

Cabinet

DOCUMENTS FOR THE MEMBERS ROOM

Tuesday, 20th December, 2022
at 4.30 pm

MEMBERS ROOM DOCUMENTS ATTACHED TO THE
LISTED REPORTS

Contacts

Cabinet Administrator

Judy Cordell

Tel: 023 8083 2766

Email: judy.cordell@southampton.gov.uk

MEMBERS ROOM DOCUMENTS

- 8 **AIR QUALITY ACTION PLAN 2023 – 2028** □ (Pages 1 - 4)
- 9 **MANSEL PARK - DISPOSAL OF OPEN SPACE ADVERTISEMENT** □ (Pages 5 - 62)
- 10 **SOUTHAMPTON - MASTERPLANNING DELIVERY FRAMEWORK** (Pages 63 - 68)
- 11 **TOBACCO, ALCOHOL AND DRUGS STRATEGY 2023-2028** □ (Pages 69 - 138)
- 12 **DOMESTIC ABUSE AND VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY 2023-2028** □ (Pages 139 - 220)
- 16 **DELIVERY OF AFFORDABLE HOUSING ON COUNCIL LAND THROUGH THE COUNCIL FRAMEWORK** □ (Pages 221 - 412)

Monday, 12 December
2022

Director of Legal and Business Services



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	Air Quality Action Plan 2022-2027
Brief Service Profile (including number of customers)	
<p>The Air Quality Action Plan sets out a series of measures the council will seek to implement over a five year period. It includes 60 proposed new measures which aim to improve air quality in the city, building on the existing 40 projects already in place.</p> <p>The measures aim to bring about improvements across the city but where relevant are focussed in areas where air quality is poorest, and where it can have the greatest impact on residents.</p>	
Summary of Impact and Issues	
<p>Measures have been selected based on cost-effectiveness, feasibility, ability to deliver co-benefits, public and political perception, and potential for unintended consequences, including worsening inequalities.</p> <p>Where prudent, individual measures will be the subject of further ESIA's in the project inception stage once details of how the measures will be implemented are known.</p> <p>This ESIA is provided to assess at a high level the potential equality and safety implications which may come about by adopting the policy itself.</p>	
Potential Positive Impacts	
<p>Air pollution is well established to exacerbate socio-economic inequalities as it impacts the most vulnerable who suffer from co-morbidities including asthma, high blood pressure and COPD. Those youngest and older in society also suffer the most. Age can compound with co-morbidities and make certain individuals particularly sensitive to the effects of air pollution.</p>	

There are pockets of deprivation in the city with 11% of the population living in the top 10% of the most deprived in England. In the most deprived areas of Southampton compared to the least, asthma prevalence is approximately 1.46 times higher and emergency admissions for asthma is approximately 1.92 time higher

The plan principally aims to deliver air quality improvements and is therefore considered to contribute towards levelling out inequalities.

In addition, certain measures have been selected based on their ability to target reductions in inequalities. As one example a Healthcare Engagement project is proposed which will focus on engaging GPs in areas of higher deprivation where more residents are likely to suffer from respiratory conditions and other co-morbidities.

Responsible Service Manager	Steve Guppy
Date	08/11/2022
Approved by Senior Manager	Ian Collins
Date	21/11/22

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	It's possible that the benefits to individuals from measures introduced may be less accessible to certain age demographics i.e., social media posts for a behaviour change campaign may not reach older age groups as readily as younger. Positive impact – reducing health inequalities relating to age.	Adhere to communications policy and use a wide range of communication techniques including leaflet drops, press releases and items in city news etc.
Disability	Those with certain disabilities may not as easily benefit from the plan. For example, those with physical disabilities may not benefit from improvements made to cycling infrastructure ie. health benefits.	Shortlisted measures prioritised partly based on accessibility and unintended socio-economic consequences.
Gender Reassignment	N/A	
Marriage and Civil Partnership	N/A	
Pregnancy and Maternity	N/A	
Race	N/A	
Religion or	N/A	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Belief		
Sex	N/A	
Sexual Orientation	N/A	
Community Safety	N/A	
Poverty	N/A	
Health & Wellbeing	Positive impact as discussed.	
Other Significant Impacts	N/A	

This page is intentionally left blank

GROUND-GRADING GUIDANCE FOR: FA NATIONAL LEAGUE SYSTEM – MEN'S (STEPS 1-6)



2022/23 SEASON



Agenda Item 9



CONTENTS

1.	GROUND	11	2.	SPECTATOR FACILITIES	33
1.1	General	11	2.1	Spectator Accommodation	33
1.2	Capacity	12	2.2	Press Seating	37
1.3	Boundary of the Ground	13	2.3	Terracing	38
1.4	Clubhouse	15	2.4	Toilets	40
1.5	Parking Facilities	17	2.5	Refreshment Facilities	44
1.6	Pitch Perimeter Barrier	19	2.5.1	Directors/Committee/Guests	44
1.7	Pitch Standards	21	2.5.2	Ground Refreshment Facilities	44
1.8	Playing Area	23	2.6	Equal Provision for All	46
1.9	Technical Area	24			
1.10	Safe Walkway	26	3.	DRESSING ROOM FACILITIES	47
1.11	Floodlighting	28	3.1	Players	47
1.12	Public Address System	29	3.2	Match Officials	49
1.13	Entrances	29			
1.14	Exits	31	4.	MEDICAL	52
1.15	Lighting	32			
1.16	TV Gantry/Camera platform	32	5.	APPLICATION FOR	55
1.17	Adjoining Pitches	32		MEMBERSHIP OF THE EFL	
1.18	Emergency Access	32			

ACRONYMS USED IN THIS DOCUMENT:

NLS: National League System

RFL: Regional Feeder League(s)

FF: Football Foundation

PLSF: Premier League Stadium Fund

EFL: English Football League

SGSA: Sports Ground Safety Authority

AGP: Artificial Grass Pitch

INTRODUCTION

Welcome to The FA's Ground-Grading Guidance and Criteria document. It aims to provide a complete overview of ground grading and facility development for grounds in – or aspiring to operate at – Steps 1 to 6 of the Men's National League System and Regional NLS Feeder Leagues.

This replaces the various individual grading documents published in previous seasons, providing a one-stop-shop for clubs. As well as the previous criteria (which is largely unchanged) there is now practical guidance for new builds as well as advisory guidance to enhance the matchday and user experiences at your grounds.

As this is a new and evolving document, which we intend to update annually, we would welcome any feedback at:

NLS@TheFA.com

We would welcome any photographs of good practice or solutions within a ground to enhance this document in the future. Please also send these to **NLS@TheFA.com**.

This document does not purport to contain legal or regulatory advice (including but not limited to health and safety matters and/or building regulations) and the award of a grade does not purport to confirm or certify legal or regulatory compliance which remains, in all cases, the responsibility of the club.

The FA's Ground-Grading Sub-Committee



1 FA NATIONAL LEAGUE SYSTEM (NLS): GROUND-GRADING CRITERIA BY LEVEL, STEP AND LEAGUE/DIVISION

The FA Ground-Grading criteria is broken down as follows:

NLS		
Level of Football	Grade	Leagues/Divisions
Step 1	Grade 1	National League (1 Division)
Step 2	Grade 2	National League North and South (2 Divisions)
Step 3	Grade 3	Premier Divisions of the Southern, Isthmian and Northern Premier Leagues (4 Divisions)
Step 4	Grade 4	Division 1's of the Southern, Isthmian and Northern Premier Leagues (8 Divisions)
Step 5	Grade 5	Step 5 Leagues (16 Divisions)
Step 6	Grade 6	Step 6 Leagues (17 Divisions)
Promotion to Step 6	Grade 7	RFL Clubs require this grade by 31 March in the season before the Club is applying for promotion to Step 6
Promotion to Step 7	Grade 8	Previously known as 'Step 7' - County Leagues or equivalent (50 Divisions). This level of grading is required for entry to RFL level

2 GROUND-GRADING PROCESS: ROLES

There are many roles that varying bodies have within the Ground-Grading Process. Below is a matrix of the key stakeholder roles:

	Administration	Point of Contact	Criteria	Inspections	Award of Grades
The FA Executive	The FA Executive will be the conduit between the FF and the FA Committees.	The FA Executive will be the conduit between the FF and the FA Committees. Contact can be made at GroundGrading@TheFA.com or if the query is a technical query around the design of facilities then contact Technical@FootballFoundation.org.uk	The FA Executive will prepare and circulate (via Leagues) the criteria each season. This will also include any suggestions from the FF based on previous inspections.		
The FA Committees – Men’s (Step 1-4 – the Alliance Committee, Steps 5&6 – the Leagues’ Committee, with specialist Ground-Grading Sub-Committee reporting into the Alliance Committee)			The Committees are responsible for the setting of the Ground Grading Criteria from season to season.	The relevant Committee may ask the FF to visit a given Club if feedback received suggests that there is an issue with a given ground.	The FA’s Alliance Committee has sole responsibility for the awarding of grades for Clubs at Steps 1 to 4, with the Leagues Committee solely responsible for Steps 5 & 6.
The Leagues		The League will act as a local point of contact and their grading officers/ directors can provide practical guidance in respect of ground improvements.	The Leagues can propose any amendments to the criteria for the FA Committees to consider.	A League’s grading officer may attend an inspection led by an FF Grading Inspector to support the Club achieve the grade.	
Premier League Stadium Fund (PLSF)/The Football Foundation (FF)		For more information on how the PLSF/FF can assist with ground improvements, please visit www.premierleaguestadiumfund.co.uk	The PLSF/FF can propose any amendments to the criteria for the Committees to consider.		
The Clubs	Clubs will need to complete or update an electronic grading questionnaire, as requested from time to time.	The points of contact we will use will either be the Club Secretary or any dedicated Club Officer as per any applications made to the FSIF.		Clubs will be expected to make their grounds available for inspection (within a reasonable timeframe) with a member of the Club or facility present at the inspection. Inspections are carried out every three years or upon promotion.	

3 OVERVIEW OF GROUND-GRADING REQUIREMENTS OF EXISTING GROUNDS

Please note: the following information is relevant to existing grounds only. New stadiums/grounds are subject to updated criteria which is referenced later in this document.

The table below is an overview of the key facilities required at each Grade. The full grading criteria is documented later in this document:

Grade	Capacity	Dugouts	Public Address System	Entrances Turnstiles	Hardstanding	Covered stand(s)		Press Seating	Existing Floodlights
<i>Previous Grade in ()</i>	(Min.)	Min. No. of people		(Min.)	Number of sides	Seated	Standing		Lux **
1 (A)	4,000	11	Yes	8	4 ^	500	0	12	250
2 (B)	3,000	11	Yes	6	4 ^	250	250	6	180
3 (C)	1,950	8	Yes	3	4 ^	250	250	4	120
4 (D)	1,300	8	Yes	2	4 ^	150	150	2	120
5 (F)	-	8	Yes	1	3	100	100	-	120
6 (G)	-	8	No	1	2	50	50	-	120
7 (H)	-	8	No	1	2	-	50	-	N / A / 120 *
8 (RFL)	-	-	No	-	-	-	-	-	N / A / 120 *

* Floodlights for promotion to Step 6 are not required until promotion is confirmed (i.e. installed by 30 September after promotion) but where floodlights already exist, these must meet 120 Lux.

** New floodlighting installations will be installed to a minimum of 200 Lux from Grade 2 and below.

^ Note: grounds may be declared as three-sided grounds.

3 OVERVIEW OF GROUND – GRADING REQUIREMENTS OF EXISTING GROUNDS (continued)

Grade <i>Previous Grade in brackets</i>	Spectator Ground Toilets		Players' Changing Rooms				Officials' Changing Rooms			Medical Room	
	Male	Female	Area/sqm	Showers	WC	Urinals	Area/sqm	Showers	WC	Players	Spectators
1 (A)	Four urinals – two WCs in two areas of the ground	Two WCs in two areas of the ground	18	4	1	2	6	1	1	Yes	Yes
2 (B)	Four urinals – Two WCs	Two WCs	18	4	1	1	6	1	1	Yes	Yes
3 (C)	Four urinals – Two WCs	Two WCs	18	4	1	-	6	1	1	Yes	Share
4 (D)	Four urinals – Two WCs	Two WCs	18	4	1	-	6	1	1	Yes	Share
5 (F)	Two urinals – One WC	Two WCs	12 *	4	1	-	4 **	1	1	Stretcher only	
6 (G)	Two urinals – One WC	Two WCs	12	4	1	-	4	1	1	Stretcher only	
7 (H)	Two urinals – One WC	Two WCs	12	4	1	-	4	1	1	Stretcher only	
8 (RFL)	Adequate toilet facilities		12	3	Adequate toilet facilities		4	1	Adequate toilet facilities	-	

* ideally 18sq/m

** ideally 6sq/m

Note: (i) Where urinals are specified in spectator toilets or changing rooms, these can be replaced with WCs – e.g. at Grade 5 a Club could have 3 WCs in the male spectator toilets. This is strongly encouraged for new builds to promote inclusivity of facilities.

(ii) Clubs need to consider how they meet the requirements of the Equality Act in relation to accessible clubhouse and/or ground toilets

4

DEVELOPING YOUR FACILITIES

Clubs considering any developments of their ground should focus on complying with the requirements of the current grade for the Step or Tier they play at. In planning future works, it's recommended that clubs bear in mind the grading criteria for the Step they would be promoted into. It's important when planning improvements that potential future works are considered. For example, allowing space for additional seating or terracing accommodation to be added next to existing accommodation.

It is also recommended that clubs discuss proposed improvements with the **relevant League Officer and Football Foundation Technical Project Managers** (the latter if seeking funding from the PLSF) to ensure developments are appropriate to the grading criteria and there is scope for future expansion if required.

Inclusive facilities

In planning for any improvement to grounds, a Club should ensure that its facilities are as inclusive as possible and that any reasonable adjustments that can be made are carried out when developing a ground. Clubs may find it useful to consult the following organisations and documents to ensure that they understand all the requirements before embarking on a project:

- Premier League Stadium Fund:
www.premierleaguestadiumfund.co.uk/
- Sports Ground Safety Authority:
www.sgsa.org.uk/
- Guide to the Safety at Sports Ground (Green Guide):
www.sgsa.org.uk/greenguide/
- Local Authority Building Control:
www.labc.co.uk/
- Level Playing Field:
www.levelplayingfield.org.uk/

Please note the above list is not exhaustive. It is recognised that Clubs will consult with local stakeholders specific to them, e.g. Supporters' Trusts etc.

Building a new ground/stadium

When building a new ground/stadium, or where significant redevelopment is taking place, the following recommendations are made:

- Establish a team within the club to progress the project.
- Appoint suitably-qualified individuals/professionals to advise you, who have experience of developing similar projects.
- Make early contact with your **relevant League Officer and Football Foundation Technical Project Manager**.
- Visit a number of clubs in or above your Step level who have recently either relocated or significantly developed their facilities.
- Ensure any design/plans drawn up are agreed by your **relevant League Officer and Football Foundation Technical Project Manager** to ensure they meet the Ground- Grading criteria set out in this document.

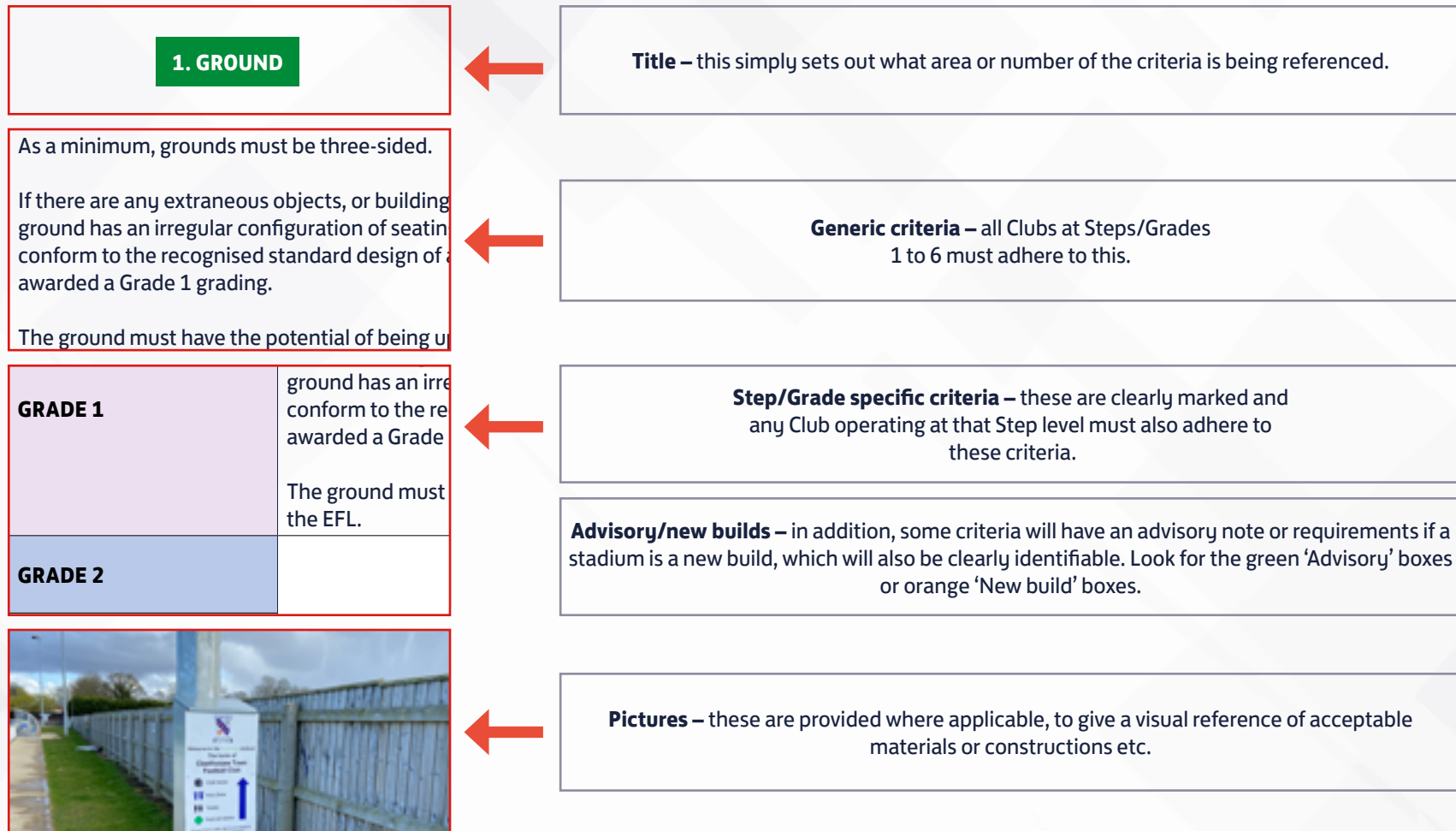
Throughout this document there are Advisory and New-Build sections which relate to new build requirements. These sections outline considerations when planning brand-new stadia.

5 UNDERSTANDING THE NATIONAL GROUND-GRADING CRITERIA

The Ground-Grading Criteria has traditionally been spread out over numerous documents. It has been decided these will be merged so Clubs can visualise how to progress from Regional NLS Feeder League Level to Step 1.

To clarify, the criteria is made up of the following components:

Page 14



6 NATIONAL GROUND – GRADING CRITERIA

1. GROUND

1.1 General

The ground must give an overall appearance and impression of being a football ground suitable for the level of the National League System at which it is operating. In the case of those seeking placement at Step 6, the ground must be suitable for the level of the National League System at which they are seeking to operate.

It must be possible for spectators to view the match, either standing or seated, for the full length of the number of sides of the playing area as listed in the chart below, provided that the capacity requirements detailed under 1.3 are met. If relevant, where any side is designated as spectator-free, measures must be in place to ensure there is no unauthorised access.

The location of the ground, in so far as its relation to the conurbation whose name the club bears, or is traditionally associated with, must meet with the approval of both the relevant FA Committee and the Board of Directors or Management Committee of the league of which it is a member.

The club must disclose plans and details of any proposed future move to a new stadium or of any significant alteration to the existing ground to both the league of which it is a member and to The FA.

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	As a minimum, grounds must be three-sided. If there are any extraneous objects, or buildings within the boundary of the ground or the ground has an irregular configuration of seating, standing and covered areas that do not conform to the recognised standard design of a football stadium, the club may not be awarded a Grade 1 grading. The ground must have the potential of being upgraded to meet the criteria for membership of the EFL.
GRADE 2	
GRADE 3	As a minimum, grounds must be three-sided.
GRADE 4	
GRADE 5	
GRADE 6	As a minimum, grounds must be two-sided.
GRADE 7	As a minimum, grounds must be two-sided.
GRADE 8	N/A
NEW BUILDS AND CONVERSIONS	Consideration must be given to the location of any new ground, its accessibility and sustainability with regards to users, spectators and neighbours.

6

NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

1.2 Capacity

The stadium must have a minimum capacity of spectators in line with the chart below, inclusive of any seated spectators, as certified by the local authority or calculated by a competent person, in accordance with the current edition of the 'Guide to Safety at Sports Grounds' (Green Guide) at the time of inspection.

The FA and/or the relevant League reserve the right to appoint a suitably-qualified person to review and, if found necessary, amend the capacity figure. Such intervention may be at the cost of the Club.

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	A capacity of 4,000 is required, with the (demonstrable) potential to increase this to 5,000 in the future. The club must have the ability to segregate home and visiting supporters. Any segregated area must have exclusive entrances, exits, accessible, female and male toilet facilities and catering facilities. The latter may be of the mobile type. All Step 1 fixtures are subject to the Football Spectators Act 1989 (which amongst other things contains provisions relating to football banning orders) and the Football (Offences) Act 1991 (which amongst other things creates offences that are specific to football matches).
GRADE 2	A capacity of 3,000 is required, with the (demonstrable) potential to increase this to 4,000 in the future.
GRADE 3	A capacity of 1,950 is required, with the (demonstrable) potential to increase this to 3,000 in the future.
GRADE 4	A capacity of 1,300 is required, with the (demonstrable) potential to increase this to 1,950 in the future.
GRADE 5	
GRADE 6	There is no minimum capacity at this level, but a club should be mindful that the minimum requirement for Grade 4 is 1,300.
GRADE 7	
GRADE 8	There is no minimum capacity at this level.
NEW BUILDS AND CONVERSIONS	Consideration must be given to the desired capacity which the club is aiming for and the facilities it wants to provide. It is important that clubs have the space within their stadiums to allow where possible for cost-effective expansion of stands and terraces to take place in order to meet the capacities outlined above.

6

NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.3 Boundary of the Ground

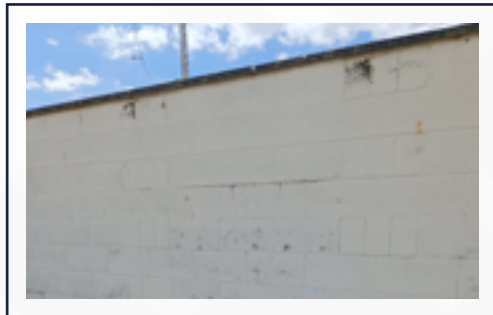
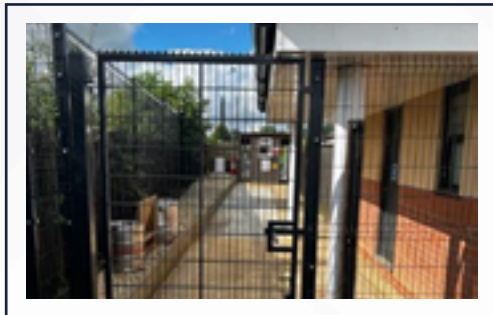
All grounds at Grades 1 to 6 must be enclosed by a permanent boundary. However, to be promoted from Regional Feeder League level, such boundaries do not have to be permanent.

	Prevent viewing from outside ground?	Type/permitted materials	Height	Other comments
GRADE 1	Must prevent individuals from viewing the game from outside the ground.	Of sound construction, such as pre- cast concrete, brick, breeze block or metal cladding with steel or concrete posts.	Minimum of 1.83 metres as measured from outside the ground.	Where any side of the ground is bounded by private land/property, the fixed boundary of that private land / property may be acceptable as the boundary of the ground.
GRADE 2				
GRADE 3				
GRADE 4		At Grade 1 only , it must be secure on all sides of the ground and sufficient to deter would be climbers.		Where a side or an end of the ground is designated spectator free because of an adjoining sports field or amenity there must be a fence along the entire length or width of the ground to separate the two facilities. The fence, which may be demountable, must be a minimum height of 1.83 metres and it must not be possible to view the match from outside.
GRADE 5	It is not a requirement to prevent external viewing at this level.	No materials specified. It is recommended, where possible, to future-proof the ground by constructing using the above materials.	As a general rule, the minimum height, when measured from outside the ground, must be 1.83 metres.	Where any side of the ground is bounded by private land/property, the fixed boundary of that private land / property may be acceptable as the boundary of the ground.
GRADE 6				
GRADE 7				Boundary does not have to be of a permanent nature.
GRADE 8	There is no requirement for a ground to be enclosed in any way.			
NEW BUILD AND CONVERSIONS	Consideration must be given to the suitability of the boundary of the ground and the materials used to screen and secure the ground should be suitable for the location of the ground.			

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF GROUND BOUNDARIES



Page 18

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

1.4 Clubhouse

There must be a clubhouse facility either on or adjacent to the ground, which must be open on matchdays to provide refreshments and toilet facilities for spectators. These should include male, female and accessible toilet facilities. Please note the ground toilet requirements at criterion 2.4.

GRADE-SPECIFIC REQUIREMENTS	
GRADE 1	The Clubhouse must also provide refreshments to visiting Players, Officials and Match Officials, unless provided for elsewhere in the ground.
GRADE 2	
GRADE 3	
GRADE 4	
NEW BUILDS AND CONVERSIONS	Clubhouse facilities should be welcoming to all spectators and users. High-quality facilities may increase revenues for clubs through the sale of food and refreshments. Consideration needs to be given to the number of male, female and accessible toilets as well as making provision for baby-changing facilities.

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF CLUBHOUSES



6 NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.5 Parking Facilities

At Grades 1 and 2: There must be adequate car parking facilities at or adjacent to the ground. Car parking within the boundary of the ground on matchdays may not be acceptable if the control or admission of spectators is not deemed suitable or the safety of spectators is compromised.

At Grades 3 to 6, and RFL Promotion: There should be adequate car parking facilities on or adjacent to the ground. Car parking within the boundary of the ground on match days may not be acceptable if the control or admission of spectators is not deemed suitable or the safety of spectators is compromised.

GRADE-SPECIFIC REQUIREMENTS	
Page 21 GRADE 1	<p>Parking facilities must be provided for directors, with a minimum number of four places for visiting directors.</p> <p>There must be safe parking arrangements for the visiting team’s coach.</p> <p>Unmarked parking facilities must also be provided for the match officials.</p>
NEW BUILDS AND CONVERSIONS	<p>Parking should be in line with any guidance produced by the Local Authority from whom the club is seeking planning permission.</p>

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF PARKING FACILITIES



Page 22



6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

1.6 Pitch Perimeter Barrier

Subject to the provisions detailed below, there must be a permanent fixed barrier ideally 1.1 metres high as measured from the spectator side, of sound construction (e.g. concrete and steel) and free from all sharp edges, surrounding the pitch on all sides that may be occupied by spectators. Existing barriers/rails of less than 1.1 metres in height may be acceptable, provided they meet the requirements set out in the advisory section below. There must be no gap between the edge of the hardstanding and the pitch perimeter barrier.

There must be a minimum of 1.83 metres (*for Grade 1 – see the table below) between the touchline, goal line and the pitch perimeter barrier.

Immediately in front of seated accommodation, the boundary of the playing area may be indicated by means other than a permanent fixed barrier, provided that the Club is able to provide assurances that no spectator will be allowed to stand in this area to watch the match.

Where there is a walkway in front of a standing terrace that itself is fronted by a crush barrier that has been subject to an annual risk assessment and, if necessary, tested, an alternative to a fixed barrier (e.g. A-frames) may be used, provided no spectators are allowed to stand in this area to watch the match. The Club must implement a safety management system to ensure this, which also protects the integrity of the playing area.

Where A-frames are utilised instead of a fixed barrier, they must be continuous.

Page 23

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	The barrier, if other than solid wall type of construction, must be infilled so that the ball cannot pass through or under it. Plastic multi-purpose hi-vis fencing is not considered suitable for infill. * There must be no less than 2.25 metres (and ideally there should be 2.75 metres) between the touchline, goal line and the pitch perimeter barrier.
GRADE 2	The barrier, if other than solid wall type of construction, must be infilled so that the ball cannot pass through or under it. Plastic multi-purpose hi-vis fencing is not considered suitable for infill.
GRADE 3	
GRADE 4	
ADVISORY	It is important to distinguish between a pitch perimeter barrier/rail which exists to separate spectators from the playing area and a crush barrier which has been constructed and tested in accordance with the requirements of the Green Guide. Where the structure cannot be designated as a crush barrier, e.g. its height exceeds 1.1 metres, the maximum depth of standing behind it is limited to 1.5 metres. This must be borne in mind in any capacity calculations. It is recognised that the above may not be an issue for normal attendances but, when a larger crowd is anticipated, the Club should be mindful of the associated management issues and, if necessary, take professional advice. Whatever system is employed, a club should be mindful of its responsibility to ensure spectator safety and minimise the possibility of unauthorised incursions on the playing area.
NEW BUILDS AND CONVERSIONS	Any barriers installed at new grounds should be purposed-designed, with integrated infill panels as required. They should be made from UPVC or coated metal. Fixing of panels and sponsors' signs should be done in a safe way to avoid injury to players sliding into the barrier. Clubs should carry out their own regular risk assessments. Where obstacles such as buildings or floodlight columns are in place in lieu of a barrier, a risk assessment must be carried out. Where identified, measures to protect players should be put in place. In the case of a new stadium, the minimum run-off between the pitch and the pitch perimeter barrier should ideally be four metres and must be a minimum of three metres. The run-off must be free of any fixed object such as goals (that are not part of the field of play), dugouts and floodlight columns. Note: replacing a grass pitch with an Artificial Turf Pitch does not constitute a 'New build' and therefore is not bound by the three-metre run-off above.

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF PITCH PERIMETER BARRIERS



Page 24

6

NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.7 Pitch Standards

The playing surface must be grass, unless otherwise authorised by the Competition’s Board of Directors, and must be of the highest possible standard. It must be level and free from surface depressions and excessive undulations and must be maintained to the highest possible standard at all times. If the Competition is concerned with the standard of the playing surface they may, at the Competition’s discretion, take any reasonable action against the Club.

Clubs are advised to use the Football Foundation’s PitchPower digital tool (www.footballfoundation.org.uk/pitchpower). PitchPower is operated by the Football Foundation and records and measures grass pitch quality. It also provides advice and guidance directly to Groundskeepers and clubs on how to improve the quality of the playing surface, through expert advice provided by the Grounds Management Association. By using PitchPower during set windows of the season, clubs will be able to record the quality of their playing surface and if needed, adapt their maintenance procedures to ensure that the playing surface is of the highest quality.

The Competition’s Board of Directors or Management Committee may require a club at any time to undertake a PitchPower performance test if it felt that a pitch is not of the highest-possible standard (e.g. if the fulfilment of fixtures appears to be impacted by grass pitch quality).

The maximum slope allowable shall not exceed an even gradient of vertical to horizontal 1:41 in any direction. When a new pitch is being developed or significant improvements are being made to a pitch, a gradient of 1:41 will not be acceptable and the pitch must be constructed with reference to the FA Grass Pitch Performance Quality Standard.

Artificial Grass Pitches (AGP)

Artificial (3G) football turf may only be used provided conditions (i) to (vii) below have been met (the “Performance Standard”):

Grades 1 to 2: The pitch must be surfaced with 3G football turf that has laboratory type approval according to the FIFA Quality Concept for Football Turf (2012 & 2015 editions) – FIFA Quality Pro Performance (notwithstanding 1.8(v) below).

Grades 3 and below: The pitch must be surfaced with 3G football turf that has laboratory type approval according to the FIFA Quality Concept for Football Turf (2012 & 2015 editions) – **FIFA Quality Performance**.

(i) The 3G football turf pitch must be listed on both The Football Association’s register of 3G football turf pitches and FIFA’s 3G football turf pitches register by no later than 31 May and tested **annually** at the Club’s expense.

(ii) Where a 3G football turf pitch is not yet listed on The Football Association’s register (for example if it is a newly-installed pitch), a Club must obtain a Laboratory Performance Test Report and submit it to The Association by no later than 31 July at the Club’s expense.

(iii) The Football Association reserves the right to instruct a Club to have its pitch tested at any time to ensure that it meets the relevant Performance Standard. All such tests shall be at the Club’s expense.

(iv) The 3G football turf, including run-offs, shall be one continuous playing surface and shall be green in colour at least one metre from the outer edge of the touchline and goal line. All line markings shall be in accordance with the

(v) From season 2016/17, only Clubs with FIFA Quality Pro Performance pitches will be eligible to take part in matches under the auspices of National League (i.e. NLS Steps 1 and 2), save that a Club which has a ground with the recommended FIFA Quality Performance standard can be promoted to Step 2 of the National League System, provided that it undertakes, upon renewal of the pitch, to install a pitch that meets the FIFA Quality Pro Performance standard and is certified.

6 NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.7 Pitch Standards (continued)

- (vi) A Club wishing to be promoted to NLS Step 2 with a 3G football turf pitch must test the pitch by 31 March to the FIFA Quality Pro Performance criteria to ensure it meets the standard required. Any remedial work to meet the FIFA Quality Pro standard must be completed by 31 May and be at the Club’s expense.
- (vii) The pitch must be a consistent green colour (i.e. no stripes/patterns) including at least the first one metre of run-off.

Page 26

<p>NEW BUILDS AND CONVERSIONS</p>	<p>New Build 3G FTP or Conversion of grass to 3G FTP</p> <p>It is recommended that clubs considering the above projects do the following:</p> <ul style="list-style-type: none"> • Make contact with your relevant League Officer and, where seeking funding from the Premier League Stadium Fund, Football Foundation Technical Project Manager before embarking on any type of feasibility study. • Ensure that any design/plans that are drawn up are agreed by your relevant League Officer and, where seeking funding from the Premier League Stadium Fund, Football Foundation Technical Project Manager to ensure your proposals will meet the relevant FIFA Performance Standard and Ground-Grading Guidance. • The onus is on the club to ensure that they seek expert help and advice to meet the ground-grading criteria. • The playing area of a new 3G pitch must be a minimum of 100 metres x 64 metres and must conform to the requirements of the Laws of the Game. The run-off around the pitch should be a minimum of three or four metres between the touchline, goal line and the pitch perimeter barrier. • Where clubs are installing a 3G in lieu of a grass pitch they must ensure that the pitch is a minimum of 100 metres x 64 metres and must conform to the requirements of the Laws of the Game. • Make contact with your relevant County FA Facility Lead <p>Where a three or four-metre run-off cannot be met because of existing stadia, the following must be achieved:</p> <ul style="list-style-type: none"> • Grade 1: Ideally there should be 2.75 metres, but no less than 2.25 metres between the touchline, goal line and the pitch perimeter barrier. • Grades 2 to 6: There must be a minimum of 1.83 metres between the touchline, goal line and the pitch perimeter barrier. <p>Clubs who might be involved in FIFA or UEFA competitions must consult specific guidance as the standard size recommendations are greater than the requirements set out above.</p>
--	---

6

NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.8 Playing Area

The playing area must be a minimum of 100 metres x 64 metres and must conform to the requirements of the Laws of the Game.

Goalposts and goal net supports must be of professional manufacture and conform to the relevant safety requirements and the requirements of the Laws of the Game.

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	The Club must be responsible for the upkeep of the playing area. If a club employs an external third party to maintain the playing surface, the details of that third party must be disclosed to The FA and the National League Board of Directors.
GRADE 7	The playing area must be a minimum of 100 metres x 64 metres and must conform to the requirements of the Laws of the Game
GRADE 8	The playing area is to be in accordance with the requirements of the Laws of the Game. Law 1 states that the length of the touchline must be greater thanr than the length of the goal line. Clubs who have held membership at Feeder League level since 2022/23 may have pitches with the following dimensions: Length: Minimum 90 m (100 yds); maximum 120 m (130 yds). Width: Minimum 45 m (50 yds); maximum 90 m (100 yds). Clubs who enter Feeder League level from the 2023/24 season must have minimum pitch size of 100 metres x 64 metres.
ADVISORY	Clubs should ensure that their goalposts meet the standards set out in guidance provided by The FA. it should be noted that the use of metal cup hooks is prohibited. Clubs should refer to 'The FA Guide to Pitch Design, Management and Goalpost Safety'.
NEW BUILDS AND CONVERSIONS	New pitches should be a minimum of 100 metres x 64 metres and must conform to the requirements of the Laws of the Game. The run-off around the pitch should ideally be four metres or a minimum of three metres. Clubs who might be involved in FIFA or UEFA competitions must consult specific guidance as the standard size recommendations are greater than the requirements above.

6

NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.9 Technical Area

Two covered dugouts, clearly marked 'Home' and another with 'Away' or 'Visitors', must be provided unless adequate provision is made in a seated stand. They must be on the same side of the pitch, ideally either side of the halfway line, ideally both equidistant from it and ideally a minimum of three metres apart. They should provide an unobstructed view of the playing area.

Portable dugouts are permitted but must be securely fixed while in use.

A technical area must be marked out, in accordance with the guidance contained in the ['Laws of the Game'](#) booklet.

