Middlesbrough moving forward | **Legal and Corporate Services**

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

Date: **Tuesday 21st July, 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.

   Members of the public have the right to film, record or photograph public meetings. If you intend to do so, please advise the Chair of this intention. You may be asked to stop filming, photographing or recording a meeting if the Chair feels that the activity is disrupting the meeting.

2. **Apologies for Absence**

3. **Declarations of Interest**

   Members are asked to declare any interests in the items under consideration and in doing so state:

   (1) the type of interest concerned:

   - *Disclosable Pecuniary Interest (DPI) or*
   - *Non-Pecuniary Interest (including personal or prejudicial interest)*

   (2) the nature of the interest concerned.

   If any member requires advice on declarations of interests, they are advised to contact the Monitoring Officer in advance of the meeting.

4. **Overview and Scrutiny Board Update**

   To note.

The Chair is to provide a verbal update on the Overview and Scrutiny Board.

5. **Minutes- Adult Social Care and Health Scrutiny - 23 June 2026** 5 - 10

To receive the minutes of the previous meeting.

6. **Artificial Intelligence Utilisation Plans in Adult Social Care** To Be Tabled

To note.

7. **Digital Inclusion in Adult Social Care** 11 - 24

To note.

8. **Setting the Scrutiny Work Programme - Short-listed Scrutiny Topics** 25 - 34

For decision.

The Scrutiny Panel is asked to select two scrutiny review topics for submission to the Overview and Scrutiny Board for approval.

9. **Draft Final Report - Violence Against Women and Girls (VAWG) : How to Tackle It** 35 - 60

For decision.

The Scrutiny Panel is asked to consider and agree its Draft Final Report in relation to Violence Against Women and Girls (VAWG).

10. **Date and Time of Next Meeting - 29 September 2026, 4:00pm**

To note.

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

Charlotte Benjamin
Corporate Director of Legal and Corporate Services

Town Hall
Middlesbrough
Monday 13 July 2026

MEMBERSHIP

Councillors J Kabuye (Chair), D Coupe (Vice-Chair), J Banks, D Branson, C Cooper, D Jackson, T Mohan, Z Uddin and Vacancy

Assistance in accessing information

The documents referred to on this agenda may be downloaded from the Council's Website: Committee structure | Middlesbrough Council

Should you have any queries on accessing the Agenda and associated information, such as alternative formats, please contact Sue Lightwing / Claire Jones, 01642 729712 / 01642 729112, sue_lightwing@middlesbrough.gov.uk / claire_jones@middlesbrough.gov.uk

INFORMATION ABOUT MIDDLESBROUGH COMMITTEE MEETINGS

Venue Accessibility

All Committee Rooms are located on the first floor of Municipal Buildings (Town Hall). There is restricted disabled access to the first floor via a lift.

There is no on-site parking at Municipal Buildings. A map of town centre parking is attached below. A full map of town centre parking can be found on the Council's website: [Middlesbrough town centre parking plan - October 2025]

ADULT SOCIAL CARE AND HEALTH SCRUTINY PANEL

A meeting of the Adult Social Care and Health Scrutiny Panel was held on Tuesday 23 June 2026.

PRESENT:	Councillors J Kabuye (Chair), C Cooper, D Coupe (Vice-Chair), D Jackson, T Mohan and Z Uddin
ALSO IN ATTENDANCE:	K Hawkins and K McLeod - North East North Cumbria Integrated Care Board
OFFICERS:	M Adams, L Grabham, C Jones and S Lightwing
APOLOGIES FOR ABSENCE:	Councillors J Banks and D Branson

26/1 **WELCOME AND FIRE EVACUATION PROCEDURE**

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

26/2 **DECLARATIONS OF INTEREST**

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

26/3 **MINUTES- ADULT SOCIAL CARE AND HEALTH SCRUTINY - 18 MAY 2026**

The minutes of the Adult Social Care and Health Scrutiny meeting held on 18 May 2026 were submitted and approved as a correct record.

26/4 **OVERVIEW PRESENTATION - NORTH EAST NORTH CUMBRIA INTEGRATED CARE BOARD (ICB)**

An overview presentation was delivered by the Director of Commissioning – Neighbourhood Health South (Tees Valley) and the Deputy Director of Neighbourhood Health South, North East and North Cumbria Integrated Care Board.

The presentation provided an overview on the national and regional context for health and care services for 2026/27, including the NHS 10 Year Health Plan, neighbourhood health guidance, structural changes to Integrated Care Boards, and the development of the ICB's five year strategic commissioning plan.

Members were informed that the ICB's strategic direction focused on delivering longer, healthier, and fairer lives, with an emphasis on prevention, tackling health inequalities, and addressing the root causes of poor health. Priority areas highlighted included healthy weight and obesity, alcohol and tobacco dependence, reducing inequalities through Core20PLUS5, long term conditions, and improving health literacy and inclusion.

The presentation outlined the role of Integrated Neighbourhood Health as the central mechanism for transformation, supporting a shift from hospital based care to community based, preventative services. Key areas of focus included primary and community care, mental health services, secondary care transformation, demand management, and urgent and intermediate care services aimed at reducing hospital admissions and supporting timely discharge.

It was highlighted that neighbourhood working was not new in Middlesbrough and that the national neighbourhood health guidance was being used to strengthen and build on existing arrangements rather than introduce a wholly new model. Members were advised that work on integrated neighbourhood health had already been progressed locally, with partners working collectively across organisations and communities. The approach was described as partnership-led rather than health-led, with a focus on prevention, enabling people to live well, and designing services fit for the future by building on what was already in place within Middlesbrough.

Members also received an update on work to support children and young people, including maternity services, integrated neighbourhood teams, preventative approaches, and tackling childhood obesity and perinatal mental health.

It was noted that neighbourhood health development was being progressed locally through partnership working, with leadership from the Health and Wellbeing Board, alignment with JSNA priorities, and integration with wider public sector reforms and programmes. Draft neighbourhoods had been developed based on existing communities, and governance arrangements were in place to oversee delivery.

During discussion, Members raised a number of points for clarification. Concerns were expressed regarding access to NHS dentistry in Middlesbrough, and Members were advised that investment was being made to improve urgent dental access, alongside national contractual reform and local commissioning flexibility. Members also queried progress on alcohol, tobacco and vaping, and were advised that this remained a priority area, with work informed by local data and undertaken in close partnership with Public Health.

Clarification was sought on weight management interventions, including the use of weight loss injections, and it was explained that these were commissioned for specific cohorts meeting eligibility criteria, with private provision sitting outside ICB arrangements. Members also highlighted the importance of safeguarding vulnerable adults and children and were reassured that safeguarding was embedded across partnership working and delivered through existing statutory arrangements.

Members further queried how neighbourhood health arrangements would be monitored and evaluated. It was reported that delivery would be phased over 2026–27 and beyond, with outcomes developed locally and progress monitored through existing performance frameworks.

AGREED that the presentation be noted.

26/5 **OVERVIEW PRESENTATION - PUBLIC HEALTH SOUTH TEES**

An overview presentation was delivered by the Joint Director of Public Health, South Tees.

The presentation provided an overview of Public Health priorities for 2026/27 and the wider role of Public Health South Tees in improving population health outcomes and reducing health inequalities.

Members were informed of the key priority areas for 2026/27, including creating healthy environments, giving children and young people the best start in life, ill-health prevention, mental health and emotional wellbeing, health protection, and supporting vulnerable people and inclusion health. The presentation highlighted a strong focus on prevention, early intervention, and tackling the wider determinants of health.

The Joint Director outlined a range of programmes and projects underway, including work on healthy weight, physical activity, smoking cessation, alcohol harm reduction, sexual health, immunisation uptake, and cancer screening. Members were advised that targeted and place-based approaches were being used to address inequalities, with particular focus on deprived communities and those with multiple vulnerabilities.

Members also received an update on “Start Well” priorities, including breastfeeding support, infant feeding, school readiness, and targeted interventions to support children and families. Work to improve mental health and emotional wellbeing across all ages was also highlighted, alongside action to reduce suicide risk and improve early access to support.

The presentation noted ongoing work in relation to health protection, including infectious disease preparedness, sexual health strategy development, and targeted action on HIV and syphilis. It was also reported that Public Health continued to work closely with partners across the system, including the NHS, local authorities, and the voluntary and community sector.

During discussion, Members sought clarification on breastfeeding rates in Middlesbrough. It was reported that breastfeeding rates had improved compared to previous years, with progress also noted in maternal diabetes, smoking in pregnancy, and breastfeeding outcomes.

Members queried the prevalence of syphilis during the third trimester of pregnancy and the relationship with other sexually transmitted infections. It was acknowledged that increased testing, including linked testing for conditions such as chlamydia, had supported improved identification, and that targeted and age-appropriate testing approaches were being progressed.

Members also raised concerns regarding smoking in hospital settings and asked about the identification and promotion of stop smoking services within hospitals. It was reported that work was ongoing to strengthen smokefree approaches and ensure that patients were supported to access stop smoking services during hospital stays.

Members queried how Public Health performance was monitored and how progress against priorities was tracked, noting that performance information was often reported annually through the Director of Public Health Annual Report. The Joint Director advised that further performance updates could be scheduled for a future meeting, should the Panel wish to include this within its work programme.

Members raised questions regarding vaccination uptake levels and the challenges associated with improving coverage in some communities. It was reported that work was underway to address behavioural and communication barriers, including tailoring engagement approaches to improve health literacy. Members were advised that targeted work had been undertaken with specific communities, including the Romanian community where uptake had been lower, and that this had resulted in improved vaccination uptake.

