group in September 2025 which, as stated by HSSCP, provided strong confidence regarding the effectiveness of arrangements, demonstrating that agencies from across the system were working to prevent, intervene early, and respond to domestic abuse. This review indicated sound buy-in and recognition of responsibility from all relevant local agencies, as well as an appreciation that working together was the best way to safeguard children.
- 5.12. Contributors were asked to identify areas for future focus in relation to this scrutiny topic, and a range of subsequent suggestions are included in the findings of this report – these should be considered by the local domestic abuse / safeguarding children partnerships. Additionally, the findings from six joint targeted area inspections (JTAs) carried out between October 2024 and June 2025 (looking at how local partnerships and services responded to children who were at risk of, or who had been victims of, domestic abuse) were published by the Government at the end of the Committee's evidence-gathering phase – key messages from these also need to be disseminated to all relevant local agencies.
- 5.13. This was a complex topic to review about an issue that is multifaceted. Whilst it is not within the gift of the Committee to prevent this type of abuse occurring, the review has allowed a spotlight to be shone on how aware local services are of this issue, how they respond to any cases they identify, and how they work together to raise awareness and react to domestic abuse across the Borough. Addressing the causes of domestic abuse is a deep-rooted challenge for society in general, but it remains incumbent on organisations and their staff to be vigilant, appropriately trained, and suitably responsive to this all too prevalent issue.

Recommendations

The Committee recommend that:

- 1) **The Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) undertake a communications campaign (reflecting the 'keeping your child in mind' principle) around the impact of domestic abuse on children.**
- 2) **In collaboration with local schools, Stockton-on-Tees Borough Council (SBC) and Harbour introduce a school staff training programme on domestic abuse, its impact on children, and the support services available (including a plan to increase the uptake of domestic abuse training in primary schools).**
- 3) **Options be explored in order to secure funding for the continuation / enhancement of Independent Domestic Violence Advocate (IDVA) services within local health settings (hospitals and primary care).**
- 4) **All organisations improve their recording of details (including a child's age) of domestic abuse-related referrals made to the Stockton-on-Tees Children's Hub (CHUB) (*note: to be known as the 'Family Help Point' from 1 April 2026*) and local support service, Harbour (even when domestic abuse is only one of several reasons for a referral being submitted).**

(continued overleaf...)

Recommendations (continued)

The Committee recommend that:

- 5) **In terms of domestic abuse-related training:**
 - a) **SBC introduces a mandatory course for all staff (and Elected Members) which includes content on identifying this form of abuse and how / where to report it.**
 - b) **Relevant partnerships with oversight of domestic abuse / safeguarding matters encourage organisations represented within these multi-agency arrangements to introduce mandatory courses for all staff, the content of which should reflect a tiered approach based on individual roles / responsibilities.**
 - c) **The Stockton-on-Tees Domestic Abuse Steering Group (DASG) seek greater assurance around the uptake of such training within individual organisations (including early years providers) and how this is impacting upon practice.**
- 6) **Harbour strengthens the promotion of its existing offer within local primary care services (across all Primary Care Networks (PCNs) and the individual practices themselves).**
- 7) **Where appropriate, the Stockton-on-Tees DASG oversee a drive to increase awareness and utilisation of Domestic Abuse Protection Orders (DAPOs) by frontline professionals across the local 'system' when domestic abuse is identified within a household.**
- 8) **SBC provides assurance to key partners and all Elected Members around the changes to its 'front door' to services for children and their families (*note: to be known as the 'Family Help Point' from 1 April 2026*), including how existing partnership arrangements will be maintained / enhanced.**
- 9) **The Stockton-on-Tees DASG seek assurance that key local partners have 'voice of the child' strategies / mechanisms in place and that best practice principles in relation to capturing the child's voice are shared and continually reinforced (particularly with frontline officers attending households).**
- 10) **The Stockton-on-Tees DASG provide updates on the progress of actions associated with the local Domestic Abuse Strategy, highlighting any areas which are proving challenging and the reasons for this.**
- 11) **Suggested areas of future focus identified by contributors to this review be shared with, and subsequently considered by, the Stockton-on-Tees DASG and the HSSCP.**
- 12) **The findings and recommendations from the recently published thematic joint targeted area inspection (JTAI) report on '*the multi-agency response to children who are victims of domestic abuse*' be shared with all relevant local organisations.**

