

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

Date: Monday 12th January, 2026

Time: 4.00 pm

Venue: Mandela Room, Town Hall

AGENDA

1. Welcome and Fire Evacuation Procedure

In the event the fire alarm sounds attendees will be advised to evacuate the building via the nearest fire exit and assemble at the Bottle of Notes opposite MIMA.

- 2. Apologies for Absence
- 3. Declarations of Interest
- 4. Minutes- Adult Social Care and Health Scrutiny 1 December 3 8 2025
- Quarterly Update Adult Social Care Care Quality
 Commission (CQC) Improvement Plan.

The Director of Adult Social Care and Health Integration and the ASC Service Improvement Programme Manager will present the quarterly update of the CQC Improvement Plan.

6. Scrutiny Topic Introduction - Violence Against Women and 19 - 48 Girls (VAWG)

The Domestic Abuse Strategic Lead will be in attendance to introduce the Panel's scrutiny topic 'Violence Against Women and Girls (VAWG)'

Following the presentation, Members will be asked to consider the next steps for the review.

- 7. Overview and Scrutiny Board Update
- 8. Date and Time of Next Meeting 23 February 2026, 4:00pm

9. Any other urgent items which in the opinion of the Chair, may be considered

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall Middlesbrough Friday 2 January 2026

<u>MEMBERSHIP</u>

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, D Jackson, T Mohan, S Platt and Z Uddin

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Claire Jones / Rachael Johansson, 01642 729112 / 01642 726421, claire_jones@middlesbrough.gov.uk / rachael_johansson@middlesbrough.gov.uk

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Monday 1 December 2025.

PRESENT: Councillors J Kabuye (Chair), J Banks, D Branson, D Coupe (Vice-Chair), S Platt

and Z Uddin

ALSO IN M Fishpool (Programme Director, 'You've Got This') and A Green (Independent

ATTENDANCE: Chair of Teeswide Safeguarding Adults Board)

OFFICERS: L Grabham, R Johansson, C Jones and L More

APOLOGIES FOR

Councillor T Mohan

ABSENCE:

25/32 WELCOME AND FIRE EVACUATION PROCEDURE

The Chair welcomed all present to the meeting and described the fire evacuation procedure.

25/33 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

25/34 MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 20 OCTOBER 2025

The minutes of the Adult Social Care and Health Scrutiny Panel meeting held on 20 October 2025, were submitted and approved as a correct record.

25/35 TEESWIDE SAFEGUARDING ADULTS BOARD (TSAB) ANNUAL REPORT - 2024/2025

The Panel received the Teeswide Safeguarding Adults Board (TSAB) Annual Report, presented by the Independent Chair of the Board, which set out activity during 2024/25 to safeguard adults with care and support needs across Teesside. TSAB worked on behalf of the four local authorities and statutory partners to prevent abuse, promote good practice and ensure effective multi-agency responses.

Training and Development

TSAB continued to deliver a comprehensive multi-agency training programme. During the year:

- 7,582 learners from 631 organisations accessed safeguarding learning.
- Over 23,000 e-learning courses were completed, with an 82% completion rate.
- 1,427 learners completed Safeguarding Adults level 1.
- 558 delegates attended virtual or face-to-face courses, and 180 workbooks were completed.
- 21 webinars were delivered, providing 84 hours of structured learning.

Feedback indicated increased practitioner confidence in involving adults, responding to complex cases and applying trauma-informed practice.

Priority 1: Joint Working

The TSAB strengthened multi-agency collaboration by:

- Delivering a programme of multi-agency audits on exploitation, transitions and highrisk cases.
- Reviewing the Teeswide Inter-Agency Safeguarding Adults Procedure.
- Developing a new Adult Exploitation Strategy and establishing an implementation group.
- Holding a multi-agency workshop on transitions for young people at risk.

- Supporting local Domestic Abuse Strategy activity and wider community engagement.
- Producing updated guidance on collaborative working and information sharing.

Priority 2: People

Workforce development remained a core focus. The TSAB:

- Introduced impact assessments to evaluate training effectiveness.
- Embedded learning from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs).
- Delivered public-facing campaigns during Carers Week, Elder Abuse Day and Transitional Safeguarding.
- Launched a new Hidden Harms learning resource.
- Delivered GP engagement sessions and broadened voluntary-sector access to TSAB training.