The Joint Director of Public Health, South Tees advised that the service was implementing the recommendations arising from the Scrutiny Panel's review, Healthy Placemaking with a Focus on Childhood Obesity, and that agreed actions had been incorporated into service activity.

AGREED that the presentation be noted.

26/6 **OVERVIEW PRESENTATION - ADULT SOCIAL CARE**

An overview presentation was delivered by the Corporate Director of Adult Social Care and Health.

The presentation provided an overview of Adult Social Care and Health priorities for 2026/27, including preparation for the Care Quality Commission inspection framework, progression of the Adult Social Care improvement plan, improving data quality, and continuing to work with health partners within a changing system landscape. Members were also advised of ongoing work to develop the Adult Social Care vision and strategy, strengthen partnerships, and support workforce development through the Care Academy.

Members were informed of a range of current projects and priorities, including support for unpaid carers, digital inclusion, co-production, transitions, homelessness prevention and pathways, domestic abuse commissioning, and the development of technology-enabled care through initiatives such as the Smart House. The presentation also outlined key challenges facing the service, including financial pressures, provider market sufficiency, workforce capacity, transitions, increasing demand, and the need to respond to legislative and system changes.

During discussion, Members sought clarification on the potential role of Regional Care Cooperatives and their applicability within Adult Social Care. It was explained that while such models were being promoted within children's services, adult social care operated within a different context. Members were advised that there was already a programme of regional collaboration across the North East, supported by Directors of Adult Social Services, and that Regional Care Cooperatives were not currently considered to offer significant additional value within adult services.

Members queried the range of support available for unpaid carers. It was reported that support included peer support groups, direct payments, psychological support, bespoke carer offers, and partnership working with local carers organisations. Members were also advised of an online, 24-hour support service available to carers, providing access to advice and expert support. Information was provided on how carers were identified and supported, including the use of carers conversations, awareness-raising activity, and campaigns to encourage people to recognise themselves as carers.

Members raised concerns regarding digital inclusion, particularly for older residents, and the potential for digital exclusion. It was acknowledged that while the Council's customer strategy included a digital-by-default approach, Adult Social Care continued to recognise the need for alternative access routes and support to ensure residents were not excluded.

Clarification was sought on transitions from children's to adult services. Members were advised that the age at which Adult Social Care became involved depended on individual levels of need, typically between ages 16 and 18. It was noted that transitions remained a complex area, particularly for young people leaving residential care without ongoing care and support needs, and that further work was underway to improve arrangements and outcomes.

Members commented positively on developments at Levick House, noting early challenges but welcoming the progress made, including improvements to facilities and outdoor space. The Corporate Director also advised of an ongoing programme of site visits with the Executive Member and invited Members to participate in future visits, including to the Smart House, to better understand service delivery in practice.

AGREED that the presentation be noted.

26/7 **SETTING THE SCRUTINY WORK PROGRAMME 2026/2027**

A report was presented which set out the proposed approach for establishing the Adult Social Care and Health Scrutiny Panel's work programme for the 2026–2027 municipal year.

Members were advised that, prior to consideration of the report, the Panel had received overview presentations from the North East and North Cumbria Integrated Care Board, Public Health, and Adult Social Care. These presentations were intended to provide context on key priorities, pressures, and emerging issues to support Members in considering the work programme.

The Panel was informed that a draft work programme had been developed and was provided at Appendix One to the report. This outlined the proposed meeting schedule for the year, including standard updates, statutory items, and indicative timing for scrutiny investigations. A list of suggested scrutiny topics, gathered through consultation with Councillors, residents, officers, and other stakeholders, was provided at Appendix Two. Members were advised that this list was not exhaustive and that additional topics could be proposed.

During discussion, the Chair advised that the Panel should seek to select one Scrutiny Investigation Topic relating to Public Health and one relating to Adult Social Care. Members considered a number of potential topics and agreed to shortlist several scrutiny investigation topics for further consideration. It was agreed that further information be provided on the shortlisted topics to support a future decision.

AGREED that:

1. The draft work programme for the 2026–2027 municipal year, as set out at Appendix One, be noted.
2. Any additional overview presentations required would be incorporated into the work programme.
3. Further information be provided on the shortlisted Scrutiny Investigation Topics for further consideration by Members.
4. The finalised work programme be submitted to the Overview and Scrutiny Board for approval.

26/8 **PROPOSED SCHEDULE OF MEETING DATES 2026/2027**

The Panel considered a report setting out the meeting dates for the Adult Social Care and Health Scrutiny Panel for the 2026/27 municipal year.

AGREED that the meeting dates be noted.

26/9 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.

This page is intentionally left blank

MIDDLESBROUGH COUNCIL

SCRUTINY SUMMARY SHEET

Digital Inclusion in Adult Social Care

Report to: Adult Social Care and Health Scrutiny Panel

Decision Type: To note

HEADLINE POSITION

1. Summary of report

1.1 The Adult Social Care and Health Scrutiny Panel is receiving a presentation from the Prevention and Support Services Lead Officer on the Digital Inclusion Offer, delivered through the Rekindle Service within Middlesbrough Independent Living Services (MILS). The presentation outlines how the service supports residents to develop digital skills, access online services, reduce social isolation and maintain independence, while contributing to the Council's preventative approach within Adult Social Care.

2.0 Background

2.1 Digital inclusion is recognised as an important preventative measure within Adult Social Care, helping residents maintain independence, reduce social isolation and access essential services. Delivered through Middlesbrough Independent Living Services (MILS), the Rekindle Service supports residents through digital skills development, access to devices and connectivity, community partnerships and the Digital Champions programme, with the presentation providing an overview of the service's impact, outcomes and future development plans.

3.0 Recommendation

3.1 It is recommended that Members note the information presented regarding Middlesbrough's Digital Inclusion Offer and its contribution to prevention, independence, and improved access to services for residents.

4.0 Contact Officer

Claire Jones
Democratic Services Officer
Claire_jones@middlesbrough.gov.uk

This page is intentionally left blank

Middlesbrough's Digital Inclusion Offer

Adult Social Care Scrutiny Panel

Supporting independence, prevention and access through digital inclusion

Chris Thompson

Prevention and Support Services Lead - Adult Social Care

Why digital inclusion matters to Adult Social Care

Digital exclusion is not simply a technology issue. For many residents it affects their ability to manage everyday life, remain independent, and access the support they need.

For adults who require support, digital exclusion can create barriers to:

- accessing health, housing and council services
- shopping, banking and managing finances
- maintaining social contact and wellbeing
- completing day-to-day tasks independently

For Adult Social Care, digital inclusion is therefore a **prevention issue**. It can help people remain independent for longer, reduce isolation, improve access to services, and reduce reliance on others for everyday tasks.

Digital inclusion is an enabler of independence, prevention and access.

Middlesbrough moving forward

What is Rekindle?

Rekindle is Middlesbrough Council's Digital Inclusion Service within **Middlesbrough Independent Living Services (MILS)**.

Launched in **2019** following a successful **LGA Digital Inclusion Programme** bid, Rekindle is now delivered in-house by Middlesbrough Council as part of the wider Adult Social Care prevention offer.

Rekindle was developed to:

- tackle digital inequality
- support prevention and early help
- improve independence and self-management
- reduce social isolation
- improve access to information, services and support

Rekindle is not just about devices or IT support. It is about helping people stay connected, independent and able to manage everyday life.

Middlesbrough
moving forward

How Rekindle Works

We don't start with technology; we start with the person.

Person-centred
Practical
What matters
Real outcomes

Understanding what matters: goals, interests and needs

Then the technology that supports their goals

The right skills, devices and connectivity to reach their goals

SKILLS
Building confidence and digital know-how

DEVICES
Access to suitable devices and equipment

CONNECTIVITY
Affordable internet and data solutions

Middlesbrough
moving forward

What Rekindle delivers in practice

Rekindle provides a mix of **direct support**, **community-based activity** and **preventative interventions**.

Examples of support include:

1:1 digital support
with everyday tasks and confidence building

Online shopping support
to improve independence

Digital health support
including online appointments, apps and health information

Housing support
including Tees Valley Home Finder applications and bidding

Device and SIM/data support
helping people access the right technology and stay connected

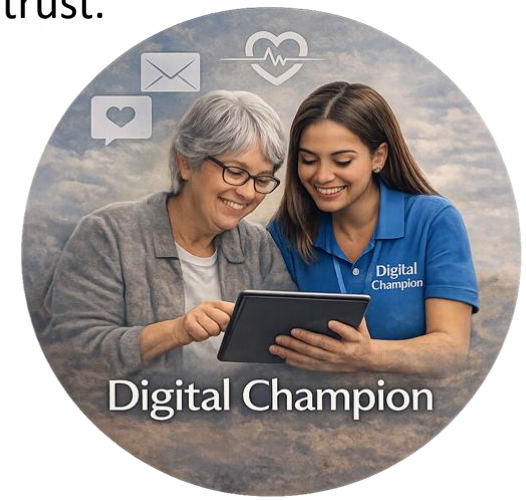
Drop-ins, groups and community activity
that build confidence and reduce isolation

This means Rekindle supports both practical day-to-day independence and wider wellbeing, confidence and connection.

Middlesbrough moving forward

Digital Champions

The Digital Champions Programme helps extend digital inclusion beyond the core Rekindle team by training staff and volunteers to offer light-touch digital support in places residents already use and trust.



