

Tameside Gender-Based Violence Needs Assessment 2026

Understanding Need |
Strengthening Systems |
Shaping a Coordinated
Community Response

Prepared for Tameside Metropolitan Borough Council
and strategic partners by Standing Together Against
Domestic Abuse

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Acronyms and Abbreviations

ADVISE - Assessing Domestic Violence and Abuse in Sexual Health Environments	IRISi - Identification and Referral to Improve Safety
CCR - Coordinated Community Response	ISVA - Independent Sexual Violence Advisor
CHIDVA - Children's Independent Domestic Violence Advisor	JSNA - Joint Strategic Needs Assessment
CQC - Care Quality Commission	JTAI - Joint Targeted Area Inspection
CSA / CSE - Child sexual abuse / child sexual exploitation	LDAP - Learning and Development Action Plan
CSP - Community Safety Partnership	MARAC - Multi-Agency Risk Assessment Conference
CYP - Children and young people	MASH - Multi-Agency Safeguarding Hub
DA - Domestic Abuse	MASIP - Multi-Agency Stalking Intervention Programme
DAPA/DAPO - Domestic Abuse Protection Notice / Domestic Abuse Protection Order	MATAC - Multi-Agency Tasking and Coordination
DHR/DARDR - Domestic Homicide Review / Domestic Abuse Related Death Review	MHCLG - Ministry of Housing, Communities and Local Government
DWP - Department for Work and Pensions	MRC - Manchester Rape Crisis
FGM - Female Genital Mutilation	NRM - National Referral Mechanism
GBV - Gender-Based Violence	ONS - Office for National Statistics
GBVSNA - Gender-Based Violence Strategic Needs Assessment	PTSD - post-traumatic stress disorder
GDPR - General Data Protection Regulation	RASSO - Rape and Serious Sexual Offences
GMCA - Greater Manchester Combined Authority	SARC - Sexual Assault Referral Centre
GMP - Greater Manchester Police	TLC - Talk Listen Change
HBA - Honour-Based Abuse	ToC - Theory of change
ICB - Integrated Care Board	VAWG - Violence Against Women and Girls
ICO - Information Commissioner's Office	VCSE - Voluntary, Community and Social Enterprise
IDVA - Independent Domestic Violence Advisor	WHA - Whole Housing Approach

Introduction

Tameside is creating its first comprehensive Gender-Based Violence (GBV) Needs Assessment amid significant national, regional, and local changes. This assessment complements Tameside's ongoing efforts in domestic abuse, serious violence, community safety, public health leadership and safeguarding improvements and signals a strategic move towards prevention, early intervention and addressing the root causes of gender-based harm such as harmful attitudes, gender inequality, trauma, social norms, economic insecurity, online harm and conditions that enable abuse to persist unnoticed.



The borough already has strong foundations in place, most of which have grown from domestic abuse activity. These strengths include the Bridges Partnership, the IRISi (Identification and Referral to Improve Safety interventions) programme across GP practices, Blind Side and other prevention work with young people, White Ribbon and Open Up campaigns, culturally specific engagement through Diversity Matters North West, the Trust Group, specialist behaviour change provision through Talk Listen Change, Caring Dads, Advance-D, Multi-Agency Tasking and Coordination (MATAC), Domestic Abuse Protection Order (DAPO) implementation, safe accommodation meetings, sanctuary and target hardening, a dedicated domestic abuse homelessness prevention role, and increasingly close working between Public Health, children's services, housing, community safety, health and the voluntary sector.

These all provide a strong platform for a GBV Strategy that builds from what is already working rather than starting again. Most of these assets have developed through dedicated domestic abuse work, which reflects the maturity of that part of the local system and the need to use those foundations to strengthen the wider GBV response.

The wider strategic context is also considered. The Government's Freedom from Violence and Abuse strategy sets a ten-year ambition to halve violence against women and girls (VAWG) through prevention, pursuit of perpetrators and support for victims and survivors. Greater Manchester's Gender-Based Violence Strategy and Delivery Plan provide the regional architecture within which Tameside operates, while the Greater Manchester Violence Reduction Unit Strategic Needs Assessment models a place-based, multi-agency and public-health approach to understanding violence.

Locally, Public Health leadership provides an important opportunity to align GBV with prevention, trauma, health inequalities, and serious violence work. This assessment serves as a foundational step in an ongoing, iterative strategy. It includes a strengthened safe accommodation and housing analysis and is accompanied by a standalone Part 4 safe accommodation supplement.

Some evidence areas, particularly borough-level sexual violence data, direct youth voice and wider GBV survivor voice, need continued development through Phase One. The report aims to establish a credible evidence base for Tameside's first GBV Strategy and to guide partners with a practical, constructive pathway through the Coordinated Community Response (CCR) framework outlined in Standing Together's in Search of Excellence.



Executive Summary

This Needs Assessment was commissioned to support Tameside's first borough-wide Gender-Based Violence Strategy. It expands the focus from solely domestic abuse to a broader view of GBV, while acknowledging that domestic abuse is still the most visible, well-developed, and extensively commissioned aspect of the local system.

The assessment draws on available local data, Bridges Partnership insights, community safety consultation results, practitioner surveys, survivor feedback, observations from MARAC and MATAC meetings, the Tameside Domestic Abuse Perpetrator Needs Assessment, public documents, as well as national and regional policy evidence.

The evidence indicates that Tameside has significant strengths and a clear plan. Although national funding trends favour crisis response, safe accommodations, Independent Domestic Violence Advisor (IDVA) capacity and visible perpetrator interventions, Tameside has actively invested in harm reduction and perpetrator intervention efforts. These include programmes such as Blind Side, White Ribbon, Open, VAWG communications, journalism student involvement, whole-school pilots, and the developing Tameside College campaign. Open has also been highlighted as good practice by ManKind and shared through its national network.

The IRISi programme has significantly improved GP referrals into domestic abuse support. All 33 GP practices are now trained, with 204 referrals received in 2025/26 compared with 168 in 2024/25, a 21% increase, and one GP referral in the two years before IRISi. The Bridges Partnership offers an integrated domestic abuse service, encompassing specialist advocacy, culturally tailored support, and behaviour change programmes for adults and younger people. Implementing the Safe and Together model marks a key development, providing an evidence-based approach to enhance children's safeguarding by analysing perpetrator patterns and supporting non-abusing parents.

The Community Safety Survey that was undertaken in September last year and shared with the consultancy team undertaking this assessment provides important context for GBV rather than direct prevalence data. Residents' feelings of safety vary significantly by place and time of day.

This evidence tells us that residents feel much safer in local areas during the day than in town centres or around public transport after dark. The survey methodology itself provides useful learning. Face-to-face, supported completion through community organisations, interpreters and trusted group settings produced richer engagement than digital-only methods.

This learning is relevant to future GBV engagement, particularly with communities that may not respond to online surveys.

The assessment identifies areas for development, while recognising that Greater Manchester Combined Authority (GMCA) dashboard and police data provide an initial guide for wider GBV demand beyond domestic abuse. The evidence base on sexual violence, stalking, exploitation, harmful practices, online harms, and public harassment is less mature than the evidence base on domestic abuse. St Mary's Sexual Assault Referral Centre data is not currently disaggregated by borough of residence and is not available within the assessment.

Manchester Rape Crisis, which provides a Greater Manchester-wide Independent Sexual Violence Advisor (ISVA) service, provided limited Tameside-specific information from one ISVA caseload and confirmed that borough-level recording has begun. Comments on the previous draft also confirmed that work between Manchester Rape Crisis and Bridges Partnership is underway to explore co-location opportunities and improve pathway visibility. These are positive and practical next steps.

Perpetrator accountability has moved on since the previous local perpetrator needs assessment. Tameside has commissioned adult and Children and Young People (CYP) interventions through Talk Listen Change, funded Caring Dads, introduced MATAAC, supported Project CARA (Cautioning and Relationship Abuse) and DAPO implementation, piloted Advance-D through substance misuse provision, delivered perpetrator-focused communications and training, and contributed to wider Greater Manchester perpetrator work.

The strategic task is to map what exists, clarify the pathway, improve practitioner confidence, connect the various parts of the offer, and ensure victim safety remains integrated with perpetrator work at every point.

Children and young people are central to the GBV Strategy. The Domestic Abuse Act 2021 recognises children as victims where they see, hear or experience the effects of domestic abuse. Tameside's Families First work, Safe and Together implementation, Multi-Agency Safeguarding Hub (MASH) domestic abuse senior practitioner role, Youth Justice audit, Blind Side programme, Children's IDVA (ChIDVA) provision and Talk Listen Change (TLC) work with young people using harm create a strong platform for a more coherent young people's GBV pathway.

The Children's Wellbeing and Schools Act 2026 and Families First Partnership Programme reinforce this direction through stronger multi-agency child protection, family help, information sharing, and education safeguarding expectations.

The assessment concludes that Tameside's GBV Strategy can be most effectively organised around a practical Coordinated Community Response (CCR) – an approach primarily designed as a response to domestic abuse but capable of adaptation to work for improved responses to all forms of gender-based violence and abuse.

The CCR needs to connect prevention, early identification, survivor support, children and young people, perpetrator accountability, housing, health and wellbeing, equity and inclusion, governance, data, and learning.

The strategy must also be iterative. A first GBV assessment cannot provide a definitive picture of every form of harm, but it can create a solid foundation for partners to deepen the evidence base, strengthen pathways, widen community voice, and build a system that listens, learns, and evolves.

1. Purpose, Scope, and Aim of this Needs Assessment

Standing Together is asked to produce a comprehensive **Gender-Based Violence Strategic Needs Assessment** (GBVSNA) for Tameside Council. The original proposal outlined the project plan for delivering a comprehensive Gender-Based Violence Strategic Needs Assessment for Tameside Council. The assessment will inform long-term strategic planning, commissioning priorities and partnership frameworks aligned with local and regional VAWG and safeguarding strategies. The report responds to the broad requirements outlined in Tameside Council's request for a GBVSNA, including the following activities:

- Map the prevalence, needs, and lived experience of GBV across Tameside using quantitative and qualitative data.
- Engage directly with survivors and communities, ensuring inclusive and trauma-informed methodologies.
- Analyse existing service provision, pathways, and multi-agency coordination, including a specific review of the Safe Accommodation offer in line with the Domestic Abuse Act 2021.
- Identify disparities in access and support, especially for racially minoritised, migrant, LGBTQ+, disabled and young people referencing any intersecting needs.
- Provide a detailed needs assessment report including actionable recommendations to shape the strategic response over 3-5 years.

This Needs Assessment report maps available evidence on gender-based violence across Tameside, draws together quantitative and qualitative data, incorporates survivor, community, practitioner and provider insight; reviews existing provision, pathways and multi-agency coordination, includes a strengthened safe accommodation and housing supplement and provides proposals to shape the strategic response over the next three to five years.

The assessment has also been informed by recognised GBV risk-analysis principles¹, including the importance of understanding barriers to accessing services, safety perceptions, contextual risk factors, and coping mechanisms. These principles are reflected throughout the report.

Barriers to access are considered through practitioner survey findings, survivor feedback, Bridges Partnership evidence, Manchester Rape Crisis and ADViSE engagement, housing and safe accommodation evidence, and MASH discussion. Safety perceptions are considered through the Community Safety Survey, particularly in relation to public space, town centres, transport, and safety after dark.

Contextual risk factors are considered through population, deprivation, housing, health, Adult Social Care, ethnicity, age, disability, children and young people, and Greater Manchester evidence. Coping mechanisms and related risks are considered through the analysis of homelessness, poverty, debt, substance use, mental health, survival sex, exploitation, and repeat crisis presentation.

“Our waiting list can be a barrier, as the type of therapy we'd offer for victims of GBV is lengthy.”

Practitioner Survey respondent

The assessment has used triangulation wherever possible, bringing together quantitative data, public datasets, practitioner insight, service intelligence, survivor and community feedback, police and dashboard information shared during the assessment, and national evidence. Current Greater Manchester Police (GMP) and GMCA dashboard data, including police and dashboard insights relating to domestic abuse, sexual offences, stalking, and harassment. The assessment did not have access to all current or emerging GMP datasets and some data was received after the final drafting stage. This means the report provides a credible first-generation evidence baseline rather than a complete operational data audit.

¹ Inter-Agency Standing Committee, Overview and Guidance on GBV Risk Analysis (2025) https://gbvguidelines.org/wp/wp-content/uploads/2025/02/Analysis_GBv-risk-analysis-overview-and-guidance.pdf accessed 12 August 2026

The available evidence varies across the GBV spectrum. Domestic abuse has the most comprehensive local data and service infrastructure, while data on sexual violence, stalking, exploitation, harmful practices, public harassment, technology-facilitated abuse, and some housing and safe accommodation issues need further development. Later sections identify key data development tasks for Phase One, such as establishing a shared GBV data plan through the Strategy governance, clarifying contributions from each partner, enhancing recording of referral sources, protected characteristics, outcomes, unmet needs, and disengagement; requesting borough-level reporting from St Mary's Sexual Assault Referral Centre (SARC) and Manchester Rape Crisis; improving safe accommodation and housing monitoring via the Part 4 supplement; and integrating data from GMP, GMCA, Bridges, MASH, MARAC, MATAC, health, housing, safeguarding, specialist services, and community intelligence, rather than keeping them separate. Engagement with women and girls, children and young people, minoritised communities, LGBTQ+ survivors, disabled survivors, older victims, male survivors, and those experiencing multiple disadvantages was limited due to resource, funding, timeframe, access, and engagement routes. These limitations are considered findings for the next phase of strategy development, rather than criticisms of the current process.

For the purposes of this Needs Assessment, gender-based violence describes violence, abuse, coercion, exploitation, and harm that is rooted in or shaped by gender inequality, power, entitlement, control, social norms, and discrimination. It includes violence against women and girls, while also recognising that men and boys can experience domestic abuse, sexual violence, stalking, and other forms of harm. A strong local GBV Strategy needs to hold the gendered reality of violence against women and girls, while ensuring that male victims, LGBTQ+ survivors, disabled survivors, older victims, young people, migrants, people with no recourse to public funds, and people whose experiences are shaped by intersecting inequalities can access safe, appropriate and credible support.

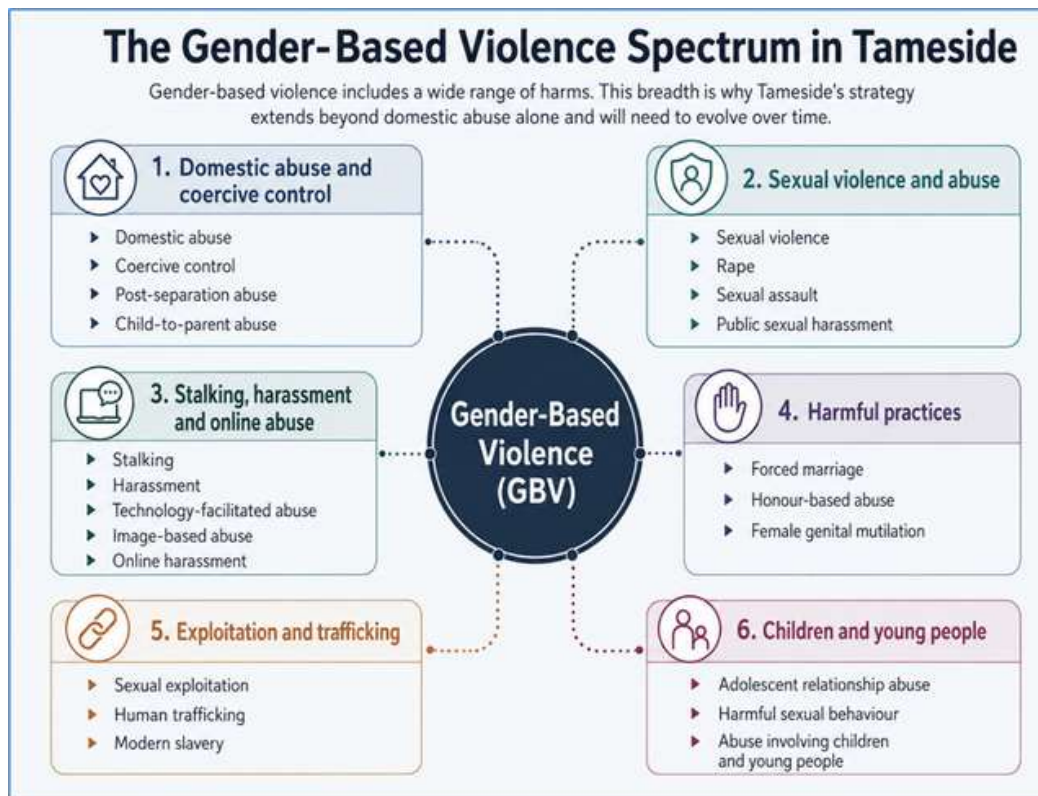


Figure 1: This diagram illustrates how the GBV spectrum encompasses different forms of violence and abuse in Tameside.

The strongest evidence in Tameside currently relates to domestic abuse, as this area benefits from well-developed local infrastructure, commissioning, data, and service pathways. This is a logical starting point for a first-generation GBV Needs Assessment. The strategic goal is to leverage the strengths of the domestic abuse framework to develop a more integrated whole-system response that covers the broader GBV spectrum, including sexual violence, stalking, harmful practices, exploitation, online harm, and harassment in public spaces.

In line with GBV risk-analysis guidance, the next phase of work would benefit from more structured qualitative engagement, including facilitated focus groups or listening exercises with women and girls, children and young people, survivors from underrepresented communities, frontline practitioners, and community organisations. This would help Tameside move from a first-generation evidence baseline to a more detailed understanding of risk, barriers, safety perceptions, service acceptability, and lived experience across the full GBV spectrum.

The safe accommodation requirement has been addressed in two ways. First - Section 12 of this report - provides a Part 4-aligned safe accommodation and housing analysis, drawing on the Domestic Abuse Act 2021, MHCLG statutory guidance, the 2025 MHCLG/Ipsos/ECORYS evaluation, Domestic Abuse Housing Alliance (DAHA) Whole Housing Approach guidance, Tameside housing and homelessness evidence, Bridges Partnership intelligence, survivor feedback and the wider GBV evidence base.

Secondly, a standalone safe accommodation and housing supplement has been produced so that Tameside can use it as an accompanying Part 4 evidence document and update it iteratively as further data becomes available to those leading delivery of local strategies.

This report brings together available prevalence indicators, Bridges Partnership data, police and dashboard insights, community safety consultation findings, practitioner survey responses, survivor feedback, existing needs assessments, development day material, public policy evidence, and national learning. It analyses the current response through a Coordinated Community Response lens, rather than treating the assessment simply as a service directory. The central question is how effectively the system prevents harm, identifies need, responds safely, shares information, supports recovery, holds people causing harm accountable and improves practice through reflective learning

Some parts of the evidence base are still developing. St Mary's Sexual Assault Referral Centre data disaggregated to Tameside borough of residence was not available within the project timeframe, although Manchester Rape Crisis has provided limited Tameside-specific information from one ISVA and has begun recording borough-level data. Direct youth voice within the assessment remains limited, although Tameside Voices, the BeeWell survey, Hive North, Blind Side, and the Tameside College campaign provide important sources to build from. These evidence issues have been translated into Phase One development tasks rather than treated as reasons to delay the Strategy.

An iterative needs assessment will be more effective for Tameside than waiting years between intensive static assessments. Gender-based violence changes quickly - online harms, public harassment, stalking tactics, housing pressures, demand for safe accommodation, local population needs, legal duties, Greater Manchester commissioning and survivor help-seeking routes will continue to shift. An iterative approach allows Tameside to publish a credible baseline now, act on the evidence already available, and refresh the evidence regularly through governance, survivor voice, data review, and pathway testing. This aligns with the Whole Housing Approach (WHA), which connects housing options across prevention, crisis, and recovery, and with the CCR, which depends on live coordination, learning, and adaptation rather than a single fixed document.

2. Political, Legal and Policy Context

The national policy environment for gender-based violence is changing quickly. The Government's Freedom from Violence and Abuse strategy requires local areas to hold together prevention, victim and survivor support, perpetrator pursuit, and system accountability. The national strategy also places a stronger emphasis on men and boys, online harms, public space safety, and earlier intervention, all of which correspond closely with the issues raised in Tameside's community, practitioner, and youth evidence.

Tameside's move from a domestic abuse strategy toward a broader GBV Strategy reflects a national shift toward understanding violence and abuse as a connected pattern of harm rooted in gender inequality, coercion, entitlement, trauma, social norms, and structural conditions. Domestic abuse remains central, but the strategy also needs to address sexual violence, stalking (non-domestic abuse related), harmful practices, exploitation, technology-facilitated abuse, public harassment, and adolescent relationship abuse.

2.1 The Government's Freedom from Violence and Abuse Strategy 2025

The cross-government strategy Freedom from Violence and Abuse provides the national policy framework for Tameside's GBV Strategy. Published by the Home Office in December 2025, it sets out the Government's ambition to halve violence against women and girls within a decade and frames VAWG as requiring a whole-of-society response across government, public services, communities, and wider society.

The strategy is built around three connected priorities: preventing violence and abuse by tackling its root causes, relentlessly pursuing perpetrators, and supporting victims and survivors. For Tameside, this national direction supports the borough's decision to develop a broader GBV Strategy rather than a domestic-abuse-only plan and reinforces the importance of Public Health leadership, prevention and early intervention, work with children and young people, safer public spaces, stronger perpetrator accountability, trauma-informed support and a Coordinated Community Response that connects local work with Greater Manchester and national priorities.

2.2 Domestic Abuse Act 2021

The Domestic Abuse Act 2021 remains one of the core legal foundations for this assessment, providing the statutory definition of domestic abuse, recognising coercive and controlling behaviour, strengthening legal protections, and, crucially for Tameside's strategy, confirming that children who see, hear or experience the effects of domestic abuse are victims in their own right.

This recognition changes the strategic task. A borough response cannot treat children only as witnesses or as contextual information within an adult victim's case. Children require their own pathways for safety, recovery, and prevention.

Part 4 of the Domestic Abuse Act 2021 imposes responsibilities on local authorities to support victims of domestic abuse in safe accommodation. Tameside already has robust services and coordination efforts in this area, including two refuges, 22 dispersed properties, sanctuary and target hardening measures, safe accommodation meetings, a domestic abuse homelessness prevention officer, co-located housing advice and specialist domestic abuse services, and a financial contribution to male refuge provision in Trafford. These are strong foundations, showing Tameside's commitment beyond just refuge provision.

The next step is to enhance the evidence base regarding how current options are used, who can access them, who is excluded, the outcomes achieved, and where demand is unmet or redirected. It is also important to understand delays in move-on processes and whether the current support satisfies diverse needs-such as those of men, larger families, survivors with teenage sons, disabled survivors, survivors with multiple needs, LGBTQ+ individuals, those with no recourse to public funds, and survivors wishing to remain at home safely. A Whole Housing Approach review would enable Tameside to evaluate the entire housing journey - covering sanctuary and staying safe at home, refuge, dispersed accommodation, out-of-area options, reciprocal arrangements within Greater Manchester and beyond, homelessness prevention, move-on options, social housing, private rentals, housing association practices, perpetrator housing, and long-term recovery.

Similarly, Part 4 of the Act emphasises local authorities' responsibilities for support in safe accommodation. Tameside's existing services, including safe accommodation meetings, sanctuary and target hardening, a homelessness prevention officer, and co-located housing advice and domestic abuse services, form a solid base. Still, evidence suggests a need for a comprehensive Whole Housing Approach review that considers enabling survivors to remain safe at home through schemes like Sanctuary to prevent homelessness, facilitating access to move-on accommodation, developing reciprocal arrangements across Greater Manchester and beyond, and

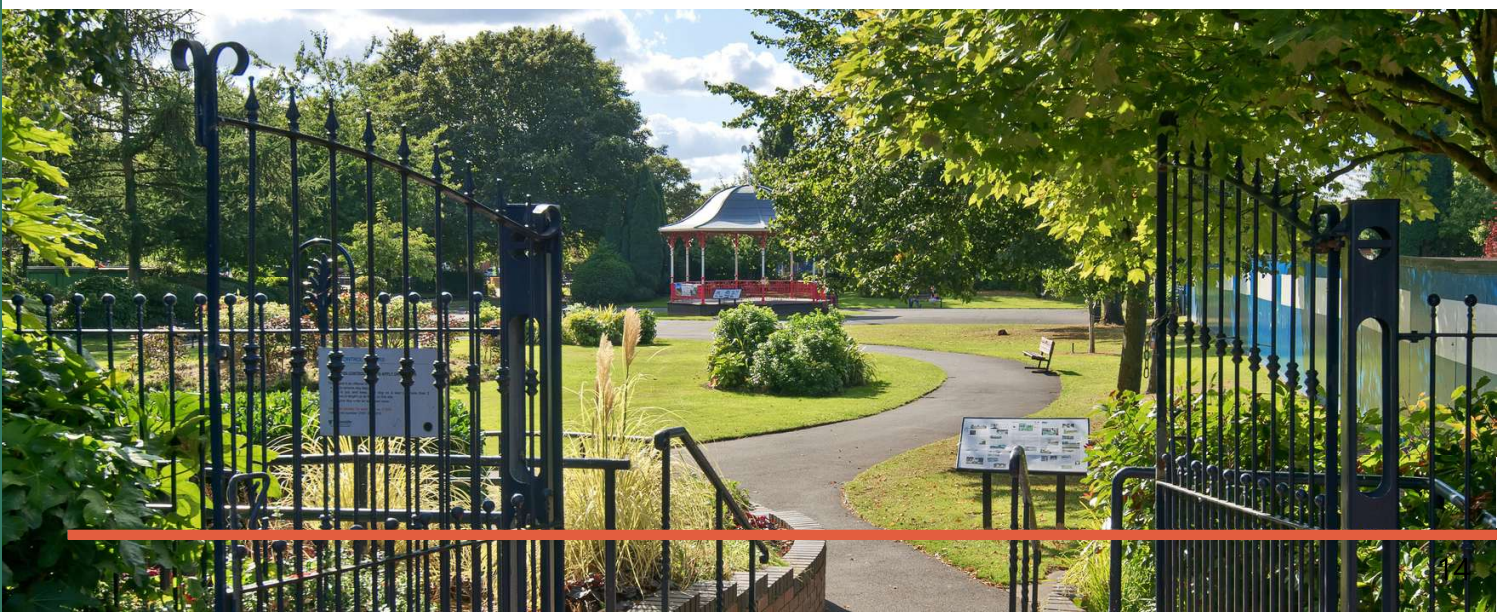
expanding dispersed accommodation by partnering with social landlords and private landlords. Additionally, exploring more options for perpetrator housing can help remove perpetrators from homes where survivors and children wish to remain, provided it is safe and affordable.