Page 28	GRADE 1	Each of the seating areas must be able to accommodate a minimum of 11 adults on fixed seats or benches . Where bench seating is provided, a minimum of 0.5 metres must be allowed for each person. (i.e. 11 persons require a minimum of 5.5 metres)
	GRADE 2	
	GRADE 3	Each box must be able to accommodate a minimum of 8 persons under cover on fixed seats or benches. Where bench seating is provided, a minimum 0.5 metres must be allowed for each person (i.e. 8 persons require a minimum of 4 metres.). It should be noted that for Grade 2 there must be seating for 11 persons (as detailed further above) – it is recommended that any Club promoted to Step 2 meets the Grade 2 requirement before commencing the season.
	GRADE 4	Each box must be able to accommodate a minimum of 8 persons under cover on fixed seats or benches. Where bench seating is provided, a minimum of 0.5 metres must be allowed for each person (i.e. 8 persons require a minimum of four metres.).
	GRADE 5	
	GRADE 6	
	GRADE 7	
	GRADE 8	Portable dugouts are permitted and must be securely fixed when in use. It is desirable for a Technical Area to be marked out in accordance with the guidance contained in the 'Laws of the Game' booklet.
NEW BUILDS AND CONVERSIONS	When new boxes are being constructed or installed, they must be on each side of the halfway line, equidistant from it and a minimum of three metres apart. The seating part of the dugout or any physical structure should not encroach into the run-off.	

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF TECHNICAL AREAS



Page 29

6 NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.10 Safe Walkway

There must be a safe, unimpeded passage for players and match officials between the dressing rooms and the pitch. The design of the safe walkway will inevitably differ from ground to ground and it will rarely guarantee the safe passage of players and match officials unless supplemented by stewards. A club should implement procedures appropriate to the particular structure and be ready to respond to on-field situations which might affect spectator behaviour.

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	The use of protection designed products such as permanent structures or retractable tunnels to separate players and spectators is recommended.
GRADE 2	
GRADE 3	
GRADE 4	
GRADE 5	
GRADE 7	There must be a safe, unimpeded passage for players and match officials between their dressing rooms and the pitch. The design of the safe walkway may differ according to the circumstances of each different ground. It is recommended that stewards are used to assist the safe passage of players and match officials. A club should implement procedures appropriate to the particular structure and be ready to respond to on-field situations which might affect spectator behaviour.
GRADE 8	A secure walkway is not a requirement.
NEW BUILDS AND CONVERSIONS	Consideration should be given to the entrance and exit of the field of play and the distance involved to ensure the safety of players and officials and minimum contact if afforded to spectators.

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF SAFE WALKWAY



6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

1.11 Floodlighting

Floodlights must be provided to an average lux in accordance with the requirements in the table below.

Readings shall be on a grid of 88 markings (8 across, 11 down) evenly spaced with the outside readings taken 2.5 metres inside from the touchline. The average of all the readings is taken to be the average illumination level in lux of the floodlighting installation.

The lux values must be tested every two years in accordance with current guidelines by an approved independent contractor. Floodlights must be retested after any significant alterations. Existing certification will be accepted provided that the test was carried out within the last two years unless work has been carried out at the ground which may have affected previous readings.

It is also recommended that, at the same time as testing the lights, clubs also test the electrical supply within the ground to ensure that the system complies with current electrical standards and also request a visual inspection of the columns for signs of corrosion, fatigue and overloading.

An example of an 'approved' contractor is one who possesses the NICEIC (National Inspection Council for Electrical Installation Contracting) Approved Contractors Award or ISO 9000/BS 5750 (International Standards/British Standards), or who is a member of the Electrical Contractors' Association. Alternatively, it can be a contractor deemed acceptable by the league.

The contractor must, when detailing the lux values, give confirmation in writing of the date when the illumination test equipment used was last calibrated.

Page 32

GRADE-SPECIFIC REQUIREMENTS	
-----------------------------	--

GRADE 1	Floodlights must be provided to an average lux reading of at least 250. No single reading can be less than 100 lux and no single reading can be less than one quarter of the highest reading, to ensure an even spread of light. When applying for a higher grading, the certificate should have been issued no more than six months prior to application.
GRADE 2	Floodlights must be provided to an average lux reading of at least 180. No single reading can be less than 100 lux and no single reading can be less than one quarter of the highest reading, to ensure an even spread of light. When new or improved installations are being planned, the lighting procured must meet BS 12193 Class 2 and have an average lux reading of at least 200 with the capability of increasing to 250 if promoted to Step 1. When applying for a higher grading, the certificate should have been issued no more than six months prior to application.
GRADE 3	Floodlights must be provided to an average lux reading of at least 120. No single reading can be less than one quarter of the highest reading, to ensure an even spread of light.
GRADE 4	
GRADE 5	
GRADE 6	
GRADE 7	When new or improved installations are being planned, the lighting procured must meet BS 12193 Class 2 and have an average lux reading of at least 200.
GRADE 8	Floodlighting is not compulsory at this Grade, however, where provided floodlights should be provided to an average lux reading of at least 120. No single reading can be less than one quarter of the highest reading, to ensure an even spread of light.
NEW BUILDS AND CONVERSIONS	Before installing new floodlights or upgrading existing floodlights, clubs are advised to consult with their Local Authority planning department. All new installations and upgrades must be LED floodlights.

6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

1.12 Public Address System

At Grades 1 to 5, a public address system must be provided which is clearly audible in all areas of the ground which can be occupied by spectators.

1.13 Entrances

The table below denotes the number of operational spectator entrances that are required for each Grade to control the ingress of spectators.

Electronic turnstiles with bar code readers are also acceptable but an emergency procedure must be in place in the event of a power failure and be detailed within a Club's Emergency Action Plan.

Adequate protection and security must be incorporated for the turnstile operator or, where tickets are sold from a box office, the cashier. This must include a grille (or similar) and a lock on the inside of the turnstile (or paybox at Step 5 and below).

It must be possible to gain access to the spectator viewing areas from the turnstiles via a bound surface minimum width of 0.9 metre (ideally 1.2m).

Entrances should be placed in appropriate positions around the boundary of the ground and take into account the requirements of segregation of spectators of both teams.

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	8 spectator entrances that must be controlled by fully operational turnstiles of the revolving type and must be suitably housed and lit.
GRADE 2	6 spectator entrances that must be controlled by fully operational turnstiles of the revolving type and must be suitably housed and lit.
GRADE 3	3 spectator entrances that must be controlled by fully operational turnstiles of the revolving type and must be suitably housed and lit.
GRADE 4	2 spectator entrances that must be controlled by fully operational turnstiles of the revolving type and must be suitably housed and lit.
GRADE 5	1 spectator entrance is required for these Grades. This should be controlled by a fully operational turnstile of the revolving type, however, a pay box (which is not accepted at Grades 1 to 4) where a charge for entry can be taken is acceptable (please note: a table will not be deemed acceptable as a pay box as it offers the cashier no protection).
GRADE 6	
GRADE 7	
GRADE 8	There is no requirement for fixed entry points.
ADVISORY	Part of a ground capacity calculation is calculated using entrances and exits, clubs should refer to the guidance set out in the Sports Ground Safety Authority – Guide to Safety at Sports Grounds .
NEW BUILDS AND CONVERSIONS	Consideration should be given to the location of entrances, the ground capacity and the ability to offer segregation to home and away spectators. It must be possible to gain access to the spectator viewing areas from the turnstiles via a bound surface minimum width of 1.2 metres.

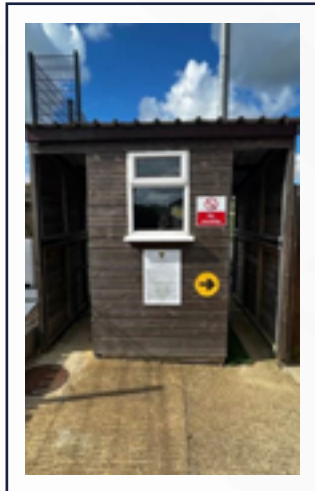
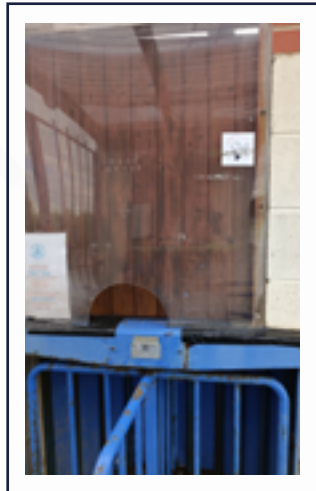
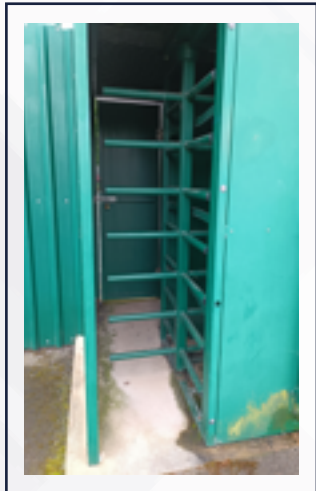
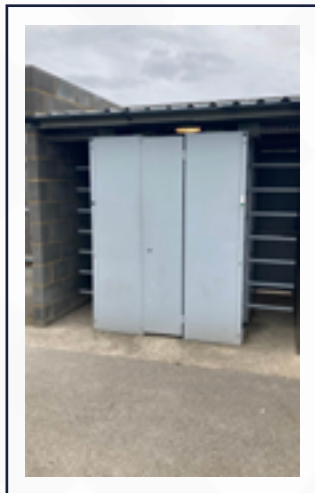
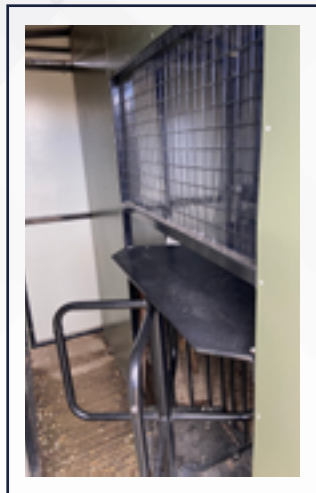
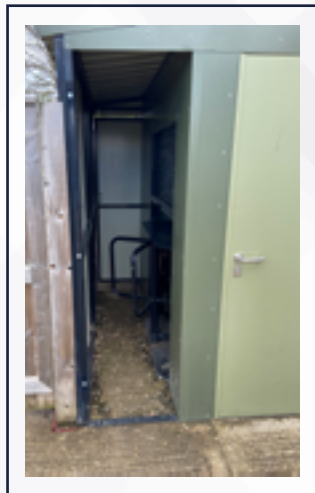
6 NATIONAL GROUND-GRADING CRITERIA

1. GROUND (continued)

EXAMPLES OF ENTRANCES



Page 34



6 NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.14 Exits

All exits must be clearly signed, ideally with ‘running man’ signs, and are to be kept clear and free from obstructions. For further information, reference should be made to the [Sports Ground Safety Authority – Guide to Safety at Sports Grounds](#).

There must be access via a bound surface to all exits from the nearest spectator viewing areas.

ADVISORY	Part of a ground capacity calculation is calculated using entrances and exits, clubs should refer to the guidance set out in the Sports Ground Safety Authority – Guide to Safety at Sports Grounds.
NEW BUILDS AND CONVERSIONS	Consideration should be given to the location of exits depending upon the size of the facilities and capacity.



6 NATIONAL GROUND – GRADING CRITERIA

1. GROUND (continued)

1.15 Lighting

Clubs have a responsibility to ensure the safety of spectators entering, leaving and moving about the ground and, if a ground is used in non-daylight hours, adequate artificial lighting should be provided.

GRADE-SPECIFIC REQUIREMENTS	
GRADE 1	There must be an emergency lighting system for all spectator areas and concourses as required by the local Safety Authority or approved by a competent person.
36	Consideration must be given by a club to its safety procedures in the event of a power failure and be detailed within a Club's Emergency Action Plan. Clubs must ensure that key matchday personnel are familiar with the safety procedures and the Emergency Action Plan.
ADVISORY	<p>Grades 2 and below</p> <p>While their installation is strongly recommended, neither working nor emergency lighting is a grading requirement. However, clubs are reminded that they have a responsibility to ensure the safety of spectators entering, leaving and moving about the ground and, if a ground is used in non-daylight hours, adequate artificial lighting should be provided.</p>

1.16 TV Gantry/Camera platform

Currently, only Grade 1 has requirements for a TV Gantry and Camera platform:

GRADE-SPECIFIC REQUIREMENTS	
GRADE 1	A permanent TV gantry or camera platform that meets the following minimum criteria: Clubs are to provide a suitable position in the stadium from which to film single-camera footage of matches. This should be exactly on the halfway line, facing away from the sun and protected from the weather, at least four metres above pitch level, and have a nearby 13A power socket. Whilst not a requirement, the ideal angle is 12-14 degrees to the centre line and 22-24 degrees from the near-side. If there is no existing gantry, a scaffold should be built, insured and properly maintained to Health & Safety Executive standards

1.17 Adjoining Pitches

Where deemed that they are likely to interfere with the playing of a match, ball games must not be played on adjoining pitches whilst a match is in progress. In any case, adjoining pitches must be fenced off to a height of 1.83 metres to create an enclosed ground.

1.18 Emergency Access

Access must be provided for the emergency services and maintained free from obstruction.

Such access must be detailed within a Club's Emergency Action Plan and be communicated to key matchday personnel.

6 NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES

2.1 Spectator Accommodation

Covered accommodation, which should preferably be on two sides of the ground, must be of sound construction of timber/steel/brick/concrete or any combination of these materials. Requirements regarding spectator numbers for such covered accommodation are set-out in the table below. Existing timber stands are only acceptable subject to a fire risk assessment conducted by a competent person.

While individual seating is preferred, existing bench seating may be permitted provided it is in good repair and that individual spaces (each space a minimum of 500mm in width) are clearly marked. **Note: at Grades 1 & 2** bench seating **will not** be included in any calculation for the required minimum covered seating accommodation.

All seating must afford a good view of the pitch and be clean, functional and in good condition.

Segregation

When segregation is in operation, there must be adequate toilet facilities and refreshment facilities in each segregated area in addition to the appropriate means of entry and exit.

Standing spectators are not allowed in or near a seated spectator stand where they can obstruct views. Areas where spectators are not permitted to stand must be clearly marked with yellow hatched markings. Alternatively, appropriate signage may be acceptable.

6 NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.1 Spectator Accommodation (continued)

Below are the requirements Grade-by-Grade requirements. The minimum covered accommodation calculation is inclusive of Directors/Committee and/or Press seating:

	Min. covered accommodation	Other	Directors' seats	Segregation	Hard standing
GRADE 1 Page 38	For 500 (all seated) in no more than 2 stands. At least 250 seats in one stand, with no stand less than 100 seats.	<p>A minimum of four rows is required to the dimensions recommended in 'The Guide to the Safety at Sports Grounds' (Green Guide). In order to meet the sight line requirements, it is recommended that the first line of seating is located above pitch level. There must be an unobstructed view from the lowest level of the seated area.</p> <p>Seats should ideally be of the tip-up type with back rests. Alternatively, other than in the Directors' Box, the seats may be of the plastic moulded type complete with back rests or other types of seats, provided that they have back rests.</p> <p>Temporary structures will not be accepted.</p>	<p>Home – min. of 24 seats Away – min. of 16 seats</p> <p>These seats must be clearly marked "Home" and "Away Directors" and should enjoy a prime position in the main stand.</p>	<p>Clubs must be able to demonstrate that visiting supporters can be segregated when necessary.</p>	<p>Hard standing to a minimum width of 0.9 metre, measured from the spectator side of the pitch perimeter barrier, must be provided on all four sides of the ground, unless a different configuration exists (as set out in section 1). The surface must be tarmac, concrete, concrete paving or other approved materials which create a bound material.</p> <p>Any level surfaces within the ground must be hard standing. i.e. tarmac, concrete, concrete paving or other approved materials.</p>
	For 500 of which 250* ^ are seats in one stand.	<p>Home – min. of 12 seats Away – min. of 12 seats</p> <p>These seats must be clearly marked "Home" and "Away Directors" and should enjoy a prime position in the main stand.</p>	<p>Hard standing to a minimum width of 0.9 metre, measured from the spectator side of the pitch perimeter barrier, must be provided on all four sides of the ground, unless a different configuration exists (as set out in section 1). The surface must be tarmac, concrete, concrete paving or other approved materials which create a bound material.</p>		
GRADE 3	For 500, of which 250 are seats in no more than two stands. With no stand less than 50 seats.	<p>Additional seating may be provided in other areas of the ground. However, these seats are not to be classed as being 'in lieu' of the number shown to the left.</p>	<p>Home – min. of 12 seats Away – min. of 12 seats</p> <p>These seats must be clearly marked 'Home' and 'Away Directors' and should enjoy a prime position in the main stand.</p>	<p>Clubs must be able to demonstrate that visiting supporters can be segregated when necessary.</p>	<p>Hard standing to a minimum width of 0.9 metre, measured from the spectator side of the pitch perimeter barrier, must be provided on all four sides of the ground, unless a different configuration exists (as set out in section 1). The surface must be tarmac, concrete, concrete paving or other approved materials which create a bound material.</p>
GRADE 4	For 300, of which 150 are seats in no more than two stands. With no stand less than 50 seats.			<p>No segregation requirement</p>	<p>Hard standing to a minimum width of 0.9 metre, measured from the spectator side of the pitch perimeter barrier, must be provided on all four sides of the ground, unless a different configuration exists (as set out in section 1). The surface must be tarmac, concrete, concrete paving or other approved materials which create a bound material.</p>

6 NATIONAL GROUND – GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.1 Spectator Accommodation (continued)

	Min. covered accommodation	Other	Directors' seats	Segregation	Hard standing
Page 39 GRADE 5	For 100, of which 50 are seats in no more than one stand.	Additional seating may be provided in other areas of the ground. However, these seats are not to be classed as being “in lieu” of the number shown to the left. Where a club shares its ground with a cricket club which limits the amount of permanent hard standing which can be installed, a maximum of one side or end of temporary flooring made of a polypropylene material or such like may be acceptable. Precise details of the specification must be supplied to the league and The FA before its installation. Spectators must not be permitted to access any end/side without hard standing. NB: Where the facility is shared with cricket, hard standing on a minimum of two-and-a-half sides may be acceptable.	Home – min. of 8 seats Away – min. of 8 seats These seats must be clearly marked “Home” and “Away Directors” and should enjoy a prime position in the main stand.	No segregation requirement	Hard standing to a minimum width of 0.9 metre, measured from the spectator side of the pitch perimeter barrier, must be provided on three sides of the ground. Existing athletics stadia may be exempt from this requirement and each case will be considered by the Ground-Grading Sub-Committee on its own merits. The surface must be tarmac, concrete, concrete paving or other approved materials which create a bound material.
		Where a club shares its ground with a cricket club which limits the amount of permanent hard standing which can be installed, a maximum of one side or end of temporary flooring made of a polypropylene material or such like may be acceptable. Precise details of the specification must be supplied to the league and The FA before its installation. Spectators must not be permitted to access any end/side without hard standing. Existing athletics stadia may be exempt from this requirement and each case will be considered by the Ground-Grading Sub-Committee on its own merits.	Separate seating for Directors/Committee and guests is not compulsory for this grade.		Hard standing to a minimum width of 0.9 metre, measured from the spectator side of the pitch perimeter barrier, must be provided on a minimum of two adjacent end/sides of the ground with direct access from the entrance. The surface must be tarmac, concrete, concrete paving or other approved materials which create a bound material.
GRADE 7	The minimum covered accommodation must be 50 (seated or standing)	Spectators must not be permitted to access any end/side without hard standing. Existing athletics stadia may be exempt from this requirement and each case will be considered by the Ground-Grading Sub-Committee on its own merits.			
GRADE 8	No requirements at Regional Feeder League Level				

* **Note:** By 31 March in the third consecutive season of membership at Step 2 clubs must have at least 500 covered seats, with 250 of these seats being located in one stand. If a third consecutive season is not reached (i.e. a club is relegated to Step 3 during this period) the club would have a further three years to achieve 500 covered seats upon promotion back to Step 2.

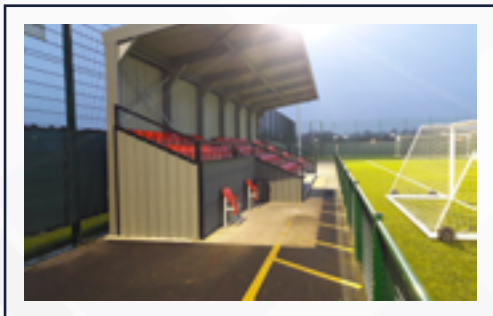
^ **Note:** Promotion and promotion play-offs: To qualify for promotion to the National League by winning the respective North/South Championship and for the club to participate in the promotion play off matches, the ground must achieve a Grade 2 Grading together with 500 seats under cover by 31st March in the season where promotion or participation in the Play-Offs is achieved. These seats may be in two stands, with no stand having less than 100 seats.

ADVISORY	Covered accommodation for wheelchair/powerchair users and their companions Clubs are reminded of the need to accommodate disabled users of facilities. Consideration therefore needs to be given as to how the Club will meet or exceed its obligations concerning suitable covered accommodation.
NEW BUILDS AND CONVERSIONS	Careful consideration should be given to the location of new seating and standing accommodation to ensure that it is accessible to all spectators and affords a good view of the game. Clubs should carefully research the different types of options available. Any hard standing should be constructed to a minimum width of 1.2m in-line with the Sports Ground Safety Authority – Guide to Safety at Sports Grounds.

6 NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

EXAMPLES OF SPECTATOR ACCOMMODATION



Page 40

6

NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.2 Press Seating

All press seating must be provided with lighting and writing facilities for use by the press and other media. The press seating must have a clear view of the field of play. All press seating will ideally have an appropriate power socket for the charging of phones, laptops etc. per press seat.

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	A minimum of 12 seats for the press must be provided
GRADE 2	A minimum of 6 seats for the press must be provided
GRADE 3	A minimum of 4 seats for the press must be provided
GRADE 4	A minimum of 2 seats for the press must be provided
GRADE 5	There is no requirement for dedicated press seating.
GRADE 6	
GRADE 7	
GRADE 8	

EXAMPLES OF PRESS SEATING



6

NATIONAL GROUND – GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.3 Terracing

All terracing must be in sound condition and must comply with the requirements of the [Sports Ground Safety Authority – Guide to Safety at Sports Grounds](#). Terracing that is crumbling, has grass/weeds growing through it or has broken or loose concrete will not be accepted.

Segregation

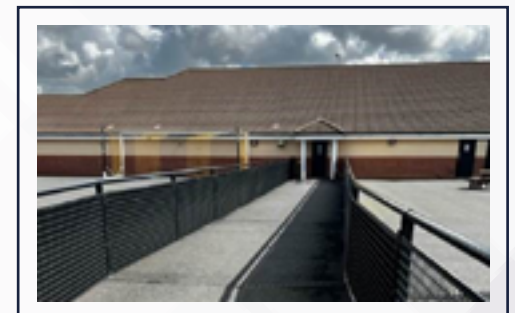
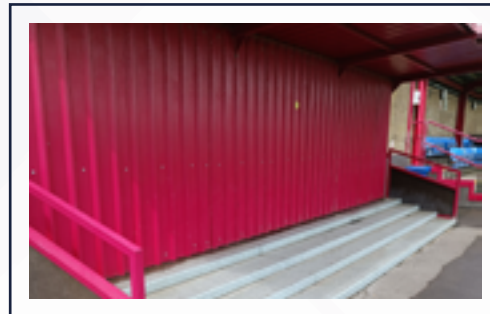
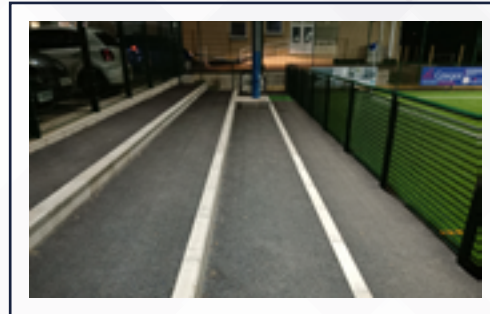
When segregation is in operation, there must be adequate toilet facilities and refreshment facilities in each segregated area in addition to the appropriate means of entry and exit.

	GRADE-SPECIFIC REQUIREMENTS
Page 42 GRADE 1	Any level surfaces within the ground must be hard standing, i.e. tarmac, concrete, concrete paving or other approved materials. Spectator standing areas behind the goals must be terraced unless the overall ground capacity is achieved with the exclusion of one or both of these areas. The number of terrace steps to be commensurate in achieving the overall ground capacity. Grass banking may not be acceptable within the ground. Grass banking within the ground must not be accessible for spectators to view the match. The installation of permanent barriers of a suitable height but not less than 1.1 metres will be required. The use of demountable or semi-permanent type fencing is not acceptable. All visible grassed areas must be well maintained.
GRADE 2	Any level surface within the ground should ideally be hard standing, such as tarmac, concrete, concrete paving or other approved materials which create a bound surface. However, flat and well-maintained grassed areas may be accepted, provided the width between the hard standing (when measured from the edge farther away from the perimeter barrier) and the boundary fence does not exceed 20 metres. Grass banking may not be acceptable within the ground. Grass banking within the ground must not be accessible for spectators to view the match. The installation of permanent barriers of a suitable height but not less than 1.1 metres will be required. The use of demountable or semi-permanent type fencing is not acceptable. All visible grassed areas must be well maintained. Note: For Grade 1 stepped terracing is required behind both goals unless the overall ground capacity is achieved with the exclusion of one or both of these areas.
GRADE 3	Any level surface within the ground should ideally be hard standing, such as tarmac, concrete, concrete paving or other approved materials which create a bound surface.
GRADE 4	However, flat and well-maintained grassed areas may be accepted, provided the width between the hard standing (when measured from the edge farther away from the perimeter barrier) and the boundary fence does not exceed 20 metres. Spectators must be denied access to any grass banking so that it cannot be used for viewing the match.
GRADE 5	Any level surface within the ground should ideally be hard standing, such as tarmac, concrete, concrete paving or other approved materials which create a bound surface. However, flat and well-maintained grassed areas may be accepted.
GRADE 6	
GRADE 7	The use of tree bark instead of grass may be acceptable, subject to prior permission being obtained from the league and The FA.
NEW BUILDS AND CONVERSIONS	Careful consideration should be given to the location of covered terracing accommodation to ensure that it is accessible to all spectators and affords a good view of the game. Clubs should carefully research the different types of options available.

6 NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

EXAMPLES OF TERRACING



Page 43

6 NATIONAL GROUND – GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.4 Toilets

There must be adequate toilet facilities for men and women in each area of the ground commensurate with the capacity of that area in accordance with the [Sports Ground Safety Authority – Guide to Safety at Sports Grounds](#). The minimum requirements are detailed in the table below.

Please note: where urinals are referenced below, these can be replaced with WCs but not vice-versa (e.g. four urinals and two WCs could be replaced by six WCs).

Accessible toilets

Clubs are reminded that it is a legal requirement to make reasonable adjustments to accommodate disabled users of facilities. If facilities for disabled users exist in the club’s clubhouse, they should ideally be clearly signposted.

Family facilities

Clubs are encouraged to consider the needs of all spectators and the facilities that they might require such as baby-changing facilities, facilities for young children and women’s toiletry provision.

Segregation

When segregation is in operation, there must be adequate toilet facilities and refreshment facilities in each segregated area in addition to the appropriate means of entry and exit. Individual toilet units, often known as ‘porta-loos’, are permissible on a temporary basis but may not be included in the minimum toilet requirements.

GRADE-SPECIFIC REQUIREMENTS	
GRADE 1	<p>A minimum of two units of toilet facilities must be provided located in two separate areas within the ground, excluding those located in the clubhouse, or accessible only from within the main stand. Each unit must contain the minimum of:</p> <p>Male: Four urinals or equivalent and two WCs</p> <p>Female: Two WCs</p> <p>In addition, there must be hand wash basins with hot and cold running water, warm-air hand driers and/or paper towel dispenser and wastepaper bins in each toilet area. While replaceable linen roller towels in a cabinet are acceptable, individual hand towels are not permitted.</p> <p>All toilet areas must be in working order, with a roof and operational lighting, supplied with toilet paper and maintained to the highest level of cleanliness.</p> <p>These facilities may be of a temporary or mobile kind but must be connected to the mains supply (i.e. water and power) and main drainage or an acceptable alternative drainage system. Individual toilet units, often known as ‘porta-loos’, are permissible on a temporary basis but may not be included in the minimum toilet requirements.</p> <p>They must be fully accessible with permanent access.</p> <p>The location of all toilet facilities must be indicated with appropriate signage.</p>

6

NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.4 Toilets (continued)

GRADE-SPECIFIC REQUIREMENTS	
GRADE 2	<p>Toilets must be located within the ground and must be accessible both to male and to female spectators. Such toilets need not be in a dedicated toilet block, but must be in addition to those used by people using the clubhouse.</p> <p>The following minimum toilet facilities must be provided in total, excluding those located in any clubhouse:</p> <p>Male: Four urinals or equivalent and two WCs</p> <p>Female: Two WCs</p>
GRADE 3	<p>In addition, wash hand basins with hot and cold running water, warm-air hand driers and/or paper towel dispenser with towels and wastepaper bins must be provided in each toilet area. While replaceable linen roller towels in a cabinet are acceptable, individual hand towels are not permitted.</p> <p>All toilet areas must be in working order, with a roof and operational lighting, supplied with toilet paper and maintained to a high level of cleanliness.</p>
GRADE 4	<p>These facilities may be of a temporary or mobile kind but must be connected to the mains supply (i.e. water and power) and main drainage or an acceptable alternative drainage system. They must be fully accessible with permanent access.</p> <p>Individual toilet units often known as ‘portaloos’ are permissible on a temporary basis but may not be included in the minimum toilet requirements.</p> <p>The location of all toilet facilities must be indicated with appropriate signage.</p>
GRADE 5	<p>Toilets must be located within the ground and must be accessible both to male and to female spectators. NB: Where it is necessary to exit the ground to gain access to toilets located in an adjacent clubhouse, these may be deemed acceptable, provided no great distance is involved.</p> <p>The following minimum toilet facilities must be provided:</p> <p>Male: Two urinals or equivalent and one WC</p> <p>Female: Two WCs</p> <p>In addition, wash hand basins, with hot and cold running water, warm air hand driers and/or paper towels, together with a supply of toilet paper, must be provided in each toilet area. Whilst replaceable linen roller towels in a cabinet are acceptable, individual hand towels are not permitted.</p> <p>The provision of toilet facilities within a clubhouse will be acceptable if these are accessible and available at all times on match days.</p>
GRADE 6	<p>All toilet areas must be in working order, with a roof and operational lighting, supplied with toilet paper and maintained to a high level of cleanliness.</p> <p>These facilities may be of a temporary or mobile kind but must be connected to the mains supply (ie water and power) and main drainage or an acceptable alternative drainage system. They must be fully accessible with permanent access.</p> <p>Individual toilet units, often known as ‘portaloos’, are permissible on a temporary basis but may not be included in the minimum toilet requirements. The location of all toilet facilities must be indicated with appropriate signage</p>

6 NATIONAL GROUND – GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.4 Toilets (continued)

GRADE-SPECIFIC REQUIREMENTS	
GRADE 7 Page 49	<p>Toilets must be located within the ground and must be accessible both to male and to female spectators.</p> <p>Where it is necessary to exit the ground to gain access to toilets located in an adjacent clubhouse, these may be deemed acceptable, provided no great distance is involved.</p> <p>A minimum of two WCs must be provided.</p> <p>In addition, wash hand basins, with hot and cold running water, warm-air hand driers and/or paper towels, together with a supply of toilet paper, must be provided in each toilet area.</p> <p>All toilet areas must be in working order, with a roof and operational lighting, and maintained to a high level of cleanliness.</p> <p>These facilities may be of a temporary or mobile kind but must be connected to the mains supply (i.e. water and power) and main drainage or an acceptable alternative drainage system.</p> <p>They must be fully accessible with permanent access.</p> <p>Individual toilet units, often known as ‘portaloos’, are permissible on a temporary basis but may not be included in the minimum toilet requirements.</p> <p>The location of all toilet facilities must be indicated with appropriate signage.</p>
GRADE 8	<p>Provision should be made for adequate toilet facilities.</p>
NEW BUILDS AND CONVERSIONS	<p>Careful consideration should be given to the location of toilet provision in the ground and in the clubhouse for all users and spectators. Consideration should be given to the location of services if there is a need to bring in additional toilet facilities.</p> <p>Club should consult their Local Authority Building Control Team for advice to ensure that any improvements meet applicable building regulations.</p>

6 NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

EXAMPLES OF TOILETS



6 NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.5 Refreshment Facilities

2.5.1 Directors/Committee/Guests

The following provisions must be made in relation to Refreshment Facilities for Directors/Committee Members/Guests:

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	A separate Directors' room, ideally near to or adjacent to the Directors' seating, must be made available in which refreshments for Directors and guests can be served. The room must be able to accommodate a minimum of 24 persons, with nearby toilet facilities.
GRADE 2	
GRADE 3	A separate room must be made available in which refreshments for Directors/Committee and guests can be served. These areas must be able to accommodate a minimum of 24 persons, with nearby toilet facilities.
GRADE 4	Retractable partitions or free-standing screens may be acceptable, provided they are of a height and position to afford complete privacy.
GRADE 5	A separate room or reserved area must be made available in which refreshments for Directors/Committee and guests can be served.
GRADE 6	Refreshments must be made available for visiting officials and guests.
GRADE 7	
GRADE 8	There is no requirement for Directors/Committee/Guest refreshments at this level.

2.5.2 Ground Refreshment Facilities

Refreshment facilities, which may be of the mobile type, must be available to spectators in:

	GRADE-SPECIFIC REQUIREMENTS
GRADE 1	Each separate area of the ground.
GRADE 2	
GRADE 3	
GRADE 4	
GRADE 5	The ground or in an adjacent clubhouse.
GRADE 6	
GRADE 7	
GRADE 8	Refreshment facilities for spectators are not compulsory.
NEW BUILDS AND CONVERSIONS	Careful consideration should be given to size and location of refreshment facilities both inside the ground and in the clubhouse for ease of access and revenue generation.

6

NATIONAL GROUND-GRADING CRITERIA

2. SPECTATOR FACILITIES (continued)

2.5 Refreshment Facilities

EXAMPLES OF REFRESHMENT FACILITIES



Page 49

6

NATIONAL GROUND-GRADING CRITERIA 2. SPECTATOR FACILITIES (continued)

2.6 Equal Provision for All

A club must take account of the needs of all spectators and be mindful of its obligations under the provisions of the Equality Act 2010 any other relevant legislation.

Then put remaining copy under it. This will clearly leave a lot of space on this page, so insert attached pic on the right of the text. If you need another pic, please use one of spectators at a non-league men's football match.

Clubs are required to ensure that there is adequate provision in place for spectators who have specific requirements covered by the Equality Act. It is recommended that provision is made to accommodate spectators in all areas of the ground, but specific attention should be paid to the following:

- Entrances and Exits
- Access around the ground
- Covered viewing area
- Spectator toilet provision

ADVISORY

Clubs improving their facilities should make reference to the relevant publications/data sheets issued by The FA, the Football Foundation and Sport England.

Clubs should also consult their Local Authority Building Control Team for advice to ensure that any improvements meet Part M of the [2010 Building Regulations](#).



6 NATIONAL GROUND – GRADING CRITERIA

3. DRESSING ROOM FACILITIES

3.1 Players

Separate dressing rooms must be provided for both teams within the enclosed area of the ground. The dressing rooms must be of sound construction and be of a permanent nature.

Dressing room size calculations must exclude any corridors leading to the open changing area, as well as the shower and toilets areas.

All shower heads and hand wash basins listed below must have hot and cold running water. Hand wash basins must be located outside the shower area.

WCs must be in cubicles. WCs can replace urinals, but not vice-versa.

There must be a treatment table which is clean and in good condition in each dressing room.

The following is required for each Grade:

	Dressing Room Size	No. of Shower Heads	No. of Hand Wash Basins	No. of Urinals	No. of WCs
GRADE 1	18 square metres	4	1	2	1
GRADE 2				None	
GRADE 3					
GRADE 4					
GRADE 5	12 square metres *	3. (If not located in the dressing room then they must be located adjacent to it).	1	Each dressing room should have adequate toilet facilities exclusively for the use of players - if not located in the dressing room then they must be located adjacent to it and must not be accessible to the general public.	
GRADE 6					
GRADE 7					
GRADE 8					

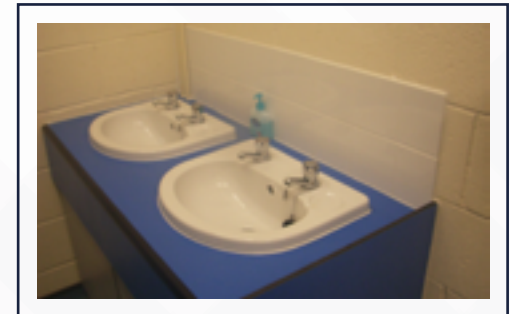
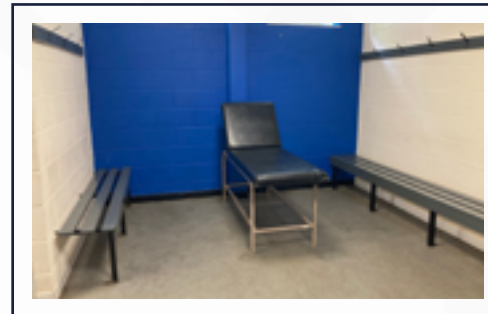
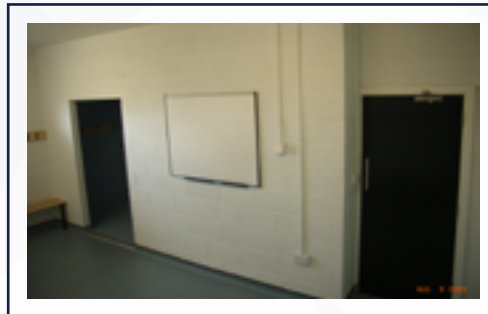
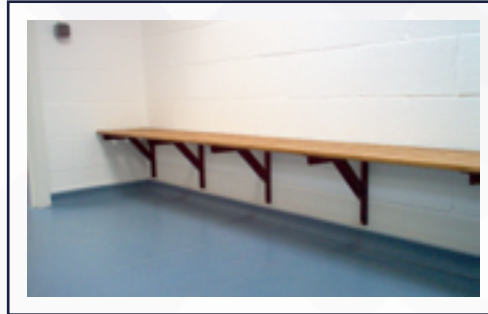
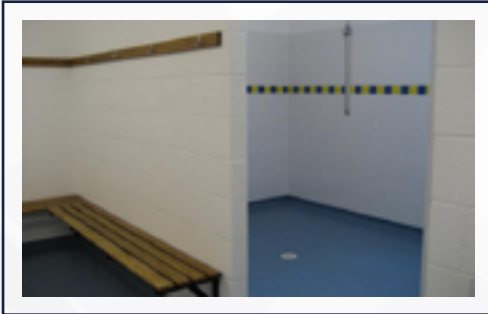
* These will ideally be 18 square metres.