What Digital Champions do

Digital Champions provide support with simple everyday digital tasks, such as:

- getting started with devices and basic digital confidence
- helping people access online information and services
- offering encouragement and practical support in community settings
- identifying when somebody may need more structured help

How this links to Rekindle

Digital Champions do not replace Rekindle caseworkers. Their role is to provide earlier, lighter-touch support and to refer into Rekindle where somebody needs more in-depth or ongoing digital support.

This helps build wider capacity across services and community settings, while ensuring residents can still access specialist support when needed.

Middlesbrough moving forward

Partnerships, devices and connectivity

Rekindle works through partnership because digital exclusion cannot be addressed by one service alone.

Key partners include:

- **FurbD IT** – refurbished devices and wider digital inclusion support
- **Libraries and Community Hubs** – trusted venues for support, Digital Champions and drop-ins
- **Adult Social Care teams** – referrals and joined-up support
- **Housing and Community Interventions teams** – including support around homelessness and Tees Valley Home Finder
- **Public Health and wider VCS partners**

Devices and connectivity

For some residents, access to a suitable device and internet connection is the difference between being connected to support or being completely excluded.

Across the last 12 months (**Up to 31st May 2026)** Rekindle had supported the distribution of:

- **59 devices**
- **40 Data Bank SIMs**
  including support for residents who were street homeless / no fixed abode.

Middlesbrough moving forward

Innovation and community-based support

Rekindle goes beyond basic IT support and uses creative, community-based and co-produced approaches to build digital confidence.

Examples include:

- **Digital QR Walks** and virtual Google Earth tours
- **Ancestry groups**
- **Photo Adventures** and digital projects with people with learning disabilities
- **Weekly online quizzes** for people who struggle to leave home
- **Digital storytelling,** life stories and wider community digital activity

These approaches help build:

- digital confidence
- motivation and engagement
- social connection
- skills through hobbies and interests

This makes digital inclusion more meaningful and accessible for people who may not engage with formal learning.

Middlesbrough moving forward

Impact and examples of value

Rekindle is delivering practical support and preventative value across Adult Social Care and community settings.

Core service activity
(Across 12 months)

- **137** referrals for 1:1 support
- **59** devices distributed
- **40** Data Bank SIMs provided

Plus support with:-

- Housing
- Tees Valley Home Finder support

Digital Champions impact
(Since Oct 2025)

- **32** Digital Champions trained
- **269** courses completed
- **457** people supported
- **146** hours of support delivered

Prevention example – online shopping

Rekindle has supported residents to develop the skills to shop online for food and essentials, helping reduce reliance on others and in some cases avoid care support.

Reporting has identified:

- **33 people supported**
- **£1,560 actual annual savings**
- **£72,800 preventative annual savings**

Middlesbrough moving forward

Recognition and wider contribution

Alongside day-to-day delivery, Rekindle has also contributed to wider digital inclusion learning and has received external recognition.

Good Things Foundation / DSIT

Middlesbrough was one of only 3 areas nationally selected to work with Good Things Foundation through the DSIT Digital Inclusion Innovation Fund, alongside Barnsley and Cornwall Councils.

The work undertaken in Middlesbrough contributed directly to Good Things Foundation's **2026** report, ***Strengthening a Place-Based Approach to Digital Inclusion***, which highlighted Middlesbrough's strengths in community delivery, partnership working and accessible support, while also identifying opportunities to strengthen a wider place-based approach to digital inclusion.

National recognition

In 2022, Rekindle was nominated and commended at the Local Government Chronicle Awards in the category of Best Digital Impact.

Research and innovation

In 2024, Rekindle contributed to co-production and research activity exploring digital care technologies for older adults through work linked to the NIHR HTA Development Award.

What's new and next

New support resources

- practical online guides for service users, including apps, online shopping and Tees Valley Home Finder

New partnerships and outreach

- support for parents, grandparents and families through community and school-based activity

- a pilot with the Methodist Asylum Project and Neighbourhood Team to provide connectivity solutions in 25 homes for asylum-seeking families with young children

Developing the offer

- AI-focused workshops and learning, including support to understand AI safely and use it creatively

- working with TVCA and regional partners on a more joined-up Tees-wide digital inclusion approach

Middlesbrough
moving forward

Voices of Rekindle

The impact of Rekindle is best understood through the voices of the people it supports.

To close, this short video shares the experiences of residents who have been supported through Rekindle and highlights the difference digital inclusion can make to confidence, connection and independence.

Middlesbrough Independent Living Service – Rekindle Vlog

Watch the Rekindle video

Middlesbrough moving forward

Agenda Item 8

MIDDLESBROUGH COUNCIL	Middlesbrough moving forward

Report of:	Democratic Services Officer
Relevant Executive Member:	N/A
Submitted to:	Adult Social Care and Health Scrutiny Panel
Date:	21 July 2026
Title:	Setting the Work Programme 2026-2027, for the Adult Social Care and Health Scrutiny Panel – Shortlisted Scrutiny Topics
Report for:	Decision
Status:	Public
Council Plan priority:	A healthy place
Key decision:	No
Why:	Not applicable
Subject to call in?	No
Why:	Not applicable

Proposed decision(s)

That the Adult Social Care and Health Scrutiny Panel:

- **CONSIDERS** the shortlist of Scrutiny Investigation Topics presented at Appendix One;
- **SELECTS** one Public Health Scrutiny Investigation Topic and one Adult Social Care Scrutiny Investigation Topic for inclusion in the 2026–2027 work programme; and
- AGREES that the selected topics be incorporated into the finalised work programme for submission to the Overview and Scrutiny Board.

Executive summary

At its meeting on 23 June 2026, the Adult Social Care and Health Scrutiny Panel considered a report on the development of its work programme for the 2026–2027 municipal year, including a list of suggested scrutiny topics identified through consultation and informed by overview presentations delivered at the meeting.

Whilst Members considered a wide range of potential topics, the Panel was unable to reach agreement on the selection of two Scrutiny Investigation Topics for inclusion in the work programme.

The Panel therefore agreed that a refined shortlist of topics should be presented to a future meeting, supported by additional contextual information, to assist Members in determining areas where the Panel considers scrutiny can add the greatest value. It was also agreed that the final selection should comprise:

- one Public Health Scrutiny Investigation Topic; and
- one Adult Social Care Scrutiny Investigation Topic

This report presents that shortlist and supporting information to enable Members to make an informed decision and finalise the Panel's Scrutiny Investigation Topics for 2026–2027.

1. Purpose of this report and its contribution to the achievement of the Council Plan ambitions.

1.1 Effective management of the scrutiny work programme is essential to ensuring that activity remains focused, proportionate, and aligned to the Council's strategic priorities and ambitions.

1.2 Scrutiny provides an important mechanism for Members to review, challenge, and influence policy, service delivery, and performance, with the aim of improving outcomes for residents.

1.3 This report builds on the Panel's previous consideration of its 2026–2027 work programme and supports Members in completing the selection of Scrutiny Investigation Topics. By focusing on a prioritised shortlist, the report is intended to support informed decision-making and ensure that the Panel's activity is directed towards areas where it can have the greatest impact.

1.4 The selection of appropriate scrutiny topics will contribute to the delivery of the Council Plan, particularly in relation to the ambition of 'A Healthy Place', alongside wider priorities around safe and resilient communities and delivering best value.

Our ambitions	Priorities
A successful and ambitious town	• We will grow businesses and employment opportunities within the town. • We will close attainment gaps and work with education providers to increase the number of students who achieve their expected grades Ensure housing supply meets local demand. • We will ensure housing supply meets local demand. • sustainable accommodation. • Transport connectivity will improve
A healthy place	• People will live healthier lives for longer, and health inequalities will be reduced

	• The look and feel of the physical space in Middlesbrough will improve. • We will be closer to our communities and involve them in decision making. • We will reduce and alleviate the impact of poverty to improve lives and life chances for people in Middlesbrough
Safe and resilient communities	• All adults will be supported through strength-based practice to live the lives they choose • We will support digital inclusion • We will continue to work with voluntary and community groups and individuals to improve the resilience of our communities. • Residents will feel safer
Delivering best value	• We will be a well-run Council that provides Value for Money Services. • We will set a balanced budget and medium-term financial plan.

2. Recommendations

2.1 That the Adult Social Care and Health Scrutiny Panel:

- Considers the shortlist of Scrutiny Investigation Topics presented at Appendix One;
- Selects one Public Health Scrutiny Investigation Topic and one Adult Social Care Scrutiny Investigation Topic for inclusion in the 2026–2027 work programme; and
- Agrees that the selected topics be incorporated into the finalised work programme for submission to the Overview and Scrutiny Board.

3. Rationale for the recommended decision(s)

3.1 Scrutiny panels play a key role in supporting community leadership and improving outcomes for residents through reviewing services, influencing policy, and holding decision-makers to account.

3.2 Agreeing a focused and deliverable work programme ensures that the Panel's activity is prioritised and aligned to areas of greatest impact.

4. Background and relevant information

4.1 At its meeting on 23 June 2026, the Adult Social Care and Health Scrutiny Panel considered a report on the development of its work programme for the 2026–2027 municipal year. Members received overview presentations from Public Health, Adult Social Care and the North East and North Cumbria Integrated Care Board and considered a range of potential Scrutiny Investigation Topics identified through consultation

4.2 Following discussion, Members agreed a shortlist of topics for further consideration. In order to support a final decision, the Panel requested additional information on each shortlisted topic to provide greater context regarding the issue, potential scope for review and the value that scrutiny could add.