2.3 Protection from Sex-Based Harassment in Public Act 2023

The Protection from Sex-Based Harassment in Public Act 2023 strengthens the legal framework for responding to harassment in streets, parks, town centres, public transport, and other public spaces.

The Act came into force in England and Wales on 1 April 2026 and creates a new offence of intentionally causing harassment, alarm, or distress to a person in public because of their sex, or presumed sex, by inserting section 4B into the Public Order Act 1986. For Tameside, this provides an important legal lever for work on women's safety, public-space safety, the night-time economy, transport, community confidence, bystander awareness, and prevention. It also reinforces the need for local data, reporting mechanisms, police and community safety practices, communication, and environmental responses within the Coordinated Community Response. This ensures sex-based harassment is seen not as minor behaviour but as part of the broader spectrum of gender-based violence.

The Act is useful as a prevention tool. It provides a clear legal statement that behaviours often minimised as low-level, every day or unavoidable are unacceptable and criminal where the threshold is met. Tameside can use this in public communications, White Ribbon work, schools' prevention, night-time economy engagement, and staff training, while ensuring that enforcement practice is proportionate, evidence-led, and connected to survivor safety.



2.4 Sexual Offences Act 2003

The Sexual Offences Act 2003 is the core legal framework for sexual offences in England and Wales and is central to Tameside's GBV Strategy as it provides the statutory framework for rape, assault by penetration, sexual assault, causing a person to engage in sexual activity without consent, child sexual offences, abuse of position of trust, offences relating to sexual exploitation, and other forms of sexual harm. It also provides the legal definition of consent - a person consents only where they agree by choice and have the freedom and capacity to make that choice.

In Tameside, the Act applies not only to police and criminal justice responses but also to prevention, education, SARC and ISVA services, health responses, schools, colleges, safeguarding, work on harmful sexual behaviour, and support for children and young people. A local GBV Strategy must ensure practitioners see sexual violence as more than just a criminal justice issue, incorporating aspects like consent, coercion, capacity, exploitation, power, age, trauma, disclosure, evidence, recovery, and access to specialized support. This highlights the need for more comprehensive borough-level sexual violence data, stronger links with St Mary's SARC and ISVA services, and a local pathway allowing survivors to access health, advocacy, and recovery support regardless of police reporting.

2.5 Modern Slavery Act 2015

The Modern Slavery Act 2015 has relevance for Tameside's GBV Strategy because sexual exploitation, trafficking, forced labour, criminal exploitation, domestic servitude, and coercive control can overlap.

Modern slavery is not always recognised through a GBV lens, particularly where people are visible to services through homelessness, substance use, mental health, immigration issues, criminal exploitation, sex work, survival sex, safeguarding concerns, or police contact.

The Act created a statutory framework for offences of slavery, servitude, forced or compulsory labour, human trafficking and exploitation, and it sits alongside the National Referral Mechanism as the UK framework for identifying and supporting potential victims. For Tameside, the strategic relevance is twofold. First, women and girls experiencing sexual exploitation or trafficking need to be recognised within the wider GBV response, with safe routes into safeguarding, advocacy, health, housing, and recovery support.

Secondly, children and adults may be experiencing multiple forms of exploitation at the same time, including sexual, criminal, and labour exploitation. This means the GBV Strategy needs clear links with adult safeguarding, children's safeguarding, complex safeguarding, homelessness, community safety, police, health, substance use services, immigration advice and voluntary, Community and Social Enterprise (VCSE) partners. Local practitioners need confidence to recognise indicators, understand the National Referral Mechanism and Duty to Notify and avoid assuming that exploitation is absent simply because it is not visible in local GBV datasets.

2.6 Online Safety Act 2023

The Online Safety Act 2023 is directly relevant to Tameside's GBV Strategy because many forms of gender-based violence now occur through or are amplified by digital platforms. This includes online harassment, cyberflashing, stalking, image-based abuse, threats, coercive control through devices, impersonation, misogynistic abuse, grooming, child sexual abuse material, sexual exploitation, and algorithmically promoted content that normalises harmful attitudes toward women and girls.

The Act imposes duties on regulated online services to protect users from illegal content and children from harmful content, with Ofcom responsible for regulation and enforcement. For Tameside, the Act strengthens the strategic case for treating online abuse as part of the local GBV continuum rather than as a separate digital issue. This is particularly relevant to Tameside Voices and local youth evidence on misogyny, the manosphere, Snapchat, image-sharing, location sharing, and online coercion.

The Strategy needs to connect online safety with schools, colleges, youth services, parents and carers, police, safeguarding, sexual violence pathways, stalking responses, and public communications. It also reinforces the importance of digital safety skills across the workforce, so that practitioners understand how technology can be used to monitor, threaten, humiliate, isolate, exploit or continue abuse after separation.



2.7 Children's Wellbeing and Schools Act 2026 and Families First

The Children's Wellbeing and Schools Act 2026 and the Families First Partnership Programme are highly relevant to Tameside because they reinforce the shift toward stronger family help, multi-agency child protection arrangements, information sharing, and education safeguarding.

Families First gives local areas a route to strengthen early help and child protection through more integrated arrangements around families. It also places domestic abuse within a wider reform environment focused on earlier support, stronger multi-agency working and better outcomes for children.

For Tameside, this aligns positively with the introduction of Safe and Together, the MASH domestic abuse senior practitioner role, the Youth Justice audit, the work of the Trust Group member on the Families First oversight board, and closer links between Public Health and children's services. It means the GBV Strategy can support the improvement of children's services rather than adding a separate set of demands.

The strategy can help ensure that domestic abuse, coercive control, adolescent relationship abuse, exploitation, and harmful behaviour by young people are recognised within the emerging family help and multi-agency safeguarding architecture.

2.8 The Care Act 2014 and The Mental Capacity Act 2005

The Care Act 2014 is also directly relevant to Tameside's gender-based violence response, particularly where domestic abuse, sexual violence, coercive control, exploitation, or neglect intersect with disability, mental ill-health, substance use, older age, caring responsibilities, homelessness or other care and support needs. Adult Social Care is sometimes under-used in domestic abuse and wider GBV systems, yet the Act provides important routes into assessment, safeguarding, and multi-agency protection.

The learning from national safeguarding and death reviews often points to a lack of confidence around Sections 9, 11 and 42. Section 9 places a duty on the local authority to assess an adult where they may have needs for care and support - not dependent on a person already receiving services. Section 11 highlights that "refusing" assessment does not automatically prevent a referral, especially if the adult lacks capacity or if they are experiencing or at risk of abuse, such as coercive control or neglect. (DL v a LA 2012) Section 42 requires the local

authority to make, or cause to be made, whatever enquiries it considers necessary where it has reasonable cause to suspect that an adult has care and support needs, is experiencing or at risk of abuse or neglect, and is unable to protect themselves because of those needs. In practice, this means that safeguarding adults at risk is not the responsibility of Adult Social Care alone.

Any practitioner, agency, community member, family member, or member of the public can raise a safeguarding concern or request consideration of a Care Act assessment. For Tameside's GBV Strategy, this creates an opportunity to strengthen Adult Social Care as part of the Coordinated Community Response, ensuring that adults whose experiences of abuse are complicated by care, support, capacity, disability, dependence or isolation are not missed or treated solely through a criminal justice, housing or domestic abuse pathway.

The Mental Capacity Act 2005 is vital within a gender-based violence response, because practice can become confused where an adult makes decisions that professionals find difficult, risky, or hard to understand. The starting point is that a person must be assumed to have capacity unless it is established that they lack capacity for a specific decision at a specific time. A person must not be treated as lacking capacity simply because they decide that others regard as unwise. However, this does not mean that agencies have no further role where an adult remains at risk of abuse, coercion, exploitation, or control.

Capacity is decision-specific and can fluctuate, particularly where there is trauma, mental distress, substance use, cognitive impairment, fear, coercive control and/or intimidation or dependence on the person causing harm. Practitioners need to be clear about the decision being considered, whether the person can understand, retain, use, or weigh the relevant information, and whether they can communicate their decision. In GBV cases, careful attention is needed to the difference between an adult making an informed decision with capacity and an adult's choices being constrained by coercive control, fear, threats, isolation, economic abuse, or dependence.

The presence of capacity does not remove the need for safety planning, professional and compassionate curiosity, multi-agency risk management, or consideration of Care Act safeguarding duties. Equally, where a person lacks capacity for a specific decision, any action taken must be in their best interests and in the least restrictive way possible. For Tameside's GBV Coordinated Community Response, this means building practitioner confidence so that mental capacity is neither ignored nor used as a reason to step away from adults at risk of gender-based violence.

“There is a lack of professionals in this field and little or no training for professionals. Training needs to be wider spread and more working together.”

Practitioner Survey respondent

2.9 Legislation that supports and enables information sharing and lawful safeguarding practice

A repeated theme in safeguarding practice nationally and one raised through the Youth Justice audit, is the risk that consent is misunderstood as a gateway for information sharing or protective action. Consent is one lawful basis under data protection law, (Data Protection Act 2018), but it is not the default basis for safeguarding children or protecting adults at risk.

The UK General Data Protection Regulation (GDPR) requires consent to be freely given, specific, informed, and capable of being withdrawn. The Information Commissioner’s Office (ICO) advises that public authorities need caution in relying on consent where there is an imbalance of power or where action would proceed even if consent were refused, because that can be unfair and misleading.

Working Together to Safeguard Children 2026 is clear that practitioners do not need consent to share information where there is a more appropriate lawful basis, such as public task or legal obligation, and where sharing is necessary, proportionate and in the child’s best interests. The Children Act 1989 and Children Act 2004 create statutory duties to safeguard and promote the welfare of children, including duties of cooperation. The Crime and Disorder Act 1998 provides a gateway for sharing information for crime and disorder purposes.

The Data (Use and Access) Act 2025 strengthens the position that data protection law is an enabler of proportionate safeguarding and public protection, including through recognised legitimate interests where processing is necessary for safeguarding vulnerable people, crime prevention, or emergency response. In practice, this means that a lack of parental consent must not become an inappropriate closure point where domestic abuse, youth violence, exploitation, or broader safeguarding concerns are present.

Practitioners need the skills, knowledge and tools that give them the confidence to identify the safeguarding purpose, select the lawful basis, share the minimum necessary information, record

the rationale and act proportionately. This is a priority for Tameside's learning and development strategy, particularly in relation to MASH, arrest notifications, Youth Justice, schools, health and specialist services.

2.10 Statutory guidance: Improving access to social housing for victims of domestic abuse (updated July 2025)

Statutory guidance on improving access to social housing for victims of domestic abuse is also relevant to Tameside's housing and safe accommodation response. The guidance is issued under section 169 of the Housing Act 1996, and local housing authorities are required to have regard to it when exercising their allocation functions. It confirms that local authorities are encouraged to review and revise their allocation policies where appropriate, so that victim-survivors who need to move because of domestic abuse are not disadvantaged by residency or local connection requirements. It also makes clear that people moving on from refuge, dispersed safe accommodation or other temporary accommodation need appropriate priority for settled housing, both to support their safety and recovery and to release safe accommodation for others in crisis. For Tameside, this reinforces the importance of linking the GBV Strategy, Housing Strategy, allocations policy, homelessness prevention, sanctuary provision, move-on planning, and housing association practice within one coherent housing pathway.



3. Greater Manchester and Regional Context

Tameside's GBV Strategy will sit within a wider Greater Manchester framework. The Greater Manchester Gender-Based Violence Strategy and Delivery Plan provide regional priorities across prevention, victim support, perpetrator accountability, data, partnership, and community engagement. Tameside can draw from this regional architecture while ensuring its local strategy reflects the borough's specific context.

The Greater Manchester Violence Reduction Unit Strategic Needs Assessment also offers a useful structural model. It is grounded in a public-health approach, using data, community voice, evidence, partnership learning and risk and protective factors across the life course. This is a useful model for Tameside because GBV cannot be understood solely through police or service data. It requires an understanding of place, trust, community assets, youth culture, health inequalities, housing, public space, and the protective relationships that help people access support.

Operation Soteria² is particularly significant for sexual violence. Nationally, it has sought to improve the police and criminal justice response to rape and serious sexual offences by focusing on suspect behaviour, victim-centred practice, investigative quality, and system learning. For Tameside, the implication is that improved policing and prosecution practice needs to be matched by visible local pathways into SARC, ISVA, health, advocacy, and recovery support.

A survivor's experience is shaped by whether they can access specialist, trauma-informed support from the point of disclosure. St Mary's Sexual Assault Referral Centre is a major Greater Manchester asset and needs to be more visible within Tameside's strategic evidence base. Borough-level data on referrals, attendance, demographics, ISVA support, criminal justice outcomes, and pathway attrition would help Tameside understand sexual violence more clearly. The emerging discussion between the new ISVA manager and Bridges Partnership about co-location and pathway strengthening is an important development to recognise and support.

The Greater Manchester Regional Care Cooperative³ and the wider children's reform landscape also matter for Tameside. The Regional Care Cooperative commissioning landscape emphasises cross-system planning, sufficiency, placement stability, and better outcomes for children. Although its primary focus is care and children's placements, the strategic relevance to GBV lies in the overlap between domestic abuse, family help, child protection, exploitation, trauma, placement instability, and the need for earlier, coordinated support.

² National Police Chiefs' Council (NPCC), 'Operation Soteria' Inter-Agency Standing Committee, Overview and Guidance on GBV Risk Analysis (2025) https://gbvguidelines.org/wp/wp-content/uploads/2025/02/Analysis_GBv-risk-analysis-overview-and-guidance.pdf accessed 12 August 2026 accessed 12 August 2026

³ Greater Manchester Combined Authority, 'Greater Manchester Regional Care Cooperative' <https://www.greatermanchester-ca.gov.uk/what-we-do/children-and-young-people/greater-manchester-regional-care-cooperative/> accessed 12 August 2026

3.1 Local strategy ecosystem and avoiding duplication

Tameside's GBV Strategy will sit within a busy local and regional strategy environment. The borough already has published strategies and plans across domestic abuse, serious violence, health and wellbeing, housing, homelessness, adult social care, children and young people, early help, equality, poverty, engagement, communications, transport, place, and community safety. Greater Manchester strategies also shape local delivery, particularly where policing, MARAC reform, Sexual Assault Referral Centre and ISVA provision, stalking development, perpetrator work, and commissioning sit across wider regional footprints.

The value of the GBV Strategy will be in connecting these priorities through a gendered, trauma-informed, and survivor-centred lens, rather than duplicating existing action plans. A further separate strategy risks parallel meetings, overlapping governance, repeated engagement exercises, and competing action trackers. A more useful approach is to use existing strategies as the baseline for the relevant system areas, then identify the specific GBV contribution: what needs to be strengthened, where gendered harm is under-recognised, where pathways do not yet connect, and where existing work can be aligned through the Coordinated Community Response. This will help Tameside use the GBV Strategy as a connector across systems.



4. Tameside in Context: People, Place, Housing, Health, and Inequality

Tameside is a borough of distinct towns and communities on the eastern edge of Greater Manchester. It includes urban centres, post-industrial communities, areas of significant deprivation, commuter areas, and communities close to the Peak District and rural fringe. A borough-wide GBV Strategy needs to be place-sensitive. The experiences of abuse, safety, access, visibility, and trust will not be identical across Ashton, Hyde, Denton, Dukinfield, Droylsden, Stalybridge, Mossley, Longdendale, Audenshaw, Hattersley, and other local communities.



Figure 2: Map of Tameside Borough

People's ability to disclose abuse, reach support, remain safe, use public transport, access housing, maintain employment, keep children in school, and recover from trauma is shaped by where they live as well as by the services available.

Tameside is also a growing borough within the Greater Manchester city region. The official mid-2024 population estimate is 239,643, while World Population Review projects the 2026 population at 243,351, following a 0.77% increase between 2025 and 2026. The projection needs to be treated as indicative rather than the primary official population figure, but it is still useful context for strategic planning. It indicates that Tameside is developing its first GBV Strategy in a context of population growth, changing communities, housing pressure and continued demand across safeguarding, health, housing, and community safety systems. The age profile reinforces the need for a life-course GBV Strategy.

The Care Quality Commission's 2026 local authority assessment records that 22.07% of Tameside residents are aged 0–17, 60.33% are aged 18–64, and 17.60% are aged 65 and over. It also notes that the population aged 65 and over is predicted to increase by 8.6% by 2028 and 16.5% by 2032. This is relevant because gender-based violence is experienced across the life course.

Children and young people may be victims of domestic abuse, experience adolescent relationship abuse, online harms, sexual abuse, or exploitation. Working-age adults may experience domestic abuse, coercive control, sexual violence, stalking, economic abuse, and workplace-related impacts. Older victims may be less visible where abuse is framed as care conflict, dependence, family stress, neglect or safeguarding rather than domestic abuse or sexual violence.

Disabled adults, carers and people with care and support needs may experience abuse that sits across domestic abuse, adult safeguarding, mental capacity, coercive control, and neglect. The population profile also provides an important benchmark for equity analysis. Tameside remains a majority White borough, but has significant South Asian, Black, Mixed, and other ethnic minority communities.

The Care Quality Commission (CQC) assessment records approximately 85.55% of residents as White, 9.17% as Asian or Asian British, 2.3% as Black, Black British, Caribbean, or African, 2.1% as Mixed or Multiple ethnicities and 0.8% as Other ethnic groups. This gives the Strategy a benchmark against which to understand access, engagement, and underrepresentation. Where survivor voice, community engagement, service data, or pathway data does not reflect the borough's population, the useful strategic question is whether the system is visible, trusted, accessible, culturally competent, and safe enough to reach them.

The Community Safety Survey highlights the importance of targeted engagement strategies. It showed that Pakistani, Bangladeshi, and Muslim residents were underrepresented compared to the borough's population. The most effective engagement methods involved trusted community settings, supported completion, interpreters, and face-to-face interactions.

Going forward, GBV engagement needs to focus on trusted pathways into communities instead of relying solely on broad consultations. This approach is key to an equity-led strategy, as underrepresentation in data might otherwise be mistaken for low demand, when it indicates that the current evidence base does not yet reach all groups equally. Poverty and deprivation are central to the local context, not because they cause abuse – they do not - but because they shape choice, risk, recovery, and access to safety.

The CQC assessment describes Tameside as the 36th most deprived of 153 local authorities in England and identifies socio-economic challenges across income, employment, health, education, and crime. Office for National Statistics (ONS) local indicators include measures relating to income, pay, child poverty and housing affordability, all of which are relevant to understanding the conditions within which survivors seek safety and support. Economic abuse, coerced debt, insecure employment, lack of savings, welfare barriers, childcare costs, and housing affordability

can all make it harder to leave abuse, remain safely apart, recover from harm, or sustain independence.

A GBV Strategy needs to connect prevention, crisis response and recovery with poverty, debt advice, welfare support, employment, childcare, housing, and financial resilience. Housing is one of the clearest ways in which structural conditions intersect with gender-based violence. Local housing data indicates that Tameside has a mixed tenure profile, with around 60.9% of households owner-occupied, 21.2% socially rented and 17.5% privately rented.

The ONS local indicators also include house prices, net additions to housing stock and housing affordability ratio. These indicators need to be read alongside data on homelessness, safe accommodation, sanctuary, move-on, and survivor feedback. Different housing tenures create different routes to safety. Some victim-survivors need refuge or dispersed safe accommodation. Some need sanctuary measures, target hardening, legal advice, managed moves, reciprocal arrangements, or perpetrator removal to remain safely at home. Others may be homeowners whose apparent housing security masks isolation, financial abuse, coercive control, or difficulty accessing statutory housing support. Housing needs to be understood as safety infrastructure within the GBV Strategy, rather than as a separate welfare issue outside the Coordinated Community Response. The Adult Social Care context is significant.

The CQC assessment reports that approximately 4,095 people were accessing long-term Adult Social Care support and around 1,370 people were accessing short-term support in 2024/25. This creates an important bridge between the Care Act, safeguarding adults, disability, older age, mental health, caring relationships, dependence, and GBV.

Adults experiencing abuse may be known to Adult Social Care because of care and support needs, but the abuse may not always be recognised as domestic abuse, coercive control, sexual violence, exploitation, or neglect. Equally, adults may have capacity to make specific decisions but still be living under coercion, fear, trauma, dependence, or isolation. The Strategy needs to strengthen Adult Social Care's role within the CCR so that adults with care and support needs are not missed because their abuse is framed only as vulnerability, family stress, or care conflict.

Health and wellbeing provide a further reason for a public health approach. GBV affects physical health, mental health, sexual and reproductive health, substance use, sleep, employment, parenting, education, and social connection. Tameside's health and wellbeing context, alongside the borough's deprivation profile, means that universal health settings have a particularly key role in early identification and response.

Primary care, maternity, emergency medicine, sexual health, mental health, ambulance services, substance use services and adult social care are all potential points of recognition, enquiry, and referral. Tameside's success with IRISi in general practice shows what becomes possible when a universal health setting is supported by training, a clear pathway and specialist advocacy.

The wider GBV Strategy can build on that learning across sexual violence, stalking, coercive control, exploitation, older victims, disabled survivors, and people experiencing multiple disadvantage.

The geography of Tameside also raises issues of transport, public space safety, and community confidence. The Community Safety Survey shows that perceptions of safety decline significantly after dark, particularly around town centres and public transport. This has clear relevance to women and girls, older residents, disabled people, young people, LGBTQ+ residents and survivors experiencing stalking, harassment, or post-separation abuse. Public space safety is not separate from GBV. Fear of harassment, intimidation, sexualised comments, being followed, poor lighting, lack of visible guardianship or lack of confidence that reporting will lead to action can all shape how people move through local places.

The Voices report also links online harm to community safety. Young people described online rumours, group chats and social media conflict leading to planned confrontations in parks and community spaces, with incidents then filmed, circulated, and brought back into school the following day. Teachers and police described online harms reappearing in classrooms as safeguarding, behavioural, and emotional wellbeing issues. This reinforces the need for prevention and response pathways that connect schools, parks, youth services, neighbourhood policing, community safety, safeguarding, and digital safety.

“You might watch one video out of curiosity and then suddenly that is your whole feed.”

Young Person - Voices

The Protection from Sex-Based Harassment in Public Act 2023 gives Tameside a timely legal and communications lever to connect town centre safety, public transport, schools, colleges, licensing, night-time economy partners, employers, policing, and bystander action.

This place-based context emphasises the importance of a single, comprehensive GBV Strategy instead of multiple isolated plans. Tameside's Domestic Abuse Strategy forms a solid foundation

in areas such as prevention, safe spaces, support for victim-survivors, children, housing, and holding perpetrators accountable. The next step is to expand this existing domestic abuse framework into a broader GBV approach that incorporates sexual violence, stalking, public sexual harassment, exploitation, harmful practices, online abuse, and situations where individuals face multiple systemic needs simultaneously.

A place-based GBV strategy will enable Tameside to understand how gender-based violence intersects with issues like poverty, housing, health, disability, ethnicity, age, safeguarding, children's experiences, community confidence, and public space safety. It will also promote coordinated action, prioritize survivor safety, and ensure perpetrator accountability.

5. Methodology, Scope, and Evidence Base

This assessment used a mixed-evidence approach. It drew on local quantitative data where available, including Bridges Partnership data, community safety survey findings, practitioner survey responses, perpetrator intervention survey responses, refuge survey responses, police, and dashboard data shared during the process, previous needs assessments, public datasets, and national evidence. It also drew on qualitative intelligence from survivor feedback, Diversity Matters, the Trust Group, male voice feedback, development day material, MARAC and MATAC observation, the MARAC review discussion, and partner comments on the draft.