Appendix 1

Early Years Providers Survey – Responses (November 2025 – February 2026)

Key:	Nursery (14)	Breakfast / After-School / Holiday Club (1)	Childminder (1)
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1. How do you / staff within your service identify at-risk individuals / families?	
1	up to date on training, communicate with families, observing child's behaviour and wellbeing, observing parent and carer behaviour, listening to disclosures and dealing with them correctly.
2	through daily interactions and working with other professionals
3	"Staff are trained to notice signs and also working closely with families, building up relationships to ensure if there are any changes or signs we are more aware to these. Staff also work closely with external agencies so that we have an holistic approach with families and share information."
4	We look at all individuals, if we have any concerns we speak to the Hub, our area manager, and reach out for any support and address concerns.
5	"Background history of the family, additional information from other professional agencies. Noticeable changes, regular contact"
6	The behaviour of the child or family. And any sign of the child being at distress
7	Staff identify at-risk children and families through daily observation, ongoing relationships with children and parents/carers, and by monitoring changes in behaviour, attendance, emotional wellbeing, and development. We use safeguarding policies and information sharing with other professionals to build a picture of risk. Concerns raised by children, parents, or partner agencies are also acted upon promptly, following correct policies and procedures at all times.
8	Throughout the settling in process and by ensuring we build really close relationships so that parents reach out if at risk. We identify signs of abuse and have DSL and staff trained at Level 3 Safeguarding
9	"Observation of parents/ carers, children, their everyday conversations, mannerisms, play. Changes in their demeanour. Conversation"
10	Good parent partnership, offering an open door policy and drop in services monthly for SENCO advice and support and signposting services. Close monitoring of children's behaviour, appearance and wellbeing. Keeping staff up to date with training so they are able to spot signs of abuse. Monitoring play
11	All staff do safeguarding training.
12	"Strong partnership with parents/families. Clear and consistent communication. Always available and open to chat with parents and families, open and warming to chat and develop strong bonds. Extra vigilant at all times. I receive as much background information as possible through visits before starting at the setting, time away from my open hours to be able to talk with families and also identify any other services that may already be involved with the family."

Appendix 1

(continued)

Early Years Providers Survey – Responses (November 2025 – February 2026)

Key:	Nursery (14)	Breakfast / After-School / Holiday Club (1)	Childminder (1)
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13	"we pride ourselves on building up excellent relationships with our families, we make sure families are given time and our attention in a safe space. we hold regular meetings with our families. all staff a vigilant and know the signs to lookout for (through regular training) we look out for changes in appearance, behaviour and attitudes. we listen carefully to what children, families and other individuals have to say"
14	By observing families and by noticing changes in parents and child behaviour
15	We work closely with Social Care and family hubs and all have training on spotting the signs of at risk children and vulnerable individuals.
16	We look at the changes in the child to identify any sort of abuses at home - physical or emotional abuse

2. How confident are you / they about spotting signs of domestic abuse when working with young children?	
1	confident due to keeping up to date on training
2	I don't think this is something practitioners are particularly confident with. Although, they know the signs due to the area we are in I believe this is something that would be covered up as the families are all professionals and do not fit the stereotype of a family affected by abuse.
3	I feel that within the setting we are confident, staff are regularly questioned on the signs of domestic abuse and they are able to give good answering
4	We have regular training and courses that we attend, we discuss concerns and document anything concerning.
5	I think the more experienced staff would be confident, and happy to raise concerns. I think newer staff would be a little unsure.
6	Staff is confident- in spotting signs of domestic abuse
7	Staff have a moderate to good level of confidence in recognising potential indicators of domestic abuse, such as changes in behaviour, emotional distress, regression, unexplained injuries, or concerning play themes. However, staff recognise that domestic abuse can be hidden and complex, and confidence varies depending on experience and training.
8	Very confident, and we complete Operation Encompass training too.
9	We would like to think we are very confident, however we realise that people can hide what they don't want others to know