Priority 3: Communication

The TSAB continued to improve the accessibility of safeguarding information for the public and practitioners. Work included:

- Conducting an annual survey that received 697 responses.
- Commissioning 'Inclusion North' to produce new Easy Read safeguarding resources.
- Making improvements to the TSAB website to enhance accessibility.
- Delivering a series of public-facing campaigns throughout the Safeguarding Adults Week.
- Expanding and strengthening the Safeguarding Champions network to reach seldomheard groups.

Priority 4: Services

TSAB worked to ensure that adults at risk had access to appropriate services. Activity included:

- Redeveloping the Safe Place Scheme training video using insight from people with lived experience.
- Updating the 'Find Support in Your Area' webpage.
- Strengthening the Quality Assurance Framework (QAF) for commissioned services.
- Delivering awareness sessions for providers and community organisations.
- Monitoring partner performance through the multi-agency data dashboard.

Safeguarding Adult Reviews (SARs)

Three SARs were published during 2024/25. The SAR Sub-Group:

- Considered eight notifications, with four progressing to SARs and four requiring no further action under the Care Act.
- Monitored fourteen open cases.
- Reviewed learning from local, regional and national SARs.
- Oversaw implementation of actions through updated guidance, new training, audits and campaigns.

A national CPS-related recommendation remained incomplete due to an absence of a formal response at both national and local levels.

Partner Contribution

The Panel noted strong contributions from all statutory partners:

- Hartlepool Borough Council continued to promote safeguarding practice, supported TSAB campaigns and received positive external feedback.
- Middlesbrough Council delivered wide-ranging training and engagement during Safeguarding Adults Week and supported on the exploitation strategy.

- Redcar & Cleveland Borough Council strengthened *Making Safeguarding Personal* and embedded SAR learning.
- Stockton-on-Tees Borough Council developed transition pathways, promoted community engagement and achieved strong Quality Assurance Framework outcomes.
- Cleveland Police provided subject-matter expertise, strengthening Multi Agency Risk Assessment Conference (MARAC) arrangements and supported TSAB campaigns.
- NHS Trusts and the ICB improved safeguarding supervision, embedded learning and strengthened health-sector pathways.
- Healthwatch, Hartlepower and Thirteen Group supported awareness-raising, training and community engagement.

Safeguarding Activity Data

The Panel noted continued high volumes of safeguarding concerns and Section 42 enquiries across Teesside, reflecting differing levels of need, types of provision and reporting behaviour across the four areas. Demand for Deprivation of Liberty Safeguards (DoLS) also remained high.

Members discussed Middlesbrough's data, noting 2,865 safeguarding concerns and 1,875 Section 42 enquiries, and queried the data. It was clarified that this was not a national KPI and that the Council had limited control over the volume of concerns received. The key requirement was to understand the data and apply thresholds consistently.

Although Middlesbrough is a smaller authority, its safeguarding numbers were higher than Redcar & Cleveland's. The Director of Adult Social Care and Health Integration explained that this reflected higher levels of need, greater deprivation, and more complex presentations in the borough. Providers sometimes reported cautiously, submitting concerns that did not always meet the safeguarding threshold. While some organisations raised concerns to manage their own risk, the local authority was required to apply the statutory threshold under the Care Act.

It was emphasised that under-reporting carried its own risks, and it was therefore preferable that concerns were raised, even if triaged out. The increase in reported concerns was describes as a process issue rather than an increase in actual harm. Domestic abuse, homelessness and wider social pressures continued to drive reporting activity.

Members also noted that providers did not always understand safeguarding thresholds or alternative intelligence-sharing routes. Despite the Council's overall 'Requires Improvement' Care Quality Commission rating, safeguarding performance remained strong. The Director of Adult Social Care and Health Integration was reviewing resourcing options to support the service given the sustained pressure and demand.

The Panel noted the new three-year TSAB Strategic Business Plan, which set out priorities under:

- 1. Information, Engagement and Involvement
- 2. Confident, Competent Practice
- 3. Emerging Challenges and Enabling Solutions

The Strategic Business Plan was received for information only.

Members acknowledged the scale of safeguarding activity delivered across Teesside and commended the strength of the multi-agency partnership and its continued focus on improving outcomes for adults at risk.

NOTED.

25/36 HEALTHY WEIGHT DECLARATION

The Health Improvement Specialist for Public Health South Tees attended the Panel to present an overview of the Healthy Weight Declaration (HWD) and the wider public health context relating to obesity in Middlesbrough.