The assessment also draws on Tameside Voices: Beyond the Screen, a qualitative youth voice report exploring how online culture, the manosphere, online misogyny and social media dynamics are shaping attitudes, relationships, and behaviour among young people in Tameside. The report is based on nine interview sessions with sixteen young people from four secondary schools, alongside contextual perspectives from a teacher, youth worker, police officer and recent graduate. It does not provide prevalence data, but it offers important local insight into young people lived experience of online harm, misogyny, peer culture, platform risk and what they believe would help.

The assessment was crafted from a Coordinated Community Response perspective, focusing on Tameside's capacity to prevent, identify, respond to, and reduce gender-based violence, including domestic abuse. It evaluates how effectively the entire system operates based on In Search of Excellence principles. Instead of merely listing available services, the assessment explores how these services connect, coordinate, respond, and learn collectively, identifying necessary changes to achieve CCR excellence.

There are important limitations. The Community Safety Survey is a community consultation survey, not a GBV prevalence survey. It provides contextual intelligence about safety, trust, public space, and reporting. Survivor engagement was not conducted directly by the author of this report and was limited in scope, so survivor testimony is treated as qualitative learning rather than as representative evidence. The practitioner survey had a low response rate and did not secure responses from several key sectors, including specialist domestic abuse services, specialist sexual violence services, education, probation, and substance use.

The Community Safety Survey was conducted separately from this Needs Assessment and was shared with the assessment team as contextual evidence. The assessment team did not have access to the full delivery plan, promotional routes, or budget for that survey, so their findings have been used carefully. They are not interpreted as a measure of GBV prevalence but as evidence about safety perceptions, public space, trust, reporting and the engagement methods that appear to have worked best. The underrepresentation of Pakistani, Bangladeshi, and Muslim residents indicates the need for future GBV engagement to be more targeted, relational, and resourced, including dedicated coordination, staff capacity, interpretation, translation, and trusted community facilitation.

The perpetrator intervention survey had a single substantive response and so cannot be used to draw workforce-wide conclusions, although it is valuable as a signal about pathway visibility. Borough-level St Mary's SARC data and ISVA data was not available at the time of writing. These limitations do not invalidate the assessment - rather, they are typical of first-generation GBV needs assessments and constitute valuable findings. They highlight areas where Tameside already has robust data and where the strategy needs to focus on developing a stronger evidence infrastructure over time.



6. Building from Strength

Tameside's domestic abuse and developing GBV infrastructure mean that the borough has strong foundations to build on. A strategy that builds from existing strengths is more achievable and more credible than one that implies the borough is starting again.

The Bridges Partnership is central to the local domestic abuse response. The data shared with this assessment indicates 4,221 new referrals and 2,265 service starts in the period provided. Police were the largest referral source, with 1,578 referrals, followed by self-referrals at 673 and children's social care at 543. This pattern demonstrates substantial demand and shows the importance of both crisis and self-access pathways.

The scale of self-referrals is particularly important because it shows that when people know where to seek help and can access support directly, they do so. The abuse profile recorded by Bridges confirms that domestic abuse in Tameside is not primarily a matter of isolated physical incidents. Emotional and psychological abuse was recorded for 1,654 clients, coercive and controlling behaviour for 1,086, physical abuse for 1,032, financial and economic abuse for 638, stalking and harassment for 615, and sexual violence for 325.

These categories are not mutually exclusive. Many survivors experience multiple forms of harm at the same time. The data supports a strategy focused on patterns of coercion, control, and harm rather than incident response alone. The Bridges dataset also shows the importance of children. The figure of 1,304 clients with dependent children, representing 2,754 children, is one of the most significant local statistics in the evidence base. It means the domestic abuse response is also a children's safeguarding, wellbeing, and prevention response. The question for the strategy is how many of those children receive dedicated support, how their needs are assessed, and how Safe and Together implementation can strengthen consistency.

IRISi is one of Tameside's strongest health-based achievements. The programme has been delivered across all 33 GP practices and generated 204 referrals by December 2025, compared with one GP referral in the two years before the programme. This is powerful local evidence that universal health settings can identify abuse earlier when they are equipped with training, referral routes, and specialist advocate educator support. It also provides a model for considering wider health settings, including maternity, emergency care, mental health, community health, and health navigation. Tameside has developed significant prevention assets. Blind Side, developed after consultation with more than 1,000 young people, has reached 1,237 students across 17 schools and has extended into primary settings.

White Ribbon work has engaged men, boys, sport, licensing, workplaces, and community settings. The Open Up campaign for male victims achieved national media reach and a significant increase in traffic to the Bridges support for men page.

VAWG/ children training with journalism students at Manchester Metropolitan University is an innovative example of working with future media professionals. The emerging Tameside College campaign adds a youth co-production strand that aligns well with the evidence on young people's digital lives and relationship cultures. Work with people who cause harm has also developed significantly.

Since the previous perpetrator needs assessment, Tameside has commissioned adult and children and young people's interventions through Talk Listen Change as part of the Bridges core offer, funded Caring Dads, introduced MATAC, supported Project CARA and DAPO implementation, piloted Advance-D through substance misuse provision, delivered perpetrator-focused communications, and provided workforce training. This does not mean the pathway is complete, but it means the strategic conversation has moved on.

The task now is coherence, visibility, access, matching, and outcome learning. Children's services also have important developments underway. Family Help and Public Health are jointly funding Safe and Together, which is highly significant because it shifts the practice lens toward perpetrator patterns of behaviour and their impact on children, while supporting non-abusing parents. MASH has recruited a domestic abuse senior practitioner to improve responses at the front door and support practitioner understanding of domestic abuse. The Trust Group is linked into Families First oversight and MASH pathway review activity.

The Youth Justice audit demonstrates a willingness to learn from difficult intersections between domestic abuse, trauma, and youth offending. These are positive foundations for embedding GBV within children's safeguarding improvement activity. Housing provision also has foundations to build on. Public Health funds a dedicated domestic abuse homelessness prevention officer based with Tameside Housing Advice and co-located with refuge and women's centre provision.

Fortnightly safe accommodation meetings between Bridges Partnership and housing advice provide practical structure around one of the most difficult points in survivor journeys. Sanctuary and target-hardening referrals increased by 15% between April and December 2025 compared with the same period in the previous year, with 135 referrals received. Tameside's inclusion in national work on domestic abuse and temporary accommodation indicates that local practice is visible beyond the borough.

Survivor voice is also present. The Trust Group, Diversity Matters and male voice work through the Bridges Partnership provide important qualitative insight focused on domestic abuse. The next stage is to strengthen survivor and community voice as a governance function, with clear ethics, support, payment or recognition for contributions, and feedback loops showing how lived experience changes practice. This must now extend to cover all forms of GBV whilst not losing sight of the good and important work of the groups dedicated to raising the status of survivors of domestic abuse.

7. Local Evidence Baseline

7.1 Prevalence and demand

National prevalence estimates indicate the scale of need. The Crime Survey for England and Wales estimated that 7.8% of adults aged 16 and over experienced domestic abuse in the year ending March 2025. Applied cautiously to Tameside's adult population, this suggests that around 18,000 adults in the borough may experience domestic abuse in a year. This is an order-of-magnitude estimate rather than a local prevalence count, but it is useful because it shows why specialist service data cannot be treated as prevalence.

Specialist services see the visible and supported part of the picture, not the whole picture. The gap between estimated prevalence and service reach is not at all a criticism of local services, as it reflects national reality and one of the strongest arguments for prevention, early identification, community engagement, and universal settings. No achievable expansion of crisis services alone can close the gap. The strategy will need to protect and strengthen crisis provision while also investing in earlier identification through health, housing, schools, community organisations, public communications, employers, and trusted community leaders.

7.2 Community Safety Consultation

The Tameside Community Safety Survey 2025 is not GBV prevalence data specifically, but it is useful because it provides contextual intelligence about how residents experience safety, public space, environmental conditions, and trust. This distinction is significant because community safety data can be useful to a GBV strategy without being misread as a measure of domestic abuse or sexual violence prevalence. The survey ran in phases and received over 360 responses overall. Phase One received 283 responses between May and September 2025. Phase Two received 86 responses between September and December 2025. The response rate declined over time, consistent with survey fatigue and reinforcing the need for targeted, relational engagement rather than continued reliance on a rolling survey alone.

The most consistent finding is that feelings of safety are shaped by time and place. In Phase One, 84% of respondents felt safe in their local area during the day. By contrast, 58.67% felt unsafe in their local town centre after dark, 56.15% felt unsafe waiting for public transport after dark, and 50.18% felt unsafe on public transport after dark. Phase Two produced a similar pattern: 80.3% felt safe in their local area during the day, while 60.7% felt unsafe in the local town centre after dark, 48.2% felt unsafe waiting for public transport after dark, and 44.2% felt unsafe travelling on public transport after dark.

The reasons residents gave are also relevant to the GBV strategy. Respondents referred to groups gathering, anti-social behaviour, drug dealing and drug use, off-road bikes and electric bikes, dangerous driving, poor lighting, lack of visible enforcement and lack of confidence that concerns would be acted upon. These are community safety concerns, but they also shape how women, girls, disabled people, older people, LGBTQ+ residents and survivors of stalking or abuse move through public space. The Protection from Sex-Based Harassment in Public Act 2023 provides a timely legal and communications framework for this work. The survey also shows a trust and reporting issue.

In Phase One, among those who experienced crime or anti-social behaviour and did not report it, 47% said they believed reporting would not result in action.

Phase Two, 36.4% of those who did not report said action was not taken, with fear of repercussions and lack of evidence also cited. In GBV contexts, barriers to disclosure are even more complex because survivors may fear escalation, disbelief, community stigma, immigration consequences, child protection involvement, housing loss, financial harm, or perpetrator retaliation.

Building public confidence that reporting and disclosure lead to safe, proportionate action is a strategic priority. The methodology of the Community Safety work is an interesting and significant finding for this needs assessment. Face-to-face engagement, paper surveys, supported completion, interpreters and visits to community groups produced evidence that online methods would not have reached. In translated sessions at Holy Trinity with Urdu, Bangla, and Arabic interpreters, more than 60 women gave feedback, including experiences that had not been reported. This is directly relevant to GBV engagement and indicates that Tameside's future survivor and community voice approach needs to be relational, trusted, accessible and community rooted. The demographic profile of respondents shows gaps. Women and older residents were overrepresented. Children and young people, men, Pakistani and Bangladeshi residents, and Muslim residents were underrepresented compared with Tameside's population. This does not diminish the value of the survey, but it clarifies what the next engagement phase needs to do differently.

7.3 Practitioner survey

The practitioner survey attracted just 35 responses across adult social care, children's social care, police, primary health, secondary health, housing providers, local authority, public health, voluntary services, mental health, and other sectors. Adult social care was the largest group, with 11 respondents.

The absence of responses from many practitioners in specialist domestic abuse services, specialist sexual violence services, education, probation, and substance use services limits the survey's representativeness and needs to be read as a system engagement issue as well as a promotion issue.

Among respondents, confidence in recognising GBV varied. Seven were extremely confident, 13 confident, five neutral and three not so confident, with four selecting other.

Domestic abuse was the most encountered form of GBV, identified by 17 respondents. Sexual violence was identified by 13, stalking or harassment by 10, economic abuse by 10, so-called honour-based violence by eight, abuse involving children and young people by eight, sexual exploitation by seven, online abuse by seven, child-to-parent violence by six, female genital mutilation (FGM) by five and human trafficking by four.

Types of GBV encountered by practitioners



Source: practitioner survey

Figure 3: Types of GBV encountered by practitioners (number of respondents)

These findings show that practitioners are encountering forms of GBV beyond domestic abuse. Sexual violence and stalking are already present in professional practice, but pathways, training and local data are less developed than in domestic abuse. The strategy can seek to strengthen confidence across the full spectrum rather than assuming domestic abuse training alone is sufficient.

A few respondents chose “None” when asked about the types of GBV they encounter. This could be due to role boundaries, limited exposure, how the survey was understood, or because the term “gender-based violence” is not yet well known in all services. This serves as an important learning point - if practitioners in universal, targeted, or statutory services do not see their work as related to GBV, they might miss opportunities for early detection, referral, and prevention. The Learning and Development Action Plan will benefit from including clear definitions, sector-specific practical examples, and guidance on how GBV may appear across health, housing, Adult Social Care, children’s services, schools, policing, community safety, and voluntary organisations.

The main system struggles identified by practitioners were access to specialist services, early identification, housing options, information sharing, perpetrator management, criminal justice response, referral pathways and support for children and young people. The biggest barriers victims were perceived to face included lack of awareness of services, lack of trust in authorities, fear of not being believed, waiting lists, cultural stigma, and services not being joined up.

“The pathways are not in a timely pattern this can lead to disengagement frustration and often the person experiencing GBV can be influenced, gaslit, or have concerns”

The free text responses suggest that access is affected by a combination of awareness, capacity, pathway clarity, waiting times, trust, cultural barriers, and coordination. This means that the Strategy needs to respond on several fronts, including but not limited to clearer public and practitioner information about available services, more visible referral routes, stronger links between universal and specialist settings, attention to service capacity and more accessible pathways for communities that may not trust or recognise statutory routes.

7.4 Perpetrator intervention survey

The perpetrator intervention survey produced only one substantive response. This limits direct analysis but remains strategically useful. It suggests that perpetrator pathways may not yet be sufficiently visible across the wider workforce, even though Tameside has developed more provision than the first draft reflected.

A low response to a perpetrator survey does not mean perpetrator work is absent. In Tameside's case, the 2023 Domestic Abuse Perpetrator Needs Assessment and the provisions developed since then show substantial progress. The finding is best understood as a visibility, literacy, and pathway coherence issue.

Nationally and across the sectors that work together to safeguard victims and survivors of abuse, including children, there is a misconception around what it means to "hold perpetrators of abuse to account" (a core principle of the CCR) and whether they have a role to play in that if they are not part of the criminal justice system. This can be addressed through multi-agency learning and development and clear comms that come with any strategy. Within a Coordinated Community Response, holding perpetrators to account does not sit with policing alone.

Accountability is created by the entire system consistently identifying patterns of abusive behaviour, naming the harm accurately, sharing relevant information, disrupting opportunities to continue abuse and not putting responsibility on the victim for managing their own safety. This requires every agency to ask, **"Where is the person causing harm, what is their pattern of behaviour, and what are we doing as a system to stop the harm?"** rather than focusing only on what the victim can do to become safer. In practice, this means using language that makes clear to the victim-survivor that they are not the problem and keeping the person causing harm visible - recording their behaviour clearly, challenging minimisation and disguised compliance, considering civil and criminal options including DAPO, using housing, safeguarding, probation, health, substance misuse, children's services and community pathways to intervene and ensuring that any behaviour-change work is connected to victim safety.

Perpetrator accountability is not a single intervention or a police outcome - it is a shared system discipline that keeps harm in view and requires each part of the partnership to understand its role in stopping abuse from continuing. Where this is not happening, agencies and practitioners need the confidence to challenge partners and ensure any gaps in the system are filled.

7.5 Refuge and survivor survey

The refuge survivor survey received two responses from current residents. Both described refuge access positively and said they felt safe and supported. They referenced security, overnight staffing, and distance from the previous area as important to safety. One respondent had two young children with her and described them as adapting well. The housing move-on picture was more difficult, with one respondent still in a dispersed unit and bidding for accommodation. Two responses cannot support general conclusions, but they are consistent with the wider evidence: refuge can provide immediate safety, while longer-term housing stability remains a pressure point.

8. Coordinated Community Response (CCR)

The Coordinated Community Response is an appropriate organising framework for Tameside's GBV Strategy. A CCR approach brings services together across health, housing, social care, education, criminal justice, community safety, specialist services, faith, and community organisations so that survivor safety, perpetrator accountability and prevention are held as shared responsibilities. It shifts the burden away from individual survivors having to navigate a complex system alone and places responsibility on the system to coordinate around safety.



Figure 4: Standing Together Against Domestic Abuse - 12 Components of the CCR

Standing Together's in Search of Excellence framework provides a practical way to structure this as it describes the components of an effective coordinated response, including survivor voice, intersectionality, shared purpose, governance, specialist services, representation, resources, coordination, training, data, policies, and processes. Tameside can use it both as a strategy framework and as a self-assessment tool. The strategy can establish a baseline, identify strengths and areas for development, and review progress over time. It does need adaptation to reflect the broad spectrum of GBV. This framing is helpful because it clarifies the role of multi-agency meetings and forums. MARAC, MATAAC, MASH, MAPPA, child protection conferences, adult safeguarding, and other forums have different legal, statutory, and operational purposes. They cannot be merged, and it would not be appropriate to expect every practitioner to refer into every process. The CCR task is to ensure that these processes operate as connected parts of one response rather than as separate systems that victims/survivors, including children and practitioners who work with them and with the abusers/offenders, must navigate repeatedly.

The Greater Manchester-wide MARAC review is underway, led by Greater Manchester Police (GMP). Greater Manchester partners are exploring a move away from a meeting-focused model toward a more continuous risk management process, with improved data, greater consistency, clearer local authority involvement, and multi-agency consultation. Tameside has already discussed the proposals through operational delivery and steering structures.

The GBV Strategy can use this regional reform as a route to strengthen the interface between MARAC, MATAAC, MASH, DAPOs, housing, probation, Bridges, TLC, and victim safety planning.

A CCR depends on useful information sharing. The system needs to know what different agencies know about risk, patterns, protective factors, perpetrator behaviour, and victim/survivor needs. Recent legal developments, including Working Together 2026 and the **Data (Use and Access) Act 2025**, further support proportionate safeguarding information sharing and will now need to be incorporated into the Learning & Development Strategy. The challenge is practical confidence that comes from knowledge and understanding, as well as legally accurate, clear protocols and tools that are consistent across the system. It also requires strong leadership and a mechanism locally for escalating issues with gathering and sharing information that is essential for safeguarding, which can be embedded within the GBV Strategy.

Additional engagement with Children's Social Care and MASH adds a more detailed picture of front-door development. The discussion identified progress over the last 12 months, including stronger partnership presence at the front door, greater attention to patterns rather than single incidents, the use of impact chronologies, the presence of CHIDVA, victim liaison, probation and other partners, and work to improve language and immediate safety conversations. MASH was

ahead of some later parts of the social work pathway in relation to domestic abuse practice, although confidence and consistency across the wider system remain areas for development.

The same engagement identified practical constraints. A dedicated domestic abuse police presence in MASH remains an aspiration, with police capacity and staffing affecting what can be delivered. Referral quality was described as variable across partner agencies, reinforcing the value of multi-agency audit, feedback, and workshops. This supports the wider CCR finding that the safeguarding front door needs strong partnership relationships, timely information sharing, clear pathways, and ongoing learning, so that domestic abuse and wider GBV concerns are understood as patterns of harm rather than isolated incidents.

9. Thematic Analysis Across the GBV Spectrum

The themes below need to be read alongside the local context set out earlier in this report. Population profile, deprivation, housing pressure, health inequalities, Adult Social Care demand, ethnicity, age, disability, public transport, and public space safety do not sit outside gender-based violence. They shape how harm is experienced, how visible it becomes, where people disclose, what options are available, and how quickly safety and recovery can be achieved. The purpose of this thematic analysis is therefore not only to describe different forms of GBV, but to consider how they intersect with Tameside's people, places, and systems.

9.1 Domestic abuse and coercive control

Domestic abuse remains the most visible and developed part of Tameside's GBV system, so understandably dominates the availability of local data for this Needs Assessment. The Bridges data shows high referral demand and confirms that emotional and psychological abuse and coercive control are central to survivors' experiences. A system built around visible incidents of physical violence will miss the patterns that often define risk and entrapment. Coercive control is a pattern of domination that can include intimidation, surveillance, isolation, economic restriction, sexual coercion, parenting sabotage, immigration abuse, technology-facilitated monitoring, and post-separation harassment.

Tameside has strong foundations in specialist domestic abuse provision, and the next strategic step is to ensure that every agency understands coercive control as a pattern. This is relevant to housing, health, children's services, family court, schools, youth justice, adult safeguarding and mental health where abuse may present indirectly through, for example, injury, anxiety, rent arrears, anti-social behaviour, gang membership, school absence, child distress, substance use,

homelessness, self-harm or repeated low-level police contact.

The local population and inequality context is important here. Coercive control may be harder to identify where the presenting issue is rent arrears, debt, mental distress, substance use, school absence, adult safeguarding, caring arrangements, or repeated contact with public services. Poverty does not cause domestic abuse, but it can reduce practical options and increase dependence on the person causing harm. Housing pressure, insecure income, childcare costs, disability, immigration status, language barriers, and lack of trusted support can all make coercive control more difficult to escape and more difficult for services to see.

9.2 Sexual violence

Sexual violence requires a clearer borough-level pathway in the strategy. Bridges data records sexual violence for 325 clients, while practitioner survey responses show that sexual violence is encountered by frontline staff. Police and local dashboard data indicate significant sexual offence demand involving both adult and child victims. However, without disaggregated borough-level data from St Mary's SARC and ISVA services, Tameside cannot yet fully understand who is accessing specialist sexual violence support, who is not, where referrals originate, where attrition occurs or how protected characteristics shape access. Additional information from Manchester Rape Crisis provides a small but useful Tameside-specific indicator. Within one ISVA caseload, 5 of 22 Greater Manchester cases were Tameside cases. All five were historic or childhood rape cases.

At the point of reporting, three had received no further action outcomes and were subject to Victim's Right to Review appeals, one had resulted in a guilty verdict and awaited sentencing, and one was due in court in May 2027 after previous adjournments. All five clients were White British; four were heterosexual and one was homosexual; three were aged 50 or over, one was aged 40 to 49 and one was aged 30 to 39. All reported mental health issues, including post-traumatic stress disorder (PTSD), complex PTSD, depression, anxiety, or eating disorder, and two reported previous drug or alcohol misuse. The caseload snapshot is not prevalence data and does not describe Tameside sexual violence need overall. It does, however, reinforce the long-term trauma associated with sexual violence, the importance of historic abuse pathways, and the need for borough-level data from commissioned and regional services.

The data quality point is significant for strategy delivery. Where services are commissioned or contribute to the local GBV pathway, commissioners and governance leads need to specify minimum reporting expectations, including borough of residence, referral source, type of harm, age, ethnicity, sexuality, disability, mental health, substance use, criminal justice stage, outcomes

and survivor feedback where safe to collect. This will allow Tameside to develop a more reliable sexual violence evidence base over time and reduce reliance on small, partial, or individual caseload snapshots. Operation Soteria has strengthened national expectations around the police and criminal justice response to rape and serious sexual offences. The local strategic implication is that Tameside needs to ensure support pathways around police contact are equally visible and consistent. Survivors may disclose to health, housing, schools, community organisations, friends, family, police, or specialist domestic abuse services. Every entry point needs to know how to connect survivors to SARC, ISVA, health, and recovery support. The emerging discussion about ISVA and Bridges co-location is a positive development and could become a practical route to improving pathway clarity.

9.3 Stalking and harassment

Stalking and harassment need a dedicated strategic focus. Bridges recorded stalking and harassment for 615 clients, and data shared during the assessment indicated high attrition in stalking and harassment investigations, with a charge or summons outcome of 7.2% in the year ending September 2025, and high proportions recorded as victim not supporting or prosecution prevented/no evidence. Victim data indicated that women are most recorded victims, although male victims are also a significant cohort, and around 10% of victims were under 18. Stalking is frequently chronic, patterned and escalating. It is often misunderstood as nuisance contact, relationship conflict, or post-separation communication when it is, in fact, a course of conduct that can create severe fear and risk. A Tameside stalking pathway would benefit from stronger advocacy, risk management, evidence-led case building, disruption options, links with Multi-Agency Stalking Intervention Programme (MASIP)-style approaches, digital safety expertise and clear connections with MARAC, MATAC, police, housing, and civil protection options.



9.4 Harmful practices and culturally specific abuse

The practitioner survey identified honour-based abuse and FGM as forms of harm encountered by respondents. Survivor testimony from Diversity Matters provides detailed insight into the way cultural expectations, family pressure, substance misuse, shame, racism, professional assumptions, and perpetrator manipulation can intersect.

This survivor's account describes a perpetrator who used cultural expectations about marriage. The expectation that a South Asian Muslim woman in her situation should 'make it work' is a mechanism of entrapment. Her extended family, aware of problems, felt social pressure to encourage continuation because second and third marriages are unusual within the community. The perpetrator's substance misuse and mental health difficulties are 'not very much spoken about' within the community but were invisible to external services precisely because community norms around these issues inhibit disclosure. The perpetrator then used community dynamics, family networks and cultural assumptions about domestic standards to undermine her credibility with professionals: telling them she did not cook properly for her children, using the appearance of a clean home as evidence of adequacy and exploiting practitioners' lack of cultural knowledge to present himself as more credible than her

"He would say that I didn't cook sufficiently for my child. The cultural fairness of what homes are supposed to look like culturally it is not supposed to be meticulously clean. Why was that never questioned? There was not enough awareness culturally about the kind of tactics that can be used by perpetrators."

-Survivor Engagement

Culturally specific abuse does not mean abuse caused by culture. It means perpetrators may weaponise cultural norms, family reputation, community shame, immigration status, language, faith, marriage expectations, or professional unfamiliarity to control survivors. Tameside's strategy needs to work with trusted community organisations and by-and-for provision to ensure that South Asian women, migrant women, women with uncertain immigration status and women from communities where abuse is strongly stigmatised can access support safely.