4.3 Members also agreed that the Panel's scrutiny activity for 2026–2027 should comprise of one Public Health Scrutiny Investigation Topic; and one Adult Social Care Scrutiny Investigation Topic.

4.4 Appendix One provides further information on each of the shortlisted topics identified by Members. This includes:

- why the topic is important;
- potential lines of enquiry for a scrutiny investigation;
- the potential value that scrutiny could add; and
- details of current work being undertaken by the Council and its partners.

4.5 The additional information provided is intended to assist Members in comparing the shortlisted topics and identifying those areas where a scrutiny investigation is most likely to contribute to improved outcomes for residents.

4.6 Members are therefore asked to consider the shortlisted topics set out in Appendix One and agree one Public Health Scrutiny Investigation Topic and one Adult Social Care Scrutiny Investigation Topic for inclusion in the Panel's 2026–2027 Work Programme

5. Ward Member Engagement if relevant and appropriate

Ward Members were invited to submit topic suggestions as part of the consultation.

6. Other potential alternative(s) and why these have not been recommended

No other alternatives are put forward as part of the report.

7. Impact(s) of the recommended decision(s)

Topic	Impact
Financial (including procurement and Social Value)	Details of Financial impact (if any) will be dependent on recommendations made as part of a chosen review.
Legal	Details of Legal impact (if any) will be dependent on recommendations made as part of a chosen review.
Risk	Details of Risk impact (if any) will be dependent on recommendations made as part of a chosen review.
Human Rights, Public Sector Equality Duty and Community Cohesion	Details of Human Rights, Public Sector Equality Duty and Community Cohesion impact (if any) will be dependent on recommendations made as part of a chosen review.
Reducing Poverty	Details of Reducing Poverty impact (if any) will be dependent on recommendations made as part of a chosen review.
Climate Change / Environmental	Details of Climate Change / Environmental impact (if any) will be dependent on recommendations made as part of a chosen review.

Children and Young People Cared for by the Authority and Care Leavers	Details of Children and Young People Cared for by the Authority and Care Leavers impact (if any) will be dependent on recommendations made as part of a chosen review.
Data Protection	Details of Data Protection impact (if any) will be dependent on recommendations made as part of a chosen review.

Actions to be taken to implement the recommended decision(s)

Action	Responsible Officer	Deadline
Approved recommendations to be submitted to Overview and Scrutiny Board	Democratic Services Officer	

Appendices

1	Shortlisted Topics

Background papers

Body	Report title	Date

Contact: Claire Jones
Email: claire_jones@middlesbrough.gov.uk

This page is intentionally left blank

APPENDIX ONE

Setting the Scrutiny Work Programme – Shortlisted Scrutiny Investigation Topics

The following shortlisted topics are presented to assist Members in selecting one Public Health Scrutiny Investigation Topic and one Adult Social Care Scrutiny Investigation Topic for inclusion in the Panel's 2026–2027 Work Programme. The information is intended as a summary only and should not be regarded as an exhaustive assessment of each topic.

Public Health – Shortlisted Topics				
Shortlisted Topic	**Why It Matters**	**Key Lines of Enquiry**	**Value of Scrutiny**	**Current Work and Previous Scrutiny**
1. Barriers to Immunisation Uptake	Uptake of routine immunisations in Middlesbrough is below national targets in some groups, increasing the risk of vaccine-preventable disease and widening health inequalities. Improving coverage is critical to protecting vulnerable populations and reducing pressure on health services.	- What is the current local picture for immunisation uptake? -What are the key barriers to uptake? - Are there particular communities or groups with lower uptake? - How effective is current outreach, engagement and communication? - How well are partners (NHS, Public Health, community organisations) working together? - What more could be done locally to improve coverage?	Provides an opportunity to identify practical actions, to improve uptake, reduce inequalities and strengthen partnership working. Scrutiny could support more targeted, accessible and effective local interventions.	Public Health and NHS partners are delivering immunisation programmes and targeted initiatives to improve uptake, including outreach and engagement work. Performance monitoring is ongoing. No previous scrutiny investigations.
2. Smoking and Youth Vaping	Smoking remains a leading cause of	- What is the current local picture for smoking and youth	Offers an opportunity to review the effectiveness of	Public Health leads on tobacco control and

	preventable ill health and premature death, while youth vaping is an emerging concern, particularly among young people. Local prevalence contributes to health inequalities and long-term demand on health and care services.	vaping? - What are the key drivers of uptake, particularly among young people? - How effective are prevention, education and enforcement activities? - Are stop smoking services accessible and effective? - How are partners working together to address this issue? - What more can be done to reduce uptake and support quitting?	current prevention and enforcement approaches, particularly in relation to young people. Scrutiny could help strengthen local interventions, reduce health inequalities, and support improved long-term health outcomes.	smoking cessation services, alongside partnership work with schools, enforcement teams and NHS services. National and local initiatives are in place to reduce smoking rates and address youth vaping. No previous scrutiny investigations.

Adult Social Care - Shortlisted Topics				
Shortlisted Topic	**Why It Matters**	**Key Lines of Enquiry**	**Value of Scrutiny**	**Current Work and Previous Scrutiny**
3. Loneliness and Social Isolation	Loneliness and social isolation can have a significant impact on physical and mental health, wellbeing and independence, particularly for older adults and vulnerable residents. It can increase demand on health and social care services and exacerbate existing	- How effectively are lonely or socially isolated adults identified? - What is the role of Adult Social Care, Public Health and wider partners in prevention and early intervention? - How accessible and effective are current support offers, including community and voluntary sector provision? - Are certain groups at higher	Scrutiny could help strengthen a preventative approach by identifying gaps in identification, referral pathways and support. It provides an opportunity to improve coordination across services and maximise the impact of community-based interventions.	The Council works with partners and the voluntary and community sector to support initiatives aimed at reducing loneliness and social isolation. A range of community-based services and preventative approaches are in place, with ongoing partnership working.

	inequalities. Addressing loneliness is therefore an important preventative agenda within Adult Social Care.	risk of loneliness or isolation? - How is the impact of interventions measured? - What more could be done to reduce loneliness and improve wellbeing?		A review "Reducing Loneliness and/or Social Isolation in Later Life" was undertaken by the ASC Scrutiny Panel and approved in 2018.
4. Neighbourhood Health Management	Neighbourhood-based approaches aim to improve outcomes by joining up health, social care and wider services around local populations. Effective neighbourhood health management can support prevention, reduce demand on acute services and help residents to remain independent for longer.	-What does neighbourhood health management mean in practice in Middlesbrough? - How effectively are Adult Social Care, health and community services working together at neighbourhood level? - How are residents identified and supported earlier to prevent escalation of need? - What outcomes are being achieved locally? - How is information shared and coordinated across partners? - What challenges or gaps exist in the current neighbourhood model?	Scrutiny could provide assurance on how effectively neighbourhood-based approaches are being implemented and whether they are delivering improved outcomes for residents. It offers an opportunity to examine integration, prevention and system working across Adult Social Care and health partners	Neighbourhood health management is being developed through partnership working with health and care partners, aligned to integrated care priorities. Local initiatives are underway to strengthen prevention, early intervention and joined-up support. No previous scrutiny investigations.
5. Unpaid Carers	Unpaid carers play a vital role in supporting vulnerable residents, often preventing or delaying the need for	-How effectively are unpaid carers identified in Middlesbrough?	Provides an opportunity to strengthen support for a key group underpinning the care system. Scrutiny could identify gaps in	The Council and partners provide a range of support to carers, including assessment, advice and commissioned services.

	formal care services. However, carers can experience significant impacts on their own health and wellbeing, and many remain unidentified or unsupported. Ensuring carers are recognised and able to access support is essential to sustaining the local care system.	- Are carers aware of, and able to access, available support and services? - What is the experience of carers in navigating support? - How are partners (health, social care, voluntary sector) working together to support carers? - Are there particular groups of carers who are less likely to be identified or supported? - What more can be done to improve outcomes for carers?	identification, access and coordination of support, helping to improve carers' wellbeing and sustain caring arrangements.	Work is ongoing to improve early identification, information and partnership working with the voluntary and community sector. A review on "Support for Older Carers" was scoped in 2020/21. However, following the agreement of the ToR, the review did not proceed due to a significant procurement exercise, meaning scrutiny was unlikely to add value at that time. Consequently, no scrutiny investigation was completed.