Members were informed of current national policies around obesity prevention which included:

- Restrictions on unhealthy food advertising to children
- · Soft drinks industry levy
- Calorie information on menus
- Restricted product placement in supermarkets
- School Food Standards
- International Code of Marketing of Breastmilk Substitutes
- National Planning Policy Framework
- Restrictions on multibuy deals

Upcoming future policies included:

- The introduction of 9pm watershed for unhealthy food advertisements on tv
- Full ban of unhealthy food advertisements online

Healthy Weight Declaration

Members were reminded that Middlesbrough Council adopted the Healthy Weight Declaration (HWD) in February 2024. The Declaration was a Council-wide commitment to improve health and well-being of people who live and work in Middlesbrough. It was explained that a 'health in all policies' approach was advocated at leadership level to address wider determinants of health that impact food availability, food access and physical activity. The Declaration's 16 Key Commitments were provided to the Panel, for information.

The following key themes of the Healthy Weight Declaration, were discussed:

- 1. Strategic/System Leadership: Council's role in shaping the environment and ensuring preventative approaches were embedded across local systems.
- 2. Commercial Determinants of Health: Addressing private sector activity that affects people's health directly or indirectly via business actions.
- Organisation Change and Cultural Shift: Embedding public health priorities across all departments.
- 4. Health-Promoting Environments: Creating an environment that enables the healthy choice to be the easy choice

Examples of the Healthy Weight Declaration in action were provided. This included recent engagement with the Council's Marketing and Communications Team which had supported the use of weight-inclusive messaging and strengthened the use of responsible imagery across Council channels, aligning with several of the Declaration's sixteen key commitments.

Members also heard about the Council's Eat Well Awards programme, which included the Eat Well Early Years Award and the Eat Well Schools Award, with a further Eat Well Business Award due to be launched in January 2026.

Discussion focussed on the Eat Well Schools Award, which was available to all schools including primary, secondary and special schools, across both maintained and academy settings. Achieving the award demonstrated a whole-school approach to promoting healthy eating and positive food environments.

Members expressed interest in the Eat Well Schools Award and its potential to support healthier behaviours among children. The Health Improvement Specialist welcomed Members' interest and encouraged them to support promotion of the award through their existing links with schools within their wards.

The challenges of the Healthy Weight Declaration were presented, as follows;

- Obesity is a complex issue
- Results of action can take a long time to be reflected in health data
- Working in a systemic way takes a long time and requires capacity from a broad range of departments and wider organisations
- Conflicting priorities of departments and organisations can slow progress

Members queried how progress on the Healthy Weight Declaration was monitored, and it was explained that the Healthy Weight Declaration commitments were supported by an action plan that tracked delivery.

Unhealthy Commodity Industries (UCIs)

The Health Improvement Specialist then introduced the concept of Unhealthy Commodity Industries (UCIs), described as profit-driven commercial enterprises whose products are associated with adverse health outcomes. Examples highlighted included tobacco, gambling, food and beverage, alcohol and fossil fuel industries.

It was noted that the products linked to UCIs contributed to a range of chronic, non-communicable diseases (NCDs), including cancer, heart disease, stroke, mental health conditions, overweight and obesity. Members were informed that in 2019, NCDs accounted for 88.8% of all deaths in England and made a substantial contribution to disability, reduced health-related quality and widening health inequalities. Common industry practices were highlighted, including targeted advertising and marketing and approaches that shifted responsibility for health impacts onto individual consumers.

The Health Improvement Specialist provided examples of how UCIs may intersect with local government activity, including industry-funded training opportunities and grants supported by commercial interests.

It was noted that a coordinated, cross-council approach would be required to develop a consistent and transparent framework for engagement with UCIs, ensuring robust governance and informed decision-making across departments.

Members discussed the topic of healthy placemaking, with a focus on childhood obesity as a whole. One Member commented that childhood obesity was a complex issue and felt that meaningful progress would also require action at national government level, alongside local interventions.

A Member raised concerns about the availability of hot food takeaways across the town. Members were reminded of the Council's existing hot food takeaway planning policy, which seeks to restrict new takeaways in specific locations, including within proximity to schools, while recognising that existing outlets would remain. Officers advised that, as a result of this policy, new applications were now more likely to be refused where they conflicted with local thresholds.