Future service planning for South Asian communities would benefit from a more explicit engagement and pathway development plan. This would include dedicated funding for community engagement, interpretation and translation, trusted facilitators, culturally specific communications, and clear referral routes into Diversity Matters and other by-and-for or community-led provision. The Training and Realising Innovations in Internationalisation at Home Pedagogies (TRIP) project delivered by Diversity Matters provides a useful example of how engagement can improve when communities are approached through trusted relationships and properly resourced methods. This approach would also support pathway testing to help Tameside understand whether South Asian women, migrant women, and women from communities where abuse is highly stigmatised can access support safely, confidentially and without relying on public disclosure.

General pathways are important although they are unlikely to be sufficient on their own. The population profile and Community Safety Survey participation data reinforce the importance of this work. Where South Asian, Pakistani, Bangladeshi, Muslim, or migrant women are underrepresented in general engagement, this cannot be read as evidence of lower need. It is more likely to indicate that future engagement and pathways need to be built through trusted community organisations, interpreters, by-and-for provision, culturally competent practitioners, and safe routes that do not rely on public disclosure.

“I feel like we receive less referrals for marginalised communities so knowing how best to support them can be more difficult when we receive them”

-Practitioner Survey respondent



9.5 Exploitation, sex work, and multiple disadvantage

This Needs Assessment has identified sex work, prostitution, survival sex, sexual exploitation, and trafficking as a key area for further local understanding. The language in this area needs to be used carefully.

National research uses different terms, and people's own experiences and identities vary. Some people describe themselves as sex workers and may want non-judgemental, rights-based, harm-reduction support. Some people are involved because poverty, homelessness, debt, addiction, insecure immigration status, caring responsibilities, or lack of income have narrowed their choices. Others are coerced, controlled, trafficked, or sexually exploited. Some people may move between these positions over time.

A GBV Strategy does not need to resolve all national policy debates about prostitution and sex work, but it does need to ensure that women, men and trans people experiencing harm, exploitation, violence, or survival sex are not unseen by local systems. The Home Office-commissioned University of Bristol research defined prostitution and/or sex work broadly as the provision of sexual or erotic acts or sexual intimacy in exchange for payment, another benefit, or need.

That definition is useful for Tameside because it recognises that exchange may involve money, accommodation, drugs, debt repayment, protection, status, food, or other survival needs. The Work and Pensions Committee defined "survival sex" as when people, overwhelmingly but not exclusively women, turn to sex work to meet basic survival needs, including money, food, and shelter. This is particularly relevant to a place-based GBV Strategy because survival sex sits at the intersection of poverty, homelessness, debt, welfare, substance use, mental health, exploitation, and gendered harm.

National evidence also shows why prevalence is difficult to estimate. The Home Office/University of Bristol report concluded that there is currently no single UK data source that allows representative population estimates for people involved in prostitution and sex work. Stigma, privacy, movement between settings, online advertising, indoor work, street-based activity, third-party control, and fear of disclosure all make prevalence difficult to measure.

Previous estimates have varied widely, including estimates of 58,000 female sex workers, 72,816 people involved in prostitution and sex work, and much higher figures based on online advertising data, but each estimate has significant methodological limitations. The report advises caution about generalised claims and reinforces the need for local data work that triangulates multiple

sources rather than relying on a single dataset. The national evidence highlights complexity and diversity. The Home Office/University of Bristol report identified a wide range of settings and practices, including street and outdoor sex work, brothels, parlours, saunas, independent and agency escorting, erotic massage, erotic and exotic dance, pornography, webcamming, telephone or text-based sexual services, sugar arrangements, sex parties and other forms of online and offline activity. It also identified cross-cutting themes around inequalities and routes in, movement between settings, advertising and payment, risk and safety, third-party involvement, and buyers.

The key point is that focusing solely on street activity, police intelligence, or known premises would miss much of the modern landscape. Tameside needs to recognise complex realities - some sex workers talk about agency, income, choice, or occupational identity. Meanwhile, national studies show that many - mostly women and trans women - turn to sex work for financial survival amid caring duties, health issues, insecure income, discrimination, limited support access, stigma, and safety concerns. The same research indicates that some experience severe exploitation, harm, coercion, and trafficking, and that long-term involvement can make exit difficult. Therefore, this issue is relevant to a GBV Strategy, even if not everyone involved labels themselves as victims or survivors.

Modern slavery and trafficking data add a further national context. In 2025, 23,411 potential victims were referred to the National Referral Mechanism (NRM). Although most referrals overall were male and linked to labour or criminal exploitation, the pattern for women and girls was different: female potential victims were most often referred for sexual exploitation, accounting for 28% of female referrals. Local authorities accounted for 4,795 NRM referrals in 2025, their highest annual number since the NRM began, and female child UK nationals reporting sexual exploitation were the second most common referral type made by local authorities. This reinforces the relevance of sexual exploitation and trafficking to children's safeguarding, adult safeguarding, community safety, homelessness, health, and local authority front doors.

The practitioner survey adds a small but useful local signal. Human trafficking was selected by a small number of respondents (notably, health, social care, and specialist domestic abuse practitioners) as a form of GBV encountered in their role. This is not confirmed case data and does not show whether any case was referred into the National Referral Mechanism or what decision was made, but it does show that trafficking and exploitation are visible to more than one part of the local system, including health and safeguarding routes. Future data development would benefit from agreed recording categories and a mechanism for understanding NRM referrals, Duty to Notify reports, exploitation type, referral source, protected characteristics, and outcomes where this can be done safely and lawfully.

The Independent Anti-Slavery Commissioner's 2026 report on adult services websites found that digital platforms can enable, scale and conceal sexual exploitation and trafficking. Its analysis of 12 adult services websites collected 62,900 adverts over a two-week period in January 2026, with those sites attracting 41.7 million visits in a single month.

The report found that 59% of adverts displayed three or more red-flag indicators associated with exploitation, and that risk signals were geographically dispersed rather than confined to major cities. Local exploitation may not be visible through street-based activity or known premises. It may be online, mobile, indoor, temporary, dispersed across neighbourhoods, or linked to people who do not identify themselves as sex workers or victims.

A local mapping exercise was beyond this commission's scope and resources. However, the lack of a detailed local picture itself provides valuable strategic intelligence. It does not mean there is no local activity, harm, or need. Rather, it shows that Tameside currently lacks the evidence infrastructure to identify where individuals involved in sex work, prostitution, survival sex, sexual exploitation, or trafficking are already visible. It also highlights whether they are recognised or recorded effectively and if safe, non-stigmatising support routes are accessible.

This theme connects directly with Tameside's wider public data on deprivation, housing, health, and Adult Social Care. People experiencing sexual exploitation, survival sex or trafficking may already be visible to sexual health, emergency medicine, homelessness services, substance use services, mental health, police neighbourhood teams, community safety, adult safeguarding, children's safeguarding, housing, primary care, VCSE organisations or informal community networks. They may be seen because of homelessness, rent arrears, domestic abuse, sexual violence, debt, substance use, repeat crisis presentations, children's safeguarding concerns, exploitation indicators, or police contact, but not recognised as experiencing gender-based violence.

Strategy development would therefore benefit from a focused, ethical touchpoint-mapping exercise. This work would not attempt to produce a definitive local prevalence figure. Instead, it would identify where people may already be visible, which languages and recording categories are used, which barriers prevent disclosure or support, and which routes to help, protection and recovery need to be strengthened. It would need to involve sexual health, emergency medicine, homelessness, substance use, mental health, police, community safety, adult safeguarding, children's safeguarding, housing, VCSE partners and, where possible, specialist or survivor-led organisations with experience of sex work, exploitation and multiple disadvantage.

The mapping needs to be non-stigmatising and safety-led and it needs to distinguish between people seeking harm-reduction support, people involved in survival sex, people experiencing domestic or sexual violence, people controlled by third parties, and people who may meet thresholds for modern slavery or trafficking. It also needs to consider male and trans sex workers, who may be less visible in local systems, while maintaining the gendered analysis that women and girls are disproportionately affected by sexual exploitation. The aim is to avoid both over-criminalising people involved in sex work and under-identifying coercion, exploitation, trafficking, and violence.

For the GBV Strategy, the immediate task is therefore not to make unsupported claims about local prevalence. It is to ensure that sex work, survival sex, sexual exploitation and trafficking are included within the borough's wider Coordinated Community Response, with clear links to safeguarding, health, housing, sexual violence pathways, community safety, specialist advocacy, and recovery support. This would help Tameside distinguish between data gaps, pathway gaps, and provision gaps, so that future commissioning decisions are based on a clearer local evidence base.

9.6 Technology-facilitated abuse and public harassment

Technology-facilitated abuse cuts across domestic abuse, stalking, sexual violence, adolescent relationship abuse, and public harassment. It includes location monitoring, spyware, tracking devices, image-based abuse, impersonation, online harassment, threats, coercive control through devices, social media humiliation, and algorithmically amplified misogyny.

Young people's evidence from Tameside shows how online culture shapes peer norms, while survivor evidence shows how control can continue after separation. The Protection from Sex-Based Harassment in Public Act 2023 provides a useful legal hook for public-space safety - the GBV strategy will need to treat public harassment as both an enforcement and a prevention issue. Schools, colleges, transport providers, licensing, night-time economy partners, youth services, employers, and community safety teams all have roles in changing norms and improving confidence that action will be taken.

“If you wait until secondary, it's already normal.”

Young Person - Voices

The evidence concerning local public space highlights its importance for Tameside. Feelings of safety tend to decrease after dark, particularly near town centres and on public transport. This is significant because public harassment, stalking, intimidation, and abuse enabled by technology can prevent women, girls, LGBTQ+ individuals, disabled people, older people, and survivors of post-separation abuse from moving freely in local areas. Addressing public harassment thus requires a comprehensive approach that links digital safety, transport security, lighting, licensing, education settings, bystander intervention, reporting confidence, and police practices.

Tameside Voices: Beyond the Screen strengthens the evidence that technology-facilitated harm needs to be treated as part of the GBV spectrum. Young people described misogynistic content as circulating through algorithms, short-form videos, humour, trends, and peer sharing, rather than only through deliberate searching. They also described how harmful gendered ideas can be absorbed gradually because they are framed as jokes, self-improvement, or relatable content. This has implications for prevention because harmful attitudes may become normalised before they appear as a disclosure, referral, police incident or safeguarding threshold.

The report identifies Snapchat as a particularly high-risk platform in young people's accounts, due to disappearing messages, sticker-based bullying, location sharing, and ease of contact with strangers. Grooming, unsolicited sexual content, image-based abuse and the circulation of humiliating or violent content were raised repeatedly. This supports the need for Tameside's GBV Strategy to connect online safety with schools, youth services, safeguarding, community safety, police, parents, and carers, rather than treating online abuse as a separate digital issue.

“The bigger issue is not just the outright obvious misogyny, because lots of people can say that is wrong. I think the problem with social media is men and women making misogynistic videos that are disguised as, funny, relatable things”

Young Person - Voices



10. Survivor and Community Voice

Survivor voice has been an important source of evidence in this assessment, though it is limited in scale. The feedback available comes from the Trust Group, Diversity Matters, refuge survey responses, and the Bridges male voice programme. These accounts are not representative of all survivors in Tameside, but they provide rich qualitative insight into how systems are experienced. The Trust Group session held on 9 October 2025 identified themes of safety and trust, access and awareness, housing stability, and inclusion. Participants described police responses as inconsistent and said that early contact with police could shape whether survivors felt safe to continue engaging.

The feedback about MARAC was strongly expressed and needs to be contextualised as one group discussion rather than a system-wide conclusion. Its value lies in the concern underneath it which is likely to be that some survivors do not always understand what MARAC is for, that it is a process, what it will do, and how it will change their safety. This points to the need for clearer communication, better feedback to survivors and stronger links between high-risk processes and long-term support.

The Trust Group also highlighted the value of third-sector services. Participants described community and voluntary services as providing sustained support that can last years. This is important because recovery is not complete when crisis has stabilised.

Survivors often need long-term, relationship-based support around housing, children, legal processes, trauma, finance, confidence, community connection, and safety. Diversity Matters is a key local provider and the Take Control campaign, developed with women from South Asian communities, provides a practical example of culturally grounded engagement and communications. Diversity Matters testimony also provides learning about cultural competence, professional curiosity, and system navigation.

One account described how a perpetrator used family expectations, community pressure, and professional assumptions to undermine the survivor's credibility. The survivor described a lack of cultural awareness about tactics used by perpetrators and how professionals accepted claims about cooking, housekeeping, and parenting without understanding the cultural context or coercive pattern.

“He was gaslighting me and she was falling for that. He had used his family against me, and he had used my own family against me. I lost trust in all services. I felt they were really looking at me just after whatever outcomes were needed for their plans and their assessments.”.

Survivor Stakeholder Engagement

This pattern - the perpetrator believed the victim doubted – commonly appears in national research on domestic abuse and is specifically analysed in the British Journal of Criminology's 2025 study of Domestic Homicide Reviews (DHRs). That analysis, drawing on a substantial sample of published reviews, found that DHRs frequently exhibit race and gender neutrality in their framing: they fail to analyse the intersecting identities of victims, fail to name the specific barriers faced by minoritised women, and fail to connect recommendations to the dynamics they identify.

This evidence shows that culturally competent practice is not about cultural sensitivity in general terms but about understanding how perpetrators weaponised culture and how systems can inadvertently reinforce that control. The same testimony described missed opportunities in health settings, including ambulance and hospital contact after significant injury.

“There was a particular incident where I'd been abused to a level where I sustained quite an injury and had blacked out. I ended up coming to hospital - they did not want to ask me how I had sustained that injury. The ambulance service did not ask any further questions. If only somebody had asked those questions, it would have actually matched up that something was very wrong.”

The survivor reflected that if someone had asked the right questions, the pattern might have become visible earlier. This aligns strongly with the case for IRISi, routine enquiry, trauma-informed health practice and strengthened health pathways. The survivor described wanting to keep her children safe but feeling that systems focused on her behaviour, history, and parenting rather than the perpetrator's pattern of harm. This is precisely the area where Safe and Together will support local improvement because it encourages practitioners to document perpetrator behaviour, identify its impact on children and partner with the non-abusing parent where safe to do so.

Male voice feedback from the Bridges Partnership programme based at the LEAP Centre adds another important perspective. Participants valued the group and praised facilitators. They identified practical needs including legal advice, counselling, cookery skills, self-care, flexible timings for people in work, and venues that feel welcoming and less formal. They also described barriers including limited-service choice, disbelief, stigma, police responses that did not always recognise men as victims, and concerns around family court and contact arrangements. The feedback supports a strategy that is gender-informed and evidence-led as it recognises the disproportionate impact of men's violence against women and girls while also developing credible pathways for male victims.

Manchester Rape Crisis provides a further route for future sexual violence survivor voice. The service has a lived experience panel that meets regularly and informs recruitment, service feedback, and organisational development. The panel was not available as a Tameside-specific survivor voice source within this project timeframe, but it provides a potential route for Phase One engagement, subject to consent, safety, anonymity, and agreement with Manchester Rape Crisis. This is critical for balancing the current survivor evidence base, which remains weighted toward domestic abuse because that is where Tameside's local infrastructure and engagement routes are most developed. The refuge survey responses were positive about immediate safety and support but also pointed to move-on challenges. This is consistent with the housing evidence.

Refuge can create immediate short-term safety to begin recovery. The strategy needs to address the journey beyond refuge into stable, suitable, affordable, and safe long-term accommodation. The population and public data give Tameside a clearer benchmark for future survivor and community voice work.

Engagement can be tested against the borough's demographic profile, age profile, disability and Adult Social Care context, housing pressures, and community safety evidence. This will help the Strategy move beyond asking who has contributed to asking who is missing, why they may be missing, and what needs to change so that future engagement is more representative, trusted, and accessible.

The next step is to make survivor and community voice ethically and intrinsically part of the governance infrastructure. This can build on the Trust Group and Community Safety Survey methodology but needs to intentionally reach communities underrepresented in this assessment. Engagement needs to be supported, well facilitated for equality of voice, ethical, trauma-informed, and accessible. It needs to include women from South Asian communities, migrant women, disabled survivors, LGBTQ+ survivors, older victims, young people, and male survivors. Membership and participation routes need to be reviewed regularly so that new voices can join and current issues remain visible.

Experts with lived experience deserve proper recognition and compensation for their time and emotional labour. Projects must incorporate survivor engagement costs into their design. Those sharing their expertise need to see how their input influences local practice, which means establishing feedback mechanisms for each engagement. This approach aligns with ethical and trauma-informed standards, preventing exploitation and tokenism that can sometimes result from 'co-design' or 'co-production' approaches that have not been adequately funded or considered.



11. Children and Young People

A robust GBV Strategy must recognise that abuse does not begin or end in adulthood. Children and young people are affected by gender-based violence as victims in their own right, as children living with domestic abuse, as young people navigating harmful peer cultures, as children at risk of exploitation, and as future adults whose beliefs, relationships and behaviours are shaped by the systems and environments around them. This requires Tameside's strategy to move beyond immediate safeguarding thresholds and take a broader public-health, trauma-informed and child-informed approach to prevention.

The Domestic Abuse Act 2021 confirmed that children who see, hear, or experience the effects of domestic abuse are victims of that abuse. National inspection evidence shows that practice has not yet become consistent.

The Joint Targeted Area Inspection (JTAI) thematic inspection of the multi-agency response to children who are victims of domestic abuse found inconsistency in children's experiences and continued weaknesses in recognising children as victims. It highlights systems that place too much responsibility on non-abusing parents, usually mothers, rather than keeping perpetrator behaviour in view.

This national learning strongly supports Tameside's commitment to the Safe and Together model. Publicly available improvement documentation, Ofsted monitoring, commissioner oversight, and local reform activity show a system under pressure but also in active improvement.

The GBV Strategy will best support that improvement work by aligning with Families First, Safe and Together, MASH reform, early help, Youth Justice, contextual safeguarding, education and health and avoiding the creation of a parallel GBV children's agenda that sits outside the main safeguarding architecture. Child sexual abuse and child sexual exploitation also need to be explicitly recognised within Tameside's GBV Strategy. Child sexual abuse (CSA) and child sexual exploitation (CSE) are not separate from gender-based violence; they are forms of sexualised harm rooted in power, entitlement, coercion, grooming, and exploitation.

Girls are disproportionately affected, but boys are also abused and can be particularly unseen because of shame, stigma, assumptions about masculinity and professional under-identification. Perpetration is most often male, although the strategy needs to avoid simplistic assumptions and remain alert to all forms of abuse, including intra-familial abuse, peer abuse, online abuse, and group-based exploitation.

The national evidence is clear that child sexual abuse and exploitation can shape a child's whole life trajectory. The Independent Inquiry into Child Sexual Abuse found repeated institutional failures to protect children from sexual abuse and exploitation. The CSA Centre's evidence summary identifies impacts across mental health, physical health, relationships, sexual development, education, employment, and financial stability.

The evidence on Adverse Childhood Experiences also shows that abuse, neglect, domestic violence, parental substance use, mental ill-health, and other childhood adversities are associated with poorer health, increased health-harming behaviours, violence, exploitation, poor mental wellbeing, and wider social harms across the life course. This does not mean that harm is inevitable or that children's futures are fixed but it does mean that early identification, protective relationships, specialist support for long-term trauma-informed recovery can change outcomes.

Recent national safeguarding learning reinforces the importance of this focus. The Child Safeguarding Practice Review Panel's national review into child sexual abuse within the family environment found that children sexually abused by someone in their family are too often not identified or do not receive the response needed for safety and recovery. Baroness Casey's national audit of group-based child sexual exploitation and abuse also highlights persistent difficulty in recognising and recording child sexual exploitation, particularly where adolescents are blamed for their own abuse, where exploitation overlaps with criminal exploitation, online harm or substance use, and where agencies do not share or analyse data consistently.

Tameside's local strategy already recognises contextual safeguarding, exploitation, youth justice, school absence, online harms, and adolescent relationship abuse as connected issues. The task is to ensure CSA and CSE are visible within that same whole-system analysis. For Tameside, the immediate priority is to understand prevalence and pathways more clearly. Police data already shows a considerable number of sexual offence victims under 18, but reported crime will only ever show part of the picture.

Over the course of the first GBV strategy implementation, for its evolution and development, it will be advisable to triangulate police data with MASH, complex safeguarding, children's social care, schools, health, sexual health, St Mary's SARC, Youth Justice, missing and exploitation data, online harm intelligence, VCSE insight and survivor voice. This will help distinguish between familial CSA, peer abuse, online abuse, adolescent harmful sexual behaviour, sexual exploitation, and group-based exploitation, while also identifying where children are visible to services but not recognised as experiencing sexual abuse or exploitation.

An effective GBV Strategy will seek to guide the strengthening of professional confidence through shared definitions, improved disaggregated data recording, emphasis on perpetrator disruption and include specialist support for children and abused parents with clear routes into recovery that do not depend on a child making a clear verbal disclosure before agencies act. The Youth Justice audit provides useful local learning.

11.1 Young people, online misogyny, and early prevention

Tameside Voices: Beyond the Screen provides important local youth voice evidence for the GBV Strategy. Young people described the manosphere as a broader cultural ecosystem rather than a single influencer or website. Andrew Tate was the most frequently named reference point, but participants were clear that the issue extends beyond one person and is shaped by influencers, short-form videos, jokes, advice content and repeated language circulating through social media feeds and school spaces.

The report shows how online misogyny can move into everyday peer culture. Young people described repeated messages about masculinity, dominance, and status, with terms such as “alpha male,” “black pill,” “looksmaxxing,” “mewing” and “bone smashing” becoming recognisable in school settings. Participants also described how irony and humour make harmful language harder to challenge, because peers can say they are “joking.” This is relevant to GBV prevention because it shows how harmful gender norms can become normalised before they are recognised as abuse, harassment, or safeguarding concerns.

The report also identifies gender polarisation and “online gender wars” as a theme. Young people described social media as intensifying conflict between boys and girls, pressuring them to “pick a side” in simplistic and hostile narratives about feminism, masculinity, and relationships. This links directly to the prevention strand of the GBV Strategy because it suggests that work with children and young people needs to include empathy, critical thinking, healthy relationships, media literacy, peer culture and gender norms, rather than relying only on risk warnings or incident-based responses.

A key message from young people was that intervention comes too late. Participants described harmful online culture reaching children before secondary school, including through shared devices, siblings, peers, and playground conversations. They identified peer-led education, early conversations about online harm, calm adult support, and trust-based boundaries as protective factors. This gives Tameside a strong local mandate to start prevention earlier, including primary-age work, peer education, parent/carers support, and repeated conversations rather than one-off lessons.

Young people were not passive consultees in this report. The conclusion describes them as “clear-eyed analysts of the problem” who could articulate both the mechanics of harm and the solutions they believe would work. The report recommends peer-led infrastructures, youth ambassador models, shared language for identifying misogynistic narratives disguised by humour, and earlier repeated dialogue in primary settings. This provides a practical route for Tameside’s young people’s GBV pathway and prevention plan.

Following learning from a Domestic Homicide Review, the domestic abuse perpetrator task and finish group undertook a dip sample audit of domestic abuse within Youth Justice cases. The audit identified 70 Youth Justice cases where violent crime was the index offence and selected a random sample of eight cases. Five were open cases and received full audit scrutiny; three were arrest notifications only. Police, Children’s Social Care and Bridges Partnership contributed summaries, and a multi-agency audit panel reviewed five cases in February 2026. The audit identified practice strengths, including trusted relationships between Youth Justice practitioners and families, recognition of young carers in one case, and referrals to support services including Talk Listen Change. It also identified important learning. Domestic abuse and trauma were not consistently recognised, explored, or analysed as factors shaping young people’s behaviour and development. Domestic abuse was sometimes reframed as parental conflict, which seriously weakens risk analysis and can obscure the perpetrator’s behaviour.

Early indicators, including repeat domestic abuse, repeated offending, self-harm and intergenerational violence, were present but not always connected into a coherent picture. Information sharing weaknesses were also identified. Police notifications to Youth Justice did not always contain sufficient safeguarding context. MASH decisions were not routinely fed back to referrers and family history, and context did not consistently inform planning.

The arrest notification pathway was identified as an area for development, particularly where no clear lead agency was identified and where issues of consent affected action. These findings align closely with the wider assessment theme that the system often holds information but not always in a form that allows shared analysis and coordinated action. This leads to fragmentation and the opening of gaps through which victims/survivors and perpetrators of abuse may fall through and fall from view.