Scrutiny Review

Violence Against Women and Girls (VAWG): How to Tackle It

Democratic Services

Middlesbrough
moving forward

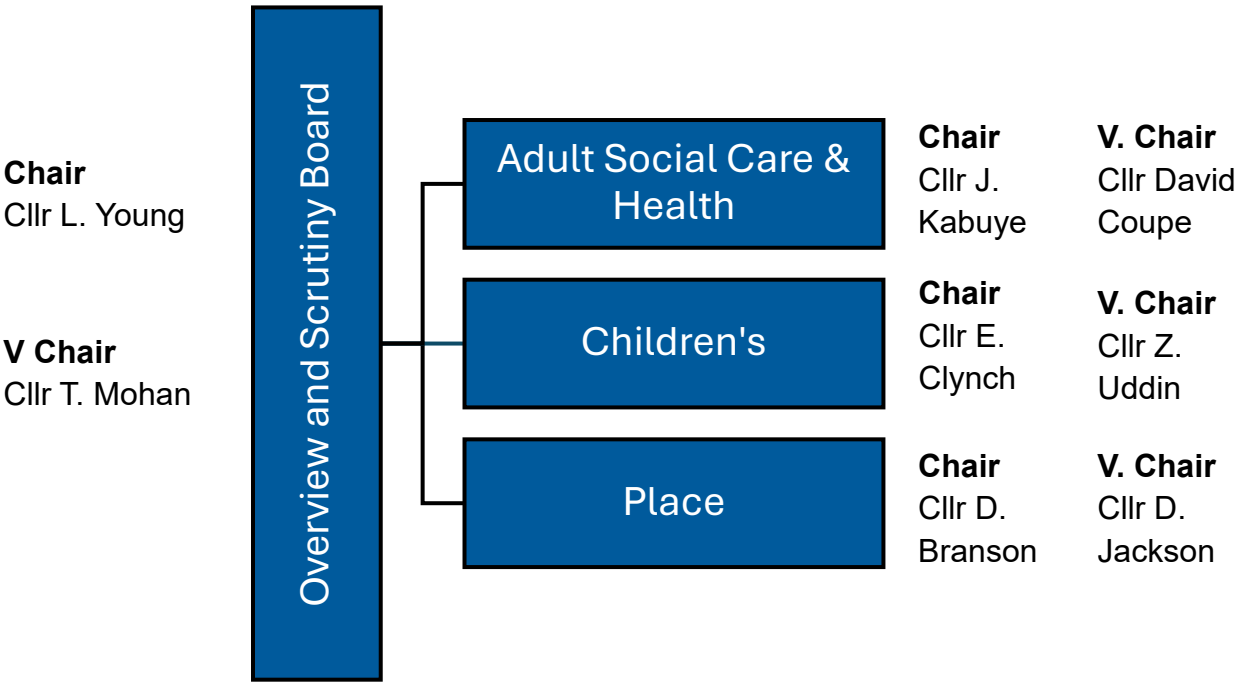
[Adult Social Care and Health Scrutiny – 21/07/2026

BLANK PAGE

CONTENTS

BLANK PAGE

COMMITTEE INFORMATION



Democratic Services Support:

- Overview and Scrutiny Board: Scott Bonner & Joanne Dixon/ Tanya Harrison
- Adult Social Care and Health Scrutiny Committee: Claire Jones and Sue Lightwing
- Children's Scrutiny Committee: Joanne McNally
- Place Scrutiny Committee: Tabitha Frankland and Rachael Johansson

AIMS OF THE REVIEW

1. The aims of the review are to:
    - Understand the extent and nature of Violence Against Women and Girls (VAWG) in Middlesbrough, including relevant national and local data and trends.
    - Examine the role of Middlesbrough Council in preventing VAWG, including how services contribute to early intervention, particularly in relation to children and young people.
    - Consider how the Council provides strategic leadership in tackling VAWG, including alignment with the national VAWG strategy and opportunities to strengthen coordination and oversight.
    - Identify how the Council can support long-term cultural change across the area, including challenging harmful attitudes and behaviours and progressing initiatives such as the White Ribbon accreditation.

2. The review also aims to assist the Local Authority in achieving the following priorities from the Council Plan 2024-2027:

    - **A Healthy Place -** Improve life chances of our residents by responding to health inequalities.

    - **A Healthy Place -** Promote inclusivity for all.

    - **Safe and Resilient Communities -** Reducing crime and antisocial behaviour

TERMS OF REFERENCE

3. The Terms of Reference for the Scrutiny Panel's review, are as follows:

- Term of Reference A – To understand the extent and nature of Violence Against Women and Girls (VAWG) in Middlesbrough, including analysis of available data, trends, and comparison with regional and national positions, and to consider the underlying causes and contributing factors.

- Term of Reference B – To examine current approaches to prevention and early intervention, including work with young people, education settings, and community-based initiatives aimed at addressing attitudes, behaviours, and cultural norms linked to VAWG.

- Term of Reference C – To consider the Council's strategic response to VAWG, including alignment with national policy, and to explore opportunities to strengthen leadership, coordination, and long-term cultural change (including initiatives such as White Ribbon accreditation).

BACKGROUND INFORMATION

4. Violence Against Women and Girls (VAWG) is widely recognised as a significant and complex societal issue, encompassing a range of harmful behaviours rooted in gender inequality. The Government's *Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls* (December 2025) describes Violence Against Women and Girls as:

5. *"A range of behaviours that disproportionately affect women and girls and are underpinned by misogyny, harmful gender norms and unequal power dynamics. It includes domestic abuse, sexual violence, stalking and harassment, coercive and controlling behaviour, exploitation and so-called honour-based abuse."*

6. This definition reflects the broad and interconnected nature of VAWG, recognising that such behaviours can emerge early in life, are reinforced across families, communities, institutions and online spaces, and may escalate over time if left unchallenged. It highlights the need for a coordinated, whole-system response focused on prevention, early intervention and long-term cultural change, alongside effective responses when harm occurs.

7. While domestic abuse represents a significant proportion of Violence Against Women and Girls, the VAWG framework also encompasses a wider range of harms, including sexual violence, stalking, harassment and misogyny, requiring a broader preventative and cultural response.

8. Within a local context, evidence presented to the Panel identified that Middlesbrough, and the wider Cleveland area, continues to experience disproportionately high levels of VAWG-related offences when compared with regional and national averages. This reinforces the importance of a strong local response, including visible leadership, coordinated partnership working and a sustained focus on prevention to address the underlying causes of harm.

9. In this context, the Panel agreed to focus its review on the role of prevention and education, with a particular emphasis on children and young people. Members recognised the importance of inclusive education for all, while placing a specific focus on boys and young men, given evidence about patterns of perpetration. While much existing activity focuses on responding to domestic abuse and supporting victims, the Panel sought to concentrate its review on prevention, education and long-term cultural change, particularly in areas where the Council can influence, provide leadership and drive system-wide change. Members were also keen to explore how the Council can demonstrate leadership in this area, including through initiatives such as White Ribbon accreditation.

10. The Panel further recognised that Middlesbrough's high levels of deprivation, health inequality and safeguarding pressures create additional complexity and reinforce the importance of early intervention, prevention and coordinated partnership working. The review therefore considered how early intervention could contribute to challenging

harmful attitudes, supporting healthy relationships and reducing the risk of future harm, alongside the Council's role in influencing and coordinating this agenda at a local level.

SUMMARY OF EVIDENCE

<u>Term of Reference A -</u> To understand the extent and nature of Violence Against Women and Girls (VAWG) in Middlesbrough, including analysis of available data, trends, and comparison with regional and national positions, and to consider the underlying causes and contributing factors.

11. Violence Against Women and Girls (VAWG) is widely recognised as a pervasive and systemic issue, encompassing a range of abusive behaviours that are disproportionately perpetrated by men against women and girls. These behaviours include domestic abuse, sexual violence, stalking and harassment, coercive and controlling behaviour, exploitation and so-called honour-based abuse. Evidence presented to the Panel highlighted that VAWG is both a cause and consequence of gender inequality and is rooted in wider social, cultural and structural factors, including misogyny, harmful gender norms and socioeconomic inequality.

National Context

12. At a national level, the scale of Violence Against Women and Girls remains substantial. National evidence highlights the significant human impact of VAWG. Data referenced in the Government's national VAWG strategy indicates that one in eight women in England and Wales experienced domestic abuse, sexual assault or stalking in the year ending March 2025. In the year ending June 2025, almost 200 rapes were recorded by the police each day, noting that sexual offences are widely under-reported. National data also indicates that more than 150 women are killed each year in England and Wales as a result of violence.

13. In the year ending March 2024 the national crime survey estimated 2.3 million adults experienced domestic abuse, of whom 1.6 million were women. In the same period, 851,062 domestic-abuse-related crimes were recorded by police, accounting for 15.8% of all recorded crime. Survey data indicates that approximately one in twenty people experienced domestic abuse in the previous year, with women significantly more likely to experience repeated, prolonged and severe abuse, including sexual violence and coercive control.

14. The Panel also noted the wider impact on children. National estimates suggest that around 20% of children have lived with an adult perpetrating domestic abuse, reinforcing the view that VAWG should be understood as a whole-family and intergenerational issue, rather than an isolated criminal justice matter. The Youth Justice Board (YJB) published an Evidence and Insights Pack detailing a 47% rise in proven sexual offenses by children. The board attributes this surge not only to shifting behaviors but also to improved reporting, better police detection, and algorithmic exposure to online misogyny.

15. In relation to other forms of VAWG, national police data recorded 2,905 offences relating to so-called honour-based abuse, 84 female genital mutilation (FGM) offences, and 172 forced marriage offences in the year ending March 2024. While numerically smaller than domestic abuse, Members acknowledged that such crimes are significantly

under-reported and often associated with heightened barriers to disclosure, help-seeking and access to support.

Cleveland Position

16. Evidence presented to the Panel demonstrated that the Cleveland Police force area experiences significantly higher levels of VAWG-related crime than national averages. In total, 20,355 domestic-abuse-related incidents and crimes were recorded in Cleveland, the highest number of any police force area in the country. Despite this scale of demand, only 9% of recorded domestic abuse crimes resulted in a charge or summons, with 62% of cases closed due to evidential difficulties where the victim did not support further action.

17. Members were particularly concerned by data relating to repeat victimisation. 41% of cases discussed at Multi-Agency Risk Assessment Conferences (MARACs) were repeat cases, placing Cleveland as the fourth highest force area in England for repeat domestic abuse. This was viewed as indicative of ongoing risk, complex victim needs and limitations within the criminal justice system's ability to provide sustained protection.