A further Member highlighted a recent planning case involving a takeaway operating without planning consent and subsequently applying for retrospective permission, which was refused. This example was noted as reassurance that the policy was being consistently applied and enforced.

A Member queried if low levels of active travel were primarily linked to infrastructure issues. In response, the Programme Manager for the 'You've Got This' project (Sport England) emphasised that while infrastructure was important, sustained increases in walking and cycling also required changes in behaviour, supported by social, environmental and cultural factors.

The Programme Manager highlighted the London Borough of Waltham Forest as an example of good practice, where long-term system-wide investment in active travel, combined with strong community engagement, had successfully increased levels of cycling and walking. It was noted that such improvements took time to achieve and required ongoing commitment and perseverance.

A Member queried how cultural factors influencing childhood obesity could be addressed and changed over time. In response, the Programme Manager emphasised the importance of collaboration across organisations and sectors, and of embedding healthy placemaking principles into longer-term decision-making. It was noted that meaningful change in obesity prevalence would not happen quickly, and that confidence was needed in taking sustained action, with the understanding that the impact of these interventions would be realised over the longer term rather than delivering immediate results.

The Panel acknowledged the complexity of the issue and the long-term nature of the work. Members noted that Middlesbrough was already undertaking a range of positive activity, including the use of Health Impact Assessments, school-based food programmes and partnership initiatives. The Healthy Weight Declaration was recognised as providing a clear framework to support continued progress and embed healthier approaches over time.

NOTED.

25/37 OVERVIEW AND SCRUTINY BOARD UPDATE

The Vice Chair provided an update on the recent Overview and Scrutiny Board meeting, held on 19 November 2025, which included an update from the Executive Member for Finance including the quarter one budget outturn report which was approved by Executive. There was also an update given on the Continuous Improvement Plan and the Executive Forward Work Programme.

NOTED.

25/38 DATE AND TIME OF NEXT MEETING - 12 JANUARY 2026, 4:00PM

The next meeting of the Adult Social Care and Health Scrutiny Panel was confirmed for 12 January 2026, at 4:00pm.

NOTED.

25/39 ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

None.



ASC Scrutiny

Subject Title: Directorate Improvement Plan Update

Presenting: Katie Watkins

Date: 12th January 2026



BACKGROUND



- CQC Assessment resulted in Middlesbrough being rated 'Requires Improvement'.
- Triggered development of formal Improvement Plan aligned to CQC themes.
- CQC Report was published Feb 2025.
- Improvement plan is monitored via the Improvement Programme Board and Scrutiny Panel
- Requirement to submit progress updates to the DHSC quarterly which have resulted in de-escalation from formal monitoring



Overview



- The plan currently consists:
 - 1 Corporate Project
 - Formally monitored via Project Management Office
 - 6 Directorate Projects
 - Monitored within the Directorate by the programme lead
 - Project plans in place with detailed plans and RAID logs
 - 34 Key Initiatives / Business-as-Usual Improvements
 - Monitored by project manager
 - Milestone monitoring



Governance



- Wrap-around governance with PMO
 - Programme Manager works closely with PMO lead to ensure the programme is aligned to corporate requirements
- Monthly reporting to Programme Board
 - Programme Board is chaired by Director of Adult Social Care and Health Integration
- Risk & performance monitored via project plans
 - Risks and issues are monitored by the programme manager with the relevant project leads
- Closure reports and case studies for evidence are developed as items are complete and closed for evidence



Key Focus Areas



The Care Quality Commission (CQC) report identified critical areas that required focused improvement

These were:

- Having a clear vision and strategy for the Directorate
- Improving support for unpaid carers
- Developing a robust workforce strategy with a clear emphasis on equality, diversity and inclusion
- Tackling digital exclusion to ensure residents can access services effectively
- Enhancing the promotion and visibility of services to the community
- Embedding co-production so that people who use services have a genuine voice in shaping them
- Undertaking a deep dive review of the ACT model to address homelessness and related vulnerabilities.

These priorities formed the foundation of our improvement programme and have been translated into formal projects with clear governance and delivery plans to ensure sustainable change.