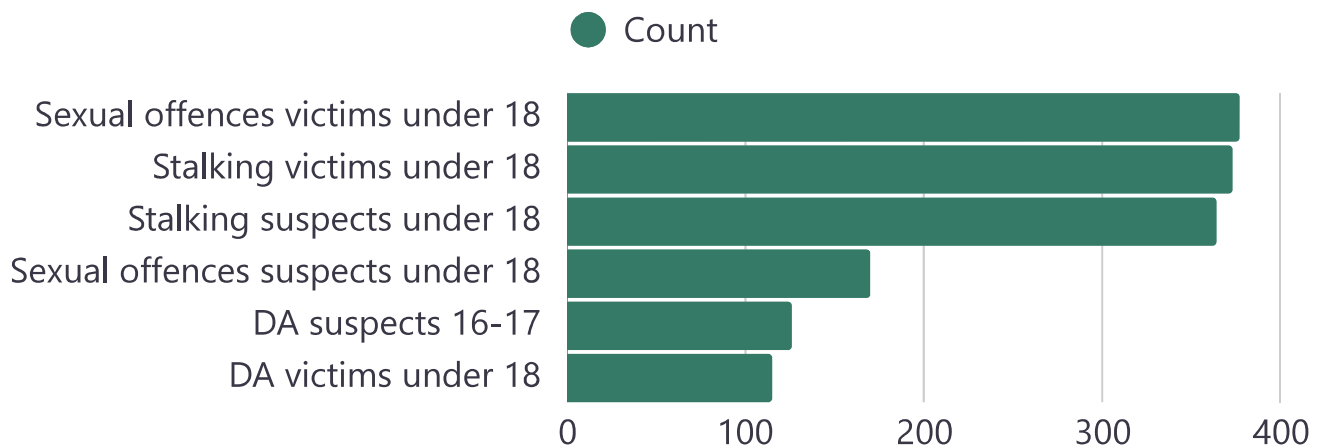
As discussed in 2.6 above, myths about the need for consent continue to be a barrier to effective and safe system working. It is worth reiterating here then that consent is rarely the suitable lawful basis for sharing information to safeguard children where there are concerns about harm, risk of harm or the need to promote welfare. Seeking parental consent in circumstances where action may be required regardless can create confusion and unfairness. Working Together 2026 is clear

that consent is not needed where there are another lawful basis and sharing is necessary and proportionate.

The strategy's learning and development programme needs to address this directly so that 'no consent' never becomes a reason for professional paralysis where safeguarding concerns exist. This applies to all safeguarding across the age spectrum. The wider evidence on young people and relationships reinforces the importance of this work.

The Youth Endowment Fund's 2025 report on violence in relationships found that 28% of surveyed teenagers had been in a relationship in the previous year and that 39% of those had experienced some form of emotional or physical abuse. This includes phone checking, social media monitoring, location monitoring, criticism of appearance, pressure, or force to have sex, physical harm, and image-based abuse. These are forms of coercion and control even when they occur through phones and peer relationships rather than adult cohabiting relationships. Tameside's own police data reinforces the local relevance. In 2025, Tameside Police received reports involving 115 domestic abuse victims under 18 and 126 domestic abuse suspects aged 16 to 17. There were 373 stalking and harassment victims under 18 and 364 suspects in the same age range. There were also 377 victims of sexual offences under 18, with 170 suspects under 18.

Tameside police reporting data



Source: Tameside Police

Figure 5: 2025 Tameside Police reports involving victims and suspects under 18

These figures are likely to represent only the reported part of a much larger picture. The Hive North research for Tameside Community Safety Partnership adds important depth. Through qualitative interviews with young people across secondary schools, it found that young people were familiar with Andrew Tate and the wider manosphere ecosystem, often through indirect exposure rather than deliberate engagement.

Misogynistic content circulated through humour, peer language, and algorithms, making it harder for young people to identify it as harmful. Young people described terms such as “alpha male,” “black pill,” “looksmaxxing,” “mewing” and “bone smashing” entering school spaces and peer conversation. One young person said, **‘It just sounds normal after a while because everyone’s saying it.’** The research also showed the algorithmic nature of harm.

Young people described how watching one video out of curiosity could quickly reshape their feed. Snapchat was identified as a particular concern because of disappearing messages, location sharing, unsolicited sexual contact, grooming, bullying, and image-based abuse. The comment, **‘If you wait until secondary, it’s already normal,’** is significant. It supports prevention that begins in primary school, using age-appropriate methods and trusted messengers.

MASH insights provide further local detail. Children’s Social Care has developed a domestic abuse toolkit as a practical starting point for practitioners, with an associated training package planned. The toolkit is intended to evolve over time and support practice around language, coercive control, safety planning, and referral routes. This aligns well with Safe and Together because both approaches move practice away from placing responsibility on the non-abusing parent and toward understanding perpetrator behaviour, the impact on children and the protective strategies already being used by adult and child victims.

The engagement also identified the development of domestic abuse champions within services. Their role can help learning land in day-to-day practice, supporting practitioners to translate training into assessment, planning, recording, and conversations with families. This is particularly useful in children’s social care, where confidence, language and analysis can shape whether domestic abuse is recognised as a pattern of harm or reframed as parental conflict.

The Amity Relationship Dynamic Assessment Tool (ARDAT) pilot with Amity also provides a useful local development, giving practitioners a tool to begin conversations about relationships and distinguish inter-parental conflict from abusive dynamics.

Operation Encompass was also raised as an area that would benefit from local review, particularly to understand how notifications are received, understood, and acted upon across schools and safeguarding partners. Tameside already has significant prevention assets for children and young people. Blind Side has reached over 6,500 students in total, including 1,237 students across 17 Tameside schools in the recent reporting period, and has been adopted in other areas. Talk Listen Change provides youth-focused harmful behaviour work.

The Tameside College campaign, developed from priorities identified by the Trust Group, will co-produce awareness materials with young people aged 14 to 18 using formats such as TikTok and Reels-style content. The inclusion of safeguarding support through a Children's IDVA is important because young people must not be pressured to disclose subjective experiences to contribute to prevention work. The strategic implication is clear. Children and young people need to be a central pillar of Tameside's GBV Strategy. The borough has promising initiatives and committed professionals. The next step is a coherent young people's GBV pathway connecting schools, colleges, Youth Justice, MASH, Early Help, Bridges, TLC, health, youth services, exploitation pathways, and community organisations.

12. Housing, Safe Accommodation, Homelessness and Support Needs

Housing is safety infrastructure. For victims and survivors of domestic abuse and wider gender-based violence, housing can enable them to leave abuse, remain safely at home, protect children, avoid homelessness, access support services, maintain employment, keep children in school, and recover from trauma. Housing therefore forms a fundamental part of safety, choice, and recovery.

Tameside's existing domestic abuse and homelessness evidence, Bridges Partnership data and provider intelligence, survivor feedback, national statutory guidance, ONS housing data, Tameside's Homelessness and Rough Sleeping Strategy, the Whole Housing Approach, and MHCLG/Ipsos/ECORYS evaluation findings on Part 4. A standalone safe accommodation and housing supplement accompanies this report so that Tameside can update the Part 4 evidence base as further datasets, monitoring returns and survivor feedback become available.

Part 4 of the Domestic Abuse Act 2021 places duties on Tier 1 local authorities in England to assess the need for domestic abuse support in relevant safe accommodation, prepare and publish a strategy for delivery, appoint and consult a Domestic Abuse Local Partnership Board, and monitor and evaluate effectiveness. The duty covers victims of domestic abuse and their children. The statutory guidance defines relevant accommodation including refuge accommodation, specialist safe accommodation, dispersed accommodation, sanctuary schemes, and second-stage accommodation. Support in safe accommodation includes advocacy, safety planning, advice, counselling and therapy, housing-related support, children's support, domestic abuse prevention advice, financial and legal support, and support designed for survivors with protected characteristics or additional needs.

Current data collection that aligns with requirements for a Part 4 compliant needs assessment is limited because data collection frameworks have not been designed to align. This is, as we know from the evaluation, a nationwide issue. This means that significant investment is required at cyclical points to conduct a full detailed needs assessment that requires seeking out the data that is needed, a full analysis and further stakeholder engagement that seeks to triangulate the evidence to inform a needs assessment. This is not only a significant financial investment but a pull-on local resource to seek and access the data and test the evidence. For the purposes of this commission to conduct a GBV strategic needs assessment that includes housing support needs (specific only to domestic abuse) a full detailed needs assessment falls outside of scope. However, as has been outlined throughout this report, as Tameside is moving to an iterative best practice approach to strategy design and development it is fitting that the same approach is adopted for the Housing Support Strategy. An additional supplemental Strategic Housing Support Needs Assessment accompanies this full GBV Assessment, which can be used to satisfy requirements of MHCLG and meet the Part 4 Duty.

Better data depends on what commissioners require of the services they fund, not only on what this Needs Assessment can describe. Commissioning arrangements need minimum data expectations built in as a condition of funding – for instance: referral, outcome, equalities, and children's data among them - rather than left as good practice for providers to interpret individually. This also applies to direct survivor and service-user feedback.

National evaluation evidence on comparable statutory duties has found that survivor input to local planning has varied significantly between areas, and that the strongest outcomes were found where survivor voice informed needs assessment, strategy, commissioning, and review throughout, rather than through a single consultation exercise. A standing mechanism for survivor and service-user feedback - building on and evolving the Trust Group framework and extending it to a resourced (paid where appropriate) seat in governance, alongside routine collection of children's and young people's views - turns this from good intention into an accountability structure that sits inside commissioning and contract management.

Tameside has substantial local foundations. Bridges Partnership reports that the safe accommodation offer now includes two refuges, sanctuary, and dispersed options. The Domestic Abuse Act has enabled additional funding and expansion of the safe accommodation offer, while the longstanding commitment from Tameside Metropolitan Borough Council and the five-year plus five-year core Bridges contract have provided confidence for Jigsaw Group to invest in a new refuge and additional dispersed accommodation. Provider intelligence indicates that this has improved options for male survivors, larger families, survivors in employment and survivors with adolescent male children. The new refuge provides self-contained apartments, which are more suitable for many survivors than shared kitchens and bathrooms.

The fortnightly safe accommodation meeting between Bridges, Tameside Housing Advice, Jigsaw finance, housing management, and the safe accommodation manager provide a practical mechanism for discussing cases, allocations, and accommodation options collaboratively. Public Health funds a dedicated domestic abuse homelessness prevention officer based with Tameside Housing Advice and co-located with refuge and women's centre provision. Sanctuary and target-hardening referrals increased by 15% between April and December 2025 compared with the same period in the previous year, with 135 referrals received. Bridges also identified the single-commission model as a strength, particularly compared with more fragmented arrangements elsewhere.

The Bridges service offer is broader than safe accommodation alone. It includes outreach for all levels of risk, keyworkers and IDVAs, daily presence in the Multi-Agency Safeguarding Hub, Children's Independent Domestic Violence Advisor provision, refuge, dispersed accommodation, sanctuary, playworker support within safe accommodation, the Women and Families Centre, stakeholder training, training for victims and survivors of all genders, student counsellors and placements, behaviour-change programmes for people using harmful behaviours, training around children causing harm, IRIS training for GP practices, ADViSE training for sexual health clinicians, Diversity Matters North West support for ethnic minority communities, and access to employability and wellbeing provision supported through Jigsaw funding.

Tameside's local housing market creates constraints on survivor choice. ONS local housing data shows rising house prices and private rents in Tameside. Private renting, social housing, safe accommodation, and temporary accommodation are all part of the safety landscape for victim-survivors. Where rents rise faster than income, where social housing is limited, or where move-on is delayed, survivors may remain longer in crisis, unsafe or temporary arrangements.

The statutory guidance on improving access to social housing for victims of domestic abuse reinforces the need for allocation policies that avoid disadvantaging survivors who need to move for safety and that enable people in refuge, dispersed safe accommodation or temporary accommodation to move into settled housing.

Tameside's Homelessness and Rough Sleeping Strategy 2025-2030 adds important local context. It identifies domestic abuse within homelessness duty data and notes an emerging trend that needs further analysis: a reduction in prevention work with women fleeing domestic abuse alongside an increase in women fleeing domestic abuse being owed a relief duty. This points to the need to understand whether opportunities for homelessness prevention are being identified early enough.

The strategy also records wider temporary accommodation pressure, including 296 households in temporary accommodation in March 2024, a 64% increase between December 2022 and March 2024, and 47% of temporary accommodation being bed and breakfast or hotel accommodation in March 2024. These pressures are highly relevant to domestic abuse survivors and children who need safety, continuity, and support.

The MHCLG/Ipsos/ECORYS evaluation of Part 4 provides a national benchmark for Tameside. The evaluation found that support funded by the duty had significantly enhanced practical and emotional readiness for victim-survivors to re-establish their lives away from abuse, while access to safe accommodation and support remained uneven across diverse groups. It also found improved recognition and provision for children's needs, increased diversity of support services, the value of victim-survivor insight in decision-making, and continuing challenges with safe accommodation capacity and move-on accommodation. The evaluation's best-practice themes provide a useful framework for Tameside: Engage, Plan, Deliver, Collaborate and Review.

Part 4 safe accommodation support: best-practice

Adapted from MHCLG/Ipsos/ECORYS evaluation insights (2025)

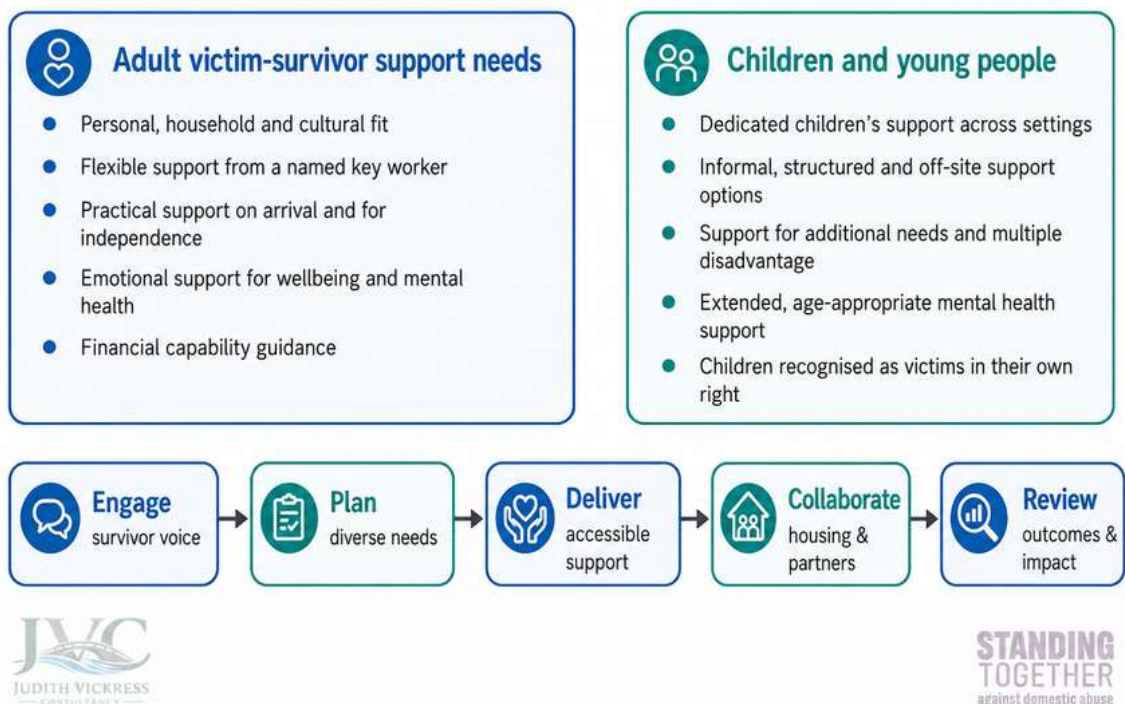


Figure 6: Best practice in implementing Part 4 of the Domestic Abuse Act - adapted from MHCLG/Ipsos/ECORYS evaluation insights

The evaluation is particularly relevant to children and young people. It highlights that children's needs are best met where there is dedicated children's support, access to support workers across safe accommodation settings, support available in different forms, provision for additional or multiple needs, and extended age-appropriate mental health support. This aligns closely with Tameside's wider GBV Strategy because children are recognised as victims under the Domestic Abuse Act 2021 and because safe accommodation is a key setting for recovery, stabilisation, and prevention.

Tameside's children's pathway, Safe and Together implementation, CHIDVA provision and playworker support in safe accommodation all provide foundations for strengthening this area.

Housing decisions affect children directly, separately from the safety benefit of leaving an abusive household. Local evidence from Tameside's Homelessness and Rough Sleeping Strategy shows that some placements outside the borough disrupt children's education, parents' employment and access to social care and health visiting; national evaluation evidence on children in safe accommodation similarly finds both real benefits, such as feeling safer and improved wellbeing, and real difficulties, including disrupted education, fractured friendships and missing a non-abusive parent left behind.

Children's and young people's coping responses to housing insecurity and disruption - including the substance use, disengagement and exploitation risk already identified elsewhere in this report within the young people's GBV pathway - are frequently a response to that insecurity rather than a separate behavioural concern, and a housing response that reduces insecurity through faster move-on and clearer sanctuary provision is itself a protective intervention for children, not only for adult survivors. The Part 4 supplement sets this out in full, including a proposed education continuity indicator for the children's data set.

Survivor feedback reinforces the importance of move-on, stability and long-term recovery. Refuge survey responses were positive about immediate safety and support, while Trust Group feedback raised concerns about housing waits, uncertainty after recovery work, sofa-surfing for safety, and the emotional impact of delayed move-on. These accounts align with national evidence that safe accommodation can become a bottleneck where move-on routes are constrained.

The Strategy needs to keep the whole housing journey in view - prevention, crisis, safe accommodation, sanctuary, target hardening, tenancy sustainment, legal advice, welfare and debt support, move-on, private rented sector access, social housing, and longer-term recovery.

Rough sleeping and multiple disadvantage also need to be visible within the housing pathway. Women experiencing domestic abuse, sexual exploitation, survival sex, stalking, mental ill-health, substance use or insecure immigration status may present through homelessness outreach, emergency accommodation, substance use services, police, health, Adult Social Care or voluntary and community sector partners rather than through specialist domestic abuse services.

The emerging GMCA/Tameside pilot for “intractable MARAC” key workers, co-located with the enhanced Live Well offer for people experiencing multiple disadvantage, is therefore a relevant development for the GBV Strategy and the safe accommodation pathway.

Provider intelligence also identifies pressures that need to be carried into the next phase. Year-on-year and “bolt-on” funding for elements such as sanctuary, IRIS, ADViSE and the MASH IDVA creates uncertainty, staff turnover risk and limits long-term planning. Complex accommodation and support needs, including for men with high support needs, remain difficult to meet and sustain locally. Lack of move-on accommodation continues to create pressure across the safe accommodation pathway. Bridges also identified low throughput in perpetrator behaviour-change provision due to course length and demand, which has relevance for housing because safe accommodation, perpetrator disruption and victim-survivor safety are connected.

A Whole Housing Approach is the most appropriate organising framework for the housing strand of the GBV Strategy. It connects refuge, sanctuary, dispersed safe accommodation, social housing, private rented options, homelessness prevention, tenancy sustainment, legal remedies, housing association practice, perpetrator accommodation, and survivor recovery. This wider lens allows Tameside to distinguish between safe accommodation gaps, move-on barriers, homelessness prevention gaps, pathway issues, commissioning stability, and wider housing supply constraints.

The Part 4 supplement sets out this Whole Housing Approach-aligned review in detail, including a component-by-component assessment of where Tameside already has foundations - refuge, dispersed accommodation, sanctuary, homelessness prevention co-location - and where development is needed, including move-on pathways, a perpetrator housing pathway drawing on the Drive Partnership's Restart model, private rented sector engagement in response to the Renters' Rights Act, and a dedicated Whole Housing Approach coordination function. It also sets out how Tameside can prepare for the Social Housing Bill's proposed domestic abuse eviction powers, currently before Parliament, so that housing, legal and domestic abuse teams are ready to act once the legislation takes effect rather than waiting for a future strategy refresh to catch up with it.

The immediate task for Tameside is to turn the available evidence into a Part 4 aligned safe accommodation action plan within the wider GBV Strategy. That plan can be updated through an annual or six-monthly evidence cycle drawing on safe accommodation usage, refused referrals and reasons, survivor demographics, children's support needs, length of stay, move-on outcomes, sanctuary outcomes, out-of-area placements, homelessness prevention and relief duties, temporary accommodation use, repeat presentations, by-and-for access, mental health and substance use support, and survivor feedback. This iterative approach aligns with the statutory requirement to monitor and evaluate, while allowing Tameside to respond to changes in demand, funding, housing market conditions, and survivor need.

13. Health, Mental Health, Trauma and Wellbeing

GBV is a public health issue as well as a safeguarding and criminal justice issue. It affects physical health, mental health, reproductive health, maternity, chronic illness, disability, substance use, self-harm, suicide risk, trauma, and long-term wellbeing. Tameside's Public Health leadership of GBV is a strategic strength because it places prevention, inequalities, and population health at the centre of the local response. IRISi demonstrates the value of health-based identification. Training all 33 GP practices and generating 204 referrals by December 2025 shows that health settings can become effective routes into support when practitioners have confidence, a clear pathway and specialist backing. This is especially important for older victims, disabled survivors, economically inactive people, and those who may not report to police or approach specialist services directly. Survivor testimony shows why health services are such important partners in the safeguarding system, as some accounts described ambulance, maternity and hospital contact where abuse indicators were not explored or where survivors did not feel understood.

These accounts cannot be treated as universal health practices, but they offer important learning about routine enquiry, professional curiosity, cultural competence, and trauma-informed response. Health services may see survivors before they disclose to anyone else. They may also see injuries, anxiety, weight loss, reproductive coercion, pregnancy-related abuse, chronic pain, substance use or self-harm without the abuse being named. ADViSE is also relevant to this section.

Engagement with the ADViSE advocate educator role in sexual health identified sexual health as an important disclosure route for domestic abuse, sexual coercion, rape, reproductive control, historic abuse, and relationship-based sexual violence. People may present for contraception, STI testing, pregnancy-related concerns, or general sexual health advice before they name coercion or abuse. The engagement also identified male survivors, LGBTQ+ men, migrants and refugees,

chemsex-related vulnerability, homelessness, language barriers, and limited interpreting provision as important considerations. This strengthens the case for a sexual violence pathway that links sexual health, SARC, ISVA, Manchester Rape Crisis, Bridges, male survivor provision, LGBTQ+ support, housing, mental health, interpretation, and immigration advice.

Mental health and trauma need to be embedded throughout the strategy. Survivors may experience depression, anxiety, PTSD, dissociation, self-harm, suicidality, loss of confidence, social isolation, and long-term trauma responses. Children living with abuse may experience developmental, emotional, educational, and relational impacts. People using harm may also present with trauma, substance use or mental health needs, although these factors do not excuse abusive behaviour.

A strong GBV Strategy connects trauma-informed support with accountability, rather than allowing trauma to become either invisible or an explanation that displaces responsibility. The Tameside Health and Wellbeing Board priorities, Joint Strategic Needs Assessment (JSNA) work, health inequalities agenda and the newly established multi-agency trauma responsive steering group provide routes for alignment.

The trauma responsive steering group is a key local mechanism for taking forward plans to become trauma responsive in line with Greater Manchester Adverse Childhood Experiences and trauma-informed work. The report would benefit from further validation with Integrated Care Board (ICB) and ICFT safeguarding leads, as well as maternity, mental health, emergency care, sexual health, and public health colleagues. That validation can clarify current activity, trauma work, pathways such as Steps to Change if relevant, and opportunities to extend the IRISi learning into other settings.



14. Perpetrator Accountability and Behaviour Change

A Coordinated Community Response to GBV does not rest on victim support alone, however essential that work is. Long-term safety depends equally on how well a locality identifies, understands, challenges and responds to those who cause harm. On this, Tameside has travelled a considerable distance.

The current Domestic Abuse Perpetrator Needs Assessment, which is domestic abuse related rather than GBV, found limited dedicated perpetrator provision, with mandatory probation courses or privately paid out-of-area options as the main routes. Since then, Tameside has developed a much stronger base.

Current provision includes Talk Listen Change interventions for adults and children and young people using harm as part of the Bridges core offer, Caring Dads, Advance-D through substance misuse provision, MATAAC, Project CARA, DAPO implementation, perpetrator-focused communications, and workforce training. TLC adult work saw a reported 91% increase in referrals and engaged 82 adults. TLC also supported children and young people using harm, including harm toward parents and peers.

Caring Dads, Advance-D, and MATAAC each add distinct components to the continuum. The MATAAC first cohort saw domestic abuse incidents reduce from 58 to 14 after eight weeks of multi-agency intervention, a 76% reduction. Caring Dads warrants recognition within this pathway. It is a 17-week accredited programme for fathers who have been abusive to their children's mothers, with a focus on changing patterns of abusive behaviour, increasing awareness of child-centred fathering and promoting respectful co-parenting.

The wider Caring Dads approach combines parenting, fathering, domestic abuse, and child protection practice, with attention to children's safety and wellbeing, mothers' safety, respectful co-parenting, and collaborative case management. This makes it especially relevant to Tameside's commitment to Safe and Together because both approaches keep the person causing harm visible while strengthening safety for children and non-abusing parents.

The local update that Caring Dads has been re-awarded through Ministry of Justice funding strengthens its position as part of Tameside's continuing perpetrator accountability pathway. The Strategy can present Caring Dads as a valued component within the local continuum, while continuing to monitor referral routes, suitability, waiting times, completion, outcomes, mother contact, links with children's services and how risk is monitored during and after participation.