NEW BUILDS AND CONVERSIONS	Where clubs are planning to build new changing rooms, these must be of a minimum size of 18 square metres, excluding shower and toilet areas.
-----------------------------------	---

6 NATIONAL GROUND-GRADING CRITERIA

3. DRESSING ROOM FACILITIES (continued)

EXAMPLES OF PLAYERS' DRESSING ROOMS



Page 52

6 NATIONAL GROUND – GRADING CRITERIA

3. DRESSING ROOM FACILITIES (continued)

3.2 Match Officials

All dressing room areas must be maintained to a high standard of cleanliness and be heated, well-ventilated and secure on matchdays.

GRADE-SPECIFIC REQUIREMENTS	
GRADE 1 Page 53	The size of the match officials’ dressing room must be a minimum of six square metres excluding the toilet and shower areas. The match officials’ dressing room must have: <ul style="list-style-type: none"> • At least one shower, one wash basin (both with hot and cold running water) • At least one WC in a cubicle Note: On promotion to EFL an additional shower will be required. Provision should be made for separate dressing rooms for male and female match officials. Where new dressing rooms are being constructed or existing ones are being re-designed, separate purpose-built facilities for male and female match officials must be provided. There must be an audible electronic warning device (bell or buzzer) in working order located in the match officials’ dressing room linked to both players’ dressing rooms.
GRADE 2	The size of the match officials’ dressing room must be a minimum of six square metres, excluding shower and toilet areas. Each match officials’ dressing room must have the following:
GRADE 3	<ul style="list-style-type: none"> • At least one shower and one wash basin (both with hot and cold running water) • At least one WC in a cubicle
GRADE 4	Provision should be made for separate dressing rooms for male and female match officials. Where new dressing rooms are being constructed or existing ones are being re-designed, separate purpose-built facilities for male and female match officials must be provided There must be an audible electronic warning device (bell or buzzer) in working order located in the match officials’ dressing room and linked to the players’ dressing rooms.

6 NATIONAL GROUND – GRADING CRITERIA

3. DRESSING ROOM FACILITIES (continued)

3.2 Match Officials (continued)

GRADE-SPECIFIC REQUIREMENTS	
GRADE 5	The size of the match official’s dressing room must be a minimum of four square metres (ideally six square metres), excluding shower and toilet areas. Each match officials’ dressing room must have the following:
GRADE 6	<ul style="list-style-type: none"> • At least one shower and one wash basin (both with hot and cold running water) • At least one WC in a cubicle
GRADE 7	Provision should be made for separate dressing rooms for both male and female match officials. Where new dressing rooms are being constructed or existing are being re-designed, separate purpose-built facilities for both male and female match officials must be provided. There must be an audible electronic warning device (bell or buzzer) in working order located in the match officials’ dressing room, and which is linked to the players’ dressing rooms.
Page 54 GRADE 8	Separate dressing rooms must be provided for match officials, the minimum size of which shall be 3 square metres excluding shower and toilet areas. Each match official’s dressing room should have the following: <ul style="list-style-type: none"> • At least one working shower (with hot and cold running water) • Adequate toilet facilities, exclusively for the use of match officials, which must be separate from those provided for the players. These do not necessarily need to be situated in the dressing room but must not be accessible to the general public. Provision should be made for changing accommodation for both male and female match officials. When new changing rooms are being planned or existing changing rooms refurbished, a minimum area of six square metres shall be provided. Separate purpose-built facilities for male and female match officials must be provided. In order to comply with RFL Promotion requirements, clubs must provide en-suite shower and toilet facilities for the match officials.
NEW BUILDS AND CONVERSIONS	When new dressing rooms are being constructed the match officials’ room should be a minimum of six square metres in size, excluding shower and toilet areas. Where new dressing rooms are being constructed or existing are being re-designed, separate purpose-built facilities for both male and female match officials must be provided.

6 NATIONAL GROUND-GRADING CRITERIA

3. DRESSING ROOM FACILITIES (continued)

EXAMPLES OF MATCH OFFICIALS' DRESSING ROOMS



Page 55

6

NATIONAL GROUND – GRADING CRITERIA

4. MEDICAL

At Steps 1 to 4, a working defibrillator must be located within the ground in accordance with the Standardised Rules. Please note: from the 2023/24 season, defibrillators will also be required at Steps 5 & 6.

Clubs should make themselves aware of the checklist issued by the Sports Ground Safety Authority – Medical Room Checklist.

GRADE-SPECIFIC REQUIREMENTS	
Page 56	<p>GRADE 1</p> <p>There must be a suitably-equipped medical treatment room for players located in the vicinity of the players' dressing rooms. Access to this room must not be via the home or away dressing rooms.</p> <p>At least one stretcher for the removal of injured players from the field of play must be provided.</p> <p>There must be a suitably equipped and designated First Aid/Medical Room for spectators within the boundary of the ground.</p> <p>The designated room must contain a bed or comfortable seating, with cold and, ideally, hot water, together with paper towels. Reusable individual towels are not permitted.</p> <p>The first-aid room and the location of the room must be suitably signposted.</p>
	<p>GRADE 2</p> <p>There must be a suitably-equipped medical treatment room for players located in the vicinity of the players' dressing rooms. Access to this room must not be via the home or away dressing rooms.</p> <p>At least one stretcher for the removal of injured players from the field of play must be provided.</p> <p>Clubs must designate on matchdays a suitable room for the treatment of spectators within the boundary of the ground. The designated room must contain a bed or comfortable seating, with cold and, ideally, hot water, together with paper towels. Reusable individual towels are not permitted.</p> <p>The location of the room must be suitably signposted.</p>
	<p>GRADE 3</p> <p>There must be a suitably-equipped medical treatment room located in the vicinity of the players' dressing rooms for the use of both players and spectators. Access to this room must not be via the home or away dressing rooms.</p>
	<p>GRADE 4</p> <p>The designated room must contain a bed and/or comfortable seating, with cold and, ideally, hot water, together with paper towels. Reusable individual towels are not permitted.</p> <p>At least one stretcher for the removal of injured players from the field of play must be provided.</p>
	<p>GRADE 5</p>
	<p>GRADE 6</p> <p>All clubs must provide first-aid equipment, including a stretcher, for the use of players and spectators. Its location in the ground, if other than in a dedicated treatment room, should be clearly marked by notices placed in the dressing rooms for teams and match officials.</p>
	<p>GRADE 7</p> <p>Clubs should ideally have a working defibrillator located within the ground.</p> <p>A stretcher must be provided for the removal of injured players from the pitch.</p>

6 NATIONAL GROUND – GRADING CRITERIA

4. MEDICAL (continued)

GRADE-SPECIFIC REQUIREMENTS	
GRADE 8	<p>There must be a suitable qualified person (minimum Emergency First Aid in Football (EFAiF)) in attendance.</p> <p>Clubs should ideally have a working defibrillator located within the ground.</p> <p>All clubs must provide first aid equipment at their ground.</p> <p>All Clubs are required to have a Medical Emergency Action Plan (MEAP), or equivalent, in place. A copy of the MEAP must be submitted to the League Secretary on the standard form provided by no later than 1st August in each year. It should also be displayed in a prominent public area in the clubhouse and/or dressing rooms.</p>
ADVISORY	<p>There must be a nominated and suitably-qualified person in attendance to assist with spectator problems unless the St. John Ambulance Brigade, Red Cross Society or other capable agency are in attendance. The requirements of the Guide to Safety at Sports Grounds are for one first-aider per 1,000 anticipated spectators, with a minimum of two.</p> <p>If a crowd of less than 2,000 is anticipated, known and practised arrangements should be in place to summon either a doctor or NHS ambulance alternative. For crowds of over 2,000, an experienced crowd doctor should be in attendance.</p> <p>NB: The above in no way purports to be a comprehensive list of Health and Safety issues which it is the responsibility of a club to address. Clubs are recommended to arrange regular safety audits conducted by persons with the appropriate expertise.</p>

6 NATIONAL GROUND-GRADING CRITERIA

4. MEDICAL (continued)

EXAMPLES OF MEDICAL PROVISIONS



Page 58



6 NATIONAL GROUND – GRADING CRITERIA

5. APPLICATION FOR MEMBERSHIP OF THE EFL

FORMAL APPLICATION TO THE EFL

It is the responsibility of each Club seeking promotion from Step 1 to the EFL to source the relevant information, issued from time to time by the EFL, in order to enter an 'Application for Membership'.



Page 59



The Football Association
Wembley Stadium
London HA9 0WS
T: +44 (0)800 169 1863
F: +44 (0)800 169 1864
W: TheFA.com



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	Land at Mansel Park, Millbrook, – Cabinet Key Decision
Brief Service Profile (including number of customers)	
The Council is the owner of Mansel Park which forms an open space within the city.	
Summary of Impact and Issues	
Cabinet is to consider the disposal of open space to permit a change in the size of the lease demise at Mansel Park for Bush Hill Football Club to erect a hard standing area and fencing around the football pitch. Agreeing to the proposal will result in a loss of open space.	
Potential Positive Impacts	
<ul style="list-style-type: none"> • There are potential positive impacts should the proposal go ahead. <ul style="list-style-type: none"> ○ Safer and secure environment for players and supporters. ○ Opportunities for local residents to enjoy spectating higher quality football at Mansell Park. ○ Better quality facilities for players and spectators. ○ Ability for the team to play in a higher league on the Mansell Ground which may attract more local people to join the club and participate. ○ Club organised events for non-members to create community engagement. 	
Responsible Service Manager	Ola Onabajo
Date	25.11.22
Approved by Senior Manager	Tina Dyer-Slade

Date	
-------------	--

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	The Club has 7 Senior Teams and 19 Youth Teams aged 6 and upwards.	
Disability	The proposal does not include buildings but does include covered standing and seated areas.	Ensure access to seating area compliant with buildings regulations.
Gender Reassignment	N/A	
Marriage and Civil Partnership	N/A	
Pregnancy and Maternity	N/A	
Race	N/A	
Religion or Belief	N/A	
Sex	The club has a Senior Women's team.	
Sexual Orientation	N/A	
Community Safety	Providing a safe environment for residents and visitors.	Safety will need to be addressed by the club as well as mitigate any anti-social behaviour.
Poverty	N/A	
Health & Wellbeing	The Club will provide health and fitness for players as well as wellbeing for spectators through community engagement.	
Other Significant Impacts	Loss of open space	Millbrook Football Club to engage with community through non-member events.



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	Southampton Master-planning Delivery Framework
Brief Service Profile (including number of customers)	
<p>One Council</p> <p>This proposal has been developed within the Place (ex. Growth) directorate. The proposals went before EMB on 27.09.2022, presented to Cllr Bogle’s (Growth) CMB on 21st October 2022 and the Leader’s CMB on the 17.11,2022.</p> <p>SCC Legal Services have advised with respect to decision making regarding the new Renaissance Board, which will be presented to Cabinet on 20 December as a non-key decision to approve the formation of the new external Board and associated Terms of Reference. Future decisions and approvals linked to the specifics around status and adoption of outputs from the Master-planning Delivery Framework such as Supplementary Planning Documents will be considered on a case-by-case basis. As such this ESIA only considers the headline equality associated with the formation of the issues of Master-Planning team and Renaissance Boards.</p> <p>Cross-Party Support</p> <p>Building on the success of the cross-party working group for the development of the Local Plan draft, it is proposed to establish cross-party representation at both the internal and external Renaissance Board.</p> <p>Master-planning Delivery Team (MPDT) overview</p> <p>General agreement to the “team” as detailed here, and as a starting principle, the group tasked with delivering the master planning programme is cross-service and cross-directorate. Some members of the “team” will potentially have more dedicated roles in light of their existing responsibilities and as members of the new Economic Development & Regeneration Service. The newly appointed Head of Economic Development & Regeneration will be the overall responsible officer for a new service</p>	

area. The Interim Executive Director of Place will have oversight of the overall programme and any matrix management structures with-in the Place Directorate. A matrix management approach will be critical in delivering the programme effectively and will ensure closer working between different service areas and with the newly established Economic Development and Regeneration team.

The programme will not be static, master plans and development briefs will be created in partnership with key stakeholders. Private sector co-funding may also be required. Delivery strategies will also be critical to ensure projects can be progressed. Southampton City Council will have a key enabling role, supporting increased levels growth and investment into the city and to ensure high quality place making. In achieving these aims commitment will be needed from the whole team and potentially with interim support, if required and commissioned professional expertise.

Southampton City Council's central role will ensure due regard for the Public Sector Equality Duty (Section 149 of the Equality Act) and with-in the proposed external Renaissance Board.

Summary of Impact and Issues

Summary & Scope

Over the last 10 years, the Council has undertaken a variety of master-planning activity varying in approach and objectives and lacked a sufficient level of governance oversight, resources, cross-party awareness/ support, prioritisation, clarity over outcomes and overall resilience in maintaining momentum during and post commissions. Master-planning by its nature has a long-term horizon but often with shorter term demands and therefore results in challenges with respect to managing both stakeholder and political expectations and in particular how they evolve over the short, medium and longer term, with sufficient internal client led capacity, especially when developing multiple masterplans citywide. This briefing paper will set out a new strategic approach to a Masterplan Delivery Framework with the following scope:

Review status of the current masterplans;

- Define locally the key master planning outputs and outcomes that would form the basis of future place making activity e.g. to support investment decisions, become policy (SPD), promote growth as a prospectus, opportunities to attract inward investment from a range of sources including cultural funders;
- Identify citywide the defined master planning areas of focus, including characteristics, high level objectives, development scale and mix.
- Set out the delivery framework, which includes prioritisation, resource requirements, governance and programme;
- Alignment and interdependency with local, regional and national strategies e.g. Cultural Strategy, Economic and Growth Strategy, Solent LEP 2050 Vision, Solent Freeport and Child Friendly City;
- Directly support Southampton City Council and its new Local Plan that will set an overall 'vision' for the City and the master planning delivery framework will provide a key 'driver' of change.

Potential Positive Impacts

Master-planning has undergone a revival in recent years. However, significant

demographic and social changes are also occurring amid constraints resulting from the current economic situation, with a recession, limited economic growth, a cost of living crisis, reduced public spending and the drive to respond to environmental imperatives. These conditions challenge the feasibility of applying master planning practices as they were conceived of in the past. The traditional view was that master planning was a design-led activity concerned with the architectural form of buildings, spaces and infrastructures. This is outdated and inadequate for coordinating the plural processes of developing sustainable places for people that satisfy social, cultural, heritage, functional, economic, environmental requirements as well as realising visually pleasing cityscapes and useable urban areas. Master planning requires both a business planning (viability) component, without which there is no delivery, and a governance component, without which the physical strategy has no legitimacy. A more adaptive and people-centred master-planning approach is required, alongside interdependency and alignment with city, regional and national strategies and engagement and co-creation with people who live, work, visit and shape the city of the future.

A flexible master-planning process can provide a basis of a suitable approach for the development of sustainable settlements for residents, businesses, employees and visitors.

The master planning programme will result in a number of planning related outcomes and with alignment to the Local Plan – Southampton City Vision. Planning affects us all; the homes we live in, the facilities we use, the different ways we travel, and the places we go to work and to school.

Local Development Scheme and Statement of Community Involvement. These planning documents will express our vision for Southampton and the policies and guidance within them will form the basis for all of the planning decisions that we, as the Local Planning Authority (LPA).

The Statement of Community Involvement (SCI) is a legal requirement under the Planning and Compulsory Purchase Act 2004 in connection with the preparation of other plans. The council recognises that planning needs to be more inclusive and that our residents, visitors, businesses and other organisations can provide us with really valuable information, not least to ensure that the LPA’s planning policies are inclusive and non-discriminatory.

The purpose of consultation is to ensure people who may be affected by planning decisions, at all scales of development, have the opportunity to have their say on proposals so that the local council can fully consider comments received, alongside all other evidence, when making decisions.

The council wants Southampton City Vision and the master planning programme to be a place shaping tool that is both city wide and community focussed, meeting the development needs of the city whilst recognising the needs and diversity of individual communities.

Responsible Service Manager	Matthew Hill
Date	08.12.2022
Approved by	Pete Boustred

Senior Manager	
Date	09.12.2022

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	Future development and infrastructure focusses on a too limited band of age groups.	Through the promotion of mixed-use development, with adherence to active planning policies &
Disability	Future development	
Gender Reassignment	Not applicable	
Marriage and Civil Partnership	Not applicable	
Pregnancy and Maternity	Not applicable	
Race	Not applicable	
Religion or Belief	Not applicable	
Sex	Not applicable	
Sexual Orientation	Not applicable	
Community Safety	Good urban design should account for improvements in the safety of those using public spaces.	Good urban design & adherence to planning active policies.
Poverty	Southampton faces issues of poverty & deprivation. These issues are well known. As an example some wards have higher levels of deprivation & individuals & families can remain in a cycle of deprivation.	Investment in the city to create new economic & training opportunities through active Employment & Skills Plans (construction), as well as active adult community learning and employment initiatives.
Health & Wellbeing	The deterioration of the urban environment, the quality of our public spaces & homes impacts on our health & wellbeing. A lack of investment in new public realm and green spaces.	Good urban design accounts for health & wellbeing issues to enhance people's experience of the environment, public & green spaces. Good urban design is an intrinsic facet of the master planning process.
Other Significant Impacts	Master planning is unresponsive and development outcomes have a detrimental impact on our environment and contribute towards climate change.	One of the main challenges of producing the Local Plan is to ensure that we address the city's key issues. The master planning programme seeks to

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		<p>provide necessary infrastructure and facilities to support the growth of the city whilst protecting & enhancing the environment.</p> <p>The programme will:</p> <p>Recognise individual neighbourhood identities;</p> <p>Connect us with our waterfront;</p> <p>Encourage sustainable growth & investment in the city.</p>

DRAFT

This page is intentionally left blank



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	SCC Tobacco, Alcohol and Drug (TAD) Strategy 2023 - 2028
Brief Service Profile (including number of customers)	
<p>An estimated 34,000 Southampton residents smoke; 41,807 Southampton residents drink more than 14 units a week (the threshold for lower risk consumption); and 1,200 adults use heroin or crack cocaine. Many others are affected by harm from this use and the dependent and non-dependant use of other drugs.</p> <p>This ESIA considers the impacts of the publication and implementation of our Council, combined, Tobacco, Alcohol and Drug (TAD) Strategy.</p> <p>Our 5 year (2023 – 2028) TAD strategy, due to be published and enacted on the 1st of January 2023, covers everyone who lives, works in, or visits the city; it covers every person, every community and every place in the city and articulates how we will work as a council, and collaboratively with partners, to reduce harm to people who use tobacco, alcohol and drugs, to people around them, and across the City of Southampton as a whole.</p> <p>This Tobacco, Alcohol and Drugs (TAD) strategy describes how we will achieve this by working across the council to deliver 5 strategic programmes of work, one for each council directorate, which are evidence-based or innovative. This whole-council approach is necessary to ensure we have as much impact as possible and</p>	

work efficiently. It reflects the “health in all policies” commitment in the Health and Wellbeing Strategy.

Where there are any directorate portfolio changes or restructures within Southampton City Council (SCC) during the lifetime of the strategy, work programmes will be moved to the appropriate new directorates to ensure continuing ownership and responsibility.

Tobacco, alcohol, and drugs present complex challenges. This strategy covers 5-years so that we have time to build on what we are already doing well, establish new ways of working and make a difference. We cannot “solve” tobacco, alcohol, and drug-related harm in 5 years, but we can build on strong work to date to make meaningful progress and we will monitor a range of indicators and outcomes.

The strategy is comprehensive and intended to complement, rather than duplicate, related work that already exists, for example the Children and Young People’s Strategy, the Safe City Partnership, the Violence Reduction Unit and more.

It is a statutory requirement for the council to have alcohol and drug strategies. As signatories to the Local Government Declaration on Tobacco Control, the Council has also committed to having a Tobacco Control Plan.

Summary of Impact and Issues

The TAD strategy is focussed on reducing inequalities and on strengthening equality, diversity and inclusion.

There is a risk of greater ongoing health inequalities if we do **not** pursue this strategy.

No other risks have been identified.

More information about the Impact and Issues follows as background:

Impact of tobacco, alcohol and drugs in Southampton

There is high tobacco, alcohol and drug-related harm in Southampton. Estimates for Southampton are included in the draft strategy, including:

- Approximately 34,000 local people smoke. Nationally, 1/2 of people who smoke die from smoking-related illness, on average 10 years earlier than non-smokers but increasing to 15-20 years for people with severe mental illness.
- 299 pregnant women a year have not been able to stop smoking by the time of delivery, despite usually wanting to
- Pregnant women living in the most deprived areas of Southampton are 4 times more likely to smoke than pregnant women living in the most affluent areas.

- Approximately 41,807 local people drink at increasing risk levels, over 14 units per week. Conversely, 14.9% of adults in Southampton never drink alcohol. Alcohol is a leading cause of liver disease, cancer, obesity and mental ill health.
- One of the highest rates of alcohol-related hospital admissions in the country
- 1,200 children live with an alcohol-dependent adult
- 1,200 local people use illicit opiates (heroin) or crack cocaine
- 2,268 alcohol-related crimes a year, 71% violent.
- 1,242 drug-related crimes a year
- 600 children live with an adult dependent on illicit opiates
- 66,000 adults are affected by the drug or alcohol use of someone they know
- For children and young people under 18, alcohol use is 5 times higher for those living in the most deprived areas of Southampton compared to the most affluent areas of Southampton. Drug use is 8 times higher.

Further data is available from [Southampton Data Observatory](#)

The negative effects of tobacco, alcohol and drugs affect everyone, but the people most affected by the harm tend to be people living in poverty or who are otherwise marginalised. For example, nationally, half of the difference in life expectancy between wealthier and poorer communities is attributable to smoking.

The Strategy content

The proposed Council vision for the strategy focusses on 5 “Hs”:

- Help
- Harm reduction.
- Hope
- Health promotion.
- Health equality – summarised as “equality” and meaning both equality and equity of outcomes.

This vision will be delivered through 5 programmes:

- Wellbeing (Children and Learning)
- Wellbeing (Health and Adult Social Care)
- Place
- Communities, Culture and Homes
- Corporate

Programmes include commitments to understand and meet the unmet needs of underserved groups. We will consider completing an Equity Impact Assessment half-way through the life-span of the strategy.

In this way equality, diversity and inclusion is woven through each level of the strategy.

The Strategy development process

The strategy builds on strong foundations of strategic and commissioning work to date. SCC have already consulted, engaged with and is committed to working collaboratively with partner agencies, and commissioned services, to reduce the harms associated with the use of tobacco, drugs and alcohol to individuals, their families, communities and, to the city more broadly.

This strategy has been developed by the Public Health and Policy teams of Southampton City Council. We have engaged colleagues across the council and with stakeholders across the city. Some contributors to this strategy have shared their personal experience of tobacco, alcohol and drugs too.

This engagement process included a full 12-week public consultation which ran from 13th June to 4th September 2022. This was publicised internally to colleagues, externally through partners in the city, as well publicly through the following channels:

Website (both the consultation page and a news post)
Social media
E-bulletins (City News, Communities bulletin and Your City, Your Say)
Press release
Digital posters.

Potential Positive Impacts

The strategy engages and empowers SCC to work across directorates, and with strategic partners to work collaboratively to reduce tobacco, alcohol and drug related harm.

This strategy intends to ensure that people of all ages, genders and ethnicities live healthier, happier lives, whatever challenges, or vulnerabilities they may have. It is focussed on reducing inequalities and promoting equality, diversity, and inclusion.

This strategy uses 'proportionate universalism', seeking to improve the health and wellbeing of everyone. Whilst there is naturally a strong focus on people with the greatest needs who require the most support, it also means that everyone benefits proportionate to their needs.

Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma

and face barriers to changing their substance use or less personal support to do so.

The diversity of our population and workforce is key. Our work will be person-centred and promote dignity. Everyone has their own relationship with tobacco, alcohol and drugs, their own values and circumstances, so a personalised approach is vital.

As part of this strategy, we will seek to further increase our understanding of the impact of tobacco, alcohol and drugs on different people – including by protected characteristic; enhance and inform our current work; expand the range of evidence-based interventions and develop innovative approaches.

Responsible Service Manager	Helen Dougan and Colin McAllister, Senior Public Health Practitioners
Date	03.11.22
Approved by Senior Manager	Charlotte Matthews, Public Health Consultant
Date	03.11.22

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	<p>No negative impacts of the draft strategy identified. There would be risks if we did not pursue this strategy.</p> <p>This has been confirmed during the consultation period which included responses from people from across the life course, and included services and organisations that represent or reach young people and families.</p> <p>Strategy content</p> <p>There is no risk from the content of the strategy. The draft strategy will strengthen equity of outcomes for people of all ages. It has a dedicated programme for children and young people, as well as for adults, and there are links between the two programmes for family work.</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all ages.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>The Wellbeing (Children and Learning) programme will be led by the corresponding directorate, who will embed it in their wider work for maximum reach and effectiveness. There are commitments to ensure we understand and meet the needs of people transitioning between children's and adult services and of older people too.</p> <p><u>Background information</u></p> <p>The stigma associated with the use of drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this.</p> <p>Older people can experience a greater impact from the use of tobacco alcohol and drugs.</p> <p>Younger people may be less aware of the potential, long-term harm. Children who live with adults or siblings who smoke are 3 times more likely to become smokers than those in non-smoking households.</p> <p>The strategy looks across all age groups. It will be supported by work with all stakeholders, internal and external to the council, to ensure the needs of different age cohorts are engaged, informed, and supported using evidence-based, age-orientated interventions. It includes the impact of adult behaviour on children and has a strong focus on prevention.</p> <p>The strategy also prioritises supporting recovery communities, reflecting the needs of our diverse population, which is intended to mean by age too. This will reduce the stigma associated with seeking help or overcoming tobacco, alcohol and drug-related harm.</p> <p>Each programme will be led by a directorate, who can join it to other work they are doing to improve outcomes for people of all ages.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<p>Disability</p>	<p>No negative impacts of the draft strategy identified. There would be risks if we did not pursue this strategy.</p> <p>Strategy content</p> <p>There are no negative impacts of the strategy. The draft strategy will strengthen equity of outcomes for people with disabilities or additional needs of any kind. There are priorities to ensure we have data and other information about needs, that our services are accessible and that we join up pathways. The strategy has a strong focus on people with co-occurring mental health conditions, which would include disabilities.</p> <p>The strategy also prioritises supporting recovery communities, reflecting the needs of our diverse population, to help celebrate and reduce the stigma associated with seeking help or overcoming tobacco, alcohol and drug-related harm. Each programme will be led by a directorate, who can join it to other work they are doing to improve outcomes for people with disabilities.</p> <p>There would be a risk if we did not pursue this strategy.</p> <p><u>Background information</u></p> <p>Some people with disabilities are at greater risk of tobacco, alcohol or drug-related harm. This can be through the use of TAD to relieve symptoms or isolation; underlying health vulnerabilities, and/or because other people’s use may affect them more – including exploitation.</p> <p>The stigma associated with the use of tobacco, drugs and alcohol may result in a reluctance to engage in treatment and support. People with</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people with disabilities.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>protected characteristics may be more impacted by this, including people with disabilities.</p> <p>People with certain disabilities, reduced cognition, comprehension, or literacy may require additional support to understand and engage with this strategy.</p> <p>Ensure all services consider the needs of all people and are empowered and resourced to make 'reasonable adjustments' to provision</p>	
<p>Gender Reassignment</p>	<p>No negative impacts of the draft strategy identified. There would be risks if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy is for 'all people' whatever gender they identify as and/or any type of gender transition.</p> <p>The strategy includes a focus on monitoring and improving equity. The aim to strengthen recovery communities may be particularly helpful to champion.</p> <p><u>Background information</u></p> <p>The evidence base is developing. People who identify as transgender, non-binary, gender-fluid or as any other gender other than that they were assigned at birth are more likely, nationally, to experience tobacco, alcohol and/or drug related harm. This includes higher use by some people and barriers to accessing and staying in treatment.</p> <p>The stigma associated with the use of tobacco, drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this.</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all sexes and genders.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>The Strategy's focus on inequalities and equality will provide a useful mechanism to ensure all services and agencies have inclusive policies in place, including for the needs of people who are transgender, non-binary or gender fluid.</p>	
<p>Marriage and Civil Partnership</p>	<p>No negative impacts of the draft strategy identified. There would be risks if we did not pursue this strategy.</p> <p>The use of tobacco, drugs and alcohol can negatively impact relationships and can be a driver or facilitator of domestic and sexual abuse. This strategy therefore includes links to strategic work on domestic and sexual abuse.</p> <p>The commitment to equity and to the needs of underserved groups will help to ensure that no-one is disadvantaged because they are married or in a civil partnership, or not.</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all marital or relationship status.</p>
<p>Pregnancy and Maternity</p>	<p>No negative impacts of the draft strategy identified. There would be risks if we did not pursue this strategy.</p> <p>Strategy content</p> <p>The strategy includes a focus on strengthening support for pregnant women and their significant others, as part of Programme 1. Wellbeing (Children and Learning). This includes continuing to embed support in routine care with specialist support as required and exploring the provision of e-cigarettes and/or other incentives to pregnant women. This is based on national clinical guidance of what works. Incentives can be important to help people override the automatic draw to substances, particularly if they are living in complex circumstances and have a lot of different stresses</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people during pregnancy.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>to manage. The number of women smoking at the time of delivery is also a proposed indicator.</p> <p><u>Background information</u></p> <p>Tobacco, alcohol and/or drug use during pregnancy is often harmful to both mother and baby in the short and long term and can adversely affect others in the home. Reducing harm and use is key to reduce stillbirths and similar serious harm. Additionally, pregnant women are vulnerable to harm from those smoking, drinking or taking drugs around them. Pregnant women are at greater risk of domestic abuse, which can be affected by alcohol and drugs.</p>	
Race	<p>No negative impacts of the draft strategy identified. There would be risks if we did not pursue this strategy.</p> <p>Strategy content</p> <p>Tobacco, alcohol and drug use disorders do not discriminate. But people from local minority/global majority backgrounds are under-represented in our treatment and support services. This strategy will review support for underserved groups, including people who are older, people from Black and Ethnic Minorities, and people with long-term conditions or disabilities including mental health needs. This strategy will also promote diversity through the work on workforce planning, recovery communities and campaigns.</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all races and ethnicities.</p>
Religion or Belief	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy promotes equitable access and encourages embedded support as part of a</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all faiths and of none.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>patient care pathway, enabling individuals to access support through existing services. All services will offer confidential support.</p> <p><u>Background information</u></p> <p>Some faiths forbid or discourage the use of tobacco, alcohol and drugs. This can mean some people try to hide their substance use and delay seeking support. For others, faith is a protective factor against harmful use, to cope with harm from others or inspiring them to support people with tobacco, alcohol and drug issues.</p>	
Sex	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy is for all people, whether assigned male, female or intersex at birth, and for all expressions of sex (or gender) identity through life. The strategy focusses on equality and equity. Needs assessments will continue to reflect any differences by gender. Commissioners will continue to include information about the gender of service users as part of monitoring. Care will continue to be provided based on individual needs and risk. The Pregnancy section above is an important part of ensuring that women or people with other gender identities aren't disadvantaged by being pregnant or during pregnancy.</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all sexes and genders.</p>
Sexual Orientation	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy is for all people. We have specified work in Programme 1 (Wellbeing - Children and Learning) and Programme 2 (Wellbeing – Health</p>	<p>We will continue to consider, throughout our work to implement this strategy and through the governance processes, the voices of, and impacts to, people of all sexualities.</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>and Adult Social Care) to ensure the needs of people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual or in another way (LGBTQIA+) are understood and met. Our focus on supporting inclusive recovery communities and workforce planning will also support inclusion.</p> <p><u>Background information</u></p> <p>Nationally, people who identify as LGBTQIA+ tend to have higher rates of tobacco, alcohol and drug use, due to a complex interplay of factors. People who identify as LGBTQIA+ can feel or be alienated by services that do not represent or meet their needs.</p>	
Community Safety	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>Programme 4 (Communities, Culture and Homes) includes work to support and complement the Violence Reduction Unit, the Safe City Strategy and the Safe City Partnership in particular.</p> <p><u>Background information</u></p> <p>Tobacco, alcohol and drug related harm includes substantial risks to community safety, as detailed in the Safe City Assessment Safe City Strategic Assessment (southampton.gov.uk). For example, in 2020/21, there were 2,268 alcohol-related recorded crimes and 1,242 drug-related recorded crimes in Southampton.</p>	We will continue to consider community safety throughout the strategy implementation.
Poverty	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p>	We will continue to consider poverty throughout the implementation of this strategy.