Key Focus Areas - Projects



Key Focus Area	Update
Vision and Strategy	 Vision & Strategy Co-Produced and progressing through sign off process Due for sign off at Executive on 21st January 2026
Unpaid Carers	 Plans are in place to improve support to unpaid carers Plans under review to ensure they fully align to the identified improvements required Lead has been absent resulting in a risk to delivery within expected timescales. Risk is being monitored and mitigated by DASS
Workforce Strategy (inclusive of Equality, Diversity and Inclusions)	 Strategy in final review stages in readiness for sign off The strategy was developed with support from Partners in Care and Health An outline delivery plan has been developed with a strong focus on EDI and the requirements of the Social Care Workforce Race Equality Standard Working group stood up in preparation for sign off



Key Focus Areas – Projects



Key Focus Area	Update
Tackling Digital Inclusion	 Plan in delivery with 4 Key workstreams developed (Digital Champions Programme, Volunteers Programme, Front Door and Community Hubs Digital Offer, Community Digital Support Model) The project has seen early successes with 24/25 digital champions appointed; Drop in digital sessions established; Partnership with refurb ICT established
Promotion of Services	 Plan in delivery with an initial key focus on defining the scope for a website redesign Working group established Key considerations being made to approach to targeted campaigns
Co Production	 Plan in delivery with a Directorate wide co-production framework now developed Healthwatch have been appointed as our co-production delivery partner with the lead due to be appointed mid December
Homelessness	 Plan in delivery with lead focusing on a deep dive into the homelessness offer

Other Key Initiatives



Key Focus Area	Update
Performance Framework	 Plans in place for a new and robust performance framework Framework due to be effective reporting on Q4 2025 The framework will support the Directorate in measuring success with both local Key Performance Inidicators built in and national indicators ie ASCOF measures and the new Local Government Outcomes Framework Quarterly reports will be shared with scrutiny
മ © Magic Notes റ്റ(transcription tool)	 The Magic Notes solution was piloted during August 2025 Benefits shared with LMT in September resulting in sign off to rollout Directorate wide Transcription has resulted in social workers having the ability to have more quality conversations with the people they are supporting and subsequently more accurate and detailed recording
Conversational Approach to Wellbeing and Care Planning	 This change in practice and culture is being led by the principal social worker The programme was originally supported by Partners for Change with a focus on the 3 conversation approach however is now being delivered internally The rolling programme has seen huge successes to date

Principal Social Worker ,November 2025 Blog Change the Conversation, Change a Life

November marked a powerful milestone for Middlesbrough Council. We successfully embedded the Conversational Approach into our West Locality team and the response was nothing short of inspiring. Staff embraced this way of working with energy and commitment, and East Locality stepped up with incredible support. I've seen firsthand the strength of collaboration—teams coming together, sharing ideas, and putting people at the heart of everything we do.

Our huddles continue to thrive, creating safe spaces for reflection and learning. These aren't just meetings; they are moments where we unite around a shared purpose helping people live better lives. And now, as we move into December, I'm thrilled that our Mental Health team will begin this approach. This is more than a change in practice; it's a change in lives. Every conversation matters. Every interaction has the power to bring hope, dignity, and choice.

The impact so far has been life-changing for so many people in our community, and I couldn't be prouder of the dedication I've witnessed. Middlesbrough Council is leading the way, and together, we are proving that when we change the conversation, we truly change lives. Let's keep pushing forward because people deserve nothing less.

Next Steps



- Continue Identifying Improvement Opportunities
 - Maintain a structured approach to gather feedback from teams, review performance data, and use benchmarking to spot gaps and areas for enhancement across Adult Social Care services.
- Establish a Transformation Working Group
 - Form a cross-functional group to explore AI and automation solutions aimed at improving capacity, reducing administrative burden, and supporting frontline staff.
- Develop a Cost Avoidance Impact Model
 - Create a framework to measure and evidence where key initiatives have delivered cost avoidance—linking these outcomes to budget requirements while demonstrating person-centred benefits.
- Strengthen Collaboration with ICT and Corporate Centre
 - Embed regular engagement sessions to align improvement and transformation initiatives with wider organisational digital strategies, ensuring scalability and sustainability.



Violence Against Women and Girls. How do we tackle it?

Overview
Local Data and Trends
Current Work / Strengths
Challenges

Recommendations

Violence against Women and Girls (VAWG)

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Is any form of violence and/ or abuse disproportionately perpetrated by men against women and girls.

It is deeply linked to women's inequality.