18. Cleveland also records lower arrest rates per 100 domestic abuse crimes (37 arrests) compared with the national average (44 arrests), reinforcing concerns about enforcement, perpetrator accountability and victim confidence in the justice process.

19. Sexual violence data further highlighted regional pressures. Cleveland has the highest rate of sexual offences per 1,000 population of all North East police forces. In 2024/25, Cleveland Police recorded 8,689 stalking and harassment offences, of which 42% were domestic-abuse-related, again the highest proportion nationally.

Middlesbrough Position

20. Local data indicates that Middlesbrough experiences particularly acute levels of VAWG when compared with both regional and statistical peers. The rate of sexual offences in Middlesbrough was 5.3 per 1,000 population, compared with a North East local authority average of 3.9 per 1,000, and 4.2 per 1,000 among authorities within the same deprivation decile. This reinforces concerns that VAWG in Middlesbrough is not only high, but significantly exceeds levels expected even when deprivation is taken into account.

21. Local service data for 2024 further illustrates the scale and complexity of demand:
    - 417 MARAC referrals, of which 137 were repeat cases
    - 1,127 children identified as known to services and at risk due to domestic abuse
    - 3,177 referrals to specialist domestic abuse services via My Sister's Place, resulting in 3,290 episodes of IDVA support
    - 350 referrals for safe accommodation, with 625 women and children supported
    - 609 referrals to sexual violence counselling services

22. Members noted the high prevalence of additional vulnerabilities among survivors accessing services, including mental health needs, homelessness and suicide risk, reinforcing the interconnected nature of VAWG with wider health and social inequalities.

23. While recorded police incidents of forced marriage and FGM within Middlesbrough were reported as zero in the latest period, Members recognised that this is unlikely to reflect true prevalence and may instead indicate barriers to reporting, particularly among minoritised and migrant communities.

Trends and Emerging Issues

24. Trend data presented by the Office of the Police and Crime Commissioner indicated that, while overall recorded VAWG offences decreased by 8.16% in the 12 months to September 2025, the overall picture remains mixed. Domestic-abuse-related VAWG offences fell by 4.47%, while sexual-violence-related offences increased by 16.22%, indicating a change in the pattern and composition of recorded harm rather than an overall reduction in risk.

25. The Panel also heard that applications under the Domestic Violence Disclosure Scheme (Clare's Law) increased by 12%, reflecting growing public awareness and demand for preventative safeguarding measures.

Perpetration and Age Profile

26. National evidence indicates that harmful and abusive behaviours can begin at a relatively young age. Data referenced in the Government's national Violence Against Women and Girls strategy indicates that 39% of 13- to 17-year-olds who have been in a relationship in the past year experienced emotional or physical abuse. Members recognised that such experiences highlight the early emergence of unhealthy and abusive relationship dynamics, which can shape attitudes and behaviours in later life if left unchallenged.

27. Analysis of the Office for National Statistics (ONS) Crime Survey for England and Wales, published within the *Nature of Crime: Violence* dataset, shows that young people and young adults account for a significant proportion of domestic abuse perpetrators.

28. According to ONS Table 8f (Offender characteristics in incidents of domestic violence), individuals aged under 25 have consistently represented around a quarter to one third of identified domestic abuse perpetrators in recent survey years. In the latest available data (year ending March 2024), people aged under 25 accounted for over one third of perpetrators in domestic abuse incidents where the victim was able to identify the offender's age. Within this, children under the age of 16 were identified as perpetrators in a small but notable proportion of incidents, fluctuating year-on-year but reaching around one fifth of cases in the most recent survey period.

29. The ONS advises that these figures should be interpreted with caution due to sample size variability. However, the data provides important contextual evidence that domestic abuse is not confined to adulthood, and that abusive and controlling behaviours can emerge during adolescence and early adulthood. The presence of under-16 perpetrators includes a range of scenarios, such as abusive behaviour within young intimate relationships and abuse occurring within wider family or household contexts.

30. While this data is national rather than local, it reinforces the case for early intervention, education and healthy-relationships work, particularly with young people and young men, to prevent harmful behaviours becoming entrenched and escalating into the high-risk domestic abuse cases seen later in life.

Underlying Causes and Contributing Factors

31. Throughout the evidence, Members consistently heard that violence against women and girls cannot be understood solely through crime data. Presentations emphasised the role of misogyny, sexism and harmful gender norms in creating a climate in which abuse is tolerated or minimised. Individual acts of sexism were described as contributing to wider cultures of intimidation and fear, which in turn normalise violence against women and girls.

32. Economic hardship, housing insecurity and deprivation were identified as key contextual factors in Middlesbrough, increasing vulnerability and limiting survivors' ability to escape abuse. Members also noted emerging challenges, including online abuse, younger

people experiencing or perpetrating intimate partner abuse, and low engagement with perpetrator programmes, which were viewed as critical barriers to long-term prevention.

33. Evidence to the Panel also highlighted the importance of challenging common myths about violence and sexual offending, including misconceptions about the identity of perpetrators. Such myths were identified as minimising abuse, discouraging reporting and undermining effective prevention and education.

34. Members recognised that these influences, combined with wider societal pressures, highlight the importance of early, preventative work to promote healthy relationships, challenge harmful attitudes and support long-term cultural change.

35. The Panel concluded that violence against women and girls in Middlesbrough is widespread, persistent and deeply rooted in wider social and cultural inequalities. While enforcement and victim support remain essential, the evidence demonstrates that long-term reduction in harm cannot be achieved through criminal justice responses alone.

36. Members agreed that tackling violence against women and girls requires a sustained focus on prevention, education and cultural change, beginning early in the life course and addressing the attitudes, behaviours and social norms that enable abuse to occur. This includes challenging misogyny, harmful gender norms and myths that normalise or minimise violence, as well as promoting healthy, respectful relationships for children and young people.

37. The Panel emphasised that preventing violence against women and girls is everyone's business and requires a whole-Council and whole-system approach. Members recognised the Council's role as a civic leader, with influence beyond direct service delivery, including through education, workforce culture, partnerships, commissioning and visible leadership within communities.

38. Members concluded that the Council is well placed to strengthen its strategic response by improving coordination across departments, working collaboratively with partners, and embedding prevention and culture change consistently across the organisation. Clear leadership, shared ownership and joined-up working were identified as critical to ensuring that efforts to prevent violence against women and girls are effective, sustainable and aligned with national priorities.

Term of Reference B – To examine current approaches to prevention and early intervention, including work with young people, education settings, and community-based initiatives aimed at addressing attitudes, behaviours, and cultural norms linked to VAWG.

Prevention and Early Intervention

39. Evidence presented to the Panel emphasised that prevention and early intervention are critical to reducing Violence Against Women and Girls (VAWG) in the longer term. Members consistently heard that effective prevention requires early action to challenge harmful attitudes, behaviours and social norms before abuse becomes normalised or escalates into high-risk situations.

40. The Panel recognised that prevention activity relating to VAWG takes place across a range of settings, including education, community services and partnership-led initiatives, and involves both universal and targeted approaches. Members also

acknowledged that increased awareness and education may lead to higher levels of disclosure and reporting in the short term, which should be understood as a positive indicator of improved understanding and confidence to seek support, rather than an increase in prevalence.

Education-Based Prevention and Healthy Relationships

41. Evidence provided to the Panel confirmed that Middlesbrough Council currently fund a domestic abuse specialist service to deliver education-based prevention activity is delivered within schools and colleges in Middlesbrough, focusing on promoting healthy relationships, consent, respect and equality, and challenging harmful gender norms linked to VAWG.

42. At the time of reporting, preventative education sessions had been delivered in 29 of 49 primary schools, reaching 3,605 pupils, and in 6 of the 8 secondary schools approached, reaching 2,173 pupils. This evidence demonstrates that prevention activity is taking place across a significant proportion of education settings, while also highlighting variation in engagement and coverage.

43. Members were advised that responsibility for curriculum delivery sits with individual schools and academy trusts. The Council's role was therefore described as one of support, partnership working and safeguarding influence, rather than direct control over curriculum content. Members recognised that while many schools are receptive to this work, curriculum pressures and competing demands can limit the capacity for consistent delivery.

44. Members emphasised that education-based prevention activity must be inclusive of girls and young women as well as boys and young men. While engaging men and boys was recognised as critical to preventing perpetration and challenging harmful attitudes, the Panel agreed that girls and young women also require education to support healthy relationships, recognise abusive behaviours, build confidence to challenge harm and understand where to access support.

Early Help, Safeguarding and Work with Young Men and Boys

45. Evidence provided by Children's Services highlighted the role of safeguarding and Early Help pathways in identifying and responding to concerns relating to VAWG involving children and young people. Members were advised that schools and partner agencies refer concerns into the Multi-Agency Children's Hub (MACH), where referrals are screened to determine whether statutory thresholds are met.

46. Where thresholds are met, families are allocated for a Children's Social Care assessment. Where thresholds are not met but complex needs are identified, families are allocated to the Stronger Families service. Members heard that Stronger Families casework is relationship-based and multi-agency, and that where concerns relating to VAWG emerge among boys and young men, staff work collaboratively with specialist services, including My Sister's Place and ARCH, while maintaining oversight through Stronger Families.