The strategic task is pathway coherence. Some provisions may be underused while other provisions, such as Caring Dads, are oversubscribed. This suggests the need to understand the right intervention for the right person at the right time. There is a need to improve practitioner knowledge of the offer, strengthen referral confidence, identify engagement barriers, and align voluntary provision with mandated requirements, DAPO positive requirements, disruption activity, and victim safety planning.

The perpetrator accountability pathway needs to consider wider forms of GBV beyond domestic abuse. Sexual violence, stalking, public sexual harassment, online abuse, exploitation, harmful sexual behaviour, and harmful practices all require perpetrator-focused responses. These may include criminal justice routes, civil orders, safeguarding, disruption, education, behaviour-change work, licensing, and public space interventions.



Figure 7: Tameside Perpetrator Accountability Map

The Strategy can use the domestic abuse perpetrator pathway as a foundation while developing clearer links to Rape and Serious Sexual Offences (RASSO), MASIP-style stalking work, harmful sexual behaviour pathways, exploitation disruption, online safety, and public harassment responses. The 2023 perpetrator needs assessment remains an important evidence base that the current GBV Needs Assessment does not seek to duplicate. Instead, it integrates its findings and asks what has changed since.

The assessment highlights the need for governance, data, training, “complex needs” (now better termed multiple disadvantage in recognition that it is the system that is complex, not the needs of the individuals trying to navigate the system) integration, motivational interviewing, risk assessment, substance use, mental health and housing involvement.

Those themes remain relevant. Tameside’s new strategy can now build from a stronger provision base and focus on coordination, matching, visibility, and outcomes for broader GBV experiences. Perpetrator work needs to recognise complexity without diluting accountability. Some people who choose to use abuse to harm others may not engage voluntarily. Some may engage superficially, and some may use services, processes, family court, the children, housing, financial and economic levers, or community relationships as part of ongoing control post-separation.

Behaviour change provision is important but it needs to sit within a wider accountability framework focused around victim (including children) safety that includes belief and validation of victim’s experiences and fears, improved safe information sharing, identification of and meeting needs, recognition of risks and their management – whatever level they may be assessed at, perpetrator disruption, diversion and/or behaviour management, civil orders, criminal justice, better housing responses that support staying safe at home and better child safeguarding that identifies and acknowledges them as victims of the abuser whether directly harmed or not – the accountability message being clear that a parent who abuses the other parent of their child/children is also abusing the child/children.



15. Workforce Support and Development

A GBV Strategy can aim to develop a system that provides services meeting the needs of people throughout Tameside. The effectiveness of service delivery depends on a workforce of dedicated practitioners who are confident, capable, safe, supported, and well-equipped. They are the bridges to safety for individuals and families impacted by all forms of gender-based violence.

"Often the families I work with do not have consistency, therefore frequent changes in workers can lead to mis trust and unsensitive responses to re visiting trauma."

Practitioner Survey Respondent

A bridge needs strong and deep foundations to stand and function. For this reason, it is essential that the needs of the workforce tasked with delivering services are considered and addressed in the Strategy. As domestic abuse has seen a considerable focus of investment in Tameside, it follows that confidence will be stronger around domestic abuse than around sexual violence, stalking, harmful practices, exploitation, and technology-facilitated harm. This reflects a national pattern in which domestic abuse has often been the dominant operational lens, rather than a criticism of local practitioners. Tameside can now develop a borough-wide Learning and Development Action Plan (LDAP) alongside the GBV Strategy that broadens capability across the full GBV spectrum while supporting the practical skills needed to work within a CCR.

An effective Learning and Development Action Plan must be more than a training calendar. Standalone front-led training sessions can go some way to building awareness, but this way of learning will not meet all learning needs or reflect learning styles. Learning and development of knowledge and skills are continuous and require mixed-method approaches.

Practitioners need opportunities to practice, reflect, revisit, discuss, test assumptions, and receive feedback. Gibbs' Reflective Cycle remains useful because it encourages professionals to move from description to feelings, evaluation, analysis, conclusion, and action planning. In GBV practice, this is relevant because professionals need to ask not only what happened, but what they noticed, what they missed, what assumptions shaped their response, what information was needed and what would be done differently next time.

A mature learning system also learns from good practice, not only from serious harm. DHRs, safeguarding reviews and serious incidents are vital, but a learning culture built only around where systems or practices have failed can, and does, become defensive.

Positive reflective practice and strengths-based learning encourage practitioners to examine what worked, why it worked, how trust was built, how a disclosure was enabled, how a perpetrator was disrupted, or how agencies coordinated effectively. This improves morale, confidence, and adaptive expertise. Any LDAP must recognise neurodiversity and different learning styles across the workforce. Long, text-heavy, passive training sessions will not meet the needs of all practitioners.

A neuroinclusive learning strategy uses universal design principles which include shorter modular sessions, visuals, case maps, practical tools, repetition, scenarios, peer discussion, reflective exercises, shadowing, coaching, and flexible access. This improves learning for everyone, not only neurodivergent colleagues.

Accessibility must be designed in from the start rather than added as an adjustment later. LDAPs are best designed and developed by and for learners alongside relevant subject and teaching experts. The LDAP will look to cover all relevant subjects to build knowledge confidence but must also cover all the skills needed to become effective and confident practitioners within their specific roles but, crucially, within a system that they too need to understand and see their role within.

The subject areas needed for an effective GBV Strategy to succeed are vast and wide, but some priority areas will include building information-sharing confidence, safeguarding duties, engagement skills such as motivational interviewing and understanding the impact of trauma on victims. Note-taking and recording are vital skills often overlooked, as is the importance of boundaries and self-care.

Where information sharing /GDPR learning often falls is not being role specific. Scenario-based multi-agency learning can help staff practice the decisions they need to make daily - what is the safeguarding purpose, who needs to know, what is the minimum necessary information, and how will the rationale be recorded? Workforce wellbeing is part of any safeguarding infrastructure.

Practitioners working with GBV are regularly exposed to trauma, fear, manipulation, child harm, sexual violence, and moral complexity. Vicarious trauma, burnout, and compassion fatigue can affect decision-making, empathy, professional curiosity, and retention. A depleted workforce is more likely to become procedural, risk-averse, or emotionally distant and looking for quick solutions.

Tameside's GBV strategy with the LDAP must treat workforce wellbeing as a system quality issue recognising the need to strengthen the "bridges" without which Psychologically Informed Environments are essential for a strong and effective workforce. PIE asks whether the organisational environment supports reflective, relational, and emotionally sustainable practice. In a Psychologically Informed Environment informed GBV system, supervision provides both managerial oversight and reflective containment. Leaders encourage and enable curiosity. Policies recognise emotional labour, physical and digital spaces support dignity and safety and staff understand behaviour in context. For survivors, this reduces re-traumatisation. For staff, working in psychological safety reduces burnout and eradicates defensive practice – instead, enabling staff to own mistakes, seek support and guidance, ask questions, receive critique, become strengths-focused teams and to "fail forward."

For Tameside to describe its GBV system as trauma-informed, psychologically informed environments are an essential and practical route to making that authentic.

A future Tameside GBV LDAP is a significant piece of work, but, again, it begins from a solid foundation. The plan will set role-specific competencies, map training and learning needs, build reflective practice, identify how to develop practitioner confidence, integrate specialist subject and skill areas, and embed continuous evaluation that focuses on impact on confidence and improved practice, rather than the number of attendees. It will integrate a continuous feedback loop – for learners and for the clients, service users, victims, survivors, and perpetrators/offenders – to inform success measures, identify gaps, inform needed improvements, and enrich content.

There may be a need for a significant investment in learning and development, but this is an investment to save. Savings will be measurable and visible in many areas, including eliminating the cost of "importing" training when the expertise exists locally and can be developed for sustainable long-term delivery. Confident staff who feel valued, seen, and safe will stay, sickness will reduce and an environment of "teaching forward" will be fostered – embedding good practice that identifies strengths and empowers others to grow and develop.

Awareness and skills to engage reinforce early identification and enable early intervention to reduce harm, improve prevention, and change the life course of people who are victims and those who show signs of harmful behaviour. A confident, knowledgeable, and skilled workforce will save lives.

16. Equity, Inclusion, and Intersectionality

Equity and inclusion need to be designed into the strategy rather than added as an aspiration. The Community Safety Survey underrepresented Pakistani, Bangladeshi, and Muslim residents compared with the borough profile. Service data includes significant unknown categories across protected characteristics, including sexuality, ethnicity, gender identity, right to reside and disability. This may reflect whether professionals feel confident asking, whether systems are designed to capture information safely, and whether survivors feel safe answering.

The strategy needs to reach communities that universal pathways often miss. This includes South Asian women, migrant women, women with insecure immigration status or no recourse to public funds, LGBTQ+ survivors, disabled survivors, neurodivergent people, older victims, young people, men, marginalised and often maligned communities such as Gypsy Roma or Irish Travellers, people involved in sex work, people experiencing homelessness and people affected by substance use or mental health difficulties. Each group may face different barriers, and some survivors sit at several intersections at once. By-and-for provision is important because trusted community organisations can reach people who will not approach statutory agencies or generic services. Diversity Matters has already contributed important insight.

Engagement with LGBTQ+ organisations, disability-led groups, migrant support organisations, faith and community leaders, older people's groups, youth organisations, and male victim provision will help Tameside design pathways that are accessible in practice, not only in principle. Equity also needs to shape commissioning, communications, data, and evaluation.

The strategy needs to ask who is not coming forward, who drops out, who receives what type of service, who receives specialist advocacy, who receives recovery support, who has housing outcomes, who is referred to MARAC, who receives children's support and who is represented in survivor voice mechanisms – and who is not – and proactively seek them out and ask them why.



17. Communications, Public Awareness and Prevention Infrastructure

Tameside's Domestic Abuse Communications Strategy 2025-26 provides a foundation for the GBV Strategy's prevention communications strand.

Communications are not only publicity; they are part of the prevention infrastructure, helping people recognise abuse, name harmful behaviour, access support, and understand how to respond as friends, family, employers, neighbours, and community members. The Open Up male victim campaign, White Ribbon activity, Sitting Right with Your adaptation, GMP weeks of action, licensing and night-time economy messaging, community events, faith settings, schools, and journalism student engagement all show that Tameside has an active communications base.

The Open Up campaign's national reach and increased traffic to the Bridges support for men page demonstrate the potential of well-designed, targeted messaging. White Ribbon provides norm-change messaging focused on men and boys. The journalism student work is a creative approach for reaching future communications professionals and improving media understanding of VAWG. The GBV Strategy can build on this by broadening communications beyond domestic abuse to include sexual violence, stalking, public harassment, online harms, adolescent relationship abuse, harmful practices, support for male victims, and community bystander roles.

The Voices report gives Tameside a clear youth-informed prevention message: young people want earlier, more credible, and more relational approaches. They identified peer-led education, calm conversations with adults, clear boundaries, earlier work before secondary school and language that reflects young people's real digital lives. This aligns well with existing prevention assets such as Blind Side, whole-school work, Tameside College campaign development, and wider communications activity. The Strategy can use this evidence to build prevention that is youth-informed rather than adult designed alone.

The Protection from Sex-Based Harassment in Public Act 2023 gives Tameside a timely communications opportunity around public space safety, transport, licensing, schools, and town centres. Communication also needs to be linked to engagement. Campaign reach is valuable, but trusted dialogue with communities is different. The Community Safety Survey methodology demonstrated that people who may not click a QR code will speak when approached respectfully, with interpreters, paper options, trusted venues, and time. The strategy needs both public messaging to raise awareness and community engagement to build trust.

18. Governance, Data and Learning

The GBV Strategy needs governance that connects the full spectrum of harm while building on existing structures. Tameside already has useful data infrastructure, including the GMCA GBV dashboard, Bridges Partnership data, quarterly datasets to the Domestic Abuse Steering Group, case studies at steering group, MASH strategic datasets, and contract monitoring. Partner comments on the first draft rightly noted that data sharing already occurs and needs to be credited. The improvement task is to connect that data more consistently to strategic decision-making across the wider GBV spectrum.

The Phase One data plan needs to specify what will be collected, who will provide it, how often it will be reviewed, and how it will be used in governance and commissioning. A practical starting point would be a compact GBV outcomes and intelligence framework agreed through the Strategy governance arrangements. This could draw from GMP and GMCA dashboards, Bridges Partnership, MASH, MARAC, MATAAC, DAPO monitoring, St Mary's SARC, Manchester Rape Crisis, ADViSE, housing and homelessness data, safe accommodation monitoring, Adult Social Care, Children's Social Care, Youth Justice, Public Health, community safety, schools and VCSE partners. The first version does not need to be complex, but it needs to make ownership clear.

The data plan would benefit from a small number of shared categories across the GBV spectrum: referral source, form of harm, risk level where recorded, protected characteristics, language and communication needs, household and children's needs, housing status, repeat presentation, pathway outcome, waiting time, unmet need, refused referral and reason, disengagement and reason where known, onward referral, and survivor or service-user feedback. Analysis could be coordinated through the GBV governance structure, with named data leads from the main contributing agencies and a routine reporting cycle into the Board. This would help Tameside move from describing individual service activity to understanding access, demand, outcomes, gaps, and system learning across the wider Coordinated Community Response.

The strategy needs shared outcomes, regular review, and a practical dashboard. This does not need to be overly complex at the start and could begin with a small number of indicators across prevention, access, service reach, survivor outcomes, children, perpetrator accountability, housing, sexual violence and stalking, workforce development, equity, and community confidence. Over time, the dashboard can become more sophisticated as data quality improves. DHR/ Domestic Abuse Related Death Review (DARDR) and safeguarding review learning can be embedded structurally.

Tameside has a robust DHR/DARDR process and follow-up activity through the Community Safety Partnership. The strategic opportunity is to ensure that themes from Reviews, Youth Justice audit, organisational case reviews, particularly seeking out learning from positive and impactful practice, survivor feedback, and practitioner learning, all feed into workforce development, pathway design, commissioning, and quality assurance. As covered already, learning from positives is vital for growth.

The strategy needs to capture what works well: IRISi referral success, strong youth prevention, successful perpetrator disruption, culturally competent engagement, safe refuge experiences, effective housing interventions, and good multi-agency practice. A system that learns only from harm will struggle to build confidence.

A system that learns from both harm and success can improve practice more sustainably. This is a system built on integrity and courage.

19. Prevention: From Crisis Response to Earlier Change

Prevention will be a central strategic pillar. It will comfortably sit within the children and young people section because early years, schools and youth settings are where prevention starts but it also needs its own strategy-wide framing. Prevention includes children but it also includes public communications, work with men and boys, employers, health settings, public space, transport, licensing, housing, community leadership, online harms, bystander approaches, and perpetrator early intervention. Programmes aimed at high-risk, high-harm perpetrators and offenders are an essential part of the GBV response fabric.

These programmes are certainly needed when the national focus has, over time, seen a shift from prevention, early intervention, and recovery to risk management and reduction. Investment in upstream prevention will, in time, reduce the volume of people requiring interventions downstream, where reaching and engaging them is harder and where meeting their needs requires more resources. Primary prevention means changing the attitudes, norms and conditions that allow GBV to happen and hold the harm in place. Secondary prevention means identifying and responding earlier when risk, coercion or harmful behaviour emerges.

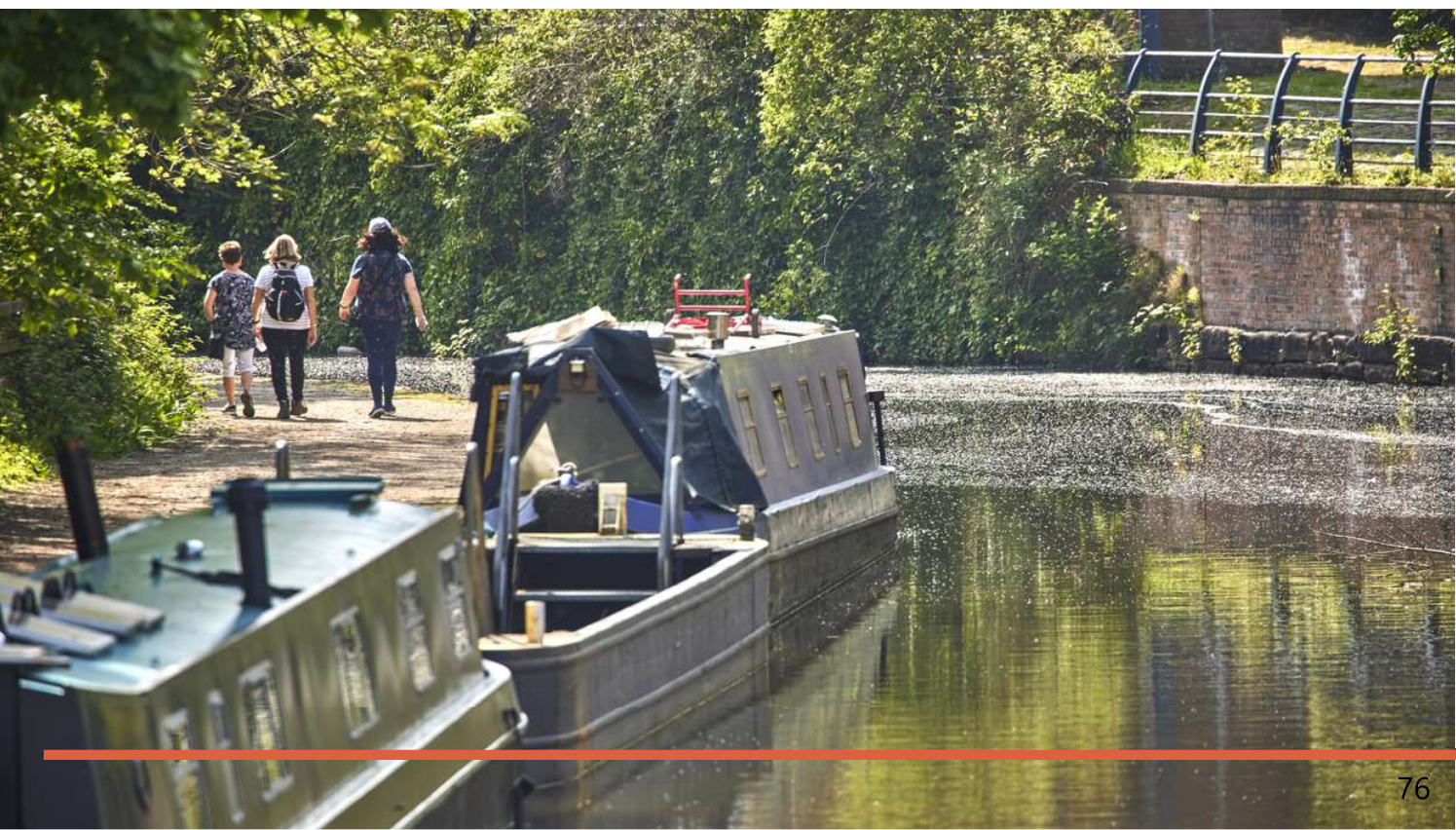
Tertiary prevention means reducing harm once abuse has occurred through crisis response, recovery, and accountability. Tameside needs all three, but the evidence indicates that prevention and early identification need more deliberate strategic investment. The case for prevention is practical. If around 18,000 adults in Tameside may experience domestic abuse annually and

specialist services support a much smaller number, crisis response alone cannot close the gap. Prevention does not replace crisis support, it reduces future demand, improves earlier help-seeking, changes norms and strengthens community responsibility.

This is what strategising is all about - "here is where we are, here is where we want to be, and this is how we will get there." Tameside has strong prevention assets. Blind Side, White Ribbon, Open, the Tameside College campaign, whole-school work, journalism student engagement, and community communications all provide foundations. The task is to connect them into a coherent prevention framework, evaluate impact realistically, protect what works and expand prevention into the settings where risk and norms develop.

As alluded to above, a useful convincer for prevention investment is the river analogy associated with Archbishop Desmond Tutu: **"at some point, instead of only pulling people out of the river, we need to go upstream and find out why they are falling in."**

For Tameside, upstream work means addressing misogyny, harmful online cultures, coercive norms, public harassment, gender inequality, trauma, isolation, poverty, and early exposure to violence. Midstream work means routine enquiry, professional curiosity, early help, youth intervention, housing advocacy, and community disclosure routes. Downstream work, for now, remains essential – arrest, prosecution, refuge, advocacy, MARAC, MATAAC, MASH, SARC, criminal justice, DAPOs, rehabilitation, homelessness, Housing First and safe accommodation. A balanced – and brave – GBV system invests across the whole river.



20. Theory of Change

Tameside's GBV Strategy will explain how change is expected to happen. The theory of change below is designed as a practical guide rather than a finished strategy. It can be tested and refined with partners, survivors, practitioners, and communities.

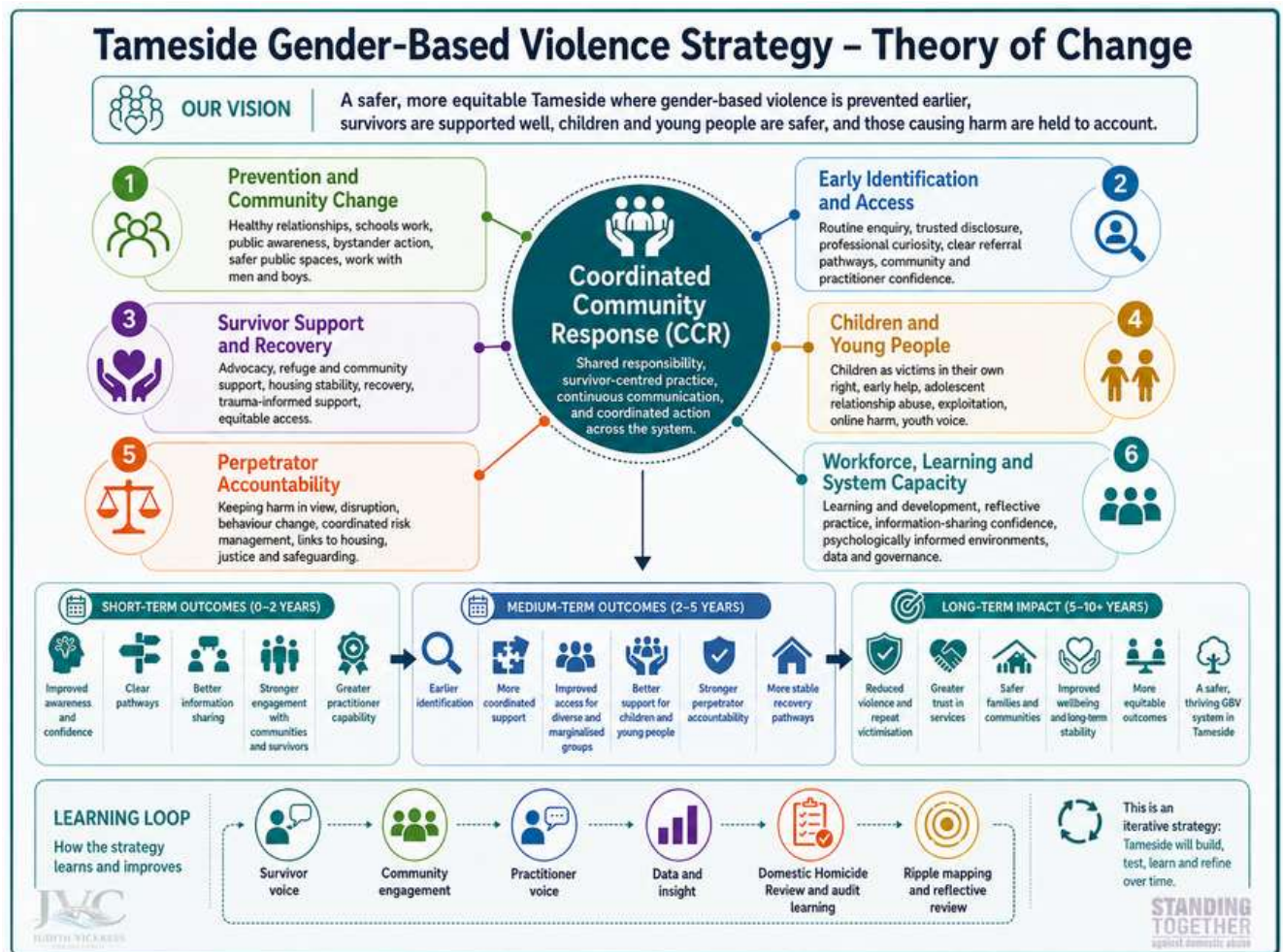


Figure 8: Tameside Gender-Based Violence Strategy - Theory of Change

If Tameside builds a coordinated community response around shared purpose, survivor voice, prevention, early identification, specialist support, children and young people, perpetrator accountability, housing, health, equity, governance, data and learning, then residents will experience a more consistent, accessible and trusted response to GBV.

If partners use shared outcomes, reflective learning and community intelligence, the system will become more able to identify harm earlier, support survivors more effectively, hold people causing harm to account, and reduce the conditions that allow abuse to continue. In the short term, the strategy can create clearer governance, better pathway mapping, stronger survivor and

community voice, improved data, more visible referral routes and quick wins around public harassment, communications, and practitioner confidence. In the medium term, Tameside can strengthen sexual violence, stalking, housing, children and perpetrator pathways, commission targeted community engagement, embed a learning and development strategy and develop shared outcome measures.