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>Tobacco, alcohol and drug-related harm most heavily affects people living in poverty. This strategy will mitigate, reduce and where possible, prevent this harm. This will enable people living in poverty to experience less health inequality compared to people who do not.</p> <p>This strategy will not be able to get rid of all health inequalities related to tobacco, alcohol, drugs and poverty. Mitigating, reducing and preventing poverty (and adverse childhood experiences) will be important wider work, beyond the scope of this strategy, to reduce tobacco, alcohol and drug use rates and harm in the long term.</p> <p><u>Background information</u></p> <p>Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty. For example, smoking accounts for half of the difference in life expectancy between the least and most deprived in society.</p> <p>Behavioural science focusses on capability, opportunity and motivation. This strategy supports the capability and opportunity for people living in poverty to reduce tobacco, alcohol and related harm. It builds motivation too, but that is not necessarily lacking. People living in more deprived areas or from marginalised groups, are often just as motivated but may be using at higher levels, live in less supportive environments and have more competing priorities.</p> <p>Supporting adult smokers to quit empowers them to break from tobacco addiction and improve financial security for the family. The same applies for people reducing or stopping their alcohol or drug use. There are direct financial benefits from not spending on substances. Additionally, being tobacco and drug-free, and drinking at lower risk levels or not at all, brings health benefits that mean people</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>are less likely to be ill and more able to secure and maintain employment.</p> <p>The alcohol harm paradox describes how disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations.</p>	
<p>Health & Wellbeing</p>	<p>No negative impacts of the draft strategy identified. There would be a significant risk if we did not pursue this strategy.</p> <p>The strategy focusses on improving health and wellbeing and reducing other types of harm from tobacco, alcohol and drugs.</p> <p>The strategy sits under the Health and Wellbeing Strategy and the Health and Wellbeing Board.</p> <p><u>Background information</u></p> <p>Harm to health and wellbeing includes illness, premature death, as well as poor quality of life. For example, nationally, half of smokers die from smoking, with people with severe mental health conditions having a life expectancy 15-20 years less than other people mainly due to smoking. Alcohol is a leading cause of premature death for adult men. An estimated 1,200 children live with an adult who is alcohol dependent, and an estimated 600 children live with an adult who is dependent on illicit opiates (heroin) &/or crack cocaine – some children may appear in both estimates.</p>	
<p>Other Significant Impacts</p>	<p>No other negative impacts identified for Equality and Safety.</p>	

CONSIDERATIONS OF CONSULTATION FEEDBACK
DRAFT TOBACCO, ALCOHOL & DRUGS STRATEGY 2023 – 2028
14/11/2022

Theme	Detail	Officer response	Actions proposed/taken
<i>Quantitative feedback</i>			
Vision & the Five Hs	<p>All of the Five Hs of the vision had a majority total <i>agree</i> responses of between 81% and 87%.</p> <p>Of these, only <i>hope</i> and <i>health equality</i> did not also have a majority that responded <i>strongly agree</i> (48% and 49% respectively) – these had a slightly higher number of <i>neither</i> responses (13% and 11% - <i>help, harm reduction, and health promotion and prevention</i> had between 8% and 9% <i>neither</i> responses each).</p> <p>No element of the vision had more than 19% total <i>neither</i> and <i>disagree</i>.</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Focus	<p>A majority of respondents <i>agreed</i> with the focus (80%) including 44% who <i>strongly agreed</i>.</p> <p>Men responded <i>strongly disagree</i> to a greater extent than women, at 7% to 0% respectively. This is reflected in 10% of male respondents responding</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

Theme	Detail	Officer response	Actions proposed/taken
	<p><i>disagree</i> overall compared to 5% of female respondents.</p> <p>Again, those responding on behalf of a business or organisation responded <i>agree</i> to the greatest extent (87%), including 52% that <i>strongly agree</i> (though these numbers are lower than for the vision).</p>		
Children & Learning Programme	<p>Majority of respondents responded <i>positive</i> (86%).</p> <p>Though all three breakdowns have low base numbers, it is notable that among male respondents, respondents aged 65 or over, and those responding on behalf of a business or organisation, there were no <i>negative</i> responses, either <i>fairly</i> or <i>very negative</i>.</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Health & Adult Social Care Programme	<p>Majority of respondents (86%) responded <i>positively</i>.</p> <p>No respondents that were either female or aged between 35 and 64 responded with a <i>negative</i> sentiment.</p> <p>No respondents responded with a <i>very negative impact</i> sentiment.</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Place Programme	Majority of respondents (83%) responded <i>positively</i> .	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

Theme	Detail	Officer response	Actions proposed/taken
	Female respondents responded <i>very positively</i> (47%) to a greater extent than male (38%) by 9% points.		
Communities, Culture & Homes Programme	<p>Majority of respondents responded <i>positively</i> (74%).</p> <p>Female respondents responded <i>no impact</i> to a greater extent (24%) than male respondents (15%) and respondents aged between 35 and 64 (16%).</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required
Corporate Programme	Majority responded <i>positively</i> (68%), however this is six percentage points less than the next programme, Communities, Culture & Homes (74%) and also received the least total responses (88) out of the five programme questions (responses ranging from 133 to 114).	Extra clarification has been sought, also incorporating feedback from Scrutiny Committee, regarding how Corporate contracts are monitored, to ensure compliance from our providers in this area where a commitment (around tobacco, alcohol and drugs) has been made. This will not be added into the strategy document itself but will be fed into later discussions on this programme of work with service leads.	None required
Understanding the strategy & additional information	<p>Majority of total respondents (74%) <i>agreed</i> (total sentiment) with the statement (“the draft strategy is easy to understand”), including 10% total who <i>strongly agreed</i> and 64% total that <i>agreed</i>.</p> <p>Majority of respondents responded <i>agree</i> (“the draft strategy provides</p>	No officer response required (positive consultation feedback where majority agreed with the statement).	None required

Theme	Detail	Officer response	Actions proposed/taken
	<p>sufficient information”) (63% total agree sentiment), and 57% total respondents also responded <i>agree</i> (as per scale option).</p>		
<p>Impact(s) of the strategy</p>	<p>Majority of respondents responded <i>positively</i> (74%), with 46% responding <i>fairly positively</i>.</p> <p>More respondents responded <i>no impact</i> than responded <i>negative</i> (20% and 6% respectively).</p> <p>Female respondents responded <i>very positively</i> to a greater extent than male by 9% points (32% and 23% respectively).</p> <p>Respondents aged between 35 and 64 responded <i>positive/negative</i> to a similar extent to males (72%/7% and 72%/8% respectively) and respondents that said that they were disabled (72%/6%).</p> <p>Respondents aged 65 or more responded <i>positively</i> to the greatest extent (80%).</p>	<p>No officer response required (positive consultation feedback where majority agreed with the statement).</p>	<p>None required</p>

Qualitative feedback

Theme	Detail	Officer response	Actions proposed/taken
Adult Social Care Programme	Address underlying issues related to use of TAD (e.g. mental health and wellbeing) (22 comments)	We are aware of the – often complex – underlying causes leading to more significant (and problematic) tobacco, alcohol and drug use. This has already been well articulated in the strategy and in the Adult Social Care (ASC) programme of work (Programme 2). We consulted with ASC workers and Mental Health commissioners during the engagement phase, and early discussions are also underway, coordinated by our Public Health team, around future mental health and wellbeing plans and strategies for the city.	In order to better articulate some of this work, in response to this consultation feedback we have now added new wording into the ‘key focus’ section (in the Adult Social Care: Programme 2 section) section to reflect this, which reads: “Support council-wide work to address underlying issues related to the use of tobacco, alcohol and drugs, including work to improve population mental health and well-being.”
	Ensure support for parents/families with TAD use problems (12 comments)	There are already a number of projects underway in this area to identify and address these issues, which include: <ul style="list-style-type: none"> <li data-bbox="1084 1098 1637 1302">• The Phoenix Project, a trauma-informed intensive support service aimed at women aged 18-44 who have had their children permanently removed from their care and remain at risk of repeat pregnancies and removals of subsequent children 	These are articulated in the key priorities section of Programme 1: Children and Learning, so no changes required.

Theme	Detail	Officer response	Actions proposed/taken
		<ul style="list-style-type: none"> The placement of young people's drug and alcohol workers in family hubs (currently being rolled out). 	
	Make sure safe accommodation and/or residential support is available (6 comments)	As part of RSI (Rough Sleeper Initiative) work, the Housing First scheme is now being rolled out in the city. There are also Housing Support contracts via commissioning services that support people with their tenancies (more information on page 7 of this document).	Enhanced the existing text on commitments within housing to be clearer.
Children & Learning Programme	Focus on/measures to turn young people away from TAD/help them avoid TAD (24 comments)	<p>The actions and priorities in this area that are within the scope of this strategy are well-articulated in the key priorities section in CYP section.</p> <p>However, our Children and Young People's Strategy 2022-2027 (and the eight action plans sat underneath it), as well as other relevant strategies such as the 'We Can Be Active' strategy on physical activity in the city, will cover other projects they are also undertaking in this area.</p>	None required
	Address the use of vaping in young people (4 comments)	Work is already underway on this, but this feedback indicates that we need to articulate is more clearly within the strategy document itself.	We have added 'and e-cigarettes' into several Programme sections to emphasise that work to tackle tobacco use will also cover e-cigarettes/vapes too.
	More should be done to address child exploitation related to TAD (2 comments)	Work is already underway on this, but this feedback indicates that we need to articulate is more clearly within the strategy document itself.	We have added the line "Protect children from exploitation related to tobacco, alcohol and

Theme	Detail	Officer response	Actions proposed/taken
		Some other projects/related actions are also covered separately in the Safe City Partnership Strategy.	drugs” to the key focus section in Programme 1.
Communities, Culture & Homes Programme	Address underlying issues related to use of TAD (e.g. deprivation, homelessness) (20 comments)	<p>As part of RSI (Rough Sleeper Initiative) work, the Housing First scheme is now being rolled out in the city. This has been commissioned on a five-year contract.</p> <p>There are also long-standing Housing Support contracts via commissioning services that support people with their tenancies, one of which is specifically an alcohol accommodation support service for those with SUD’s.</p> <p>In addition, some RSI funding is allocated to fund a mental health worker that will sit within the Housing team, and we have a Homeless Healthcare service that works on underlying health issues for homeless service users. Within that service there is dedicated mental health support to the homeless population.</p>	Enhanced the existing text on commitments within housing to be clearer, to now read: “Support housing staff with training and optimise housing policies to support residents to live in smokefree accommodation, engage in alcohol and/or drug treatment and sustain recovery.”
	Ensure services promote equality and accommodate and represent communities (14 comments)	<p>This is already a running theme throughout the document and is also mentioned explicitly within the Adults section.</p> <p>In addition, the Equality and Safety Impact Assessment (ESIA) document compiled to accompany the draft strategy, specifically examines any anticipated negative impacts (and potential mitigations) of the strategy on those with protected characteristics under equality laws.</p>	None required.

Theme	Detail	Officer response	Actions proposed/taken
	More targeted policing/enforcement of TAD-related crimes and policies (12 comments)	This issue falls under the Safe City Strategy and Partnership which works more on enforcement related issues. This strategy is a more public health-focused document. However, this could be articulated slightly more in the document.	We have added a line in the strategy document to better articulate the collaborative approach with (and specific work of) the Safe City Strategy and Partnership on this topic.
	General concerns about safety in Southampton (3 comments)	See above comment.	See above comment.
	Address TAD and related crime issues associated with prostitution around Empress Road (2 comments)	See above comment.	See above comment.
	Recommendations of a 'homes first' policy to address the underlying causes of TAD-related issues (2 comments)	As mentioned earlier in this document, as part of RSI (Rough Sleeper Initiative) work, the Housing First scheme is being rolled out in the city.	None required
Place Programme	Ban/reduce TAD use in public spaces (13 comments)	This has already been covered in the Programme: Place section.	None required
	Ensure employers are supportive and/or not discriminatory (4 comments)	The strategy already articulates clearly what we will aim to do both as an employer and organisation ourselves, but also through those we contract out to provide services too. We would hope that other employers follow the same model but recognise that we have no direct ability to influence this.	None required
	Make sure there are still designated areas for smokers (3 comments)	Current smoke-free legislation is designed to keep enclosed spaces smoke-free, but do not apply to outside spaces where people can still choose to	None required

Theme	Detail	Officer response	Actions proposed/taken
		smoke. We therefore do not feel there is any adjustment needed to the strategy relating to these comments.	
	General concerns about place in Southampton (2 comments)	No officer response required (general comments about the city centre, not within the scope of this strategy).	None required
Vision & focus	General positive comments on the strategy/vision (27 comments)	No officer response required (positive agreements/comments).	None required
	Make sure services are appropriately resourced/staffed (25 comments)	Additional information added in to clarify both the resources available and the limitations on what can be committed to at this time.	Additional information added: "The pace and scale of the implementation of this strategy will depend on resources available. For example, Southampton has been awarded additional funding to improve the capacity and quality of drug treatment services as part of the new national Drug Strategy, published December 2021. The funding is for 3 years, from 2022/23 to 2024/25, subject to annual approval by HM Treasury."

Theme	Detail	Officer response	Actions proposed/taken
	Ensure a connected approach and co-ordination between services, e.g. the police, social care, the NHS (19 comments)	This is something that the new Reducing Drug Harm Partnership (RDHP) will be key in facilitating. We have added some information on this into the strategy.	Additional information added to the 'Developing and writing this strategy' section as follows: "...newly convened Reducing Drug Harm Partnership, set up to oversee the implementation of the National Drug Strategy, brings together key leaders including Police, Probation, Public Health, Primary Care, University Hospital Southampton, Mental Health Services and Southampton City Council".
	Resource should be prioritised to where it will be most effective - desire/willingness/ability to change should be prioritised over need (9 comments)	This is something that is articulated early-on in the strategy (in the 'Our strategy to achieve this vision' section) with the reference to 'proportionate universalism', directing resource to where it is needed the most. This is also emphasised within our '5 H's' of the strategy, particularly 'Hope' (emphasising that change is possible), and 'Harm reduction' (recognising that not everybody will want to stop and taking a non-judgmental and individualised approach which also	None required

Theme	Detail	Officer response	Actions proposed/taken
		recognises the value of harm reduction support to individuals).	
	The means of targeting support should be improved (2 comments)	We are regularly working with frontline teams and other internal and external stakeholders to find new and improved ways of targeting support to those who need it.	None required
Additional information & understanding	The strategy is too vague and needs more specifics around how aims will be achieved (36 comments)	Specific targets and actions will be agreed within individual directorates, and set out in their own action plans for the strategy sections relevant to their portfolio. Directorates will begin discussions around action plans once the final strategy has been agreed and is in place.	To be considered when action plans are discussed within each programme of work.
Impact(s) & additional suggestions	Reduce the supply/demand of/for TAD in the city (20 comments)	This is something that is articulated already within the Safe City Strategy which was finalised and approved in March 2022, and as such does not fall within the scope of this strategy.	None required
	Improve/increase messaging/education to reduce TAD use (18 comments)	Vape messaging is currently being reviewed, and there is already a commitment in the Programme section for Children & Learning to “Review and strengthen prevention and early intervention work in 0-25 education settings”. We would need this review to be complete and to understand what changes were needed before doing this.	Reviews already either underway or in the pipeline.
	Comments that the strategy may not be effective i.e. due to experiences with previous policies/strategies (15 comments)	Specific targets and actions will be agreed within individual directorates, and set out in their own action plans for the strategy sections relevant to their portfolio. Directorates will begin discussions around action plans once the final strategy has been agreed and is in place. The strategy will also be overseen and monitored by the Health and Wellbeing Board, and	To be discussed when KPIs and action plans are formalised within each directorate’s programme of work.

Theme	Detail	Officer response	Actions proposed/taken
		annual updates given against key KPI's to track progress.	
	Comments critical of current TAD services generally (10 comments)	<p>A number of comments highlighted that mention of and awareness of neurodiversity in service provision needed to be improved in the strategy document. This has been done.</p> <p>Any individual comments that raise concerns about an individual experience of frontline services will be looked at within the teams directly.</p>	Neurodiversity has now been added into sections of the strategy where relevant.
	Marijuana should be legalised (inc. for medicinal purposes) (8 comments)	The council must design policies and projects whilst being mindful of any restrictions that exist within current UK laws. This proposal would be in contravention of the Misuse of Drugs Act.	None required
	Focus on early intervention/prevention generally (7 comments)	This is already covered extensively in the strategy both through our 4 th 'H' ("Health promotion and prevention), as well as in the Children and Learning Programme of work where early intervention and prevention is a key element.	None required
	Don't lose sight of those who may not recognise their need for support and/or otherwise may fall 'under the radar' (7 comments)	See above comment – this falls under the early intervention and prevention section which is well articulated within the strategy.	None required
	Ensure services are accessible, e.g. readily available and not prohibitively costly or online-only (6 comments)	In relation to drug and alcohol service provision, current Substance use Disorder Services (SUDS) are free, confidential and open access, this means that anyone can be referred or refer themselves. Every person presenting to SUDS will receive a triage/ assessment and be offered appropriate advice, treatment and support, according to risk and need.	None required

Theme	Detail	Officer response	Actions proposed/taken
		<p>Support is delivered face-to-face, in the main, although on-line and telephone support is available.</p> <p>In relation to tobacco services, there is a universal stop smoking offer at some pharmacies with free behavioural support & NRT, and we are seeking to increase this offer across the city.</p>	
	There is a risk of TAD policies having a detrimental impact on civil liberties (6 comments)	We recognise the importance of personal choice in public health approaches. These of course need to be balanced with ensuring people are informed of the risks on which to make those choices, and the educational elements of the strategy focus on addressing this need for further education and awareness.	None required
	Include plans for safe injection sites/drug consumption rooms (6 comments)	We recognise that there is strong international evidence for overdose prevention facilities, sometimes known as drug consumption rooms or safer injecting facilities. SCC must act within the constraints of the Misuse of Drugs Act, which, currently prohibits the development of these interventions. Our strategy commits us, however, to <i>“Advocate for evidence-based tobacco, alcohol and drugs practice and policy regionally and nationally, for example there is strong international evidence for overdose prevention facilities”</i> .	None required
	Support people with recovery outside of care with opportunities and development (6 comments)	Supporting visible recovery communities is a key focus of our new strategy, we will be working with our commissioned drug and alcohol treatment providers to ensure this ambition is met.	None required

Theme	Detail	Officer response	Actions proposed/taken
		<p>Please see the section “Visible recovery communities – this means people celebrating either being tobacco, alcohol and drug free or being more in control of their use. This boosts self-esteem and enables people to support each other. It will inspire others to get help and reduce the stigma many people feel and prevents them from seeking help. We do not yet have the peer support in Southampton that some cities have but aspire to grow this and create a vibrant recovery community for the city.</p>	
	<p>It should be down to the individual to take responsibility for their own TAD use (6 comments)</p>	<p>This has already been articulated well in the strategy as follows:</p> <p><i>“For many people with tobacco, alcohol and drug dependence and higher-risk use, their use is not simply a choice. It is a symptom of other problems, such as mental ill health, abuse, grief, loss and other trauma. These same difficulties can also make it very difficult to limit, reduce or stop using, without help, and sometimes even with help.”</i></p> <p>Our TAD strategy seeks to help people make informed choices to lead healthier and happier lives, free from the harms caused by TAD, and to support people, with TAD dependence to achieve recovery.</p>	<p>None required</p>
	<p>Give support rather than punishment where appropriate (5 comments)</p>	<p>This strategy, and our work with commissioned Substance Use Disorder Services, seeks to divert people from drug and Alcohol driven criminality into treatment and support.</p>	<p>None required</p>

Theme	Detail	Officer response	Actions proposed/taken
		Laws around substances and general sentencing guidelines are a national policy decision. We need to operate within the law.	
	Address the use of vaping generally (4 comments)	We had added in additional references to e-cigarettes/vapes in the strategy document to reflect this feedback. A review of the communications around vaping is already underway.	Amended in strategy and vape review underway
	Make the strategy document shorter and easier to read (3 comments)	As this is a combined strategy, there's a limit to how short we can make it without compromising on the detail needed to understand three complex and interlinked areas.	None required
	Comments critical of the consultation process (3 comments)	A number of comments felt that the consultation process was an unnecessary use of local government resource. As a local government authority, we have a duty to consult residents and stakeholders in the city on certain decisions and strategy/policy documents, and we must operate within these requirements.	None required
	Comments critical of current TAD services waiting times (2 comments)	<p>Our Substance Use Disorder Services consistently meet all waiting time targets.</p> <p>The National Target is “people engaging in treatment with SUDS for opiate and non-opiate use should wait less than 3 weeks from assessment to access their 1st intervention”.</p> <p>In 2020 –21 this target was met 100% in Southampton.</p> <p>Our local targets:</p> <ol style="list-style-type: none"> 1. People who use drugs and/or alcohol are offered a triage/initial assessment within 2 working days of referral <ol style="list-style-type: none"> a. 100% Q1 & Q2 2022/23 	None required

Theme	Detail	Officer response	Actions proposed/taken
		<p>2. First clinical interventions are in place within 5 working days following the comprehensive assessment</p> <p>a. 100% Q1 & Q2 2022/23</p> <p>In relation to stop smoking waiting times, because there are lots of providers for stop smoking support the waiting times can be more complicated to compile. However, we are continually seeking to reduce waiting times to a minimum.</p>	
	<p>There should be more mention of harmful use of prescription drugs (1 comment)</p>	<p>Whilst there is a notable focus on illicit drugs in the strategy, we do know that people can also experience harms from prescribed drugs too and this is something we, and frontline services, are continuing work on. Substance Use Disorder Services (SUDS) do have ongoing work with the pain team at the hospital and collaborative approaches are in place between those services to support clinicians in Primary and Secondary Care.</p> <p>There is already a reference to illicit use of prescribed drugs in the adult priorities section. However, we have added another reference in for clarity on the remit of this strategy.</p>	<p>We have added a reference to illicit prescription drugs in the 'Our strategy to achieve this vision' section. It now reads that our work will be across 'All types of tobacco, alcohol and illicit drugs, including shisha, cannabis, illicit use of prescription drugs and more'.</p>
	<p>There is a lack of focus on treatment for gambling addiction (2 comments)</p>	<p>A number of comments have already expressed concerns that the strategy document is too long, in part because it was important to ensure this strategy gave ample consideration for each of tobacco, alcohol and drugs. It was therefore felt that adding another area of work into the document would have further lengthened the document.</p>	<p>None required</p>

Theme	Detail	Officer response	Actions proposed/taken
		<p>The links between gambling and tobacco, alcohol and drug addictions are also currently not as strong/established as the links within/between tobacco, alcohol and drugs themselves. Effective parameters for the strategy had to be set and it was felt that it was not the right time to include gambling within the scope of this strategy. In terms of licensing and premises guidance, the SCC Gambling Statement of Principles was renewed earlier this year and remains in place until 2025.</p>	

This page is intentionally left blank

Consultation on a draft Tobacco, Alcohol & Drugs Strategy 2023 – 2028

Full results summary

Contents

Introduction & methodology	
Who are the respondents?	
Question 1	The Five Hs & Vision for 2028
Question 3	Proposed focus
Questions 6 – 14	Impact of the programmes
Question 17	Contents of the draft strategy
Question 19	Potential impact of the draft strategy
Appendix I	Comments on the vision & focus
Appendix II	Comments on the programmes
Appendix III	Comments on understanding of the strategy
Appendix IV	Comments on the potential impacts of the strategy

Each section header on this page is a link to the first page of that section in this report – select the header to skip to that section.

Introduction & methodology





Southampton City Council undertook public consultation on a draft Tobacco, Alcohol & Drugs Strategy 2023 – 2028.

The consultation took place between **Monday, 13 June** and **Sunday, 04 September 2022**.

The aim of this consultation was to:

- Communicate clearly to residents the proposals of the draft strategy;
- Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have, and;
- Allow participants to propose alternative suggestions for consideration which they feel could achieve the objectives in a different way.

Page 104

This report summarises the aims, principles, methodology and results of the consultation. It provides a summary of the responses both for the consideration of decision makers and any interested individuals and stakeholders.

It is important to be mindful that a consultation is not a vote; it is an opportunity for stakeholders to express their views, concerns and/or alternatives to a proposal. Equally, responses from the consultation should be considered in full before any final decisions are made. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.



Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with the **Gunning Principles** (considered to be the legal standard for consultations):

Page 105

- 1. Proposals are still at a formative stage (a final decision has not yet been made)**
- 2. There is sufficient information put forward in the proposals to allow 'intelligent consideration'**
- 3. There is adequate time for consideration and response**
- 4. Conscientious consideration must be given to the consultation responses before a decision is made**



Rules: The Gunning Principles

They were coined by Stephen Sedley QC in a court case in 1985 relating to a school closure consultation (R v London Borough of Brent ex parte Gunning). Prior to this, very little consideration had been given to the laws of consultation. Sedley defined that a consultation is only legitimate when these four principles are met:

- 1. proposals are still at a formative stage**
A final decision has not yet been made, or predetermined, by the decision makers
- 2. there is sufficient information to give 'intelligent consideration'**
The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- 3. there is adequate time for consideration and response**
There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation,¹ despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
- 4. 'conscientious consideration' must be given to the consultation responses before a decision is made**
Decision-makers should be able to provide evidence that they took consultation responses into account

These principles were reinforced in 2001 in the 'Coughlan Case (R v North and East Devon Health Authority ex parte Coughlan²), which involved a health authority closure and confirmed that they applied to all consultations, and then in a Supreme Court case in 2014 (R ex parte Moseley v LB Haringey³), which endorsed the legal standing of the four principles. Since then, the Gunning Principles have formed a strong legal foundation from which the legitimacy of public consultations is assessed, and are frequently referred to as a legal basis for judicial review decisions.⁴

¹ In some local authorities, their local voluntary Compact agreement with the third sector may specify the length of time they are required to consult for. However, in many cases, the Compact is either inactive or has been cancelled so the consultation timeframe is open to debate
² BAILII, [England and Wales Court of Appeal \(Civil Decision\) Decisions](#), Accessed: 13 December 2016.
³ BAILII, [United Kingdom Supreme Court](#), Accessed: 13 December 2016
⁴ The information used to produce this document has been taken from the Law of Consultation training course provided by The Consultation Institute



The agreed approach for this consultation was to use an online questionnaire as the main route for feedback. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents are aware of the background and detail of the proposals.

Respondents could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.

The consultation was promoted in the following ways:

Page 106

- Via the Southampton City Council website;
- On social media;
- Via the e-bulletins City News, Communities, and Your City, Your Say;
- Press releases;
- An email from the SCC Director of Public Health to partners and stakeholders, and;
- Digital posters.

All questionnaire results have been analysed and presented in graphs within this report. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. We have provide quotes all the free text feedback provided.

Who are the respondents?



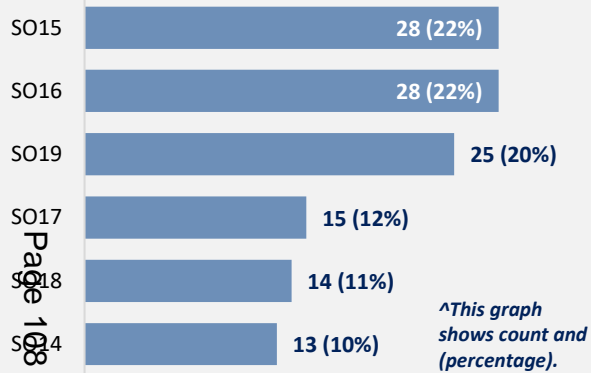


Who are the respondents?

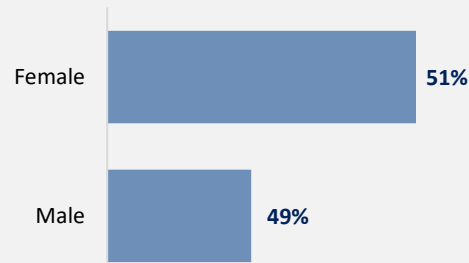


Overall, there were **263** separate responses to the consultation. Of these, **259** were **online questionnaire** responses, and **4** were responses received by either **email or letter**. The following graphs break down these responses by count.

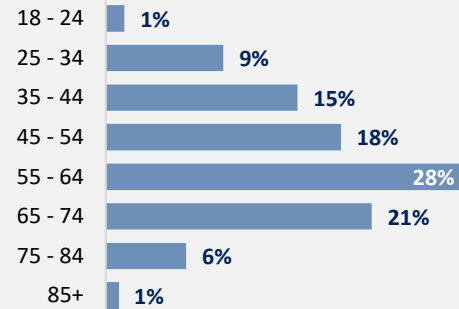
Q23 What is your postcode?^



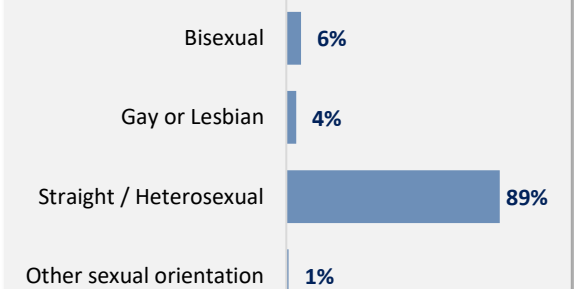
Q24 What is your sex?



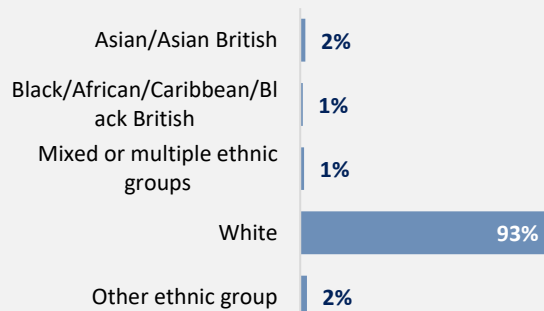
Q26 What is your age?



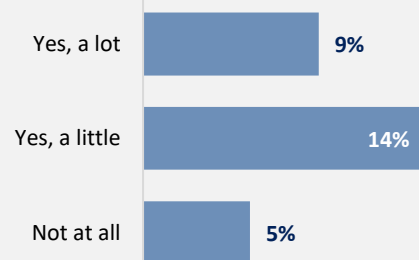
Q28 Which of the following best describes your sexual orientation?



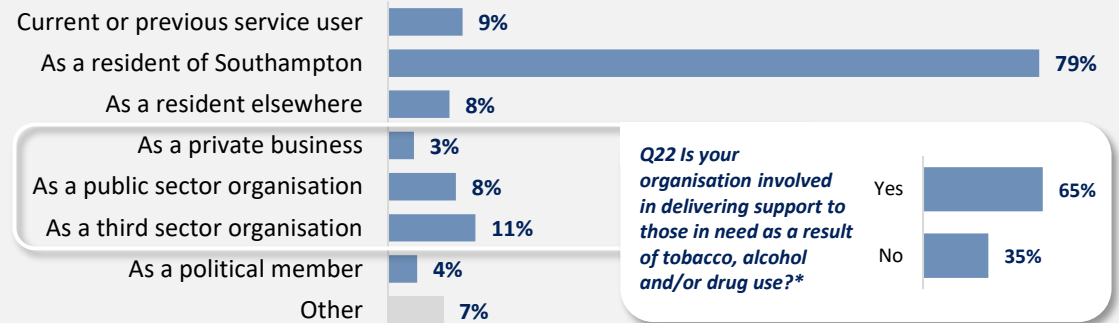
Q27 What is your ethnic group?



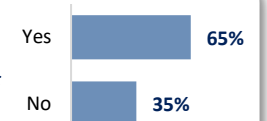
Q30 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?



Q21 Which of the following best describes your interest in this consultation?



Q22 Is your organisation involved in delivering support to those in need as a result of tobacco, alcohol and/or drug use?*



*Question 22 was asked of those who answered either private business, public sector organisation and/or third sector organisation to question 21. Percentages are of those that answered question 22, and not of total respondents.

Question 1 | The Five Hs & Vision for 2028





The first area covered by the consultation were the **Five H's** that together make up the vision in the strategy. The following slides in this section detail the feedback provided on the below:

The **Five H's** of our vision outline what we want to achieve in Southampton by 2028, ensuring that **Southampton is a city of:**

Help for people concerned for themselves or others, with information and services that are easy to access, timely, safe, and effective. All health, care and wider services will discuss tobacco, alcohol and drugs as part of routine care and provide help and support. Services will have a "no wrong door" approach and help people get the support they need. Services will work together, and provide support and treatment based on evidence and innovation.

Harm reduction. Help will be available to people whether they want to be safer while using tobacco, alcohol and/or drugs, reduce their use, stop using, or stay free from use. Harm reduction also includes making sure that people who inject drugs have sterile, safe equipment.

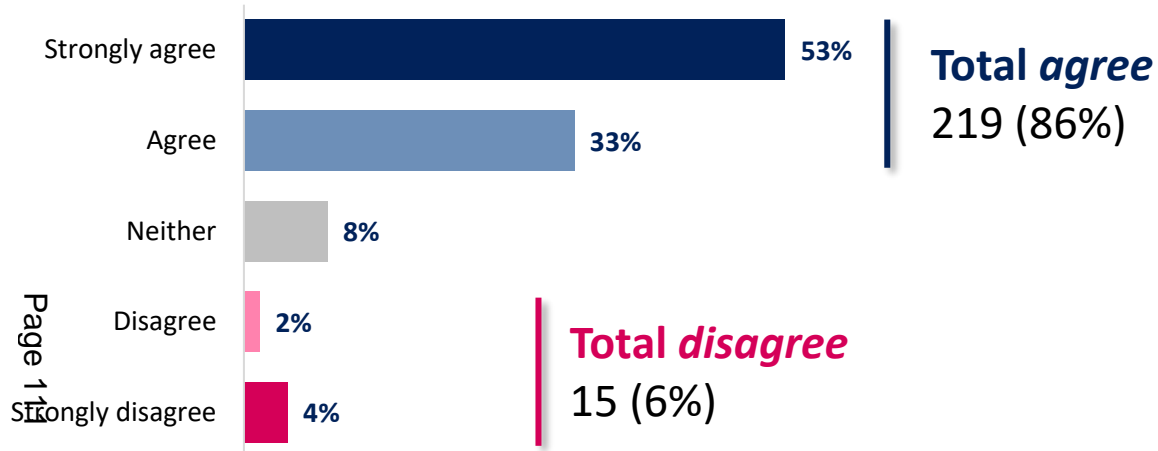
Hope, with visible communities of people celebrating their progress through treatment and recovery and living healthier, happier lives. This will reduce stigma and inspire others, and is also part of the changing of our broader culture to be more sensitive to alcohol, tobacco, and drug-related harm.

Health promotion and prevention. Prevention is better than cure. We will help our residents understand the risks of tobacco, alcohol and drugs. We aim to give every child the best start in life, including supporting families with tobacco, alcohol, and drug use in the family and protecting people from harm caused by others. We will take every opportunity to make sure the places where we live, learn, work and relax all keep us safe and well. This means promoting ways of life that are free from smoking, higher-risk levels of alcohol, and drugs.

Health equality. Everyone needs the opportunity to be free from the harms of tobacco, drugs and alcohol. We will focus most on supporting people who are more likely to use tobacco, alcohol or drugs or who face barriers to reducing harm to themselves or others. Our services will be sensitive to, and celebrate, the rich diversity of our communities, and meet any additional needs that they may have, such as sensory or mobility needs. Our work will be informed by people with lived experience of tobacco, alcohol, and drug-related harm.



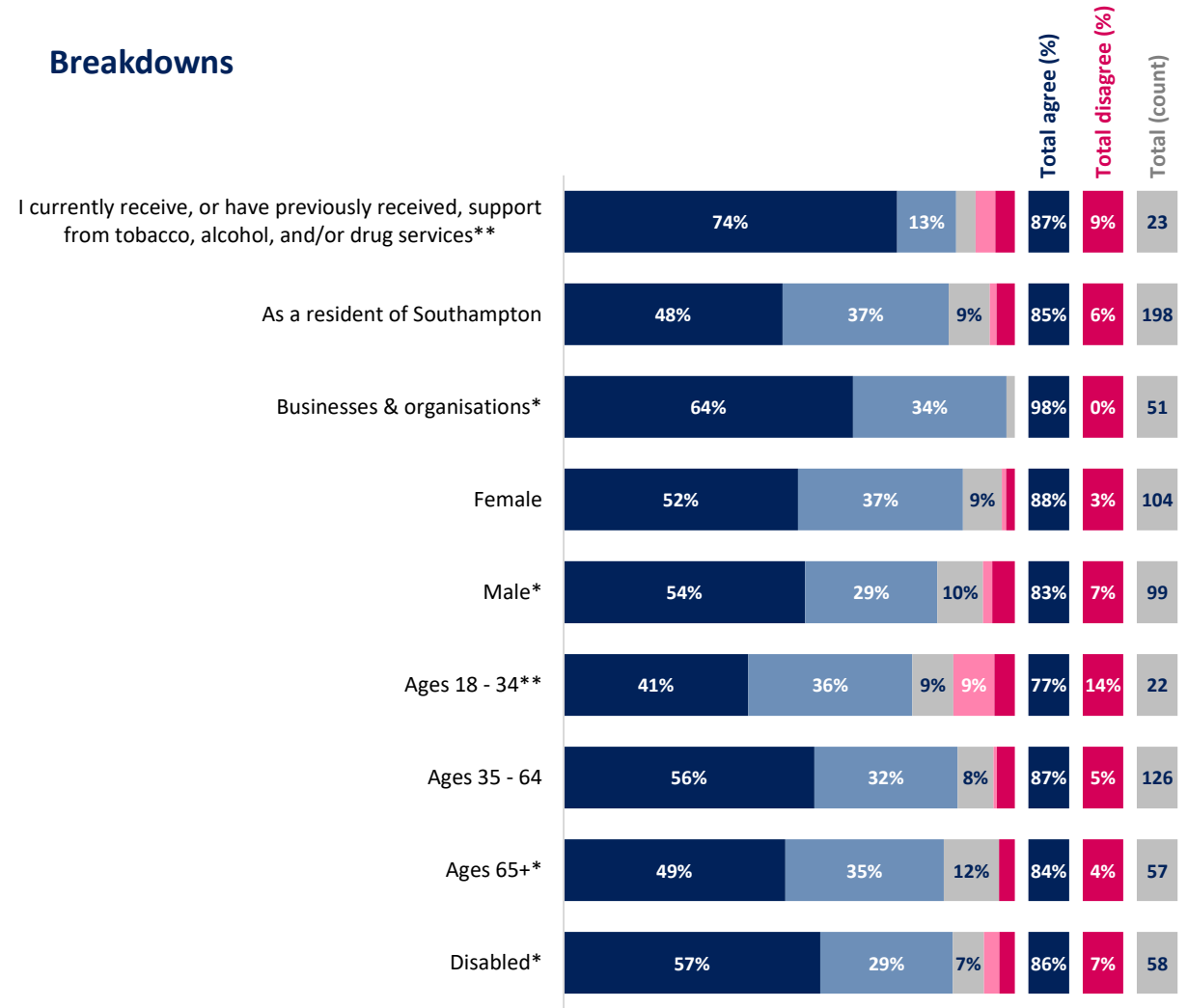
Total respondents | **255**



Key findings

- A majority (86%) of respondents agree with the *help* element of the vision, including a majority (53%) who *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 12% points more than total respondents overall (98% and 86% respectively), including 64% that responded *strongly agree* (11% points more than total respondents overall, at 53%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.

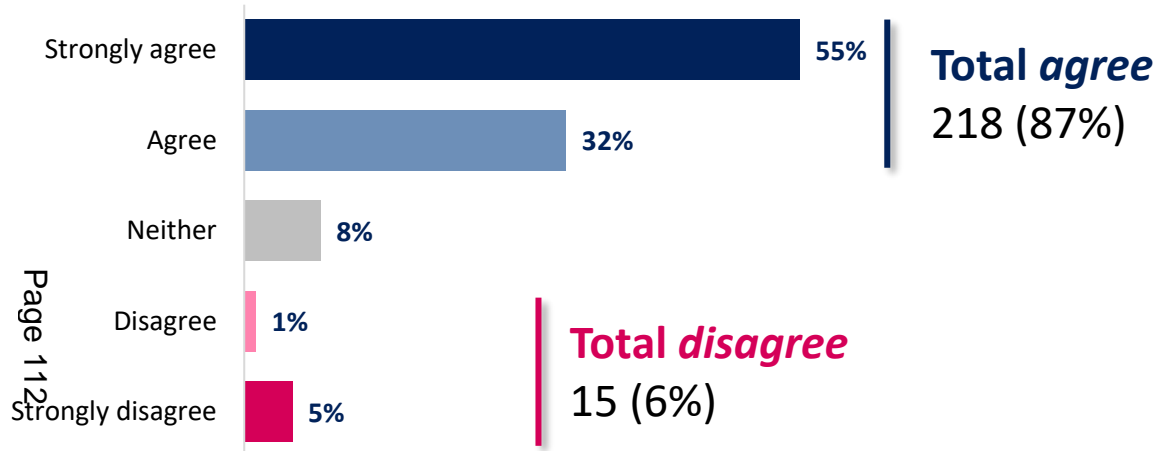


Q1b To what extent do you agree or disagree with the Five Hs of our vision for 2028?