Examples (VAWG) include:

Stalking & Harassment Sexual offences **Domestic Abuse** Intimate Image Abuse Female Genital mutilation Forced Marriage **Honour Based Abuse** Exploitation Abuse of women and girls in online spaces Coercion and Control List goes on and on



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Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

UN Declaration on the Elimination of Violence Against Women

Dispelling the Myths VAWG

- Women are most likely to be raped after dark by a stranger, so women shouldn't go out alone at night.
- A women who's willingly drunk lots of alcohol or taken drugs shouldn't complain if they end up being raped or sexually assaulted.
 - Men of certain races and backgrounds are more likely to commit sexual violence.

* # 1



Misogyny

 Sexism, objectification, and the restrictive nature of traditional gender roles all feed into a culture of misogyny that create a barrier to women achieving equality – and perpetuate violence.

Individual acts of sexism may seem benign, but they create a climate of intimidation, fear and insecurity. This leads to the acceptance of violence, mostly against women and girls." -

- The Council of Europe



Epidemic

VAWG is pervasive and impacts communities with considerable and devastating consequences at an individual, relationship, group and population level.

Male violence against women and girls profoundly affects women's physical and mental health as well as causing substantial negative social and economic impacts and costs.



Intersectionality

Despite the universal impact of violence against women on individuals from diverse backgrounds, not all survivors receive equal treatment in society.

Biases ingrained in our social fabric unfairly shape perceptions of survivors, creating daunting barriers that hinder their access to care and much needed support.



Barriers

There are still deep systemic barriers which survivors with protected characteristics face when seeking help, from underreporting, fear of judgment, gaps in service access and delays in legal protection.

- Migrant survivors
- Mental Health
- 🖔 Disability
- Pregnancy
- Younger victims and in Later Life
- Suicide and Self Harm



Global Insight Data

 1 in 3 women (estimated 840 million globally) – have experienced partner or sexual violence during their lifetime. This figure has barely changed since 2000.

⁵age 28

In the last 12 months alone, 316 million women – 11% of those aged 15 or older – were subjected to physical or sexual violence by an intimate partner.

 12.5 million of those were adolescent girls 15-19 years of age



National Insight Data

- National police data 2.3 million adults aged 16 and over experienced domestic abuse in YE March 2024.1.6 million women and 712,000 men.
- Police recorded 851,062 DA related crimes in YE March 2024
 - DA crimes make up 15.8 of all crimes reported by police Women continue to be significantly more likely to experience repeated, prolonged, and severe abuse, including coercive control and sexual violence
- Approximately 1 in 20 people experienced domestic abuse in YE March 2024 (NCS)
- 20% of children have lived with an adult perpetrating
 abuse



National Insight Data

- National police data reported 2905 offences were recorded involving so called honour based abusing year ending March 2024
- 84 offences involving female genital mutilation
 172 offences involving forced marriage

Cleveland Insight Data

- 20,355 domestic-abuse related incidents and crimes were recorded in Cleveland. Highest of all forces within the country.
- Of crimes recorded, only 9% were charged/summonsed and the majority of outcomes (62%) had evidential difficulties where the victim did not support the action.
- Cleveland has a lower arrest rate per 100 domestic abuse related crime compared to national rates (Cleveland 37 arrests per 100 crimes, national 44 arrests per 100 crimes)
- 41% of cases that were discussed at MARACs were repeat cases, which puts the force at the 4th highest repeat cases rate in the country.



- Across 3 forces within the North East, Cleveland had the highest rate of sexual offences per 1,000 population.
- In the latest rate of sexual offences per 1,000 population Middlesbrough rated at 5.3/1,000, the mean for the other LA's in the North East was 3.9/1,000, and the mean for other local authorities within the same IMD decile as Middlesbrough was 4.2/1,000.
- Cleveland Police 2024/25 recorded 8,689 cases of stalking and harassment. 42% of all stalking and harassment offences were domestic abuse related. This is the highest of all forces in the country.

Cleveland Insight Data

- Domestic Homicides 10 in 2022 1 in 2023 0 in 2024
- Cleveland police recorded 10 incidents of HBA and 24 recorded offences in the year ending March 2024
- 0 reported incidents of Forced Marriage or Female
 Genital mutilation

Local Service Data 2024

- MARAC 417 Referrals 280 cases heard 137 of those Repeat
- Children known to services at risk of DA 1127
- MSP 3177 Referrals 3290 IDVA Support of those 207 had protected characteristics 655 MH issues, 269 homeless, 101 suicide risk, 8 substance misuse 239 accessed counselling
- Safe Accommodation 350 Referrals
- 625 women and children received specialist support in safe accommodation
- ARCH SV Counselling 609 referrals



National challenges

- Labour 2024 manifesto included a pledge to halve VAWG in a decade
- No consistent definition of VAWG
- Lack of oversight of VAWG prevention spending
 - Limited progress on VAWG prevention measures
- Page 35 They do not know what works in relation to preventing **VAWG**
 - Lack of good national data/standards for measuring public attitudes towards women and girls, misogyny and equality.
 - Real term funding cuts, chronic underfunding/ short term



It is not about telling women and girls to keep safe!!!!