Appendix 1

(continued)

Early Years Providers Survey – Responses (November 2025 – February 2026)

Key:	Nursery (14)	Breakfast / After-School / Holiday Club (1)	Childminder (1)
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10	This is never a clear cut answer. I believe I am confident that my staff are up to date with training and know the generic signs and symptoms to look out for in behaviour of parents and children. Strong parent partnerships emphasise early identification too. However, I can not say for definite that cases wouldnt slip through the net .
11	-
12	Confident but I am also not naive in thinking it couldn't happen with my families, so I am always vigilant for signs, symptoms and indicators.
13	fairly confident
14	Quite confident
15	I feel like the majority of the team are really confident at spotting signs of domestic abuse and following procedures if needed. Some of the team are awaiting more training as they are new to the setting and are not as knowledgeable yet.
16	we are confident

3. Do you / staff within your service know how to report signs of domestic abuse?

All respondents answered 'yes'.

4. If your service has done this (reported signs of domestic abuse) in the past, how did you find the process?

8	We would like to be informed more explicitly to ensure we have the correct links
11	We haven't experienced this at our setting
13	all safeguarding concerns are passed onto to our designated safeguarding officers who will start the process, whilst we support the family. The process of reporting has been straight forward although it can be emotional for the families and the staff supporting them. I feel that our calm steady presence has helped the family be open to accepting help
14	In the past a prentice disclosed domestic abuse, I made a referral to the hub.
16	we have got in touch with the social care and the Childs health visitor

Appendix 1

(continued)

Early Years Providers Survey – Responses (November 2025 – February 2026)

Key:	Nursery (14)	Breakfast / After-School / Holiday Club (1)	Childminder (1)
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5. Do you / staff within your service access domestic abuse training?	
All respondents answered 'yes' (apart from 1 and 9 (both nurseries) who did not answer).	
6. If not, why is this?	
4	With our company
7	"We have all completed domestic abuse course on our own training platform - noodlenow. However would benefit from specific training/courses from the local authority."
9	Not specifically for domestic abuse. But abuse in general, mainly towards children
16	we do it on our learning portal
7. Are you / staff within your service aware of local domestic abuse services?	
All respondents answered 'yes' (apart from 3, 4 (both nurseries) and 11 (breakfast / after-school / holiday club) who answered 'no').	
8. Have you had any experience of working with local domestic abuse services?	
Respondents 1, 3, 4, 8, 9, 10, 13, 16 (all nurseries), 11 (breakfast / after-school / holiday club) and 12 (childminder) answered 'no'. Respondents 2, 5, 6, 7, 14 and 15 (all nurseries) answered 'yes'.	
9. If so, which one/s, how did you work with them (e.g. referral, assessment, advice, etc.), and what was your view of the service/s?	
2	Harbour
5	We've had families join our setting who've used the services of Harbour, we've not been involved in any referrals or assessments for it but helped support families and their children.
6	-

Appendix 1

(continued)

Early Years Providers Survey – Responses (November 2025 – February 2026)

Key:	Nursery (14)	Breakfast / After-School / Holiday Club (1)	Childminder (1)
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7	When speaking with a family who has been through this, they were recommended services such as harbour and cgl. The family hub offer lots of advice and support.
10	Harbour, supported assessments and attended TAF meetings (note: presume this provider meant to respond 'yes' to previous question)
13	although we do work closely with the families social workers
14	Referral, core group meetings .
15	I have worked with Harbour for some parents to make sure that they are getting the help they needed. They were referred in by social worker but I feel confident i could refer in if needed.

10. Do you receive any guidance / communications from Stockton-on-Tees Borough Council and / or other local organisations to assist you in identifying / supporting children who have experienced domestic abuse?