Harm reduction



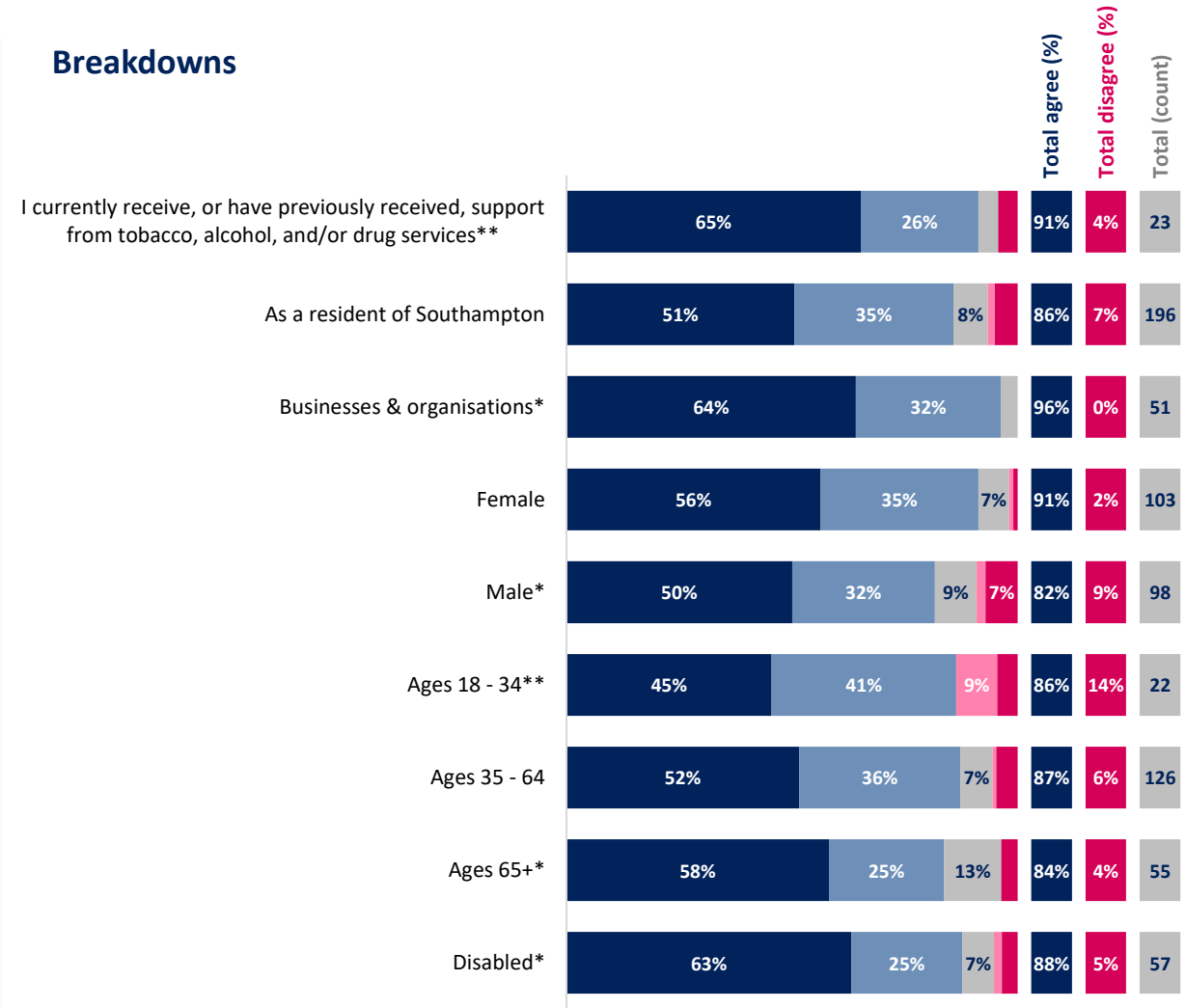
Total respondents | 252



Key findings

- A majority (87%) of respondents agree with the *harm reduction* element of the vision, including a majority (55%) that *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 9% points more than total respondents overall (96% and 87% respectively), including 64% that responded *strongly agree* (9% points more than total respondents overall, at 55%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

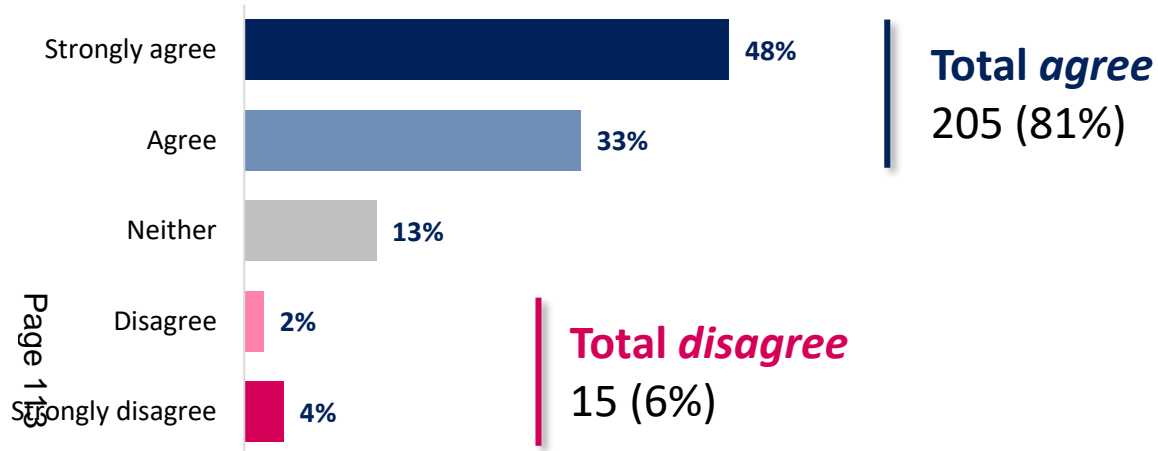
*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q1c To what extent do you agree or disagree with the Five Hs of our vision for 2028? *Hope*



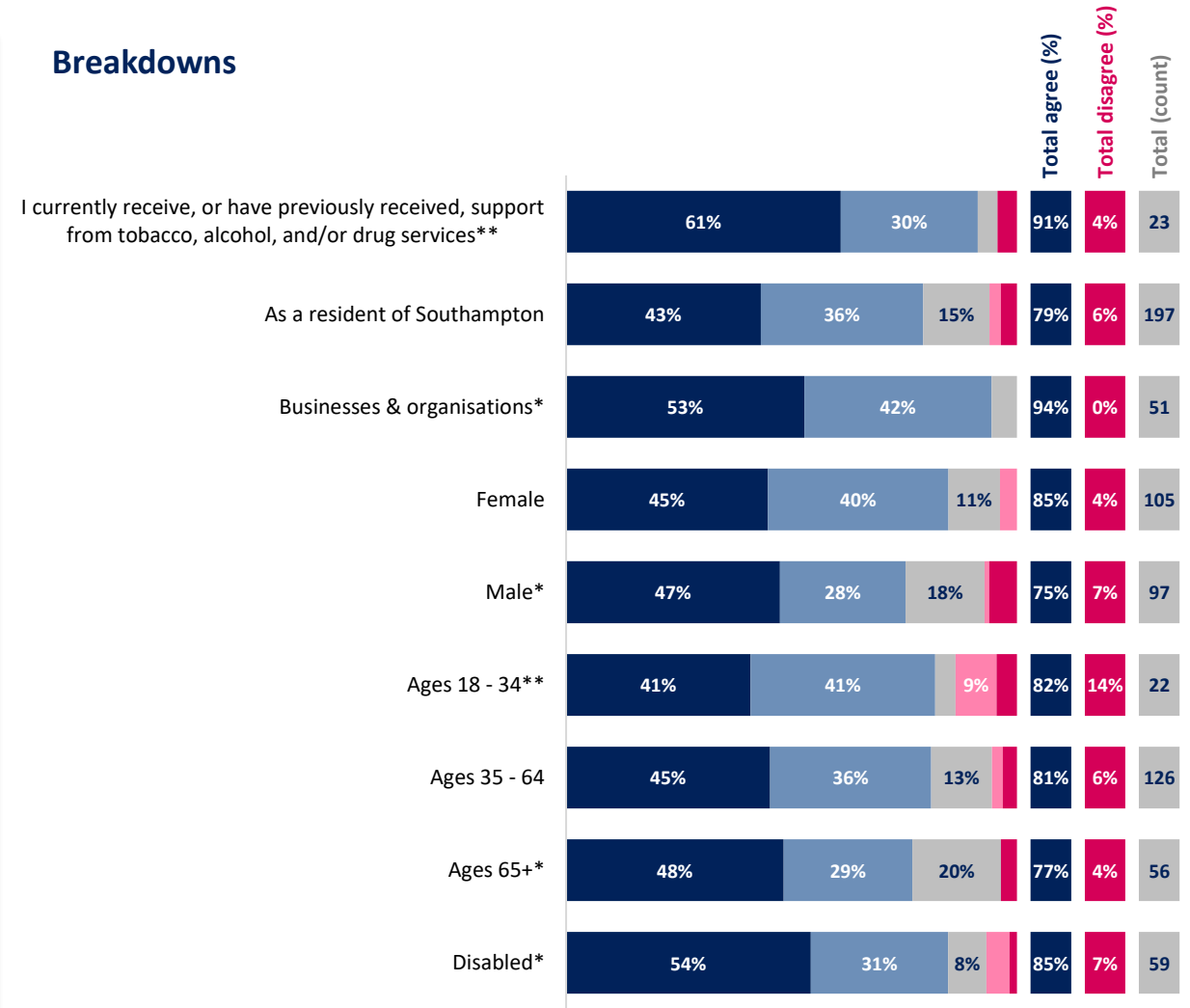
Total respondents | 253



Key findings

- A majority (81%) of respondents agree with the *hope* element of the vision, including almost half (48%) that *strongly agree*.
- Again, those responding on behalf of a business or organisation responded *agree* by 13 percentage points more than total respondents overall (94% and 81% respectively), including 53% that responded *strongly agree* (5 percentage points more than total respondents overall, at 48%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.

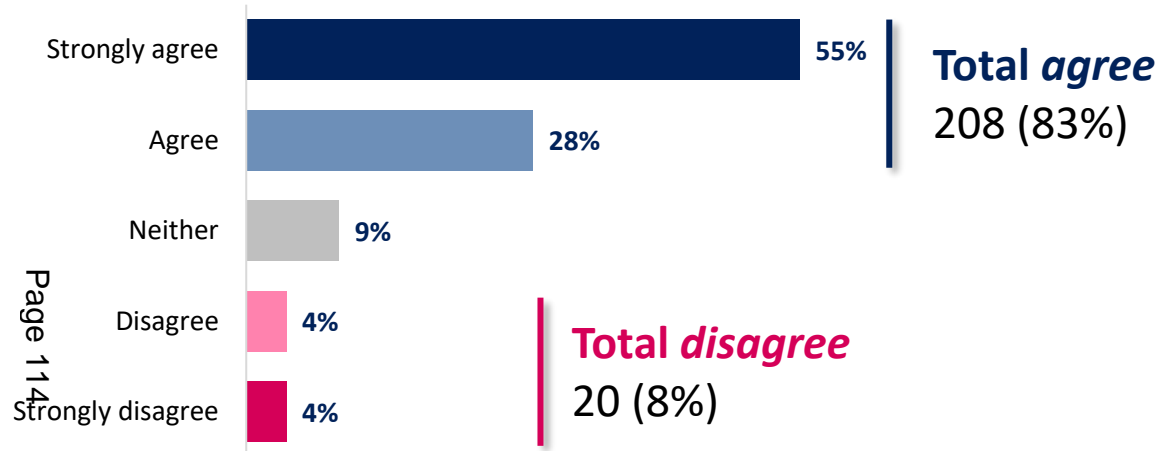


Q1d To what extent do you agree or disagree with the Five Hs of our vision for 2028?

Health promotion & prevention



Total respondents | 251

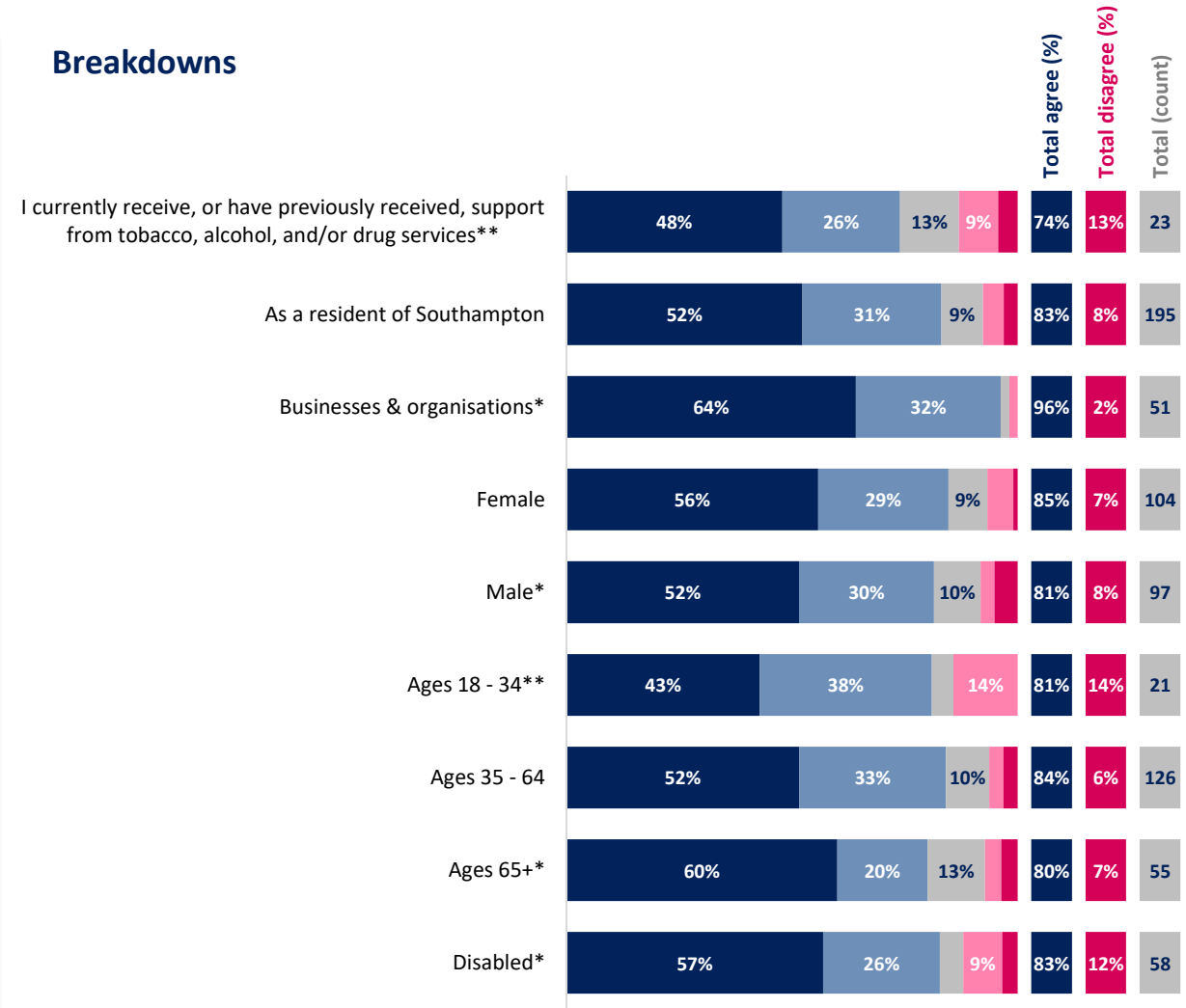


Page 114

Key findings

- A majority (83%) of respondents agree with the *health promotion and prevention* element of the vision, including a majority (55%) that *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 13% points more than total respondents overall (96% and 83% respectively), including 64% that responded *strongly agree* (9% points more than total respondents overall, at 55%).

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

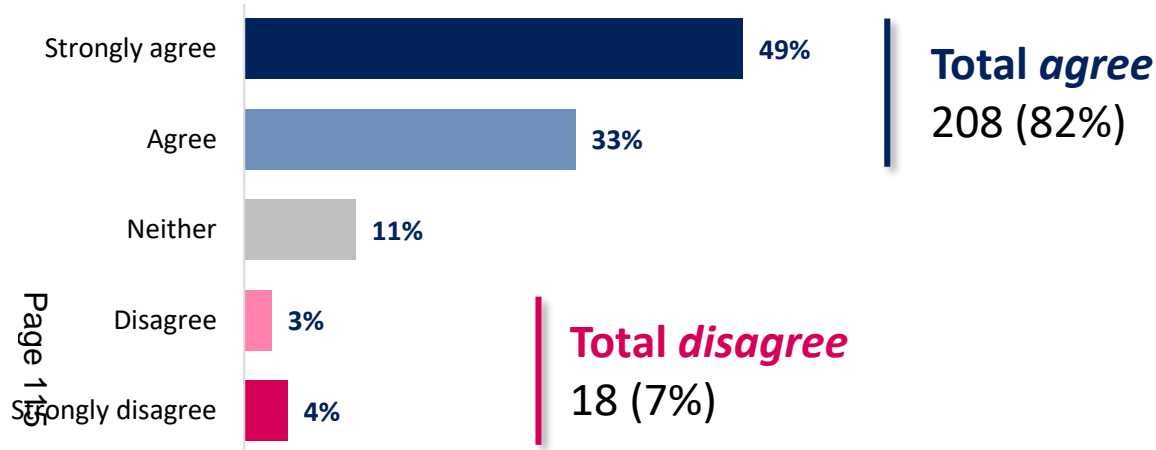
*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q1e To what extent do you agree or disagree with the Five Hs of our vision for 2028?



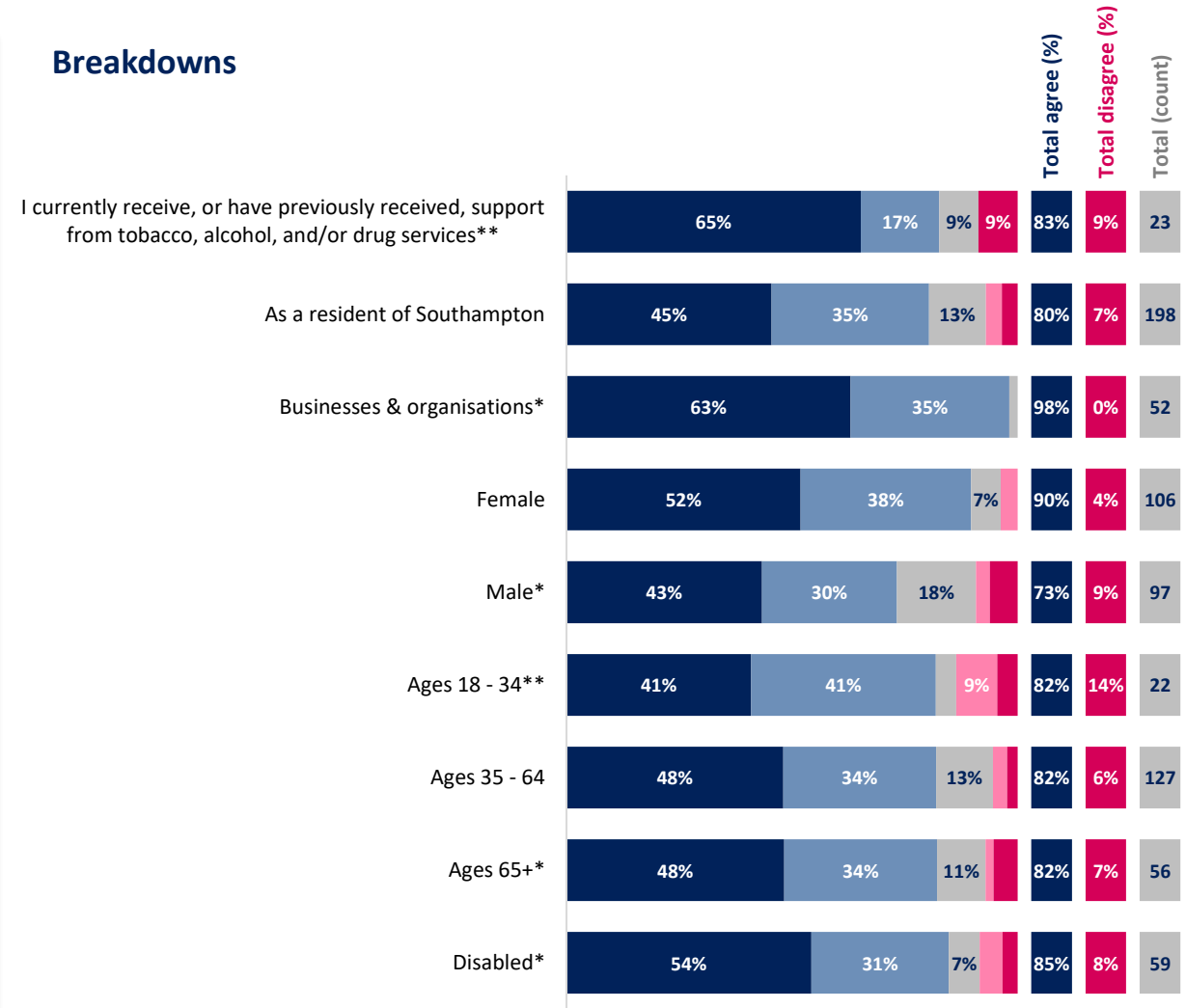
Total respondents | 254



Key findings

- A majority (82%) of respondents agree with the *hope* element of the vision, including almost half (49%) that *strongly agree*.
- Those responding on behalf of a business or organisation responded *agree* by 16% points more than total respondents overall (98% and 82% respectively), including 63% that responded *strongly agree* (14% points more than total respondents overall, at 49%).

Breakdowns

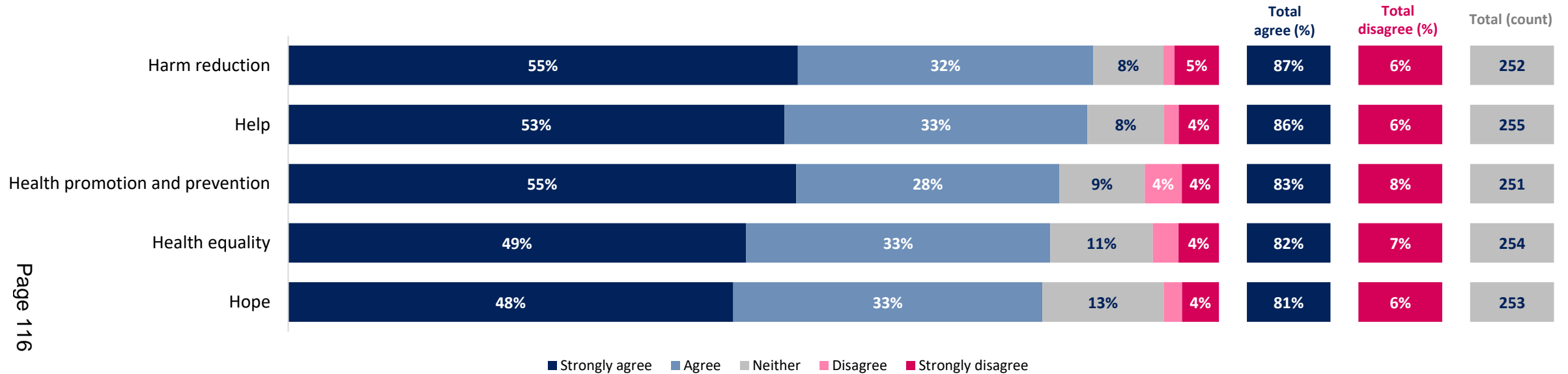


■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q1 To what extent do you agree or disagree with the Five Hs of our vision for 2028? *Summary*



Page 116

Key findings

- All of the Five Hs of the vision had a majority total *agree* responses of between 81% and 87%
- Of these, only *hope* and *health equality* did not also have a majority that responded *strongly agree* (48% and 49% respectively) – these had a slightly higher number of *neither* responses (13% and 11% - *help*, *harm reduction*, and *health promotion and prevention* had between 8% and 9% *neither* responses each)
- No element of the vision had more than 19% total *neither* and *disagree*

Question 3 | Proposed focus





The next area covered by the consultation was the **focus** of the draft strategy. The following slides in this section detail the feedback provided on the below:

We must make sure our work has breadth and depth, and is embedded in all we do. This means that everyone benefits according to their need. We propose a strong focus on people with the greatest needs who require the most help, as well as support for the large numbers of people needing less, so we reduce health inequalities and improve health for everyone.

Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness, and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma and face barriers to changing their substance use or less personal support to do so.

To what extent do you agree or disagree with our proposed focus?

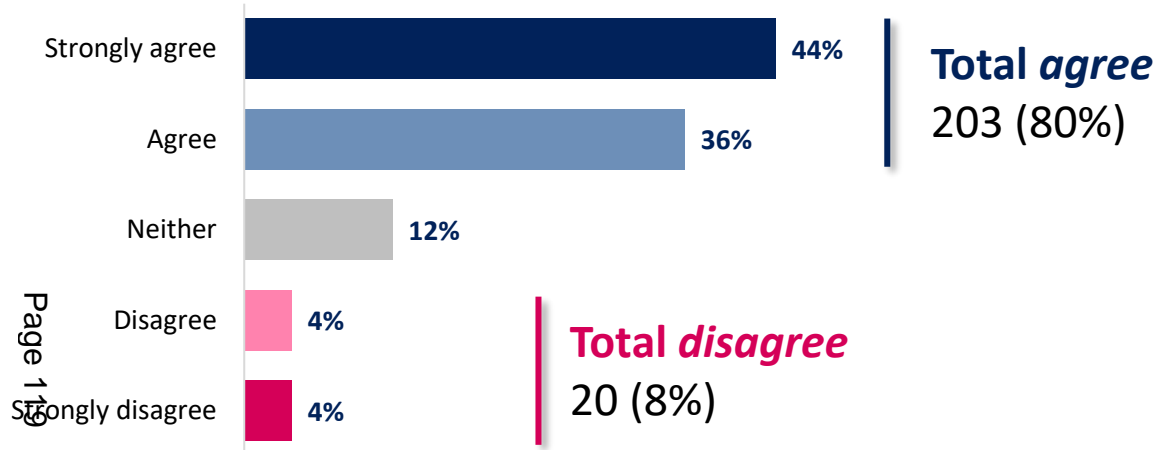
"A stronger focus on people with the greatest needs who require the most help."



Q3 To what extent do you agree or disagree with our proposed focus?



Total respondents | 254

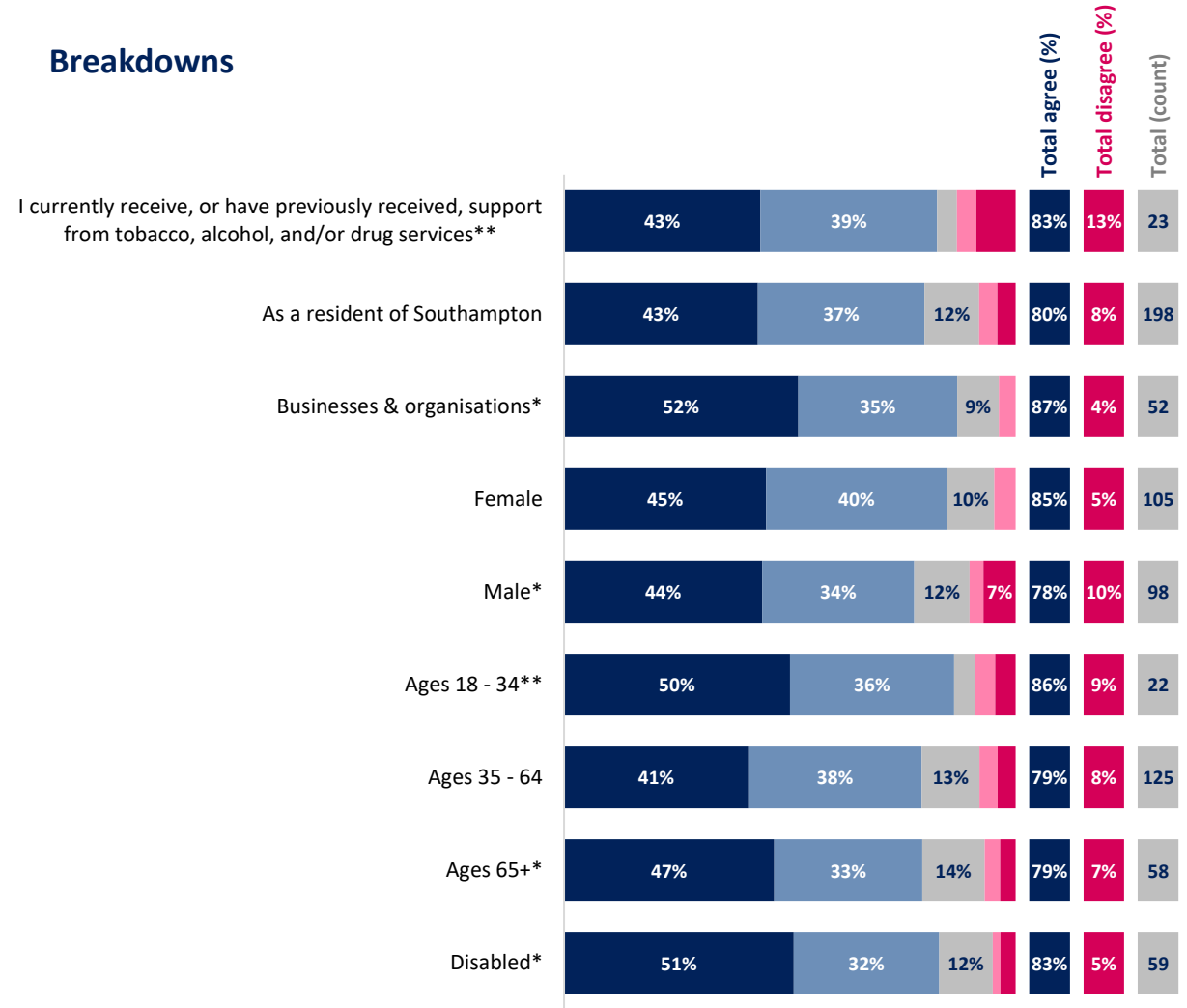


Page 1 of 9

Key findings

- A majority of respondents *agreed* with the focus (80%) including 44% who *strongly agreed*
- Men responded *strongly disagree* to a greater extent than women, at 7% to 0% respectively. This is reflected in 10% of male respondents responding *disagree* overall compared to 5% of female respondents
- Again, those responding on behalf of a business or organisation responded *agree* to the greatest extent (87%), including 52% that *strongly agree* (though these numbers are lower than for the vision)

Breakdowns



Legend: Strongly agree (dark blue), Agree (medium blue), Neither (grey), Disagree (light pink), Strongly disagree (red)

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.

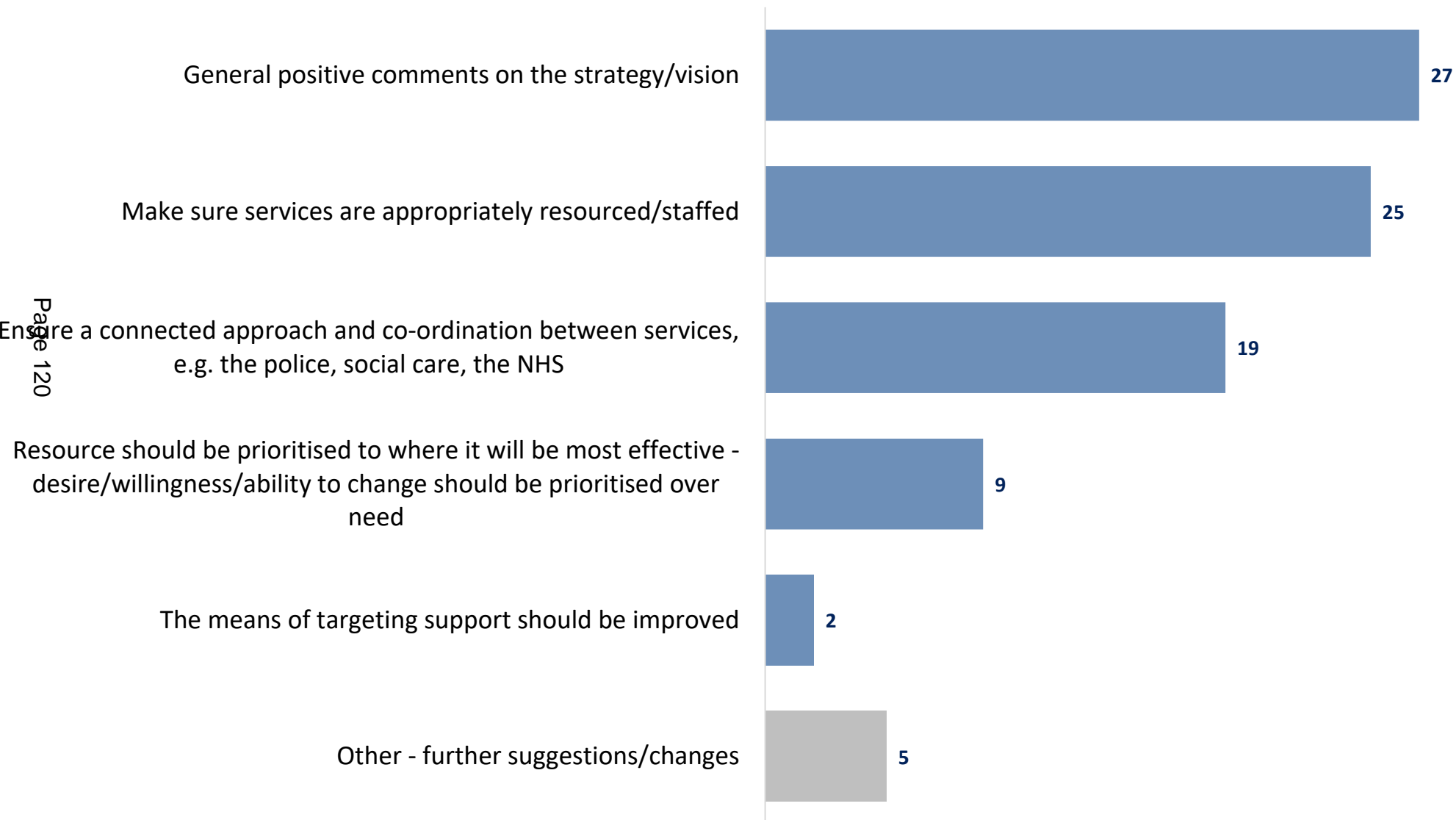


Q2 What more would you like to tell us about our vision for 2028?

Q4 What more would you like to tell us about what you think of our focus? *(free-text questions)*



Page 120



Questions 6 – 14 | Impact of the programmes





The next area covered by the consultation were the **five strategic programmes** that will help deliver the aims of the draft strategy. The following slides in this section detail the feedback provided on the below:

We will deliver our vision through five strategic programmes, each running for the five years of the strategy (2023 - 2028). There is one programme for each of the four broad main parts of the council, called directorates. There is also another corporate programme for internal, cross-cutting work, such as human resources.

The five strategic programmes are:

Page 122

- 1. Wellbeing - Children & Learning*
- 2. Wellbeing - Health & Adult Social Care*
- 3. Place*
- 4. Communities, Culture & Homes*
- 5. Corporate*

Together, these programmes will deliver the **Five Hs** of our vision: help, harm reduction, hope, health promotion, and health equality. Each directorate will run their own programme, its key projects, and its main priorities. They will also link it with their broader work and collaborate with partners and stakeholders. The programmes will develop over time as new needs, opportunities, or research arises.



Programme One – Children & Learning

This programme focuses on the health and wellbeing of children and young people. We want to protect them from the harms of tobacco, alcohol and drugs, whether from their own use or from the use of significant people in their lives.

We aim to:

- Prevent children and young people from starting using tobacco, alcohol (either under-age or at higher risk levels) or drugs
- Help children and young people who use tobacco, alcohol and/or drugs to stop and stay substance-free, or to be as safe as possible
- Protect children and young people from adult, sibling, or peer use
- Contribute to ensuring Southampton is a Child-Friendly City

Page 133

Programme Two – Health & Adult Social Care

This programme focuses on adults. We want to protect them from the harms of tobacco, alcohol, and drugs. We want to ensure support is in place and that people who need help can find it and engage with it. We also want to make sure people know and understand the risks caused by tobacco, alcohol and drugs.

We aim to:

- Identify more people with higher-risk use
- Strengthen services which help people with tobacco, alcohol and/or drug use, to stop or reduce their use or at least be safer while using
- Support healthcare services to embed identification, very brief advice and brief interventions in routine care
- Increase the number of people in specialist alcohol and drug services
- Support people who achieve recovery to stay tobacco, alcohol, and drug-free, and to be visible if they wish to inspire others and reduce stigma
- Ensure help is in place to support those affected by someone else's use of drugs or alcohol
- Work with mental health services to improve treatment and support for people with co-occurring conditions



Our strategy to achieve this vision – how will we deliver our vision?



Programme Three - Place

This section focuses on our city and how we propose to work to ensure Southampton is a safe and rewarding place to be for everyone.

We aim to:

- Have more public places that are free from tobacco, alcohol and drug use, particularly those that children and young people are exposed to
- Support employers to promote health and reduce harm from tobacco, alcohol and drugs
- Increase employment and skills for people with alcohol and/or drug-use disorders
- Use planning and urban design to design health-promoting public and domestic spaces that also design out crime and fear of crime
- Reduce tobacco, alcohol, and drug-related litter through reduced use and safer disposal

Programme Four – Communities, Culture & Homes

This programme looks at how we live in our city and how this strategy can be safer, healthier and happier.