Institutions meant to protect must demonstrate they are taking the fundamental steps

This is not about street lighting, safety apps.

It is about predatory men and systematic misogyny



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Middlesbrough Council

- We take the problem of violence against women and girls seriously and we work with partners and local communities to make women and girls feel safer
- Male violence against women and girls is everybody's business and we work together to better support victims and build services that keep people safe.

Strategic Oversight

- Domestic Abuse Needs Assessment 2025
- Domestic Abuse Strategy 2025-2028
- TSAB Adult Exploitation Strategy 2025 -2035
- OPCC Teeswide Perpetration Strategy 2025-2028
- Sexual Harms Pathway
- Workplace Domestic Abuse Policy
- Effective procurement of services that meets statutory guidance and meets needs of all survivors



What we do well!

- High quality accredited services for VAWG victims/ survivors in both community based and safe accommodation
- Effective local partnerships that mitigate risk and support victims
- Investment in prevention work Community Ambassador Page 39 Scheme / work in schools and colleges
- IRIS Work in primary care and hospitals
- Survivor Panel
- Flexible Flee Fund
- Dedicated analyst and dashboard so we have a consistent way of recording VWAG information



- Protect and Support Independent Domestic Violence Adviser/ Economic Support / Housing related support,
 Counselling Children and Young People Service,
 - **Safe Accommodation** Refuge, Dispersed & Sanctuary scheme, Navigator
- Hidden Victims IRIS /Flexible flee Fund / Translation Services/ By and For Framework/ Immigration Advice

Schools & Colleges

Gendered expectations / Equality /Challenge socially constructed views

29 of 49 Primary Schools have taken part 3605 pupils

Explore elements of a 'toxic' relationship

Respect/ Boundaries/Consent/ Healthy relationships

- 6 of 8 Secondary Schools have taken part 2173 pupils
- Social Action Projects
- x 2 Colleges and University



Training for Professionals

- Mandatory training across adult and children's services so trained to provide effective, timely and appropriate responses to victims and survivors of domestic abuse.
- Middlesbrough LA Lead led on development of E
 Learning Guidance on MARAC which has been rolled
 out across partnership

Town Centre Partnership

- Safety campaigns particularly aimed at public safety and VAWG.
- Ask Angela initiative training staff in licensed premises, including an e-learning training package and poster campaign.
- Work with Colleges and University Students
 Safe Routes' project implementing a series of measures and interventions across key routes through the Town Centre to improve safety. This coincides with some other projects to enhance and improve safety in town centre environment



What are Local Challenges?

- Demand for services
- Uncertainty for specialist services rising costs/ inflation and no central ring-fenced funding from government for community-based provision and uncertainty future of Office Police Crime Commissioner
 - Local cultural acceptance of VAWG
 - Economic hardship/ housing Crisis
- Increasing number of young people YP experiencing DA and perpetrating DA Intimate Partner and Parents
- Engagement from schools
- Online VAWG
- Low engagement with Perpetrator Programmes



What could Scrutiny Do?

- VWAG Self Assessment toolkit
- Apply for White Ribbon Accreditation is a commitment made by workplaces to work towards transformational culture change in their staff culture, systems and communities.
 - Develop VAWG Communication Strategy so targeted and sustained communication campaigns
 - Investment in Primary Prevention such as

Funding for training and toolkit for teachers and professionals working with young men and boys - Beyond Equality – gold standard promote a shift from restrictive masculinities to positive masculinities

What could Scrutiny do?

- Workplace prevention
- Assess public attitudes around misogyny and sexism
- Digital Storytelling with men's groups
- Targeted awareness campaign of "The Man Box" & in general how restrictive gender ideals hurt men
 - Student and workplace VAWG champions
 - Being safe online lessons and literature highlighting rise of "manosphere" and link between pornography and violence and misogyny
 - Pathway/protocol for online abuse



Any Questions



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