47. Children's Services also advised that Stronger Families undertake educative work with families and young people alongside referrals to specialist provision where appropriate. Barnardo's was identified as offering a service that Stronger Families can refer into, with funding typically supported through primary care.

Planned Work and Emerging Practice

48. Children's Services highlighted emerging evidence linking unresolved parental conflict and strained family relationships to the development of child-to-parent aggression (CPA)

and other harmful behaviours, including those associated with VAWG. Members heard that CPA remains under-recognised and can sit across the boundaries of parenting support, adolescent behaviour, mental health and safeguarding.

49. Members were advised that Stronger Families has secured Department for Work and Pensions funding to commission Amity to develop a programme building on existing Reducing Parental Conflict (RPC) investment. The programme aims to:
    - strengthen workforce understanding of child-to-parent aggression within family relationships;
    - improve confidence in recognising and responding to these dynamics;
    - support more consistent and effective responses across services; and
    - develop sustainable, long-term workforce capability.

50. The Panel recognised that this planned work aligns with prevention and early-intervention principles by addressing harmful behaviours before escalation and supporting coordinated responses across the system.

Engagement with Schools and Safeguarding Leads

51. Children's Services confirmed ongoing engagement with schools through Designated Safeguarding Lead (DSL) network meetings, which are used to promote awareness of VAWG, including White Ribbon, and to understand emerging themes identified by schools.

52. Members heard that this engagement also provides an opportunity to explore what support schools require in relation to prevention activity, including whether schools would benefit more from access to specialist providers for one-off healthy-relationships sessions, or from teacher training to embed good practice more consistently within Relationships, Sex and Health Education.

53. Members were advised that all schools and voluntary and community sector organisations were offered RPC training and awareness sessions, with 41 voluntary and community sector services and 17 schools participating. Moving forward, the proposed child-to-parent aggression programme will also be offered to schools, voluntary and community sector partners and the Children's Services workforce.

National Curriculum Changes and Readiness

54. Statutory changes to the Relationships, Sex, and Health Education (RSHE) curriculum are to take effect from September 2026. The updated framework places significant emphasis on safeguarding, challenging misogyny, online safety, and the prevention of Violence Against Women and Girls (VAWG).

55. The National VAWG Strategy identifies education at the core of the government's cross-departmental strategy to prevent abuse before it starts. Backed by curriculum funding, teachers will receive training to confidently address sensitive issues like consent, coercion, and gender stereotyping and will be supported in integrating respect, empathy, and positive relationship teachings across all aspects of school life. Schools will be legally required to update their RSHE curriculum and written policies in line with the new requirements.

56. Members noted that Children's Services will continue to use school network meetings to monitor emerging issues relating to VAWG and to understand the impact of curriculum changes as they are implemented.

Strategic Role of Children's Services and Public Health

57. Through evidence provided by Children's Services, Members became aware of the role of the Healthy Child Programme for young people aged 11–19 as part of the local approach to supporting prevention, early intervention and health and wellbeing for adolescents, with extended provision up to age 25 for young people with special educational needs and disabilities and care leavers.

58. Members noted that responsibility for delivery of the Healthy Child Programme sits with Public Health South Tees, with Children's Services contributing to and aligning with this offer where prevention and early-intervention activity intersects with safeguarding, Early Help and family support pathways.

59. Following a review in 2024, Members were advised that the programme is expected to move towards a bespoke, skills-based, non-clinical model to better address emerging health and wellbeing needs, including emotional health and relationships advice, delivered through universal and targeted interventions across youth settings. While the Panel recognised that a range of relevant activity is underway across Public Health, Children's Services and partners, Members noted that there is currently limited strategic oversight bringing this activity together within a single, coordinated Violence Against Women and Girls prevention framework.

60. Members were advised that, once finalised, the revised Healthy Child Programme will be incorporated within the Family Help Strategy and Action Plan, which may provide an opportunity to strengthen alignment between Public Health, Children's Services and wider partnership activity in support of prevention and early intervention.

Term of Reference C – To consider the Council's strategic response to VAWG, including alignment with national policy, and to explore opportunities to strengthen leadership, coordination, and long-term cultural change (including initiatives such as White Ribbon accreditation).

National Policy Context

61. Tackling Violence Against Women and Girls (VAWG) is a stated priority of the UK Government. In December 2025, the Government published *Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls*, which sets out the national approach to preventing and responding to VAWG.

62. The national strategy sets out the Government's ambition to halve violence against women and girls within a decade, recognising that this can only be achieved through sustained prevention, early intervention and long-term cultural change, alongside criminal justice responses.

63. The national strategy is organised around four key strands:
    - prioritising prevention, including education on respectful and healthy relationships
    - supporting victims, through improved access to specialist services
    - pursuing perpetrators, strengthening criminal justice responses and accountability
    - strengthening systems, ensuring agencies work together effectively

64. The Panel noted that Pillar 1 of the national strategy, "Prevention and Early Intervention", places a clear emphasis on stopping violence and abuse before it starts, including breaking intergenerational cycles of abuse, protecting children and young people, disrupting harmful attitudes and preventing the escalation of abusive behaviours. Members recognised that this focus closely aligns with the Panel's own emphasis on

education, early intervention and long-term cultural change as the most effective means of reducing violence against women and girls.

65. A central emphasis of the strategy is that long-term reduction in VAWG cannot be achieved through criminal justice responses alone. Instead, it requires sustained cultural and behavioural change, early intervention and prevention, particularly among children and young people. The Government has also highlighted the importance of engaging men and boys in addressing VAWG, recognising that challenging misogyny, harmful gender norms and sexism is critical to preventing violence before it occurs.

66. The Panel recognised that the national strategy's cross-government approach implies an expectation of equivalent cross-Council leadership at local level, with Violence Against Women and Girls treated as a shared strategic priority rather than the responsibility of a single service or partnership.

Local Strategic Context and Existing Arrangements

67. The Panel recognised that Middlesbrough Council has a well-established Domestic Abuse Strategy (2025–2028), which provides a strong statutory foundation for protecting victims-survivors, commissioning specialist services and meeting duties under the Domestic Abuse Act 2021. Members noted the breadth of activity delivered through the Domestic Abuse Strategic Partnership, including prevention activity, workforce training, safeguarding arrangements and alignment with the Tees-wide Tackling Perpetration Strategy.

68. The Panel also noted that a number of other local authorities have developed dedicated Violence Against Women and Girls strategies or prevention frameworks to complement statutory domestic abuse arrangements, particularly to strengthen leadership on prevention, culture change and system coordination. Examples include authorities such as Bristol City Council, Nottingham City Council, Lewisham Council and Camden Council, which have adopted VAWG-specific approaches alongside domestic abuse strategies. Members recognised that these examples demonstrate how a clearer focus on prevention and cultural change can be embedded within local governance arrangements.

69. However, the Panel identified that the statutory focus of the Domestic Abuse Strategy does not fully encompass the wider Violence Against Women and Girls agenda, particularly in relation to sexual violence, misogyny, online harms, education-based prevention, workforce culture and broader societal attitudes. Members therefore concluded that a dedicated VAWG Prevention Framework would complement existing domestic abuse arrangements by providing clearer strategic oversight of prevention, cultural change and partnership coordination across the wider system.

70. The Panel further agreed that such a framework would require corporate ownership, reflecting the cross-cutting nature of VAWG, and should be led through the Council with clear alignment across children's services, adult services, public health, community safety and wider partners, rather than being located within a single service area.

White Ribbon and Organisational Culture Change

71. The Panel considered the role of White Ribbon as a mechanism for supporting long-term cultural change and engaging men and boys in the prevention of Violence Against Women and Girls. White Ribbon is an international campaign focused on preventing male violence against women by encouraging individuals and organisations to challenge harmful attitudes, behaviours and social norms that underpin abuse.

72. White Ribbon accreditation for organisations requires a clear commitment to:

- senior leadership ownership
- a time-limited action plan
- workforce engagement and awareness
- measurable objectives to support sustained culture change

73. Members noted that Middlesbrough Council had previously held White Ribbon accreditation, which had lapsed due to capacity constraints. The Panel recognised that renewed accreditation would provide an opportunity to embed prevention and equality principles more systematically across the organisation, supported by clearer governance and accountability.

74. The Panel was provided with information on how other local authorities and statutory partners are using White Ribbon to demonstrate organisational leadership on VAWG. Members noted that, at the time of the review, 45 local authorities nationally held White Ribbon accreditation, with no councils in Teesside or the wider North East currently accredited.

75. In addition, Members were advised of a recent report to the Cleveland Fire Authority, which demonstrated how alignment with White Ribbon can support visible leadership, workforce culture change and accountability. The Panel agreed that these examples provide a useful benchmark for strengthening a coordinated local response.

76. Members also noted local precedent for engaging high-profile role models, including sports figures, to promote White Ribbon messages, recognising the value of visible leadership in reinforcing cultural change.

Workforce Capability and Organisational Leadership

77. The Panel also considered the role of the Council's workforce in supporting the prevention of and response to Violence Against Women and Girls. Members discussed the importance of mandatory training for professionals across both children's and adults' services, noting that staff in a wide range of roles may encounter individuals affected by VAWG, even where this is not their primary function.

78. The Panel recognised that consistent training and awareness across the organisation is a key element of strategic leadership, helping to ensure shared understanding, early identification of risk and trauma-informed responses. Members agreed that workforce capability should be viewed as part of the Council's wider organisational commitment to tackling VAWG, rather than solely as a matter for specialist teams.