By working with our partners, we aim to:

- Reduce the illicit or illegal supply of tobacco, alcohol and drugs
- Keep people safe from harm
- Make the most of opportunities to strengthen communities and housing in a health-promoting way

Programme Five – Corporate

This last programme is all about the council itself, and how we can ensure all the people who work for and with the council can be healthier and happier.

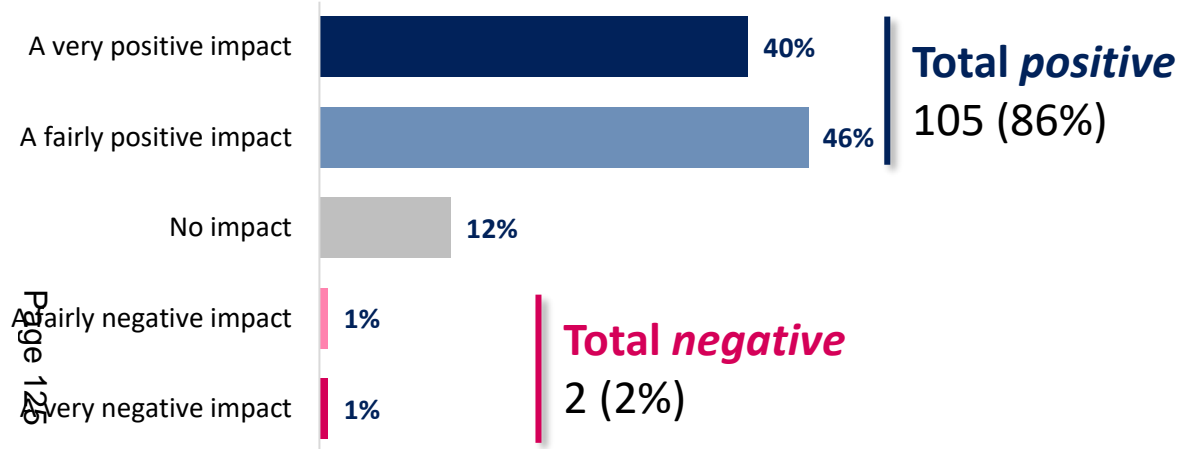
Our key focus areas are:

- Health in all contracts and commissioning
- Workforce wellbeing via support and HR policies
- Advertising guidance
- Relationships with industry, including staff pensions



Total respondents* | **122**

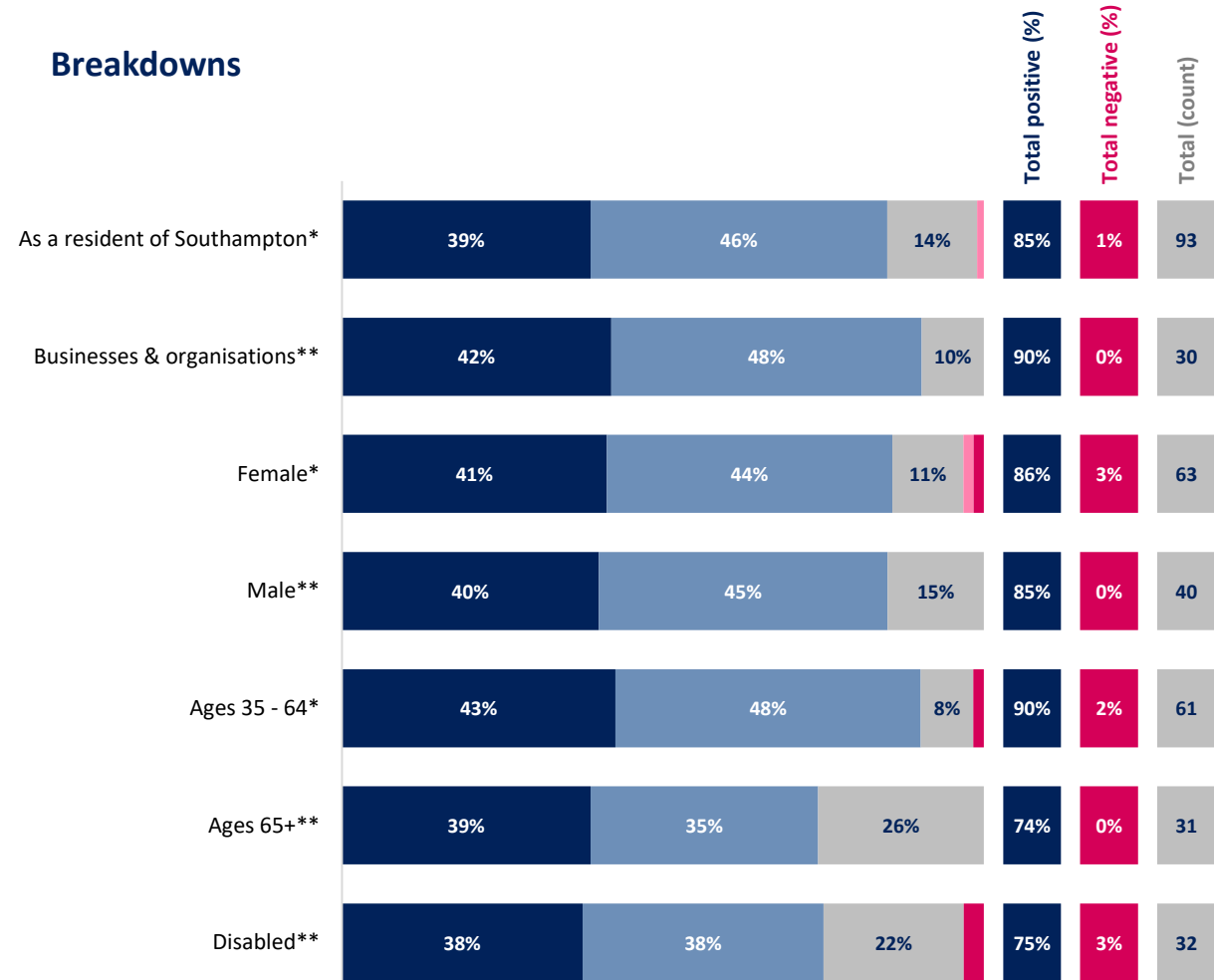
*This question was only asked of those who selected the Children & Learning programme as an option for question five.



Key findings

- Majority of respondents responded *positive* (86%)
- Though all three breakdowns have low base numbers, it is notable that among male respondents, respondents aged 65 or over, and those responding on behalf of a business or organisation, there were no *negative* responses, either *fairly* or *very negative*

Breakdowns



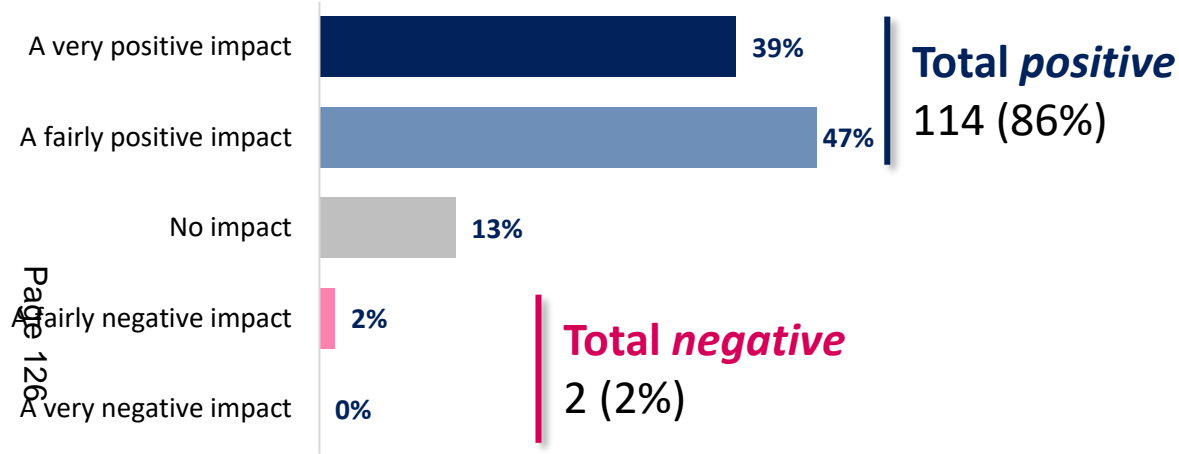
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **133**

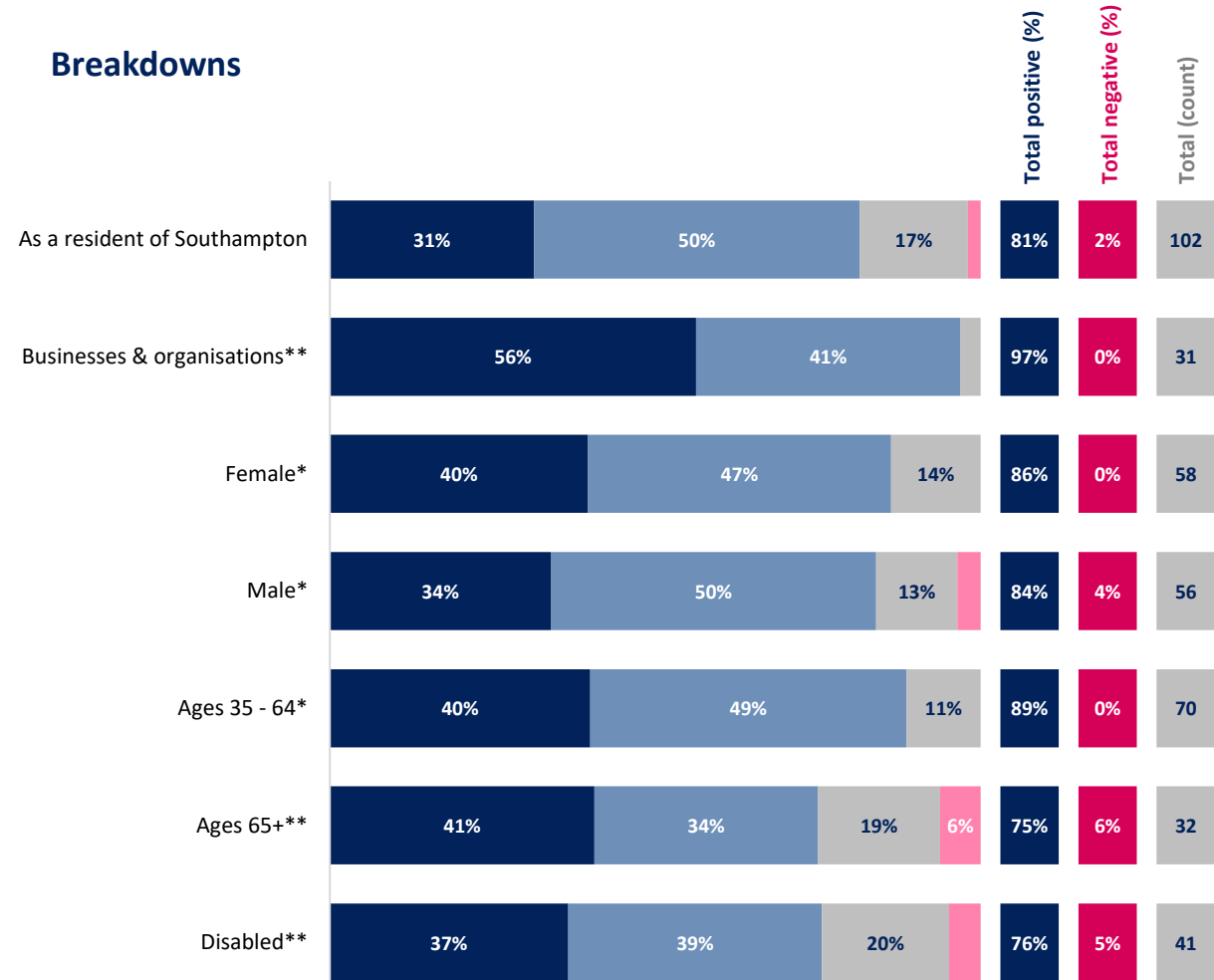
*This question was only asked of those who selected the Adult Social Care programme as an option for question five.



Key findings

- Majority of respondents (86%) responded *positively*
- No respondents that were either female or aged between 35 and 64 responded with a *negative* sentiment
- No respondents responded with a *very negative impact* sentiment

Breakdowns



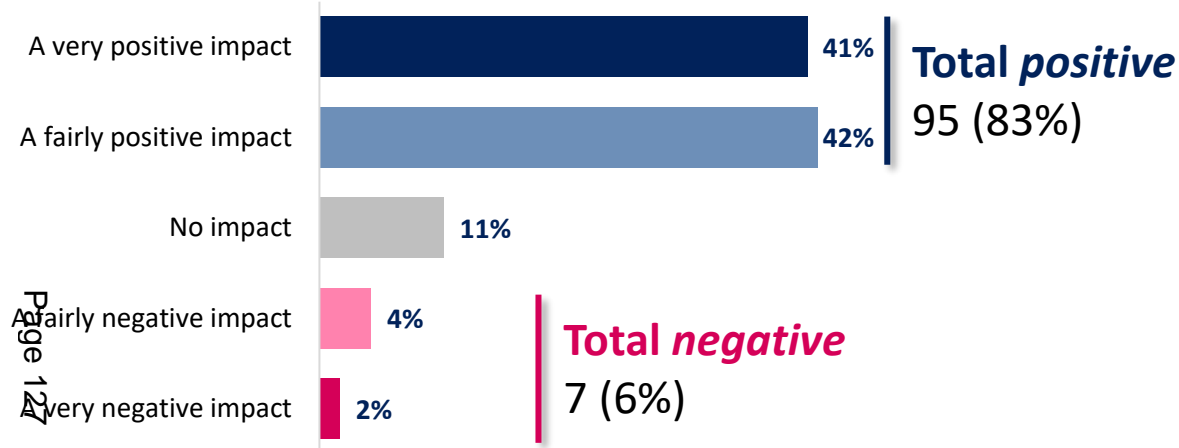
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **114**

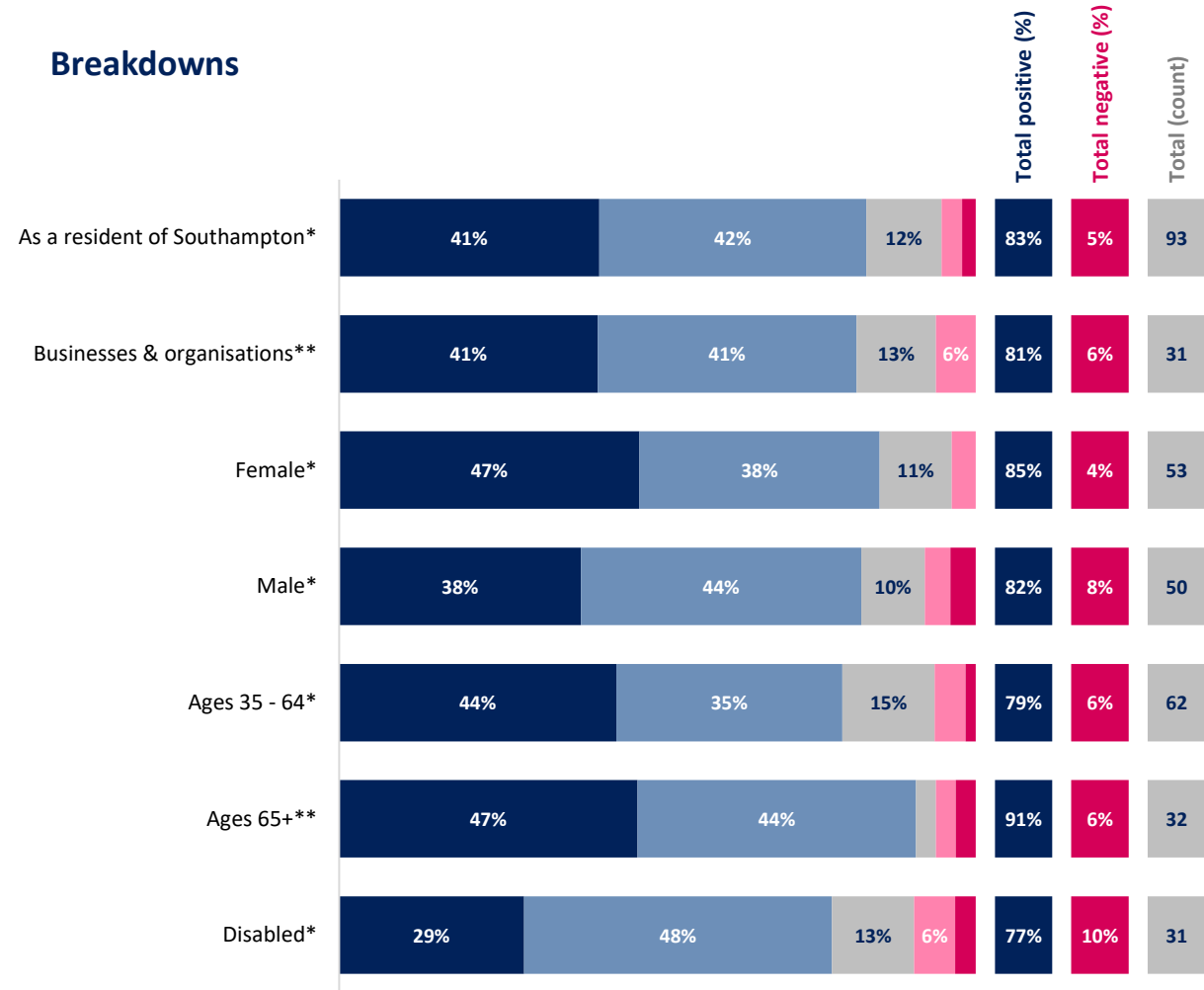
*This question was only asked of those who selected the Place programme as an option for question five.



Key findings

- Majority of respondents (83%) responded *positively*
- Female respondents responded *very positively* (47%) to a greater extent than male (38%) by 9% points

Breakdowns



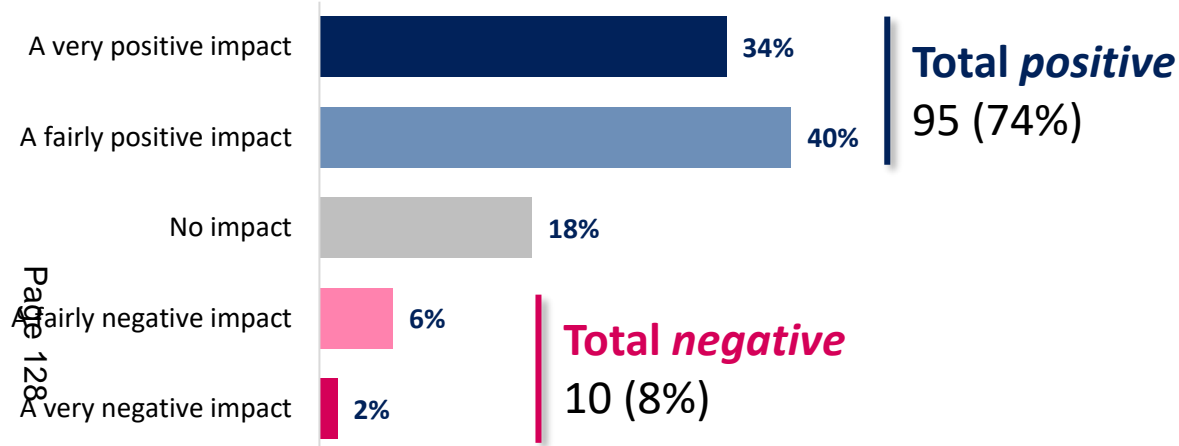
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **128**

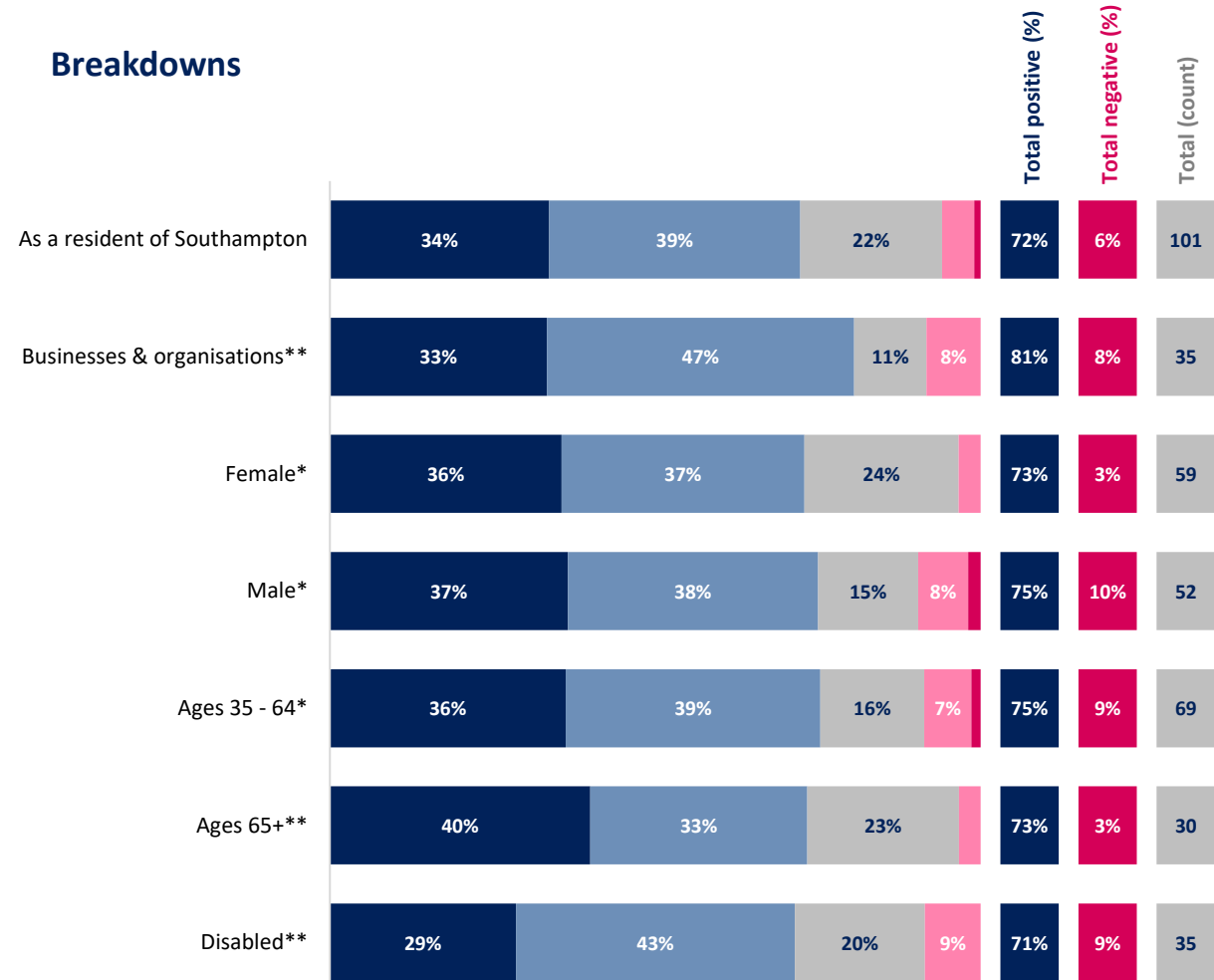
*This question was only asked of those who selected the Communities, Culture & Homes programme as an option for question five.



Key findings

- Majority of respondents responded *positively* (74%)
- Female respondents responded *no impact* to a greater extent (24%) than male respondents (15%) and respondents aged between 35 and 64 (16%)

Breakdowns



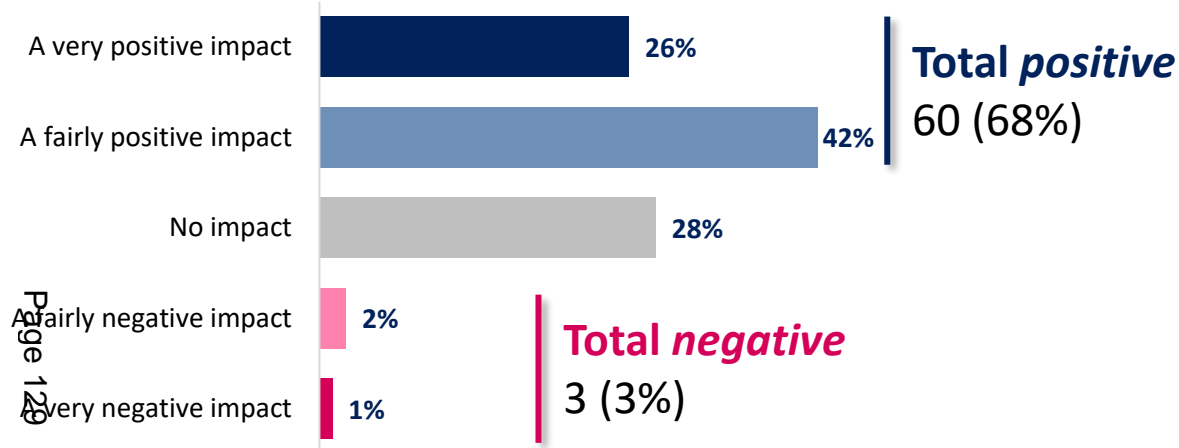
■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



Total respondents* | **88**

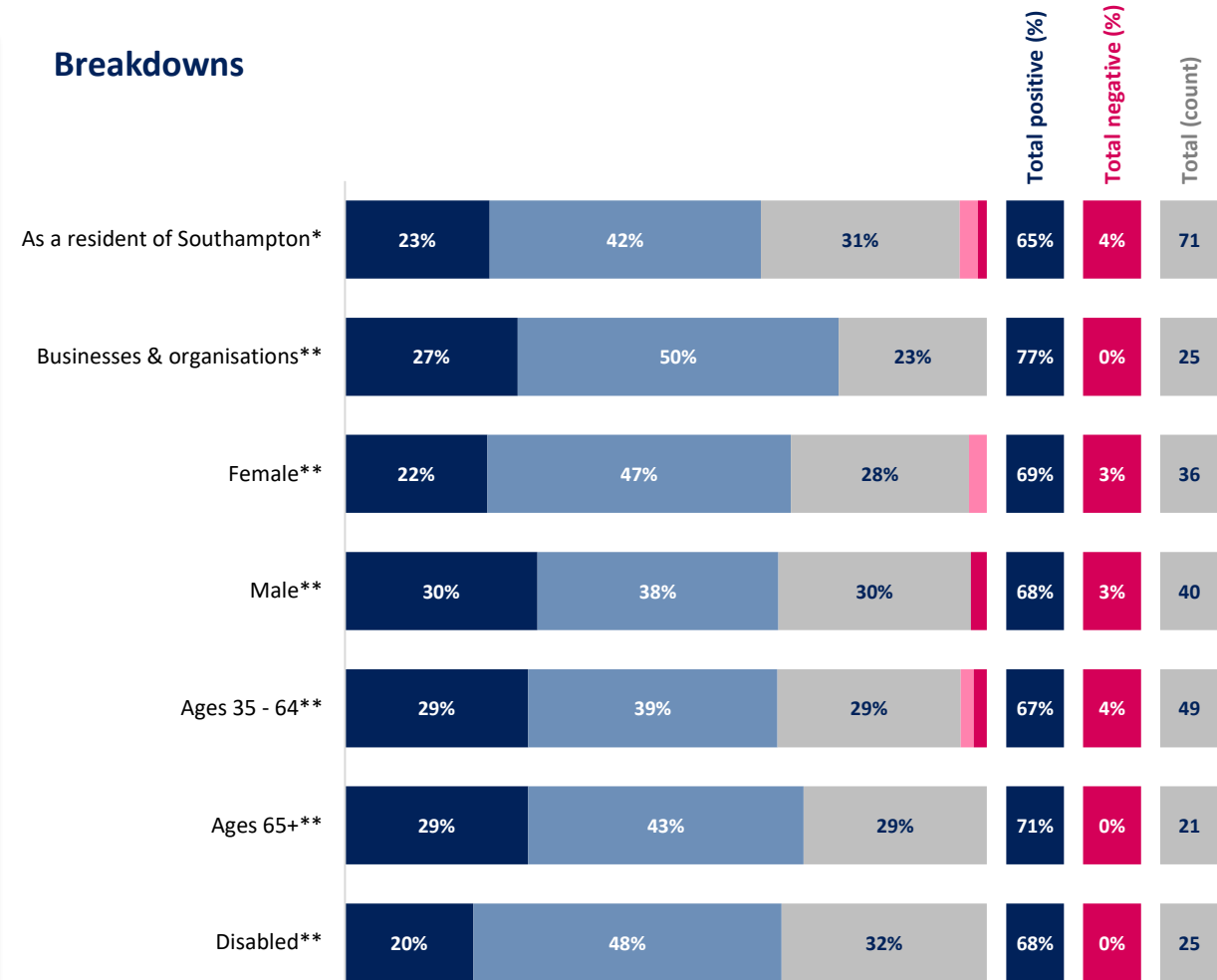
*This question was only asked of those who selected the Corporate programme as an option for question five.



Key findings

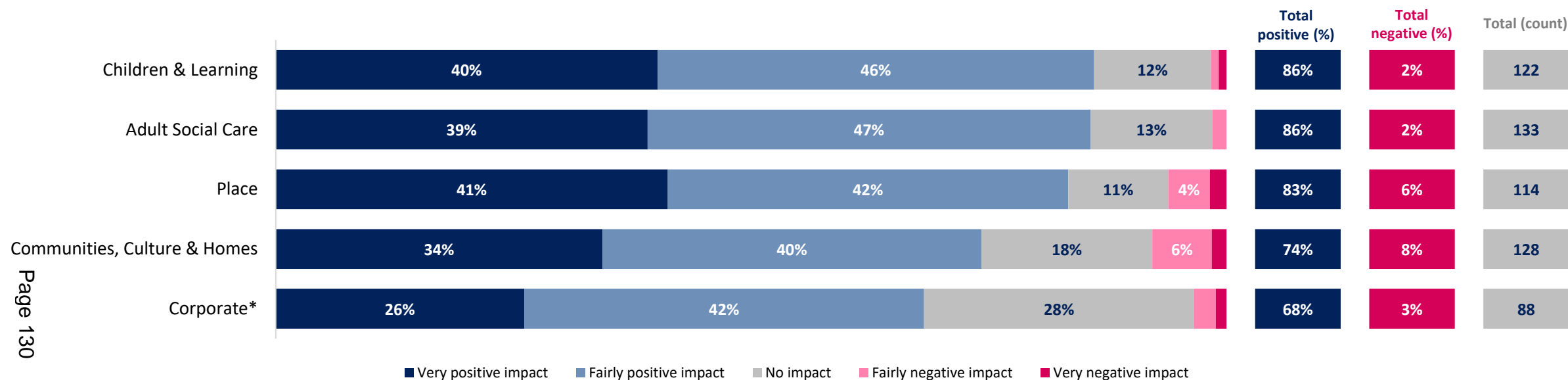
- Majority responded *positively* (68%), however this is six percentage points less than the next programme, Communities, Culture & Homes (74%) and also received the least total responses (88) out of the five programme questions (responses ranging from 133 to 114)

Breakdowns



■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents.
 Breakdowns with less than 20 respondents not shown.



*Less than 100 respondents.

Key findings

- All five of the programmes had a majority *positive* responses (between 68% and 86% each)
- The *Corporate* programme had the lowest total *agree* and *neither* responses (68% and 28% respectively), also receiving the lowest total number of responses for the programme questions overall (88)
- Of the programmes with over 100 responses, *Communities, Culture & Homes* received the lowest total *positive* (74%) and the largest number of respondents that said the programme would have *no impact* (18%)
- *Children & Learning, Adult Social Care* and *Place* all received between 83% and 86% total *positive* responses each



Q2 What more would you like to tell us about your thoughts on the [...] programme? *(free-text questions)*



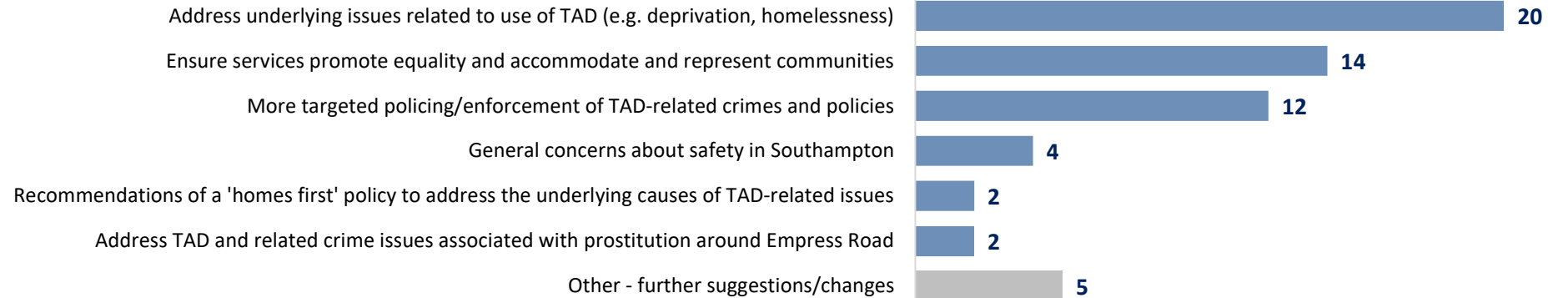
Adult Social Care



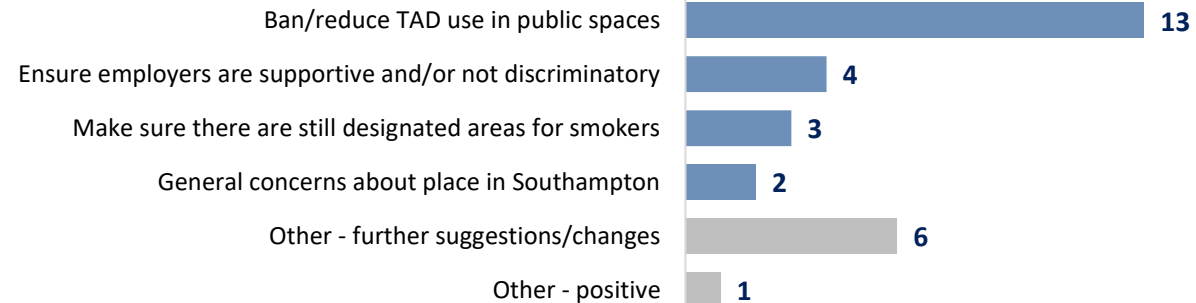
Children & Learning



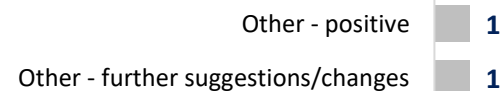
Communities, Culture & Homes



Place



Corporate



Question 17 | Contents of the draft strategy





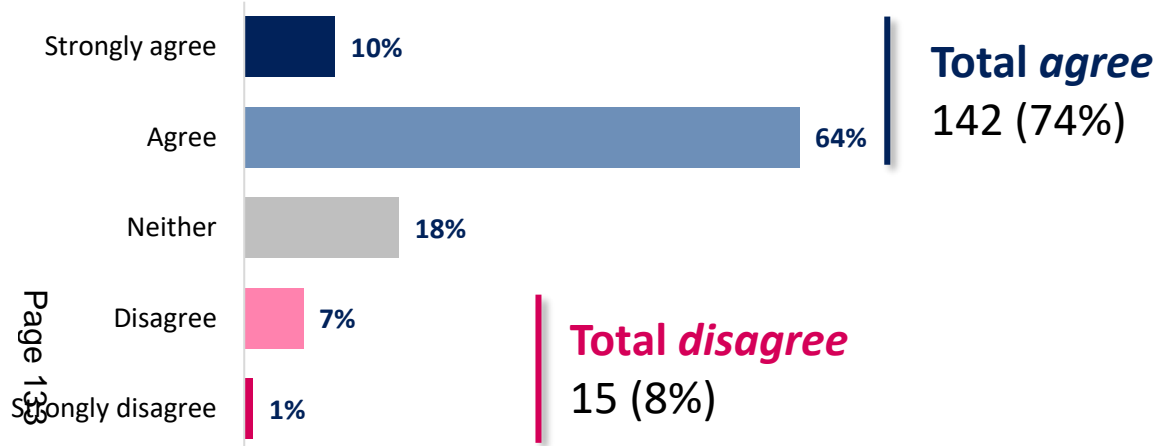
Q17a To what extent do you agree or disagree with the following statement?

“The draft strategy is easy to understand”



Total respondents* | **191**

*This question was only asked of those who confirmed they had read the draft strategy in response to question 16 (194 of 256 respondents confirmed they had read at least some of the draft strategy).