Respondents 1, 3, 5, 6, 7, 8, 9, 13, 15 (all nurseries), and 12 (childminder) answered 'yes'.
Respondents 2, 4, 10, 14, 16 (all nurseries), and 11 (breakfast / after-school / holiday club) answered 'no'.

11. What should be the key areas of future focus relating to this scrutiny topic? - Q11

1	-
2	Hidden abuse in professional working families and breaking the stereotype
3	Ensuring that information is fully shared between professionals
4	Training from the local authority if available and sharing of experiences, sharing ideas and how to address situations like this.
5	"More information and education around it. More awareness of long term affects on those involved"
6	Staff need more awareness over how they are going to handle difficult situations with children with domestic abuse

Appendix 1

(continued)

Early Years Providers Survey – Responses (November 2025 – February 2026)

Key:	Nursery (14)	Breakfast / After-School / Holiday Club (1)	Childminder (1)
7	"Increased specialist domestic abuse training, particularly focused on early years and young children. Greater awareness of local support pathways for families. Earlier intervention and prevention work with families"		
8	Training opportunities and support for families to reduce domestic abuse.		
9	Free training courses and in house sessions		
10	"I believe this is still a taboo subject and should be talked about more in all meetings across early years. A more refined step by step approach to reporting and supporting parents children and families"		
11	-		
12	-		
13	"breaking down barriers to disclosing and reporting domestic violence. more in-depth training. more safe spaces identified for families to disclose abuse and gain information"		
14	-		
15	"Adverse childhood experiences that may be caused through parents/families experiencing domestic abuse. What to do if we suspect abuse but no consent given from parents to refer them to services."		
16	Maybe we need a regular training for the staff		

Within Stockton-on-Tees, there are:

- 95 childminders
- 60 school nurseries
- 47 nurseries and pre-schools
- 3 independent schools
- 3 out-of-school clubs

Glossary of Terms

ACE	Adverse Childhood Experience
CAMHS	Child and Adolescent Mental Health Services (TEWV)
CHUB	Children's Hub
CYP	Children and Young People
DAC	Domestic Abuse Commissioner
DAHA	Domestic Abuse Housing Alliance
DAPN	Domestic Abuse Protection Notice
DAPO	Domestic Abuse Protection Order
DASG	Domestic Abuse Steering Group
DASH	Domestic Abuse, Stalking and Honour-Based Violence (risk tool)
EDT	Emergency Duty Team
EYCYP	Early Years Children and Young People
FFPP	Families First Partnership Programme
GP	General Practice / Practitioner
HDFT	Harrogate and District NHS Foundation Trust
HSSCP	Hartlepool and Stockton-on-Tees Safeguarding Children Partnership
ICB	Integrated Care Board
IDVA	Independent Domestic Violence Advocate (Harbour)
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicator (HSSCP)
LSP	Lead Safeguarding Partner (HSSCP)
MARAC	Multi-Agency Risk Assessment Conference
NENC ICB	NHS North East and North Cumbria Integrated Care Board

Glossary of Terms

(continued)

NHS	National Health Service
NTHFT	North Tees and Hartlepool NHS Foundation Trust
ONS	Office for National Statistics
OPCC	Office of the Police and Crime Commissioner
PCC	Police and Crime Commissioner
PCN	Primary Care Network
PMF	Performance Management Framework (HSSCP)
PPN	Public Protection Notice (Cleveland Police)
PTSD	Post-Traumatic Stress Disorder
PVP	Protecting Vulnerable People (Cleveland Police)
SAAF	Safeguarding Accountability & Assurance Framework (NHS England)
SBC	Stockton-on-Tees Borough Council
SSP	Safer Stockton Partnership
TEWV	Tees, Esk and Wear Valleys NHS Foundation Trust
TSAB	Teeswide Safeguarding Adults Board
TVHF	Tees Valley Home Finder
VAWG	Violence Against Women and Girls