In the longer term, Tameside can show improvements in confidence, access, consistency, prevention reach, survivor outcomes, perpetrator accountability, child safety, housing stability, and community trust.

This Theory of Change (ToC) is just an example created for provoking thinking and conversation – it will need to be adapted locally and then be tested and refined with partners, practitioners, survivors, and community representatives. The ToC created by the team at Tameside should not remain abstract but become the organising logic for the delivery plan, the outcomes framework, and the governance dashboard. A useful structure for this Theory of Change is the Collective Impact⁴ approach, applied through a Coordinated Community Response lens. Tameside's strategy could aim to build five enabling conditions shown here:

Common agenda*	Backbone support	Shared measurement	Continuous communication	Mutually reinforcing activities
All agencies - not only GBV specialists - share a definition of GBV and a mutual understanding of what the system is trying to achieve.	A dedicated, resourced CCR coordination role - with system-wide mandate to hold the whole picture.	One outcomes dashboard visible to all CCR partners in real time. Data no longer sits in organisational silos.	Information sharing as a daily professional practice - not an event triggered by meeting thresholds.	That means integrating the participants' many different activities to maximize the end result.

Table 1: Five Enabling Conditions for a Coordinated Community Response to Gender-Based Violence

Survivor and community voice will run through all five conditions

⁴ Zach Weismann, 'Understanding Collective Impact: A Model for Change' (the impactful, 3 June) <https://www.theimpactful.com/blog/collective-impact> accessed 12 August 2026.

21. Key Findings

The assessment identifies nine key findings.

Finding 1: Tameside has strong foundations for a wider GBV Strategy

Tameside has visible strengths across Bridges, IRISi, Blind Side, White Ribbon, Open, Safe and Together, TLC, MATAC, Caring Dads, Advance-D, Sanctuary and Target Hardening, Housing Co-Location, DAPO Implementation, Survivor Voice, and Community Safety Engagement.

The strategic task is to connect, strengthen and make better use of these assets within one coherent Gender-Based Violence Strategy, rather than creating a parallel system or implying that existing work is absent.

Finding 2: Safety is shaped by time, place, gender, and trust

Community Safety Survey data shows that feelings of safety reduce after dark, particularly in town centres and around public transport. This data does not measure GBV prevalence, but it is highly relevant to public harassment, transport safety, confidence in reporting, access to support and how women, girls, older people, disabled people, LGBTQ+ residents and survivors of stalking or post-separation abuse move through local places.

The Protection from Sex-Based Harassment in Public Act 2023 provides Tameside with a timely legal and communications framework to strengthen this strand of the Strategy.

Finding 3: Housing, poverty, health, and Adult Social Care are central to safety and recovery

The wider public data shows that GBV is experienced in a local context shaped by deprivation, housing pressure, health inequalities, disability, ageing, care and support needs, and economic insecurity. These conditions do not cause abuse, but they shape choice, risk, visibility, recovery, and access to safety. Housing needs to be understood as safety infrastructure rather than a separate issue. Health, Adult Social Care, homelessness, welfare advice, debt support, substance use, mental health, and community services all have a role in identifying harm earlier and supporting long-term safety and recovery.

Finding 4: The evidence base is strongest for domestic abuse and needs to mature across the full GBV spectrum

Domestic abuse data, provision, and pathways are more developed than those for sexual violence, stalking, harmful practices, exploitation, technology-facilitated abuse, and public harassment. This is a normal starting point for a first-generation GBV Needs Assessment because domestic abuse is where local infrastructure and commissioning have been most established. The Strategy now needs a deliberate plan to broaden the evidence base, strengthen pathways, and develop commissioning intelligence across the wider GBV spectrum without losing the strengths of the domestic abuse response.

Finding 5: Sexual violence and stalking need clearer borough-level pathways

Sexual violence and stalking are already present in local data and practitioner experience, but the borough-level pathway picture is less developed than for domestic abuse. Operation Soteria strengthens policing and prosecution practice nationally, but local survivor experience also depends on access to ISVA support, St Mary's SARC pathways, trauma-informed health responses, community routes into support and recovery provision.

Stalking and harassment data indicates repeat harm and high attrition. Tameside needs more visible specialist pathways for both sexual violence and stalking, including clearer links with Greater Manchester developments such as SARC/ISVA provision, MARAC review activity, and MASIP-style approaches.

Finding 6: Children and young people are a central strategic pillar

Children and young people need to sit at the centre of the GBV Strategy. Tameside Voices: Beyond the Screen strengthens the finding that children and young people need to be a central strategic pillar. Young people described online misogyny, manosphere content, algorithmic exposure, Snapchat-related harms, peer pressure, image-based abuse, gender polarisation and spillover into schools and parks. They also described what would help: earlier prevention, peer-led education, calm adult support, and trust-based boundaries. This gives Tameside a clear local evidence base for a young people's GBV pathway that connects schools, colleges, youth services, online safety, community safety, safeguarding, health, parents and carers, and specialist support.

The Domestic Abuse Act 2021, Families First, the Children's Wellbeing and Schools Act 2026, Safe and Together, the Youth Justice audit, Blind Side, CHIDVA and TLC all point toward the need for a coherent young people's GBV pathway. This pathway needs to connect children who are victims of

domestic abuse, adolescent relationship abuse, harmful sexual behaviour, peer coercion, exploitation, online harms, Youth Justice, MASH, Early Help, schools, colleges, health, Bridges and TLC.

Youth voice needs strengthening and prevention needs to begin earlier – in maternity care, family hub support, pre-school, and throughout primary school. This is an area requiring significant development.

Finding 7: Perpetrator accountability has progressed and now needs pathway coherence

Tameside has made considerable progress since the 2023 Domestic Abuse Perpetrator Needs Assessment. The borough now has a wider range of activity across TLC, Caring Dads, Advance-D, MATAC, Project CARA, DAPOs and perpetrator-focused workforce development. The next task is to make the pathway clearer. This requires mapping, integration, practitioner literacy, engagement and attrition analysis, outcome learning, and stronger links between behaviour change, disruption, housing, safeguarding, and victim-survivor safety.

Any strategy must distinguish between prevention and perpetrator intervention and harm reduction. Investment must continue to grow and flow upstream to prevention to save lives and money in downstream crisis management – described by one stakeholder as “firefighting”

Finding 8: Workforce Learning & Development – taking responsibility to equip staff with skills, knowledge, and tools to build confidence and support welfare

Practitioner commitment is evident, but confidence varies across the GBV spectrum. Tameside needs a borough-wide GBV Learning and Development Action Plan that moves beyond one-off training and supports knowledge, skills, reflective practice, supervision, neurodiversity-accessible learning, psychologically informed environments, and positive practice learning.

The impact of learning needs to be measured in several ways, including practitioner confidence, changes in practice, motivation, recording quality, partner feedback, and survivor/service user experience.

Finding 9: Equity and inclusion require active design

Universal pathways alone will not reach all communities equally. Tameside needs better equalities data, trusted engagement, accessible communications, by-and-for provision, and the development of specific pathways for communities and groups underrepresented in the current evidence base. This includes South Asian communities, migrant women, LGBTQ+ survivors, disabled people, older victims, young people, male survivors, Gypsy, Roma and Traveller communities, and people experiencing multiple disadvantage.

Equity needs to be designed into governance, commissioning, data, community engagement, and pathway testing from the start, rather than added as a separate statement after the Strategy has been developed.

22. The GBV Strategy – A Tameside Blueprint for Safety

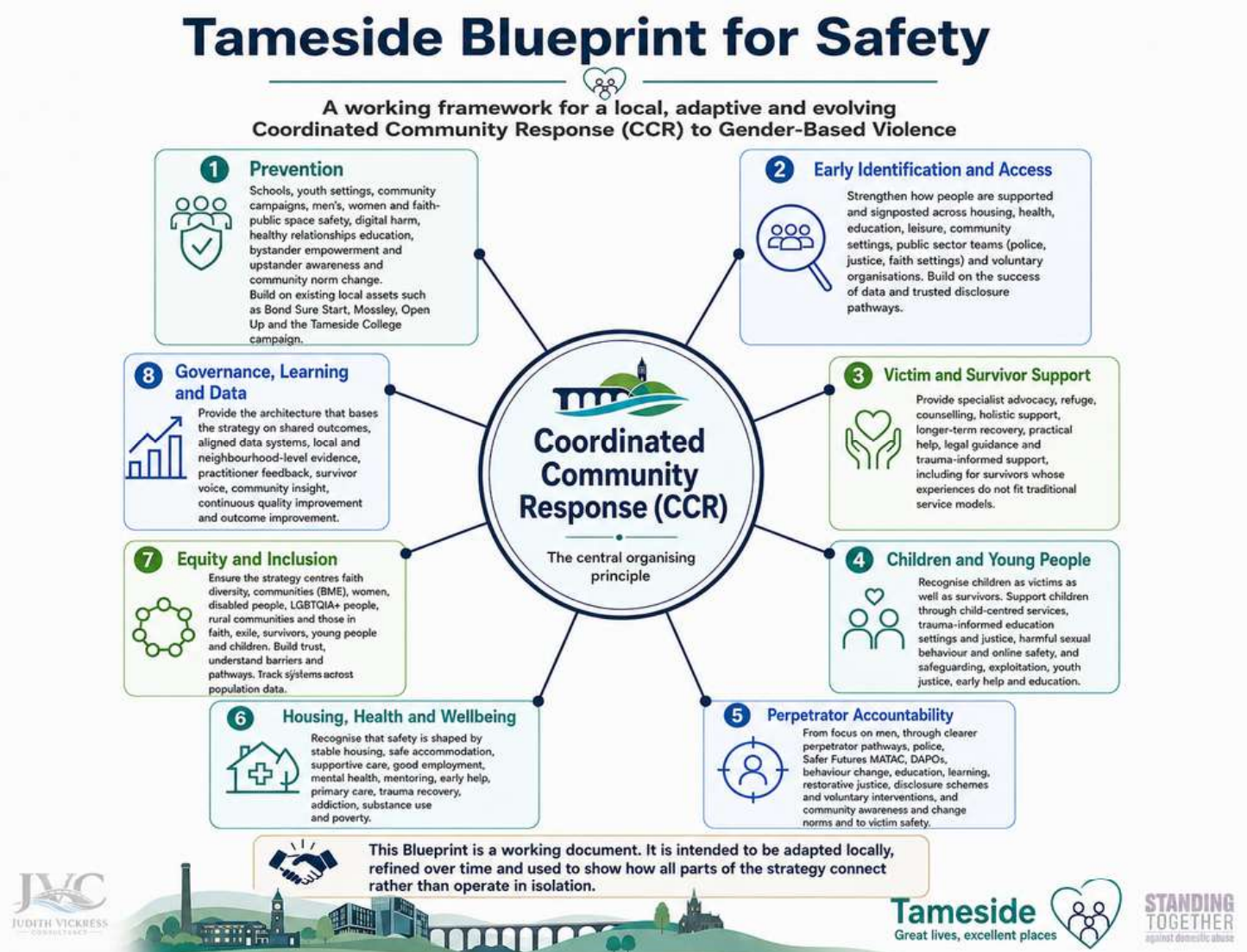


Figure 9: Tameside Blueprint for Safety

The strategy could use a “Tameside Blueprint for Safety” as its organising framework. This would give the borough a clear local identity while aligning with the Greater Manchester GBV Strategy, the national VAWG Strategy and Standing Together’s Coordinated Community Response principles.

The Blueprint should be a practical, adaptable document rather than a rigid model. It will serve as a flexible framework that can be locally tailored and improved over time. The core organising principle will be the Coordinated Community Response (CCR).

Surrounding this, the strategy can be organised into eight interconnected pillars:

The first pillar is prevention. This would include schools, youth settings, community campaigns, work with men and boys, public space safety, digital harms, healthy relationships education, bystander approaches, and community norm change. Tameside already has strong assets here, including Blind Side, White Ribbon, Open and the emerging Tameside College campaign. The task is to connect these into a coherent prevention framework.

The second pillar is early identification and access - This would focus on how people are identified and supported earlier through health, education, housing, community settings, police, social care, youth justice, faith settings, and voluntary organisations. It should build on the success of IRISi and consider how routine enquiry, professional curiosity and trusted disclosure pathways can be strengthened across more settings.

The third pillar is victim and survivor support - This will include specialist advocacy, refuge, community-based support, longer-term recovery, practical help, legal pathways, trauma-informed support, and support for survivors whose experiences do not fit standard service models.

The fourth pillar is children and young people - This should recognise children as victims in their own right, strengthen support for children living with domestic abuse, address adolescent relationship abuse, respond to harmful sexual behaviour and peer coercion, and connect GBV with contextual safeguarding, exploitation, youth justice, early help and education.

The fifth pillar is perpetrator accountability - This should focus on keeping harm in view, developing a clearer perpetrator pathway, strengthening links between MATAC, DAPOs, behaviour change provision, housing, probation, police, children’s services and voluntary interventions, and ensuring perpetrator work is always connected to victim safety.

The sixth pillar is housing, health and wellbeing - This should recognise that safety is shaped by stable housing, safe accommodation, sanctuary, move-on pathways, mental health, maternity, emergency care, primary care, trauma recovery, disability, substance use and poverty.

The seventh pillar is equity and inclusion - This will ensure the strategy reaches South Asian communities, LGBTQ+ survivors, disabled people, older victims, migrants, people with no recourse to public funds, male survivors, young people and others who may be underrepresented in current pathways. This requires active commissioning, community partnership, and improved equalities data.

The eighth pillar is governance, learning and data - This should provide the architecture that keeps the strategy alive: shared outcomes, regular data review, DHR and safeguarding review learning, practitioner feedback, survivor voice, community intelligence, quality assurance, and iterative improvement.

This Blueprint would allow Tameside to show how all parts of the strategy connect, rather than producing separate strands that risk operating in isolation.

23. Strategic Proposals

Proposal 1: Establish whole-system GBV governance through the CCR and In Search of Excellence

Tameside establishes a clearly resourced borough-wide governance structure for gender-based violence, built around the Coordinated Community Response and Standing Together's in Search of Excellence framework. GBV cuts across Public Health, Community Safety, adult safeguarding, children's safeguarding, policing, housing, health, education, Youth Justice, specialist services, voluntary and community organisations, and regional Greater Manchester structures.

Without a clear, coordinated governance framework, decent work can continue in separate parts of the system without always adding up to a coherent whole. Collaboration and collective impact begin at the top, ripple down through strategic and operational layers, and are reflected across frontline practice. Conversely, silo working that is too often seen in operational practice will only reflect how that system is managed and governed. The purpose of this governance structure is to connect the architecture Tameside already has, including domestic abuse governance, safeguarding arrangements, community safety, serious violence, health, housing, and children's services improvement work. Public Health's local leadership provides an important anchor for prevention and early intervention.

The governance framework now needs to ensure that prevention, survivor support, children and young people, perpetrator/ offender accountability, housing, health, sexual violence, stalking, equity, and learning are held together as one strategic programme. The In Search of Excellence framework can be used as both a baseline and a progress tool. It would allow Tameside to assess the strength of its coordinated response across survivor voice, intersectionality, shared purpose, leadership, governance, specialist services, representation, resources, coordination, training, data, policies, and processes. This would give partners a shared language for improvement and a practical way to measure progress over time.

The governance structure will need a clear purpose, named senior ownership, ethical survivor and community-informed participation, regular data review, implementation oversight, links to Greater Manchester governance, and a route for escalating barriers that cannot be resolved locally. It also needs to create a feedback loop between strategic leadership and frontline practice, so that the Strategy is shaped by evidence, practitioner experience, survivor insight, and community intelligence rather than by meetings alone. This would help Tameside move from strong individual workstreams toward a more visible and accountable whole-system GBV response.

Proposal 2: Develop an iterative GBV Strategy and delivery plan

Tameside designs a phased and iterative GBV Strategy and delivery plan that recognises this Needs Assessment as the starting point for a maturing evidence base, rather than a one-off final statement of need. The risk addressed here is that a strategy is written once, published and then becomes disconnected from delivery. Gender-based violence is a changing field, and Tameside is not operating in isolation.

The borough sits within the wider Greater Manchester system, where key elements of strategy, commissioning, policing, specialist provision, and operational reform are shaped at regional level. This includes the Greater Manchester GBV Strategy and Delivery Plan, GMP-wide developments such as the MARAC review, emerging regional work on stalking and MASIP, and wider GMCA, policing, health, and safeguarding priorities.

Political and governance changes across Greater Manchester may also affect timescales, priorities, and funding opportunities. For that reason, Tameside's Strategy needs to be locally owned but regionally aware. It must be clear about what the borough can lead directly, what it can influence through Greater Manchester structures, and what depends on GM-wide or force-wide reform.

Patterns of harm, online abuse, public space safety, sexual violence, stalking, exploitation, community confidence, children's experiences, and service pressures will continue to shift. The

delivery plan needs to be designed to learn and adapt, with regular review points, clear escalation routes into Greater Manchester governance, and enough flexibility to incorporate new evidence, legislation, funding opportunities, and regional developments as they emerge. The rationale for iteration is also evidence informed.

The MHCLG/Ipsos/Ecorys evaluation of the Domestic Abuse Duty emphasises engagement, plan, deliver, collaborate, and review as a best-practice cycle for safe accommodation. Public health approaches also rely on repeated cycles of data, analysis, intervention, evaluation, and adaptation. Within a CCR, iteration helps partners test whether pathways are working in practice, respond to survivor and practitioner feedback, adapt to legal and funding changes, and avoid waiting several years before evidence gaps are addressed. For survivors and services, this means the Strategy can respond to changes in demand, online harms, housing pressures, move-on barriers, workforce capacity, and community confidence as they emerge.

The delivery plan needs to distinguish between immediate foundations, pathway development, and longer-term embedding.

Phase One would focus on the foundations needed for delivery, including governance, survivor and community voice, data development, pathway mapping, St Mary's SARC data and ISVA data, MASH intelligence, learning from reviews and agreement on the Learning and Development Action Plan.

Phase Two would focus on strengthening priority pathways, including sexual violence, stalking, children and young people, perpetrator accountability, housing, health, equity, and prevention.

Phase Three would focus on embedding, evaluation, and improvement, including shared outcomes, refreshed evidence, commissioning decisions, survivor and practitioner feedback loops and review of progress against In Search of Excellence. The plan would name responsible leads, timescales, outputs, outcome indicators, and review points. It also needs to distinguish between actions Tameside can lead locally, actions that require Greater Manchester alignment and actions that depend on wider national or regional developments. This will help partners understand what can be delivered immediately, what needs development, and what requires escalation or joint commissioning.

An iterative approach also minimises duplication. Instead of creating multiple separate needs assessments and strategies that must be restarted each time, Tameside can maintain a single comprehensive GBV Strategy, supported by targeted action plans for specific areas such as housing, safe accommodation, sexual violence, stalking, learning and development, equity, and perpetrator accountability.

These action plans can be updated through the governance structure as new evidence emerges. This results in a more efficient and practical strategic model: one framework, multiple delivery plans, ongoing evidence gathering, and regular reviews. The phased, iterative approach recognises that this is Tameside's initial GBV Needs Assessment and that the evidence base will grow over time.

This approach also changes what it means to name a weakness in the evidence base. Where a strategy is fixed and revisited only after several years, identifying a gap can read as an admission with no attached plan. Within an iterative approach, naming a gap is the first step of a defined process: it is logged, assigned an owner, tracked through the delivery plan's review points, and either closed or reported on with a stated reason at the next review. The national evaluation of the equivalent Part 4 duty found that full needs-assessment refreshes were rarely sustained by local authorities in practice, because the investment required routinely outweighed the value delivered on a fixed cycle; a lighter, more frequent iterative model is a more realistic match to the effort authorities and partners can actually sustain, and a more honest one, because it does not depend on an infrequent, resource-intensive exercise being repeated on schedule.

The implementation plan will distinguish between urgent foundational tasks, pathway development, and future integration. It needs to include clear responsibilities, timelines, expected results, outcome indicators, and review checkpoints.

Proposal 3: Strengthen survivor and community voice as governance infrastructure

Tameside will create an ethical survivor and community voice mechanism that builds on the excellent work of the Trust Group and intentionally reaches communities underrepresented in this Needs Assessment, and one that moves beyond domestic abuse to cover experiences of all GBV. This includes survivors and residents whose experiences may be less visible in current service data, including South Asian women, migrant women, disabled survivors, LGBTQ+ survivors, older victims, young people, male survivors, and people with multiple or intersecting needs.

To ensure full consultation and ongoing, formal collaboration, experts with lived experience should be fairly and proportionally compensated for their consultation work. This approach values their expertise, time, and the emotional effort involved in revisiting personal trauma to guide and improve practice. Without transparent rewards and recognition, an imbalance of power may develop, risking exploitation and re-traumatisation. The system will identify survivors and community members as Experts by Experience and provide appropriate recognition and rewards for their contributions. This is crucial not only because their insights can enhance practice and outcomes related to gender-based violence but also because engaging in this process can be

emotionally challenging. Without adequate reward and recompense, survivor engagement cannot be described as trauma-informed or meet ethical standards.

Ethical engagement means creating safe, accessible, and well-facilitated spaces, being clear about purpose, avoiding repeated extraction of personal testimony, and showing participants how their insight has influenced decisions. This proposal is not only about consultation but about building continuous feedback loops across the system so that survivor and community insight informs learning and development, service design, commissioning, pathway improvement, quality assurance, and future needs assessments. If designed well, these feedback loops can provide Tameside with a live and developing evidence base, rather than relying on one-off engagement exercises each time a strategy or housing support needs assessment is refreshed.

Tameside may also wish to look beyond traditional statutory consultation models and draw learning from customer experience, service design and feedback systems used in corporate sectors. The aim is not to commercialise survivor voice, but to design a more responsive system and one that listens routinely, identifies patterns early, tests whether changes are improving people's experiences, and uses insight to adapt practice over time. This would help ensure that survivor and community voice becomes part of the borough's governance architecture, rather than a separate or occasional activity.

Proposal 4: Maintain a Part 4 aligned safe accommodation and housing action plan within the GBV Strategy

Tameside can use the accompanying safe accommodation and housing supplement to maintain a Part 4-aligned action plan within the wider GBV Strategy. The action plan needs to draw together Domestic Abuse Act Part 4 requirements, Bridges safe accommodation data, homelessness data, sanctuary and target hardening, dispersed accommodation, refuge, move-on, allocations, housing association practice, private rented sector access, survivor feedback, children's support needs, by-and-for access, multiple disadvantage and perpetrator disruption.

The purpose is to keep housing and safe accommodation integrated into the Coordinated Community Response while meeting the specific Domestic Abuse Act duties. The plan can be refreshed through a six-monthly or annual evidence cycle, using provider data, survivor voice, children's feedback, homelessness indicators, and Local Partnership Board oversight. This approach avoids duplication by using the GBV Strategy as the overarching framework and the safe accommodation action plan as a focused delivery strand.

Proposal 5: Secure borough-level St Mary's SARC data and ISVA data and develop a sexual violence pathway

Tameside seeks to secure borough-level sexual violence data and use this to strengthen the local sexual violence pathway. This proposal addresses a strategic data limitation identified in the Needs Assessment. Sexual violence support, forensic examination, ISVA provision, and related referral routes often operate across wider Greater Manchester footprints, which means local need can be less visible at borough level than domestic abuse demand. Where regional services do not currently disaggregate data in a way that enables Tameside-specific analysis, this creates a governance and data-development issue for the next phase of strategy implementation rather than a gap that could be fully resolved within this commission.

This proposal aims to clarify Tameside's understanding of sexual violence over time. It involves collaborating with Greater Manchester governance channels, St Mary's SARC, ISVA services, healthcare providers, police, and commissioners to determine how borough-level data can be shared, what agreements or reporting adjustments are necessary, and ensuring data use remains safe and ethical.

The goal is to gain a clearer picture of local needs, access points, referral pathways, age groups, protected characteristics, recurring barriers, outcomes, and unaddressed demand. However, it is acknowledged that police-recorded sexual offences will only represent a part of the overall situation. Tameside could develop a simple local pathway for sexual violence cases, focusing on understanding how residents facing issues like rape, assault, exploitation, harassment, or past abuse are identified, supported, and referred. The pathway must include services like St Mary's SARC, ISVA, healthcare, police, schools, community organisations, Bridges, culturally tailored services, safeguarding, mental health, substance use, housing, and recovery. It will need to address where individuals first disclose, the referral process, options for hesitant reporters, support for children and youth, and culturally appropriate, accessible services.

The emerging discussion about ISVA and Bridges co-location is a positive early development and offers a practical starting point. If designed carefully, co-location could strengthen referral routes, practitioner confidence, survivor access, and local understanding of sexual violence need. It would also help connect sexual violence support more visibly into Tameside's wider GBV system while maintaining appropriate links to regional specialist provision.

This proposal recognises the data gap as a strategic issue rather than treating it as a completed mapping task. The next phase of the Strategy will need to combine borough-level quantitative data, where available, with practitioner insight, survivor voice, and community intelligence.

A more defined sexual violence pathway would assist Tameside in transitioning from merely recognising sexual violence as part of GBV to implementing an effective local response. This approach would enable earlier identification of needs, facilitate connections to specialist support for survivors, enhance recovery options, and ensure sexual violence is comprehensively incorporated into the borough's Coordinated Community Response.