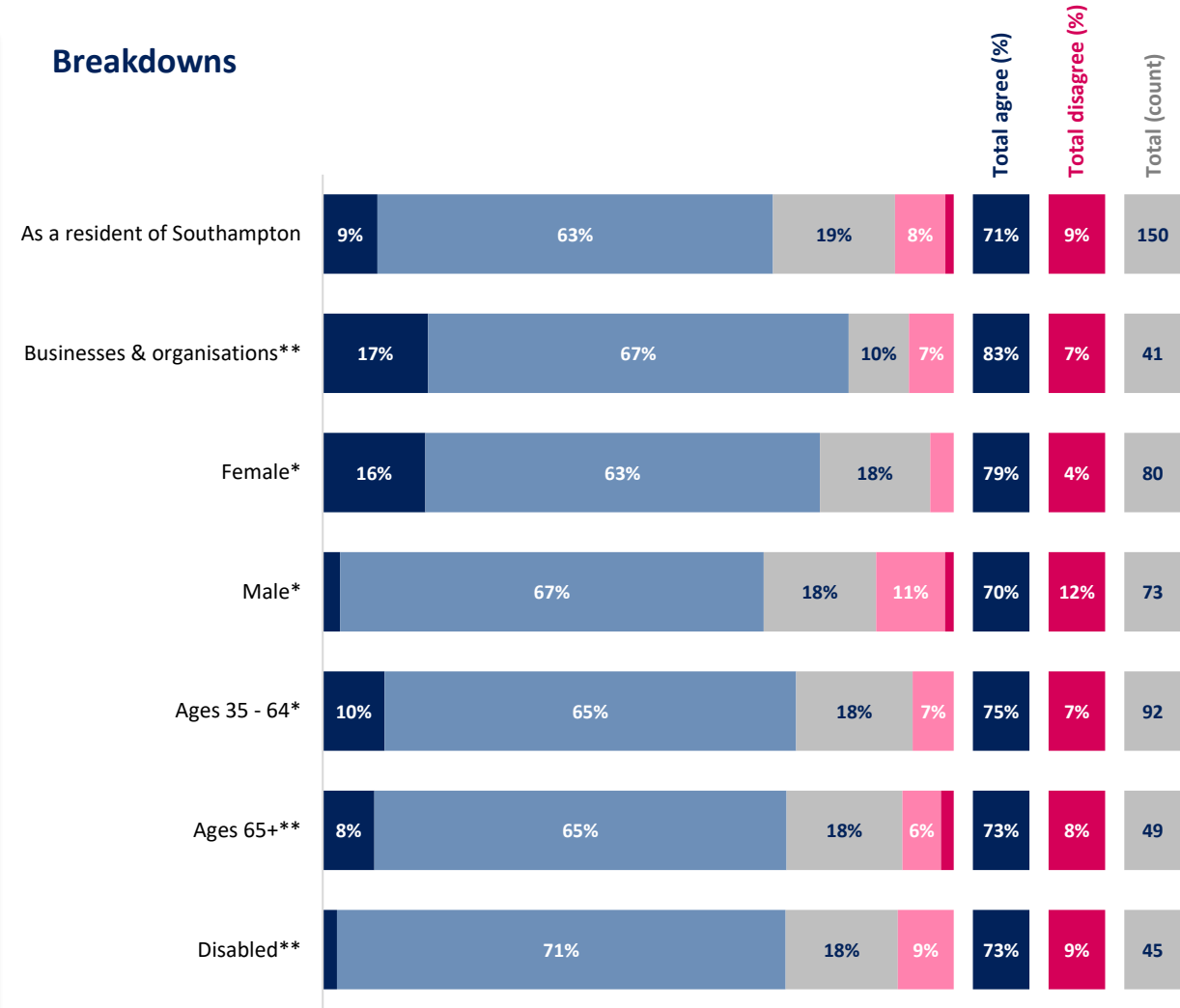


Page 138

Key findings

- Majority of total respondents (74%) *agreed* (total sentiment) with the statement, including 10% total who *strongly agreed* and 64% total that *agreed*
- Female respondents responded total *agree* to the greatest extent (79%) and male respondents to the least extent (70%)
- Of breakdowns of 50 respondents or more, males responded total *disagree* to the greatest extent at 12% (8% points more than female at 4% total disagree)

Breakdowns



■ Strongly agree ■ Agree ■ Neither ■ Disagree ■ Strongly disagree

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



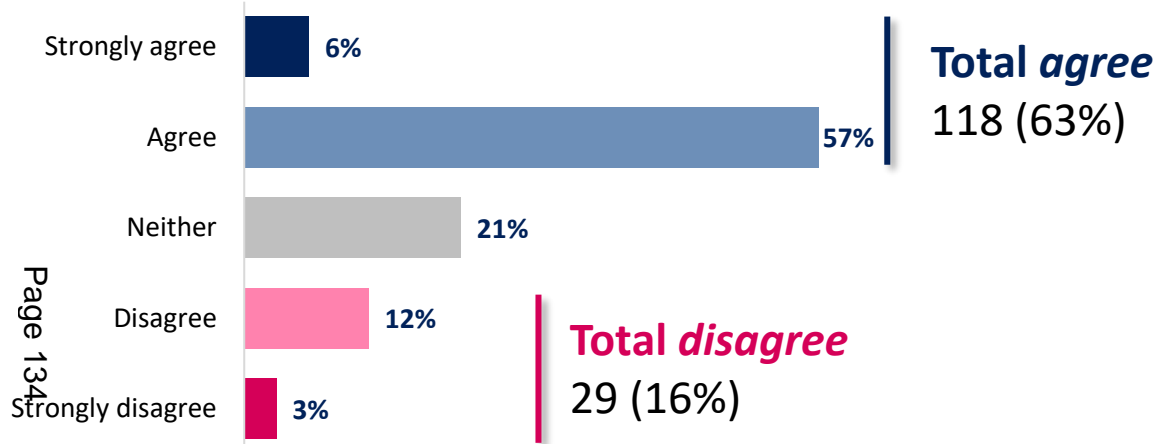
Q17b To what extent do you agree or disagree with the following statement?

"The draft strategy provides sufficient information"



Total respondents* | **187**

*This question was only asked of those who confirmed they had read the draft strategy in response to question 16 (194 of 256 respondents confirmed they had read at least some of the draft strategy).

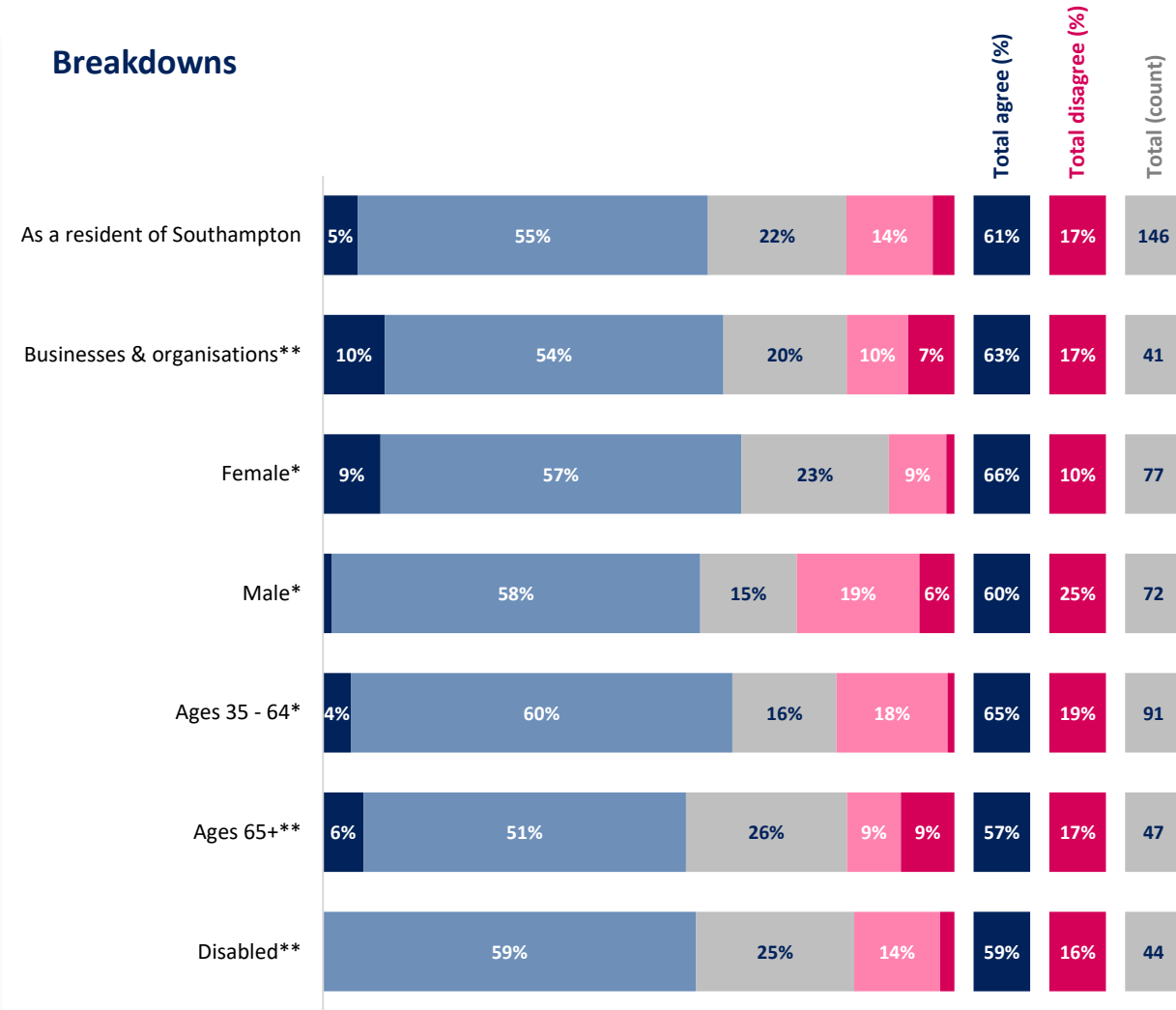


Page 134

Key findings

- Majority of respondents responded *agree* (63% total agree sentiment), and 57% total respondents also responded *agree* (as per scale option)
- More respondents responded *neither* (21%) than responded *disagree* (16%)
- Male respondents responded *disagree* (25%) to a greater extent than female (10%), while female respondents said *neither* (23%) in greater numbers than male (15%)

Breakdowns

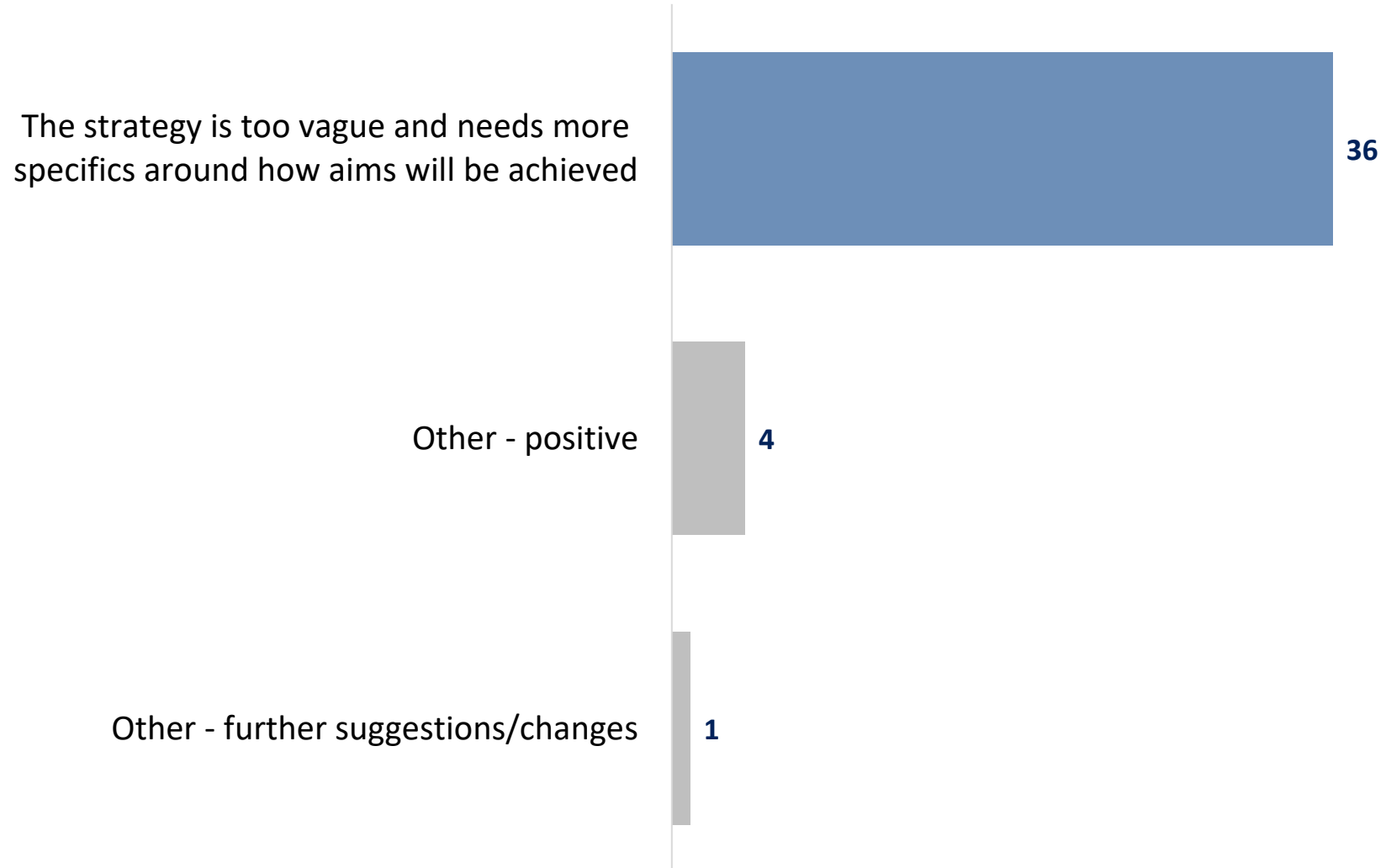


Legend: Strongly agree (dark blue), Agree (medium blue), Neither (grey), Disagree (pink), Strongly disagree (red)

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q18 If there were parts of the strategy that you did not understand or you feel needed more information, please provide further details below (*free-text questions*)



Question 19 | Potential impact of the draft strategy

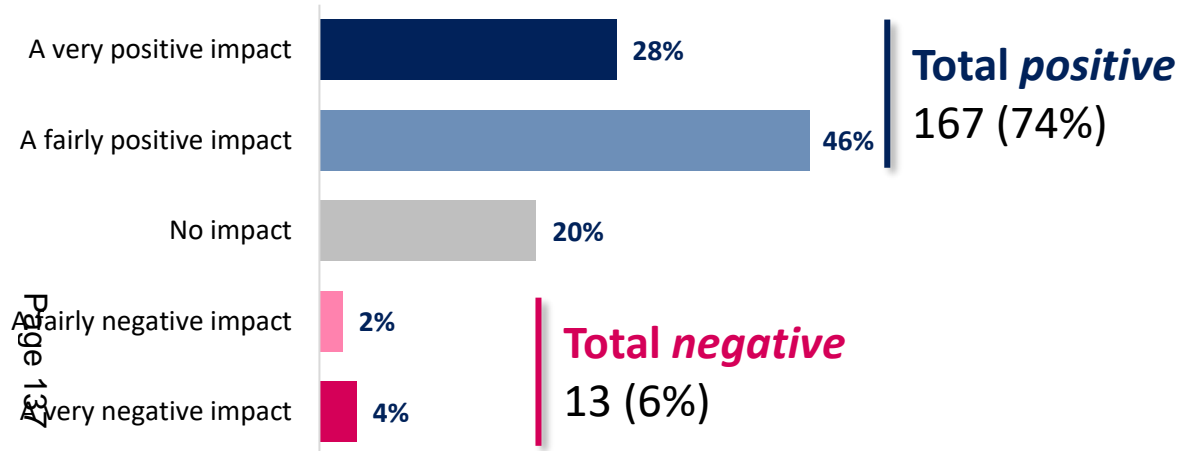




Q19 If the draft strategy were to be implemented, what impact do you feel this may have on you, your family, your business, and/or the wider community?



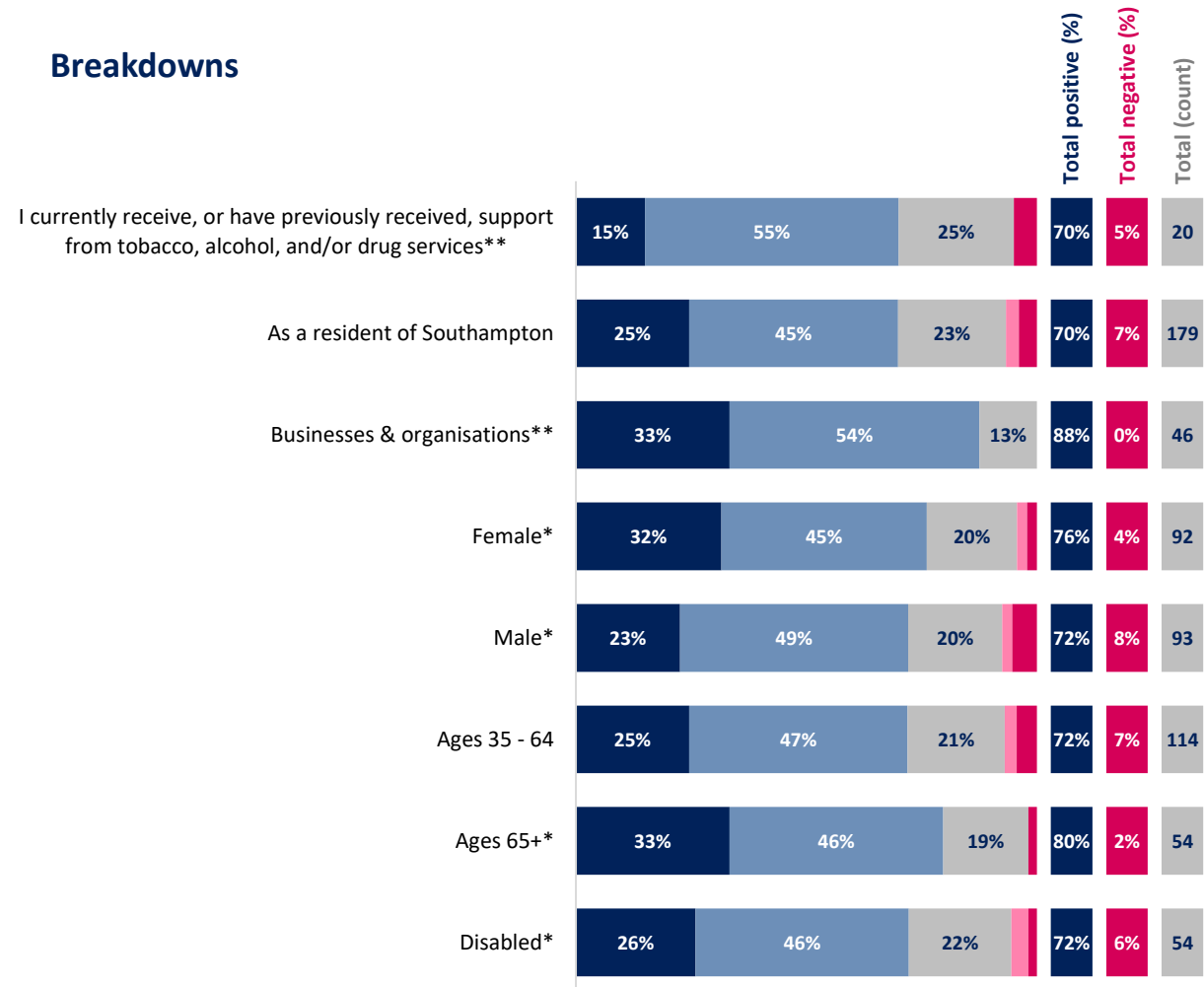
Total respondents | **226**



Key findings

- Majority of respondents responded *positively* (74%), with 46% responding *fairly positively*
- More respondents responded *no impact* than responded *negative* (20% and 6% respectively)
- Female respondents responded *very positively* to a greater extent than male by 9% points (32% and 23% respectively)
- Respondents aged between 35 and 64 responded *positive/negative* to a similar extent to males (72%/7% and 72%/8% respectively) and respondents that said that they were disabled (72%/6%)
- Respondents aged 65 or more responded *positively* to the greatest extent (80%)

Breakdowns

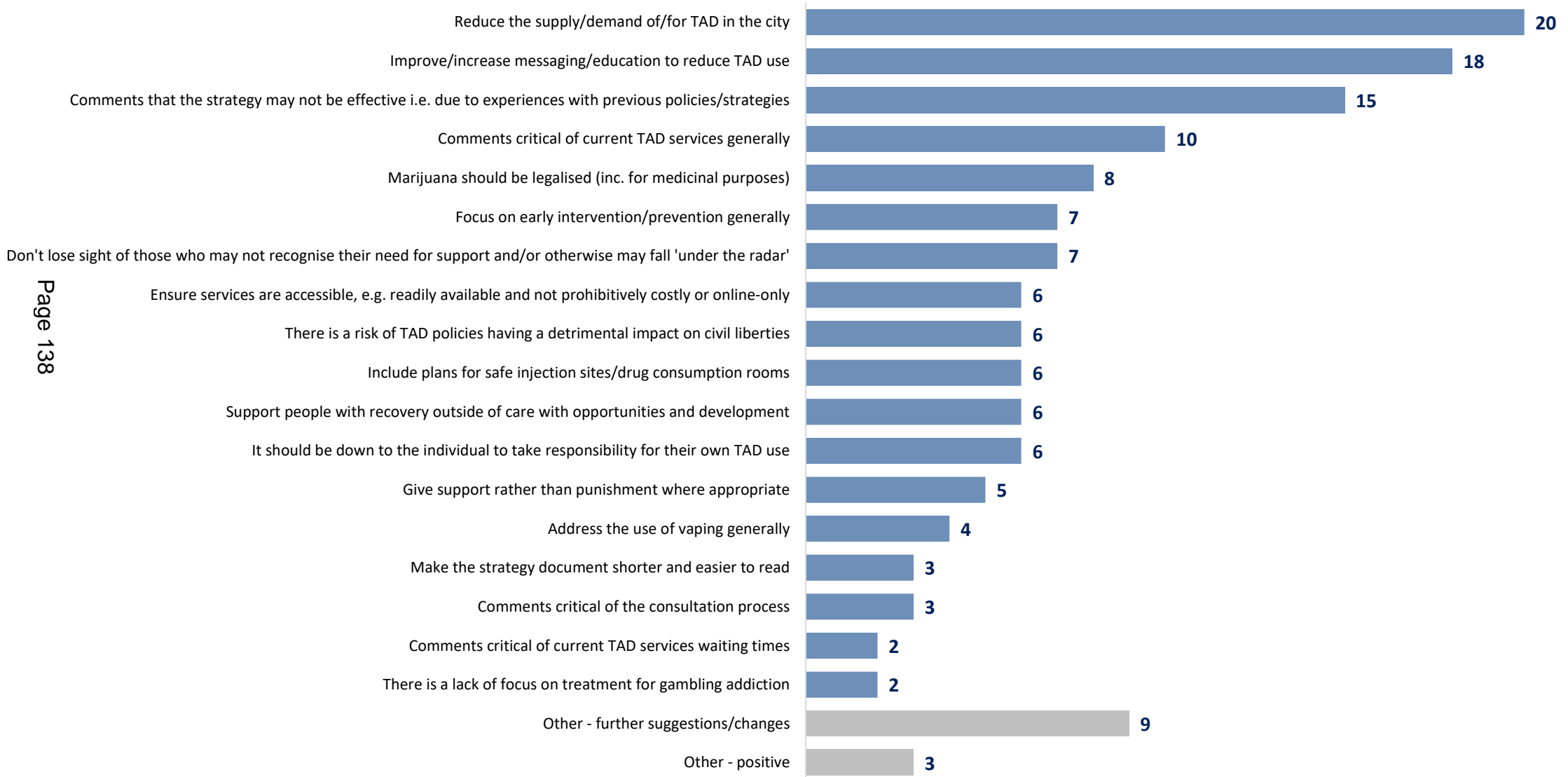


■ A very positive impact ■ A fairly positive impact ■ No impact
 ■ A fairly negative impact ■ A very negative impact

*Less than 100 respondents. **Less than 50 respondents. Breakdowns with less than 20 respondents not shown.



Q20 Please use the space below to tell us more about the potential impacts of the draft strategy, and if there is anything else we should consider or that you feel is missing from the proposals *(free-text questions)*





Equality and Safety Impact Assessment

The Public Sector Equality Duty (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Adoption of the Southampton Domestic Abuse and Violence Against Women and Girls Strategy 2023-2028</p>
<p>Brief Service Profile</p>	
<p>As a unitary authority, the council is responsible for commissioning domestic and sexual abuse services within its administrative area. Through its Integrated Commissioning Unit (ICU), the council provides ‘early prevention and intervention’ and refuge services. The council also provides the Independent Domestic Violence Advisory service (“IDVA”), which includes a male engagement worker (“MEW”) to work with fathers who are using abusive behaviours.</p> <p>In 2021, the council met new duties placed on local authorities by the Domestic Abuse Act 2021 by commissioning a specialist needs assessment to inform a new strategy for the provision of support in safe accommodation in Southampton (“the Part 4 Strategy”). The strategy was adopted in December 2021 and is being carried into effect using New Burdens funding. The council has convened a new multi-agency board to advise on meeting its duties under the 2021 Act.</p> <p>The council currently hosts a ‘Violence Reduction Unit’ (“VRU”) within its community cohesion team. The unit is one ‘spoke’ of a violence reduction hub operated by Hampshire’s Police and Crime Commissioner. The VRU works closely with local police and other partners to reduce violence crime through a range of projects. The VRU carries out interventions to tackle violence against women and girls (“VAWG”) in Southampton, including collaborating with ‘Cyber Ambassadors’ to tackle sexual</p>	

harassment and abuse online and work with local universities and services in the night-time economy to improve student safety.

The Part 4 Strategy requires the council to “undertake a refresh of the partnership shared vision” and to “develop the Domestic Abuse Strategic Partnership Board [and operational groups] ... to ensure they provide appropriate strategic / operational leadership for the partnership”. The council has acted by leading the development of a multi-agency strategy setting out how key partner agencies in Southampton (council, police, health and probation) will act to make the city safer for women and girls between 2023 and 2028.

Summary of Impact and Issues

The strategy aims to outline the below overall goals and outcomes:

- Awareness of the nature and impacts of violence against women and girls.
- Awareness of available support and how to access it (including community behaviour-change programmes outside of the criminal justice system).
- Interventions by primary healthcare providers to address conditions which may result in harmful behaviours.
- Improvements to local environment (e.g. streetlighting, CCTV).
- Identification of victims/survivors and appropriate intervention by professionals.

It also aims to highlight the following issues:

- Low number of Black and Minoritised women, LGBT+ people, migrant women, disabled victims/survivors, women who sell sex and women experiencing multiple disadvantage (substance-use, mental health, poverty) accessing domestic abuse/VAWG services in Southampton. Needs assessments show there is a lack of information about the barriers preventing access to services by these groups.
- Changes required to existing system architecture to provide for children as victims/survivors of domestic abuse in their own right (as set out in the Domestic Abuse Act 2021).
- Low conviction rates for sexual offences, domestic abuse and stalking.
- Non-specialist service providers lack confidence/expertise to identify and challenge harmful behaviours.
- Manipulation of systems by abusers (e.g. by making malicious reports about

victims/survivors).

- No systematic approach to survivor engagement in Southampton.
- Variations in data systems and data collection across partner agencies impedes analysis and system design.
- Data sharing along service pathways involving multiple providers is compromised by systems which do not 'speak to each other'.

Potential Positive Impacts

The multi-agency strategy will be carried into effect by two operational groups, focusing distinctly on VAWG and domestic abuse. Membership of the groups will comprise of operational leads from each partner organisation. Actions will, wherever possible, enhance existing service provision across the partnership. Operational chairs will report quarterly (or as often as required) to the strategic partnership board.

The board will monitor progress towards strategic outcomes using a set of key performance indicators developed by the council's Data and Intelligence Team. Properly carried into effect, the strategy will eliminate discrimination, advance equality of opportunity, and foster good relations between different people in the following ways:

- Access to services by people with protected characteristics will be reviewed and services changed to improve equality of access.
- Children who see, hear, or experience the effects of domestic abuse will be treated by agencies and service providers in Southampton as victims of domestic abuse in their own right, and data will be recorded to inform the development of appropriate support and intervention.
- Wider services in Southampton, for example Adult Social Care, Children's Services, Mental Health and drug and alcohol services, will reliably identify risk arising from domestic abuse and VAWG and take appropriate steps to enable access to the right support.
- The voices of victims/survivors will be heard and will inform the design, development and implementation of local services.
- A 'Whole Housing Approach' to domestic abuse will be implemented across Southampton (to ensure equality of access to domestic abuse support services, regardless of housing tenure type).
- Data will be shared appropriately between agencies/services in our system to protect victims/survivors.

Responsible Service Manager	Caroline Bate – Domestic Abuse Coordinator
Date	16/09/2022
Approved by Senior Manager	Jason Murphy – Stronger Communities Manager
Date	16/09/2022

Potential Negative Impacts

Impact Assessment	Details of Impact	Possible Solutions
Age	No negative impact.	
Disability	No negative impact.	
Gender Reassignment	No negative impact.	
Marriage and Civil Partnership	No negative impact.	
Pregnancy and Maternity	No negative impact.	
Race	No negative impact.	
Religion or Belief	No negative impact.	
Sex	No negative impact.	
Sexual Orientation	No negative impact.	
Community Safety	No negative impact.	
Poverty	No negative impact.	
Other Significant Impacts	No negative impact.	

Consultation on a Draft Southampton Domestic Abuse and Violence Against Women and Girls Strategy 2022-2027

Full results summary

southampton
dataobservatory  Data, Intelligence & Insight Team, *November 2022*

Agenda
Appendix

1. [Survey background](#)
2. [Agreement of priorities](#)
3. [Priority One | Prioritising prevention](#)
4. [Priority Two | Support for survivors \(early intervention and support\)](#)
5. [Priority Three | Building an accountable community and changing perpetrator behaviour](#)
6. [Priority Four | A stronger coordinated response](#)
7. [The proposed draft strategy](#)



Survey background



- Southampton City Council undertook public consultation on a draft Southampton Domestic Abuse and Violence Against Women and Girls Strategy 2022- 2027. The draft strategy had been developed by public services and agencies across Southampton. This included asking for feedback on four key priorities:
 1. Priority One: Prioritising Prevention
 2. Priority Two: Support for survivors
 3. Priority Three: Building an accountable community and changing perpetrator behaviour
 4. Priority Four: A stronger co-ordinated response
- The consultation took place for 12 weeks between **20 July 2022** and **12 October 2022**.
- The aim of this consultation was to:
 - Communicate clearly to residents and stakeholders the proposed strategy.
 - Ensure any resident, business or stakeholder who wished to comment on the proposals had the opportunity to do so, enabling them to raise any impacts the proposals may have.
 - Allow participants to propose alternative suggestions for consideration which they feel could achieve the objectives in a different way.
- This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.
- It is important to be mindful that a consultation is not a vote, it is an opportunity for stakeholders to express their views, concerns and alternatives to a proposal. Equally, responses from the consultation should be considered in full before any final decisions are made. This report outlines in detail the representations made during the consultation period so that decision makers can consider what has been said alongside other information.



Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with *The Gunning Principles (considered to be the legal standard for consultations)*:

Page 147

1. Proposals are still at a formative stage (a final decision has not yet been made)
2. There is sufficient information put forward in the proposals to allow 'intelligent consideration'
3. There is adequate time for consideration and response
4. Conscientious consideration must be given to the consultation responses before a decision is made



New Conversations 2.0
LGA guide to engagement



Rules: The Gunning Principles

They were coined by Stephen Sedley QC in a court case in 1985 relating to a school closure consultation (R v London Borough of Brent ex parte Gunning). Prior to this, very little consideration had been given to the laws of consultation. Sedley defined that a consultation is only legitimate when these four principles are met:

- 1. proposals are still at a formative stage**
A final decision has not yet been made, or predetermined, by the decision makers
- 2. there is sufficient information to give 'intelligent consideration'**
The information provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response
- 3. there is adequate time for consideration and response**
There must be sufficient opportunity for consultees to participate in the consultation. There is no set timeframe for consultation,¹ despite the widely accepted twelve-week consultation period, as the length of time given for consultee to respond can vary depending on the subject and extent of impact of the consultation
- 4. 'conscientious consideration' must be given to the consultation responses before a decision is made**
Decision-makers should be able to provide evidence that they took consultation responses into account

These principles were reinforced in 2001 in the 'Coughlan Case (R v North and East Devon Health Authority ex parte Coughlan²), which involved a health authority closure and confirmed that they applied to all consultations, and then in a Supreme Court case in 2014 (R ex parte Moseley v LB Haringey³), which endorsed the legal standing of the four principles. Since then, the Gunning Principles have formed a strong legal foundation from which the legitimacy of public consultations is assessed, and are frequently referred to as a legal basis for judicial review decisions.⁴

¹ In some local authorities, their local voluntary Compact agreement with the third sector may specify the length of time they are required to consult for. However, in many cases, the Compact is either inactive or has been cancelled so the consultation timeframe is open to debate

² BAILII, [England and Wales Court of Appeal \(Civil Decision\) Decisions](#), Accessed: 13 December 2016.

³ BAILII, [United Kingdom Supreme Court](#), Accessed: 13 December 2016

⁴ The information used to produce this document has been taken from the Law of Consultation training course provided by The Consultation Institute



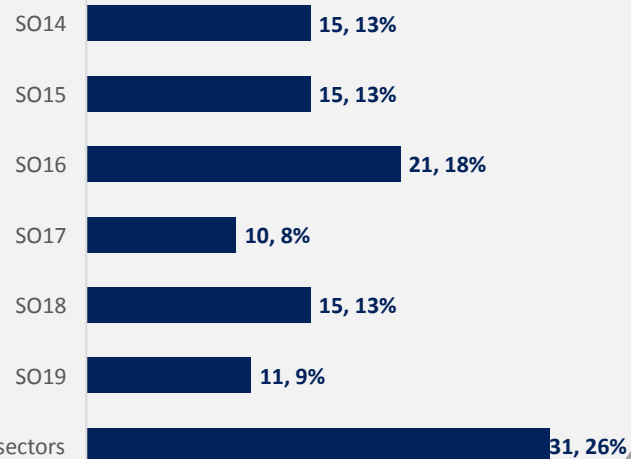
- The agreed approach for this consultation was to use an questionnaires as the main route for feedback. Questionnaires enable an appropriate amount of explanatory and supporting information to be included in a structured questionnaire, helping to ensure respondents are aware of the background and detail of the proposals.
- Two versions of the survey were available. Respondents were given the opportunity to complete a more detailed version of the survey that went into more detail on each of the priorities.
- Respondents could also write letters or emails to provide feedback on the proposals. Emails or letters from stakeholders that contained consultation feedback were collated and analysed as a part of the overall consultation.
- There were also specific focus groups to gather feedback as part of the consultation process.
- All questionnaire results have been analysed and presented in graphs within this report. Respondents were given opportunities throughout the questionnaire to provide written feedback on the proposals. In addition anyone could provide feedback in letters and emails. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. We have also endeavoured to outline all the unique points and suggestions gathered as a part of the consultation and so there are separate tables of quotes or summaries of these for each theme of comment to assist with consideration.



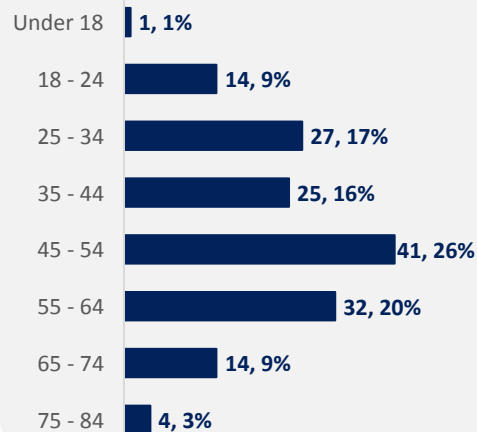
Overall, there were **193** separate responses to the consultation. Of this, **186** were from the questionnaire and **7** from email, letter, focus groups responses. The following page includes demographic breakdowns of the questionnaire respondents.

Page 149

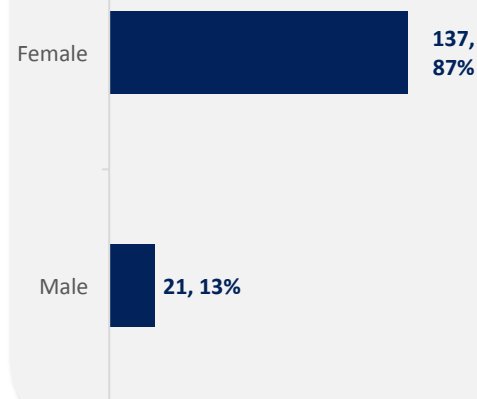
Q. What is your postcode?



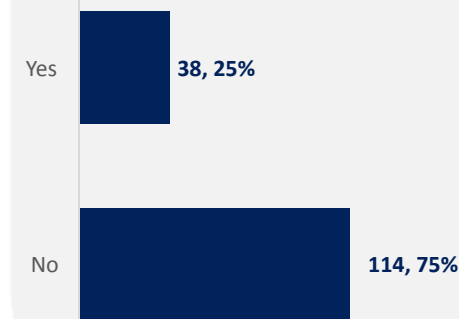
Q. What is your age?



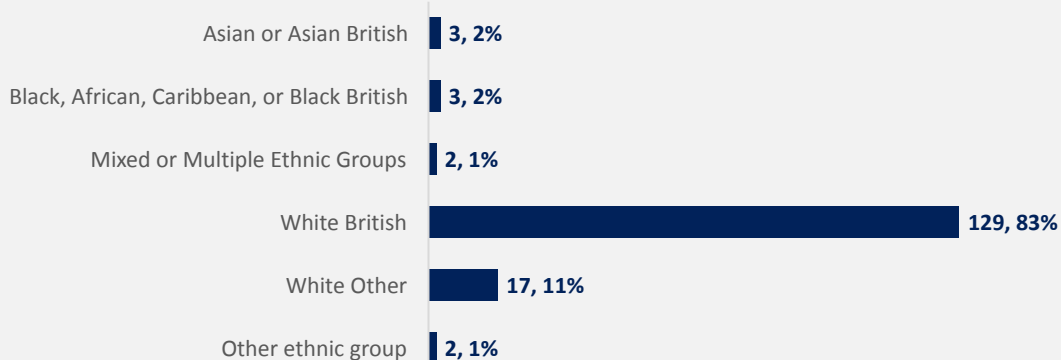
Q. What is your sex?