Partnership Working, Data and System Coordination

79. The Panel heard evidence regarding the availability and use of data to support strategic oversight of Violence Against Women and Girls. Members were advised that a dedicated analyst was now in post within the Council and was supporting work on domestic abuse data and insight. However, it was noted that access to relevant partner data, including from Cleveland Police, was not yet fully in place. Members agreed that improved data-sharing arrangements would support a stronger understanding of local trends, demand and outcomes, and enable more effective prevention, planning and performance oversight.

80. The Panel also considered the role of commissioning in supporting a coordinated response to Violence Against Women and Girls. Members noted that commissioning decisions relating to victim support, prevention and early-intervention activity are currently taken across multiple organisations, including the Council, the Police, the Office of the Police and Crime Commissioner and health partners. Evidence presented to the

Panel highlighted that this has resulted in a complex commissioning landscape, with different funding streams, priorities and timescales operating alongside one another.

81. Members agreed that stronger alignment of commissioning activity, informed by shared data and a common understanding of need and outcomes, would support more effective prevention and reduce fragmentation across the system. The Panel recognised that a joint approach to commissioning would be consistent with the duty to collaborate set out in the Victims and Prisoners Act 2024, and could strengthen strategic oversight, coordination and accountability in responding to Violence Against Women and Girls.

82. The Panel considered the Council's wider role in working with partners to address Violence Against Women and Girls, including the Office of the Police and Crime Commissioner, Cleveland Police and the wider criminal justice system. Members heard evidence of partnership working through arrangements such as the Local Criminal Justice Board and the Tees-wide Tackling Domestic Abuse Perpetration Strategy.

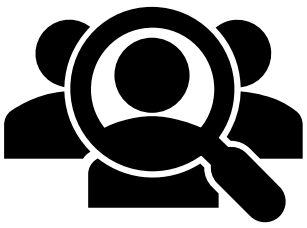
83. While Members welcomed this partnership activity, the Panel identified ongoing challenges in relation to coordination, data-sharing and alignment of priorities across agencies. Members agreed that clearer strategic oversight at a local level would support more effective partnership working and ensure that prevention, victim support, perpetrator accountability and cultural change are addressed as part of a single, coherent system.

Strategic Gaps and System Impact

84. Across the evidence, the Panel identified a number of strategic gaps that limit the effectiveness of the current response to VAWG. These included limited clarity of ownership for prevention activity within Children's Services, variable influence over education settings, gaps in data relating to prevention and early intervention, and the absence of a single strategic overview bringing together activity across the system.

85. Members also noted the wider system impact of prevention activity, including increased referrals into safeguarding and support services as awareness improves. The Panel emphasised that such increases should be anticipated and planned for as part of a preventative approach, rather than viewed as a failure of intervention. Ongoing demand pressures and funding constraints were recognised as significant risks to sustainability, reinforcing the need for strong leadership, coordination and long-term planning

CONCLUSIONS



86. Based on the evidence provided throughout the investigation, the Adult Social Care and Health Scrutiny Panel concluded that:

- Violence Against Women and Girls remains widespread in Middlesbrough, with levels of domestic abuse, sexual violence and repeat victimisation significantly higher than regional and national averages.

- The impact of VAWG extends beyond individual victims to children, families and communities, reinforcing the need for whole-system responses.

- Harmful attitudes and behaviours can emerge during adolescence and early adulthood, strengthening the case for early intervention, education and work with young people and young men.

- Middlesbrough benefits from a strong statutory Domestic Abuse Strategy; however, this does not fully address the wider VAWG agenda, particularly in relation to prevention, culture change and societal attitudes.

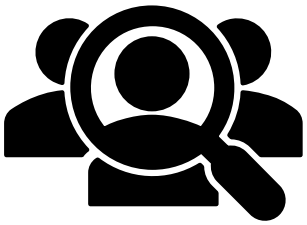
- A range of prevention and early-intervention activity is underway, but coverage and consistency are uneven, particularly across education settings.

- Stronger strategic leadership, clearer coordination and corporate ownership are required to embed prevention and cultural change across the local system.

- Workforce capability and organisational culture are critical to effective prevention and early identification of abuse.

- Initiatives such as White Ribbon provide a valuable mechanism to support long-term culture change if underpinned by clear governance and accountability.

RECOMMENDATIONS



87. The Adult Social Care and Health Scrutiny Panel recommends to the Executive:

A. That the Council develops and agrees a Middlesbrough Violence Against Women and Girls (VAWG) Prevention Framework, by March 2027, informed by the Government's national Violence Against Women and Girls Strategy and complementing the Council's Domestic Abuse Strategy. The Framework should set out existing prevention and early intervention activity, identify gaps, and clearly define partnership roles and responsibilities.

B. That a cross-directorate steering group is established to provide oversight of Violence Against Women and Girls (VAWG) prevention activity, ensuring strategic leadership, coordination and accountability across services and partner organisations, including alignment with the proposed 11–19 Health and Wellbeing Service. A progress update should be provided to the Panel in 6 months time.

C. That the Council demonstrates organisational leadership in tackling Violence Against Women and Girls by implementing mandatory online training for all Council employees by December 2026, aimed at improving awareness of VAWG, helping staff to recognise signs of abuse affecting service users or colleagues, and ensuring staff understand how to respond appropriately and access support pathways.

D. That the Council works with key partners, including the Police, Office of the Police and Crime Commissioner and the Integrated Care Board, to establish a joint commissioning approach for Violence Against Women and Girls, ensuring that commissioning decisions are informed by shared data, evidence of need and agreed outcomes. An update should be provided to the Panel within 12 months.

E. That the Council progresses White Ribbon accreditation, supported by a time-limited action plan with clear objectives, milestones and performance measures, enabling progress to be monitored and reported to Members.

F. That, as part of progressing White Ribbon accreditation, the Council explores opportunities to engage visible local ambassadors and role models, including civic leaders, sports figures and community representatives, to support awareness-raising in the community and reinforce positive messages around respect, equality and the prevention of Violence Against Women and Girls. An update should be provided to the Panel in 6 months' time.

G. That, in advance of the revised statutory Relationships, Sex and Health Education (RSHE) guidance, the Council works with schools and education partners to better understand existing VAWG prevention activity, identify gaps in provision and explore opportunities to strengthen consistent delivery of healthy relationships and

prevention education across Middlesbrough. An update should be provided to the Panel in 6 month's time

ACKNOWLEDGEMENTS

88. The Adult Social Care and Health Scrutiny Panel would like to thank the following for their assistance with its work:

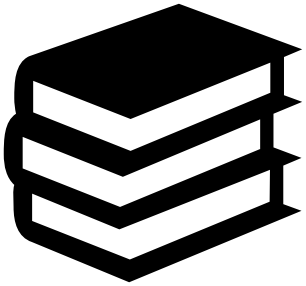
- Annabel Bates, Corporate Director of Children's Services
- Caroline Cannon, Interim Director of Education, Middlesbrough Council
- Louise Grabham, Corporate Director of Adult Social Care and Health
- Claire Moore, Domestic Abuse Strategic Lead, Middlesbrough Council
- Lucy Price, Domestic Abuse Coordinator, Middlesbrough Council
- Tracey Brittain, Partnership and Delivery Manager, Office of the Police and Crime Commissioner for Cleveland

ACRONYMS

89. A-Z listing of common acronyms used in the report:

- ASC Adult Social Care
- CPA Child-to-Parent Aggression
- CSEW Crime Survey for England and Wales
- DSL Designated Safeguarding Lead
- DWP Department for Work and Pensions
- FGM Female Genital Mutilation
- IDVA Independent Domestic Violence Advocate
- ICB Integrated Care Board
- MACH Multi-Agency Children's Hub
- MARAC Multi-Agency Risk Assessment Conference
- ONS Office for National Statistics
- OPCC Office of the Police and Crime Commissioner
- PCC Police and Crime Commissioner
- RPC Reducing Parental Conflict
- RSHE Relationships, Sex and Health Education
- VAWG Violence Against Women and Girls

BACKGROUND PAPERS



90. The following sources were consulted or referred to in preparing this report:

- Cleveland Fire Authority, report on responding to the national Violence Against Women and Girls strategy and White Ribbon commitment
- Cleveland Police – recorded crime and performance data
- Department for Education, Relationships, Sex and Health Education (RSHE) statutory guidance (updated 2026)
- Domestic Abuse Act 2021
- Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls (December 2025), UK Government
- Healthy Child Programme (11–19), NHS / Public Health England
- Home Office, Domestic Violence Disclosure Scheme (Clare's Law)
- Middlesbrough Council (2025–2028), Middlesbrough Preventing Domestic Abuse Strategy
- Middlesbrough Council, Family Help Strategy and Action Plan
- My Sister's Place – service data and evidence submitted to the Panel
- Office for National Statistics (ONS), Crime Survey for England and Wales (CSEW) https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimesurveyforenglandandwalescsewtableindex
- Office for National Statistics (ONS), Nature of Crime Tables: Violence (including offender age profile) https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/natureofcrimetableviolence
- Office of the Police and Crime Commissioner for Cleveland – data, reports and presentations provided to the Panel
- Tees-wide Tackling Domestic Abuse Perpetration Strategy (2025–2035)
- Victims and Prisoners Act 2024
- White Ribbon UK – Local Authority Accreditation Framework https://www.whiteribbon.org.uk
- Adult Social Care and Health Scrutiny Panel – reports/presentations to, and minutes of, meetings held during the review period January 2026 – April 2026

This page is intentionally left blank