Proposal 6: Develop a dedicated stalking and harassment pathway

Tameside develops a dedicated stalking and harassment pathway that recognises repeat harm, digital abuse, fixation, post-separation risk, evidence building, victim safety and perpetrator disruption.

Stalking is often experienced as a pattern of cumulative harm rather than a single incident, and the pathway needs to help practitioners identify that pattern earlier, record it clearly and respond proportionately across the system. The pathway will connect specialist advocacy, police, housing, multi-agency processes and forums such as MARAC, civil orders, digital safety, safeguarding, health, probation, and community-based support. It will also need to clarify how victims are supported to gather and preserve evidence safely, how risk is escalated, how children and family members are considered, how non-intimate and fixated stalking is recognised, and how perpetrators are disrupted through all available civil, criminal, safeguarding and partnership routes.

This work will need to align with Greater Manchester developments on stalking, including the existing GMP Stalking Triage Centre and the proposed development of a Multi-Agency Stalking Intervention Partnership model.

MASIP offers a useful framework because it pairs a robust criminal justice response with specialist victim advocacy, multi-agency risk management, and perpetrator-focused intervention. It is designed to reduce risk and reoffending by identifying patterns of fixation and obsession earlier and by coordinating responses across police, probation, health, advocacy, and other partners.

For Tameside, the immediate task is not to duplicate Greater Manchester infrastructure, but to ensure that local pathways are ready to connect into it. This means agreeing how stalking concerns are identified at local front doors, how practitioners use appropriate risk tools and professional curiosity, how cases move between local support, MARAC, MATAC, safeguarding and any GM-wide MASIP model, and how learning from stalking cases is fed back into training, supervision, communications and quality assurance. A dedicated pathway would help ensure that stalking and harassment are not treated as isolated incidents, but as forms of gender-based

violence that require early recognition, coordinated action and sustained perpetrator accountability.

Proposal 7: Build a young people's GBV pathway

Tameside develops a GBV pathway for young people that links how children and youth experience, witness, or are impacted by harm. This proposal tackles the problem that young people might be seen by multiple systems—such as MASH, Early Help, schools, colleges, Youth Justice, police, health, Bridges, CHIDVA, TLC, exploitation services, and community groups, yet their experiences are not always recognised as part of a comprehensive GBV picture.

The pathway must recognise children as victims when they witness, hear, or experience the effects of domestic abuse. It ought to cover issues like adolescent relationship abuse, harmful sexual behaviour, peer coercion, sexual violence, child sexual abuse, exploitation, online harms, image-based abuse, stalking, harassment, and misogynistic peer cultures. These problems often overlap; for example, a young person might be experiencing relationship abuse, witnessing domestic violence at home, suffering online sexual harm, missing school, using substances to cope, being involved in Youth Justice, or being subject to exploitation. An integrated pathway would enable practitioners to identify these links earlier, rather than addressing each concern separately.

This pathway must seamlessly integrate with Tameside's existing safeguarding framework rather than operate separately. It will need to establish links with MASH, Early Help, Families First, Safe and Together, schools, colleges, Youth Justice, contextual safeguarding, complex safeguarding, CHIDVA, Bridges, TLC, health services, police, and community networks. Moreover, it must clearly specify how concerns are identified, how information is shared, when risks are escalated and how children and non-abusing parents are supported. It will need to provide guidance on responses to harmful behaviour by young people and explain how access to specialist support is obtained.

Youth voice needs to inform the design. Young people understand the realities of online harm, peer pressure, misogyny, image-sharing, relationship abuse, and the barriers to asking adults for help. Their insight can help Tameside design language, resources, referral routes, and support offers that feel relevant and safe. This engagement needs to be ethical, well facilitated and not dependent on young people disclosing subjective experiences of harm. The pathway also needs to link prevention with safeguarding and recovery.

Tameside already has important assets, including Blind Side, Tameside Voices, the emerging Tameside College campaign, TLC work with young people using harm, and the development of Safe and Together. The strategic task is to connect these strengths into one clear young people's

GBV pathway, so that prevention, early identification, protection, behaviour-change work, and recovery are understood as part of the same Coordinated Community Response.

Proposal 8: Strengthen perpetrator accountability pathway coherence

Tameside can enhance its perpetrator accountability pathway by leveraging the 2022 Domestic Abuse Perpetrator Needs Assessment, the implementation of MATAC, and existing behaviour-change and disruption activities. The next practical step is to develop a detailed operational accountability map that outlines the procedures when someone is identified as causing harm, specifies which agency is responsible for each action, explains how risk is shared, and ensures victim-survivor safety is maintained throughout.

This Proposal addresses the common misconception that perpetrator accountability rests solely with police or the criminal justice system. In a Coordinated Community Response, accountability extends beyond arrests, charges, convictions, or court orders. While police, probation and courts must respond well as part of the criminal justice system they work within, other sectors such as housing, children's services, adult safeguarding, health, substance use support, mental health, education, employers, community safety, domestic abuse specialist services, and voluntary sector partners also play crucial roles.

Each agency has distinct leverage points, for example, housing can address tenancy issues, exclusions, relocations, or sanctuary planning; children's services can monitor perpetrators' behaviour patterns without burdening non-abusing parents; Adult Social Care can prioritise safeguarding for adults with care needs; health and substance use services can assess risks, challenge minimisation, share pertinent information, and connect individuals to appropriate interventions. All agencies can look to DAPO*s too as a mechanism to remove perpetrators from homes that they make unsafe.

Meanwhile, probation, police, and courts can enforce conditions through mechanisms like DAPOs, Project CARA, MAPPA, and other justice pathways. Specialised services can facilitate behaviour change when it is safe, appropriate, and aligned with victim safety planning.

The accountability map will depict the existing local services and how they interconnect, including MATAC, DAPOs, Project CARA, probation, MAPPA (if applicable), Talk Listen Change, Caring Dads, Advance-D, as well as areas like housing, safeguarding, substance use, mental health, and victim support. Its purpose is to align the appropriate intervention with the individual at the optimal moment, identifying who requires behaviour change, enforcement, support for associated issues, or for whom risks or engagement levels mean voluntary work is not suitable.

The map will also evaluate referral processes, eligibility criteria, waiting periods, engagement, and attrition rates, repeat incidents, feedback from victims, and transition points where perpetrators switch systems or exit the process. The purpose is to make the system's accountability visible. In practice, every agency will be able to answer three questions: who is causing harm, what is their pattern of behaviour, and what are we doing collectively to stop the harm from continuing? This would help Tameside move from a set of valuable but partly separate interventions toward a clearer continuum of perpetrator accountability, in which behaviour change, enforcement, disruption, safeguarding, and victim safety planning operate as connected parts of the same CCR.

*Where we heard that some agencies are seeing pushback from courts/judges for applications that do not come from police, this should be escalated to governance board level and challenged.

Proposal 9: Build cross-agency GBV Learning and Development Action Plan

Tameside develops a cross-agency GBV Learning and Development Action Plan that moves beyond one-off training and creates a shared approach to workforce confidence, reflective practice, and practice improvement. The aim is to build the knowledge, skills, supervision, and organisational conditions that enable practitioners across the system to recognise gender-based violence earlier, respond safely, share information confidently and understand their role within the Coordinated Community Response. The action plan will need to set out role-specific learning expectations across universal, targeted and specialist services.

Various parts of the workforce require various levels of knowledge. For example, schools, housing officers, health practitioners, community safety teams, social workers, police, youth justice, adult safeguarding, substance use services, mental health teams, VCSE organisations and specialist domestic abuse practitioners will not all need the same training, but they all need to understand how GBV may present in their setting, what questions to ask, what pathways exist, when to share information, and how to keep the person causing harm in view.

The plan would bring together core learning on domestic abuse, coercive control, sexual violence, stalking, public sexual harassment, harmful practices, online abuse, children and young people, perpetrator accountability, Safe and Together, IRISi, Whole Housing, adult safeguarding, mental capacity, information sharing and trauma-informed practice. It would also include practical learning from local audits, DHRs, safeguarding reviews, survivor feedback, practitioner experience, and examples of good practice already happening in Tameside.

A strong action plan will also recognise that learning does not only happen in classrooms or webinars. It will include reflective practice, case discussions, supervision, peer learning, shadowing,

practice briefings, learning circles, quality assurance feedback, and opportunities to test whether learning is changing practice. This is particularly important where practitioners are managing complexity, uncertainty, fear, professional disagreement, or repeated exposure to trauma.

The plan needs to be designed to be accessible and inclusive for neurodiverse learners, incorporating a range of learning approaches, clear materials, visual aids, brief modules, repetition, scenario-based exercises, and opportunities for discussion and reflection. It must also be grounded in psychologically informed environments, recognising that practitioners tend to be more curious, confident, and compassionate when working in organisations that promote reflection, emotional containment, supervision, and wellbeing. Workforce wellbeing is a key component of the safeguarding framework that supports safe, thoughtful, and consistent practice.

This proposal would give Tameside a shared workforce development framework for the GBV Strategy, aligned to CCR and In Search of Excellence. It would help ensure that learning is consistent across agencies, proportionate to role, responsive to local evidence and connected to the wider strategic priorities of prevention, early identification, survivor support, children and young people, perpetrator accountability, housing, health, equity, and governance. Crucially, this is the path to sustainable, continuous improvement in practice because L&D is consciously and visibly embedded in daily work practices.

Proposal 10: Embed equity and by-and-for provision

Tameside is creating an equity and inclusion plan to enhance access, trust, representation, and outcomes for underserved communities in the GBV Strategy. The concern is that relying on statutory and specialist service data might reflect only those already reaching the system, neglecting those facing significant barriers to recognition, belief, or support.

While equalities data remains crucial, the work must also focus on building trust, improving access, and designing pathways. The plan needs to strengthen data collection and analysis across all relevant sectors, including domestic abuse, sexual violence, stalking, housing, safeguarding, health, children's services, perpetrator programs, and community safety. This data should be interpreted alongside population benchmarks and community insights to avoid mistaking low referral numbers for low need. For example, low referrals from a specific community might signal either lower prevalence or issues like mistrust, stigma, language barriers, ineligibility, inaccessible services, cultural insensitivity, or lack of confidence that services will respond appropriately.

The proposal also involves community asset mapping and pathway testing with underrepresented groups identified in the report. Pathway testing would help Tameside understand what occurs when individuals from these groups seek help, identifying language and communication barriers,

assumptions, disengagement points and what would make services safer and more relevant.

The plan should consider 'by-and-for' support models. While not every community needs a separate service, some survivors may only disclose, stay engaged, or recover safely through organisations they trust, which have cultural understanding and lived experience. The equity plan must address commissioning, partnerships, referral routes, interpretation, accessibility, outreach, communication, and workforce development.

Future equity efforts should include funded engagement and pathway testing with South Asian communities, migrant women, and other underrepresented groups. This work should build on trusted local services like Diversity Matters and lessons from the TRIP project. It would explore how people seek help, identify language and access barriers, assess the adequacy of interpretation and translation, evaluate safety in referral routes, and ensure sufficient collection of equalities and outcome data to understand access, engagement, and disengagement.

Proposal 11: Use the Protection from Sex-Based Harassment Act as a public safety and prevention lever

Tameside now uses the Protection from Sex-Based Harassment in Public Act 2023 as a practical lever for public safety, prevention, and community confidence. The problem this proposal addresses are that harassment in public spaces is often normalised, minimised or treated as a low-level public order issue, even though it shapes how women and girls move through streets, parks, town centres, public transport, education settings and night-time economy spaces. The Community Safety Survey shows that perceptions of safety in Tameside are strongly shaped by time and place, particularly after dark. This gives the borough a clear opportunity to connect the new legal framework with local prevention activity, environmental safety, reporting routes, and public awareness. The Act creates a stronger basis for naming sex-based harassment in public as part of the continuum of gender-based violence. Tameside can use this to develop a joined-up local response involving community safety, police, licensing, public transport, schools, colleges, youth services, employers, town centre partnerships, night-time economy venues, sports settings, and VCSE organisations. This response could include communications that help residents understand what sex-based harassment is, how to report it, what action can be taken, and how bystanders, businesses and community settings can respond safely. This proposal also links to prevention.

Public harassment is shaped by attitudes, peer norms, misogyny, alcohol-related contexts, online cultures, public space design, and confidence that reports will be taken seriously. Tameside's response needs to connect enforcement with education, bystander approaches, licensing practice,

environmental design, transport safety, youth engagement, and community confidence. Used well, the Act can help the borough move from general statements about women's safety to a clearer local approach that names the behaviour, builds confidence to challenge it, and connects public space safety with the wider GBV Strategy.

Proposal 12: Build a learning system

Tameside builds a whole-system learning framework for the GBV Strategy, drawing together DHRs/DARDRs, safeguarding reviews, local audits, survivor feedback, practitioner feedback, positive practice, community intelligence, and dashboard data. This proposal addresses the issue that learning often exists in several places at once but is not always integrated into a single strategic picture. Brought together, the system can respond to individual findings without seeing the recurring patterns across the whole Coordinated Community Response.

A mature learning system also needs to learn from what is working well. Positive practice is often less visible than serious case learning, yet it can be just as important for improvement. Tameside can use examples of effective early identification, positive interventions, trusted relationships with survivors, successful behaviour disruption, strong Youth Justice practice, effective community engagement, or practitioner challenge to understand what enables good practice and how it can be replicated. This supports a more balanced learning culture by celebrating good practice and success that can be shared through the voice of those who have seen responses and interventions that have improved, changed or they consider having saved their lives.

The learning process needs to be ongoing and transparent within governance. Every cycle needs to evaluate the evidence, identify necessary changes, assign responsibilities, determine how to test them, and clarify how survivors, communities, and practitioners can recognise their impact. This approach would keep the GBV Strategy a dynamic tool for ongoing improvement instead of a fixed document, ensuring that lessons from serious harm, successful practices, and community insights continually inform Tameside's Coordinated Community Response.

24. Implementation Framework

The original commission requested actionable proposals to guide Tameside's strategic response over the next three to five years. This section goes a step further by setting out a suggested implementation framework for partners to consider. It is included only as a guide.

A first-generation GBV Needs Assessment can highlight many issues, but without phased implementation, there is a risk that the Strategy may seem too broad, hard to execute, or may progress too quickly to commissioning decisions before the evidence base is sufficiently developed.

Suggested implementation framework for Tameside's GBV Strategy

A practical guide to sequencing work over the next 3–5 years

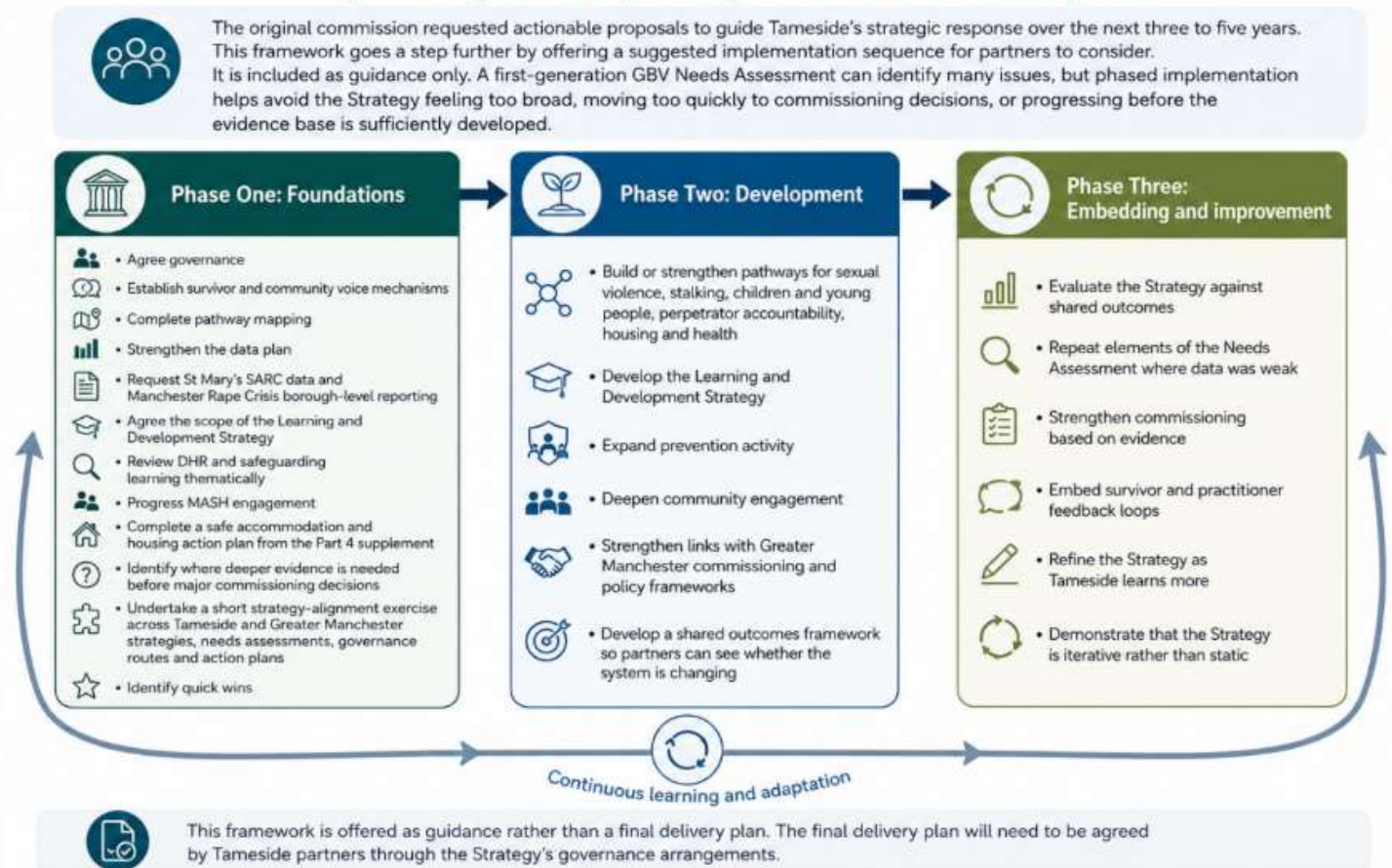


Figure 10: Tameside GBV Strategy Framework

The framework below is offered as a practical way to sequence the work. It distinguishes between the foundations that need to be put in place first, the pathway and practice developments that can follow and the longer-term embedding and improvement activity that will allow Tameside to test whether the Strategy is making a difference. This is offered as guidance rather than prescribing the final delivery plan that will need to be agreed by Tameside partners through the Strategy's governance arrangements.

Phase One focuses on foundations. This would include agreeing governance, establishing survivor and community voice mechanisms, completing pathway mapping, strengthening the data plan, requesting St Mary's SARC data and Manchester Rape Crisis borough-level reporting, agreeing the scope of the Learning and Development Strategy, reviewing DHR and safeguarding learning thematically, progressing MASH engagement, completing a safe accommodation and housing action plan from the accompanying Part 4 supplement and identifying where the strategy needs deeper evidence before major commissioning decisions are made. This phase also needs to draw the Tameside Voices: Beyond the Screen findings into the young people's GBV pathway, prevention plan and Learning and Development Strategy. This would include testing the findings with schools, youth services, safeguarding partners, community safety, and young people themselves, and agreeing how peer-led education, earlier primary-age prevention, online harm literacy, and parent/carer support can be built into delivery.

Phase One also includes a short strategy-alignment exercise, mapping the GBV Strategy against existing Tameside and Greater Manchester strategies, needs assessments, governance routes, and action plans. This phase can also identify quick wins that build confidence and show residents, survivors, and practitioners that the Needs Assessment is being acted upon.

Phase Two focuses on development. This would include building or strengthening specific pathways, particularly sexual violence, stalking, children and young people, perpetrator accountability, housing, and health. It would include developing the Learning and Development Strategy, expanding prevention activity, deepening community engagement, and strengthening links with Greater Manchester commissioning and policy frameworks. Phase Two will develop the shared outcomes framework so that partners can see whether the system is changing.

Phase Two can then develop the prevention response identified through the Voices report, including peer ambassador models, repeated age-appropriate online harm education, work on misogyny and gender norms, parent/career guidance, platform-specific safety messages, and stronger routes between schools, youth services, police, community safety and safeguarding.

Phase Three focuses on embedding and improvement. This would involve evaluating the strategy against shared outcomes, repeating elements of the Needs Assessment where data was weak, strengthening commissioning based on evidence, embedding survivor and practitioner feedback loops, and refining the strategy as the borough learns more. This phase is where Tameside can demonstrate that the strategy is iterative rather than static.

25. Conclusion

This Needs Assessment is Tameside's first assessment of gender-based violence (GBV). It serves as a starting point for further development, compiling existing evidence while highlighting the borough's strengths and areas for future growth. The central conclusion is positive and pragmatic. Tameside has substantial foundations - Bridges, IRISi, Blind Side, White Ribbon, Open Up, Diversity Matters, the Trust Group, Safe and Together, Talk Listen Change, Caring Dads, Advance-D, MATAC, DAPOs, housing co-location, sanctuary work, community safety engagement and Public Health leadership. These are meaningful assets. The strategy now needs to connect them into a coherent Coordinated Community Response across the full spectrum of GBV.

The evidence also shows where further development is needed. Sexual violence and stalking pathways need greater visibility. Housing and safe accommodation require deeper analysis. Children and young people ought to be at the core, with prevention starting earlier and youth voices enhanced.

While accountability for perpetrators has improved, it would benefit from clearer, more cohesive pathways.

Workforce support and development could evolve into a more systematic approach embedded in daily practice, supervision, reflective learning, and service improvement. Stakeholder engagement raised a recurring theme about the pace and volume of new pilots, short-term initiatives, and funding opportunities. The concern was not about innovation itself - there is wide recognition that Tameside has benefited from important developments, including IRISi, Safe and Together, DAPOs and development and prevention activity with children and young people. The concern was that new initiatives can place pressure on operational leads and frontline staff when they are introduced faster than the system can plan, resource, communicate, implement, and evaluate them.

This is the context for a confidential stakeholder comment about "always chasing the next new thing.... pots of money...." The comment is best understood as a reflection on system capacity, commissioning cycles, and short-term funding, rather than as a criticism of any one programme or partner. It aligns with provider intelligence elsewhere in this assessment, which identified year-on-year and "bolt-on" funding for new programmes or elements of existing projects that can create uncertainty, increase staff turnover risk, and limit long-term planning. The learning for the Strategy is that innovation needs to be matched with local system-wide collaboration to understand where the benefit of introducing innovative projects and where the challenges and/or risks sit so that they can be balanced and mitigated. The collaboration allows for implementation planning, wider

operational consultation, workforce capacity considerations, clear communications, and review of impact before the system moves on to the next initiative. This partnership approach to commissioning and governance will support strong relationships across the working GBV system in Tameside.

Active design is essential for equity, inclusion, and sustainability. This means reflecting on what is working, building from local strengths, and stopping or adapting approaches that are not working well enough in Tameside. It also means embedding data collection and feedback into everyday delivery, so that services can understand access, outcomes, experience, unmet need, disengagement, and impact across different survivor groups. Feedback from survivors, children and young people, practitioners, operational leads, and community partners need to inform service design and review. Learning needs to be ongoing, connected, and capable of being refined as the local picture changes.

Practitioners are one of Tameside's greatest assets. They understand how pathways work in practice, where people disengage, what creates delay, what language helps or harms, where information sharing becomes difficult, and how strategic decisions affect day-to-day delivery. This assessment is not suggesting that Bridges Partnership, Tameside Council, or other agencies lack internal practitioner feedback systems. The point is about the wider system and how the GBV Strategy would benefit from a routine partnership-wide mechanism for drawing practitioner insight into needs assessment, commissioning, pathway design, implementation, and review. This would complement existing supervision, team meetings, audits, service feedback, and contract monitoring arrangements.

The wider evidence on implementation supports this approach. Implementation science⁵ emphasises engagement with frontline staff, process mapping, problem-solving, and iterative improvement because new policies and interventions only become effective when they work in real-world practice. Research⁶ on implementation support also highlights the value of co-creation, tailoring, continuous improvement, and relationship-based support when embedding evidence-informed change. For Tameside, this means treating practitioners as partners in understanding the system. They are often the bridge between strategy and safety for victims and survivors. Those bridges need strong foundations, and strengthening those foundations is a system responsibility.

⁵ The Centre for Implementation, 'Implementation Science Explained: What It Is, Why It Matters, and How It's Used' (26 August 2025) <https://thecenterforimplementation.com/toolbox/implementation-science-explained> accessed 12 August 2026

⁶ Louise Östberg , Kristen Snyder , Johan Lilja , 'Key factors driving the co-creation of collaborative improvement and innovation in rural development ecosystems' (2025) <https://www.sciencedirect.com/org/science/article/pii/S2055622525000237> accessed 12 August 2026.

This assessment offers Tameside a practical path ahead. The next step is to collaboratively create an evolving, iterative blueprint that partners can own, test, refine and implement. By using the Coordinated Community Response to connect existing resources, listening actively to survivors, practitioners and communities, and embedding learning into governance, commissioning and delivery, Tameside has a strong opportunity to develop a GBV Strategy that is dynamic, effective, ambitious, realistic and rooted in local context.

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