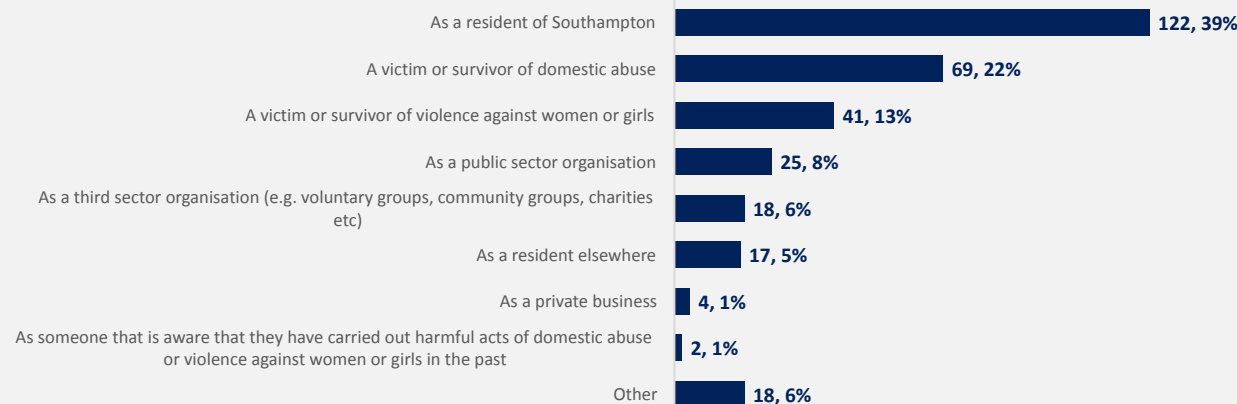
Q. Do you have any conditions or illnesses expected to last 12 months or more, that reduce your ability to carry out day-to-day activities?



Q. How would you describe your ethnic group?



Reason for interest in consultation





Agreement of priorities overall



The partnership suggests four main priorities for keeping Southampton safe over a five-year period. These are:

Priority One: Prioritising prevention

To end domestic abuse and violence against women and girls, we must prevent it from happening. This means providing better education for everyone about what domestic abuse and violence against women and girls looks like in everyday life.

Priority Two: Support for survivors

We want to make sure specialist support in the city is available to all adults and children and that everyone knows where to go for help and advice.

Priority Three: Building an accountable community and changing perpetrator behaviour

The focus of professionals (and of society as a whole) can still often be on what the victim should do to 'keep safe' and not on the behaviour of the person who is using harmful behaviours. We want to change this.

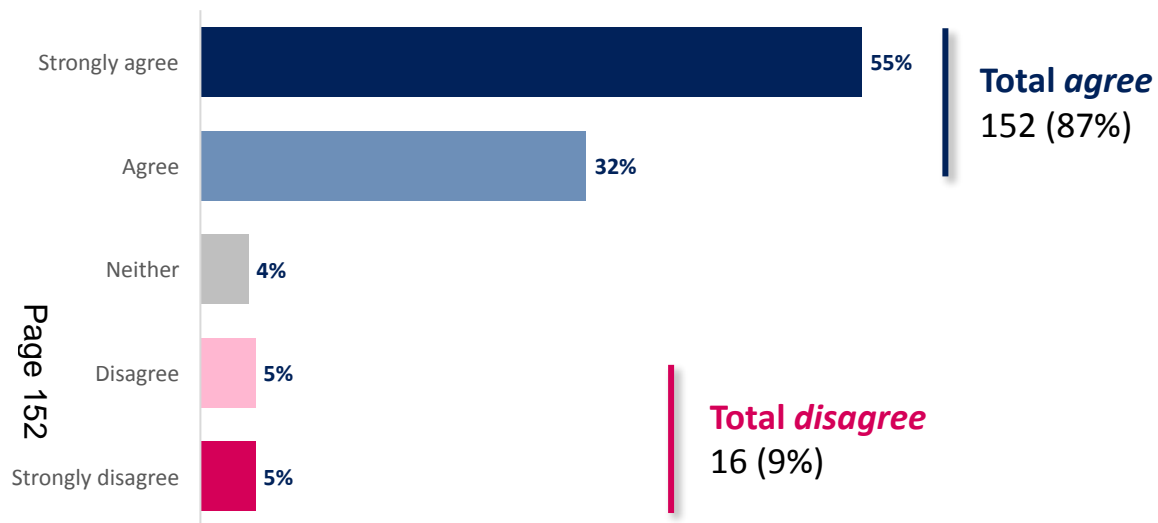
Priority Four: A stronger co-ordinated response

We will improve the connections between the services in the city to ensure that the support that is needed is available in the right place and at the right time.



Firstly, to what extent do you agree or disagree with our focus on the four suggested priorities?

Total respondents | 175

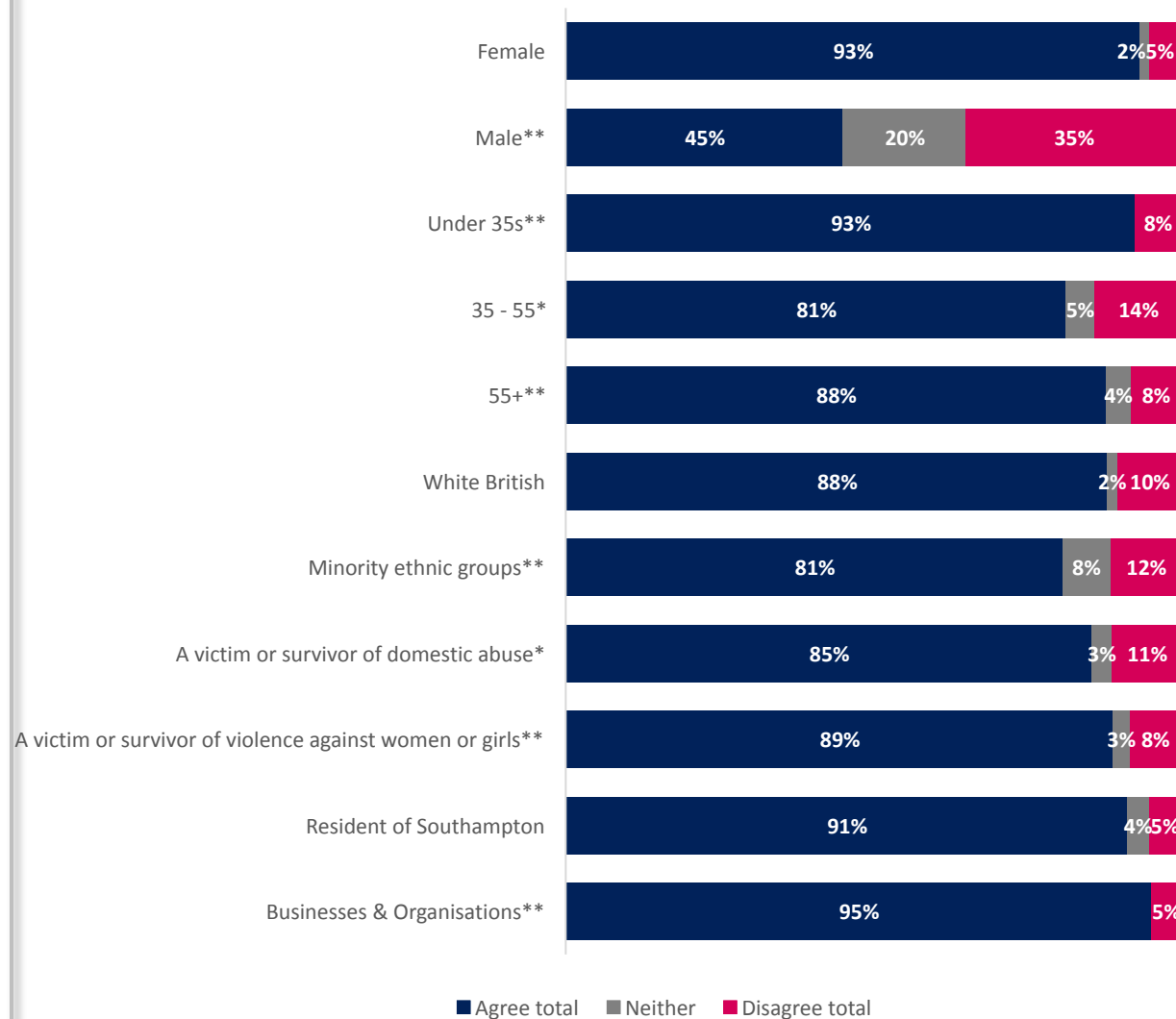


Page 152

Key findings

- A majority (87%) of respondents agree with the focus on the four suggested priorities, including a majority (55%) who *strongly agree*.
- Females (93%), Under 35s (93%) and Businesses and organisations (95%) agreed with the four suggested priorities the most.

Breakdowns



* Less than 100 respondents. ** Less than 50 respondents



Priority One | Prioritising prevention



Priority One: Prioritising prevention

To end domestic abuse and violence against women and girls, we must prevent it from happening. This means providing better education for everyone about what domestic abuse and violence against women and girls looks like in everyday life.

What outcomes do we want to achieve?

- There will be fewer incidents of domestic abuse and VAWG in Southampton.
- Southampton's residents will be better able to identify and respond appropriately to domestic abuse and VAWG.
- Southampton's local environment will be changed to make it safer.

Proposed actions:

- Staff and volunteers working for partner agencies will be trained to identify domestic abuse and other forms of VAWG, and respond sensitively and intervene appropriately with all family members
- Professionals will be supported to educate children and young people about equality, respect, gender roles, and the harmful effect of gendered expectations. We will explore the development of a city-wide 'whole school approach' to VAWG, with genuine engagement across the entire community - staff, pupils, governors, parents, and external services
- The relationships and sex education (RSE) and personal, social, health and economic education (PHSE) curriculums in Southampton's schools will be changed to raise awareness and understanding of the continuum of VAWG – including domestic abuse – and the support available to victims/survivors in Southampton
- City-wide awareness raising campaigns – under the 'Safe City' brand - will challenge harmful attitudes towards domestic abuse and VAWG and support and encourage active bystander intervention whether in public places (including on-line spaces), at home, in the workplace, education or social settings
- We will work with primary healthcare providers to intervene to prevent VAWG by identifying and supporting high risk groups (adults and children) before violence and abuse occurs
- More organisations and businesses in the city will be encouraged to join the 'Safe Place Network', where they will receive training about how to respond appropriately to VAWG
- Data gathered by partners will be used to improve safety, and feelings of safety, for women and girls in Southampton by informing changes to the local environment (for example street lighting and CCTV) and improving safety on public transport

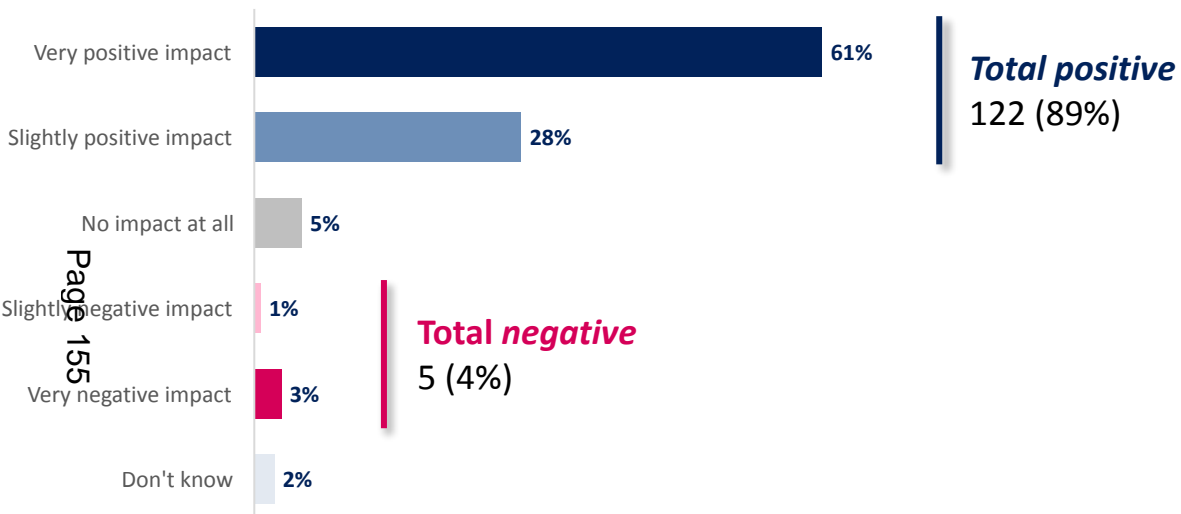


Impact of Priority One Actions - 1

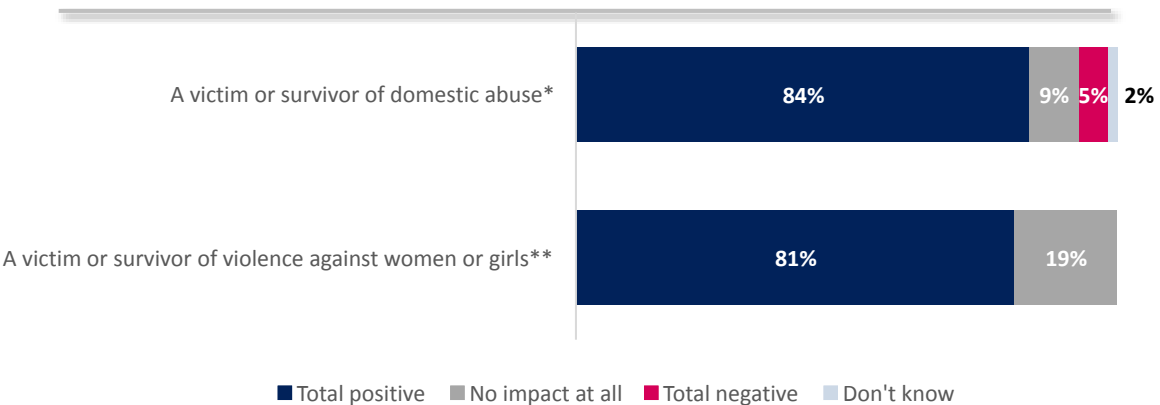
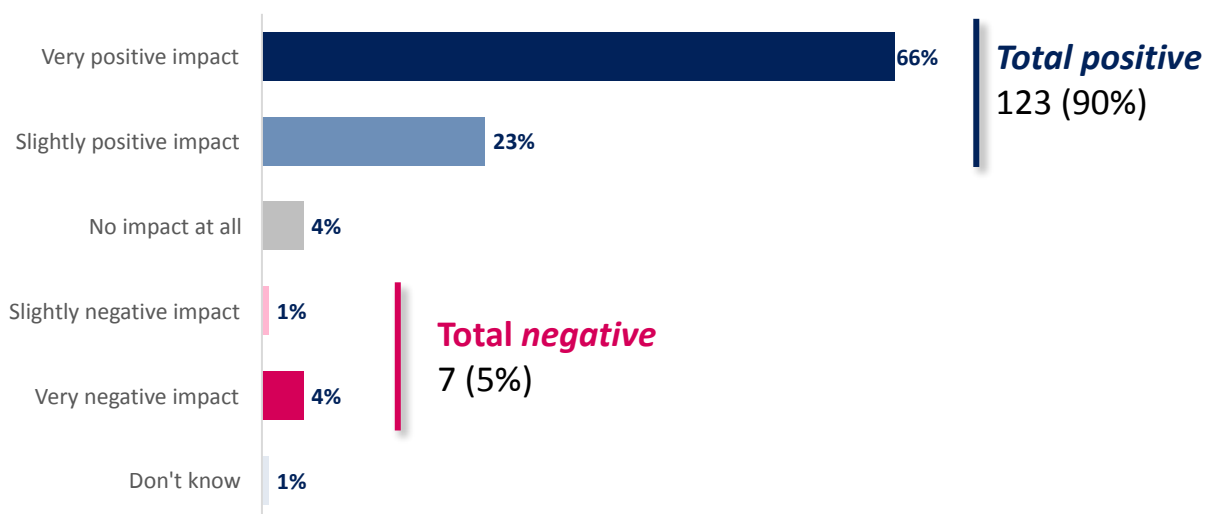
“Staff and volunteers working for partner agencies will be trained to identify domestic abuse and other forms of VAWG, and respond sensitively and intervene appropriately with all family members”

“Professionals will be supported to educate children and young people about equality, respect, gender roles, and the harmful effect of gendered expectations. We will explore the development of a city-wide 'whole school approach' to VAWG, with genuine engagement across the entire community - staff, pupils, governors, parents, and external services”

Total respondents | 137



Total respondents | 137



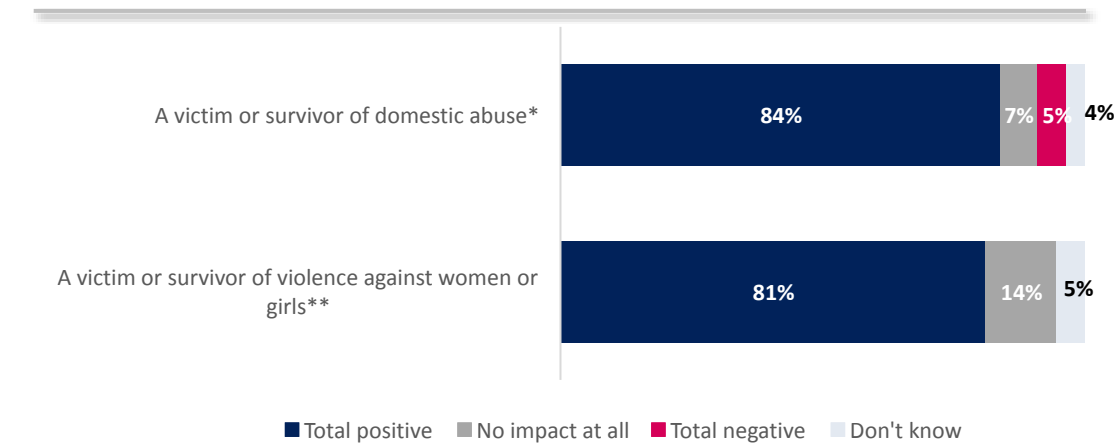
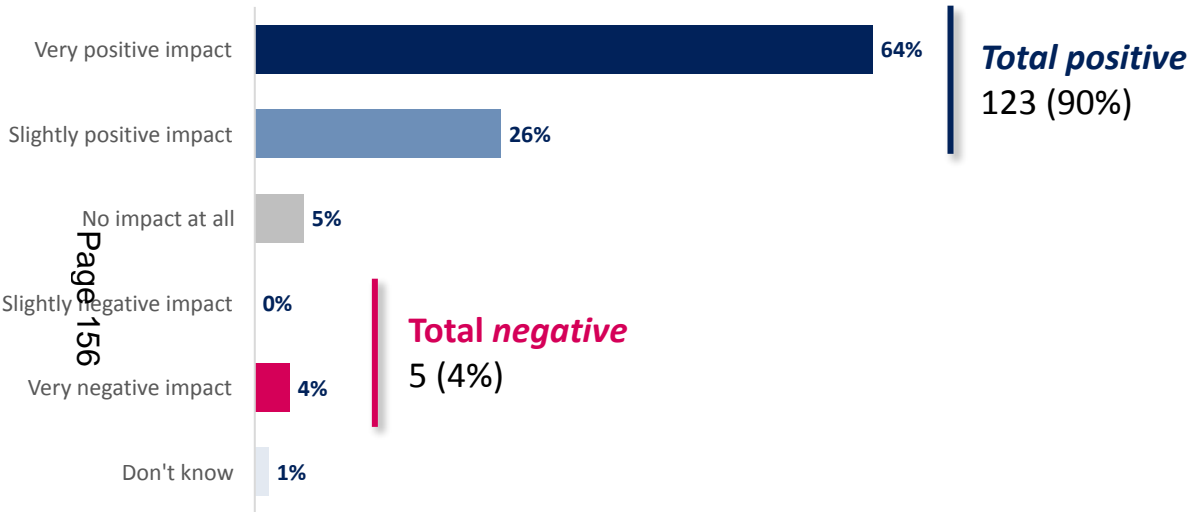
* Less than 100 respondents. ** Less than 50 respondents



Impact of Priority One Actions - 2

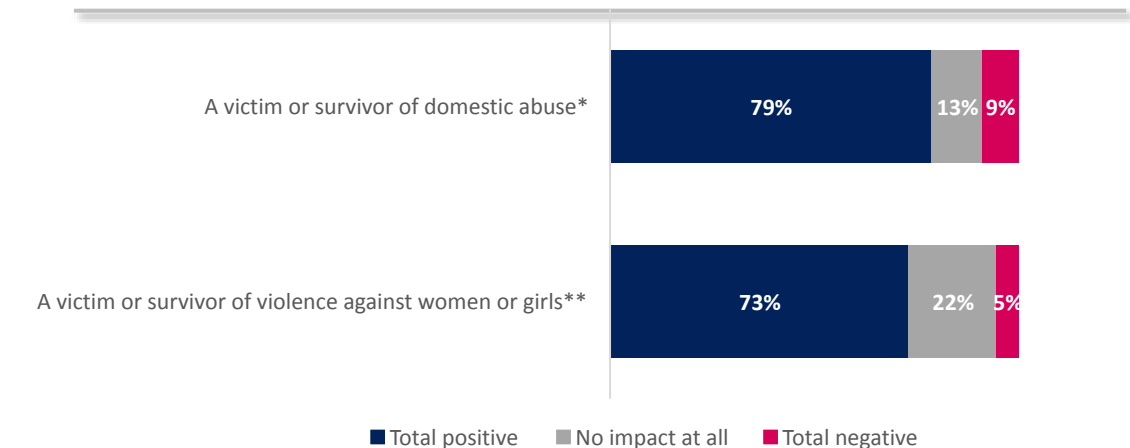
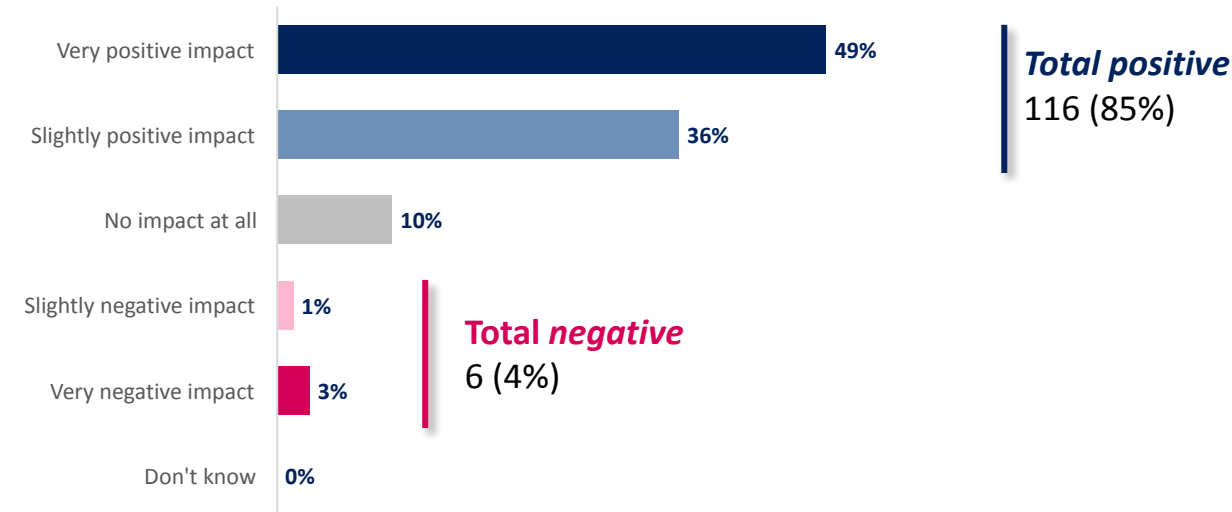
“The relationships and sex education (RSE) and personal, social, health and economic education (PHSE) curriculums in Southampton’s schools will be changed to raise awareness and understanding of the continuum of VAWG – including domestic abuse – and the support available to victims/survivors in Southampton”

Total respondents | 137



“City-wide awareness raising campaigns – under the ‘Safe City’ brand - will challenge harmful attitudes towards domestic abuse and VAWG and support and encourage active bystander intervention whether in public places (including on-line spaces), at home, in the workplace, education or social settings”

Total respondents | 136



* Less than 100 respondents. ** Less than 50 respondents

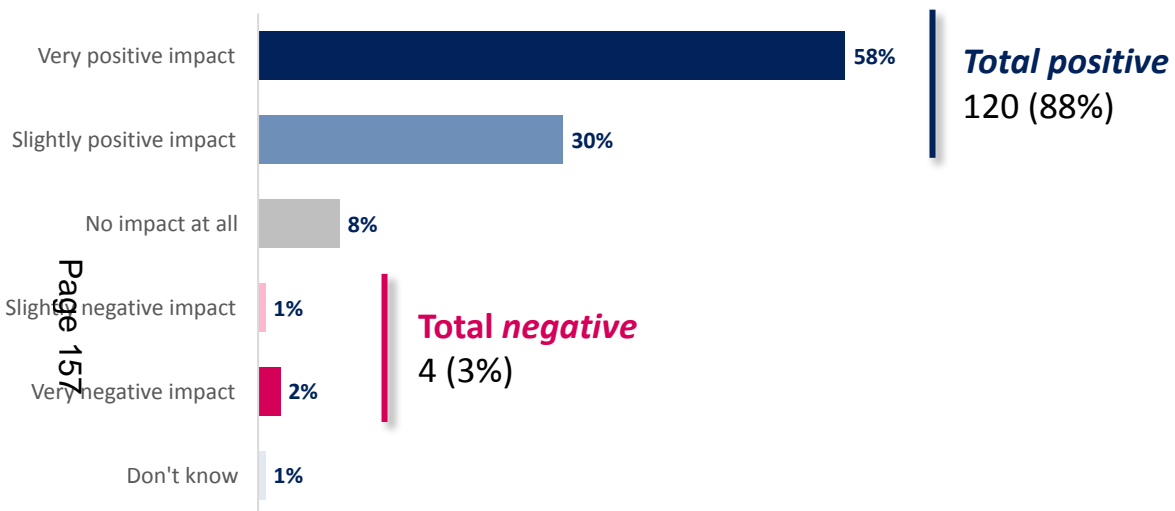
Page 156



Impact of Priority One Actions - 3

“We will work with primary healthcare providers to intervene to prevent VAWG by identifying and supporting high risk groups (adults and children) before violence and abuse occurs”

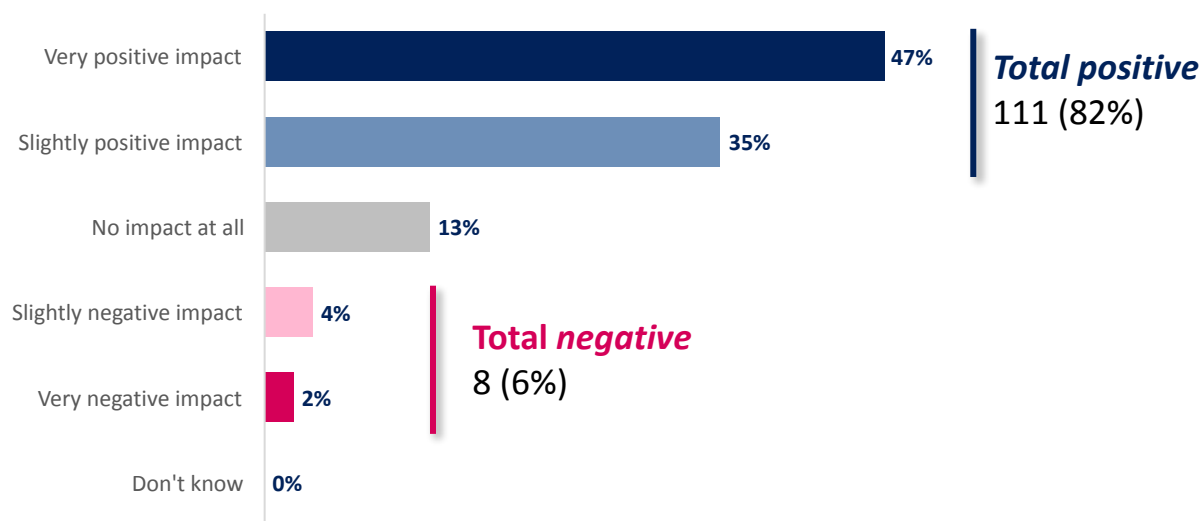
Total respondents | 136



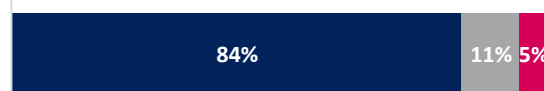
Page 157

“More organisations and businesses in the city will be encouraged to join the ‘Safe Place Network’, where they will receive training about how to respond appropriately to VAWG”

Total respondents | 136



A victim or survivor of domestic abuse*



A victim or survivor of violence against women or girls**



■ Total positive ■ No impact at all ■ Total negative ■ Don't know

A victim or survivor of domestic abuse *



A victim or survivor of violence against women or girls**



■ Total positive ■ No impact at all ■ Total negative

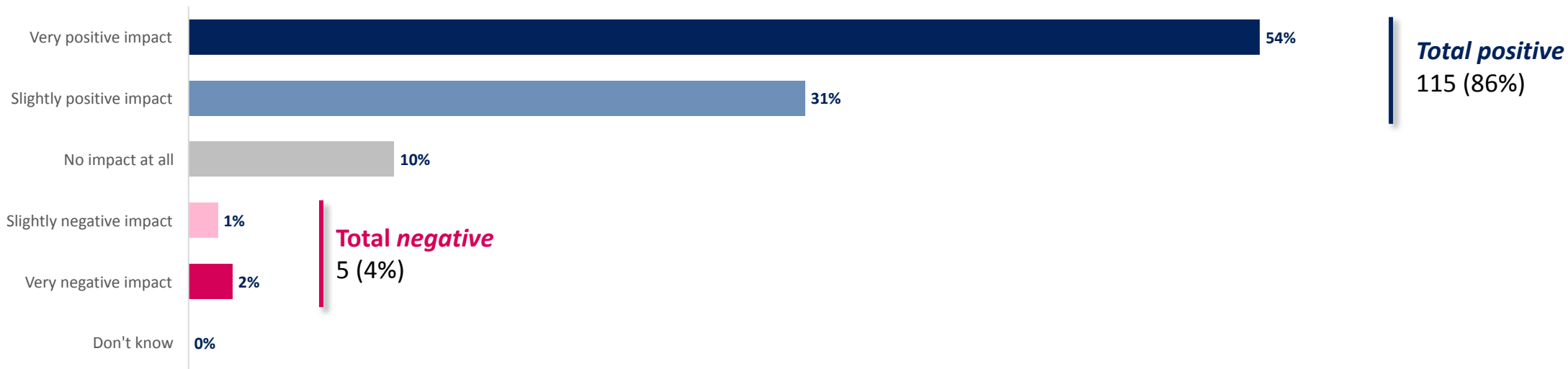
* Less than 100 respondents. ** Less than 50 respondents



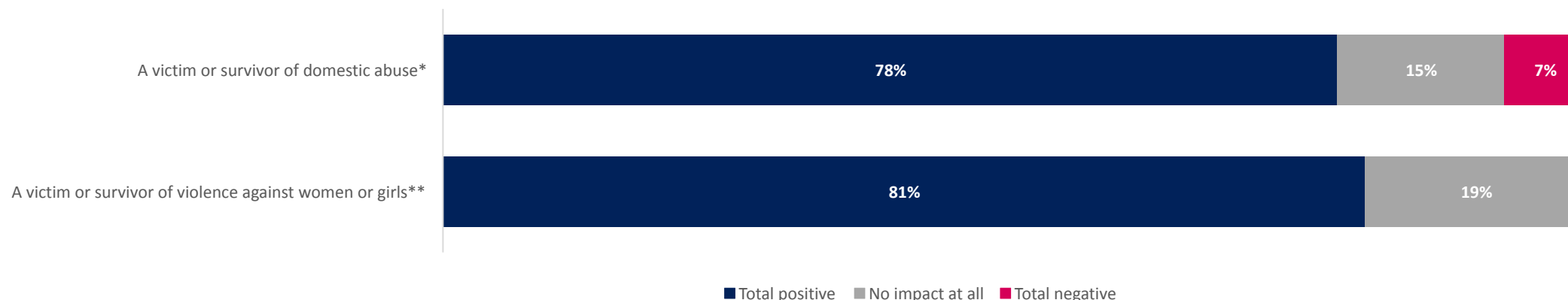
Impact of Priority One Actions - 4

“Data gathered by partners will be used to improve safety, and feelings of safety, for women and girls in Southampton by informing changes to the local environment (for example street lighting and CCTV) and improving safety on public transport”

Total respondents | 134



Page 158

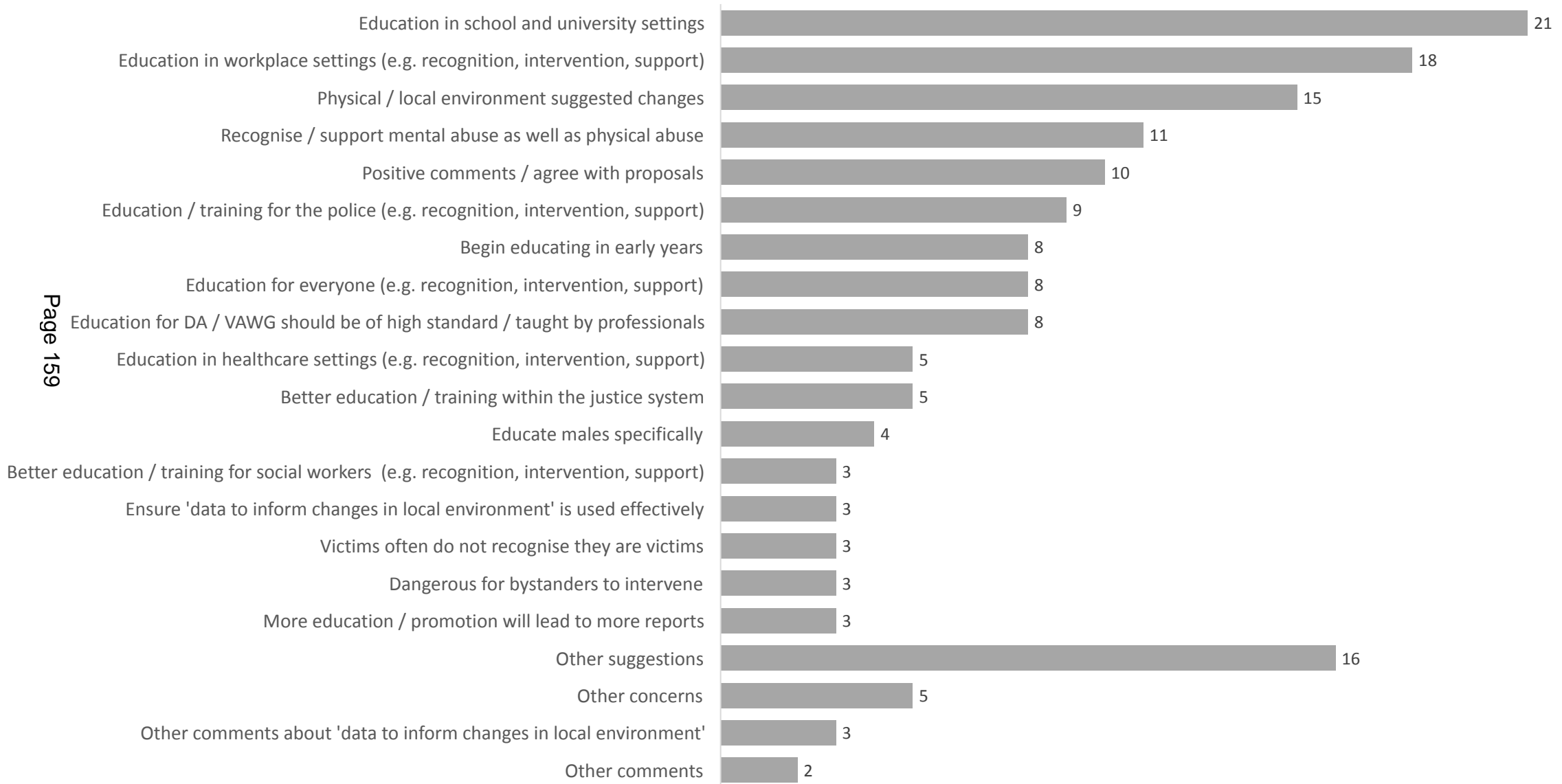


* Less than 100 respondents. ** Less than 50 respondents



Priority 1 – comments, concerns, suggestions and alternatives.

The following graph shows the total number of responses by each theme of comment.





Priority Two | Support for survivors (early intervention and support)



Priority Two: Support for survivors

We want to make sure specialist support in the city is available to all adults and children and that everyone knows where to go find help and advice.

What outcomes do we want to achieve?

- Access to domestic abuse and VAWG services in Southampton will be straightforward and on an equal footing for everyone, regardless of their characteristics and residential circumstances.
- Survivors with no recourse to public funds ('NRPF') will be able to access the support they need.
- Children will be supported as victims/survivors of domestic abuse.
- There will be sufficient provision of safe accommodation in Southampton to meet need.

Proposed actions:

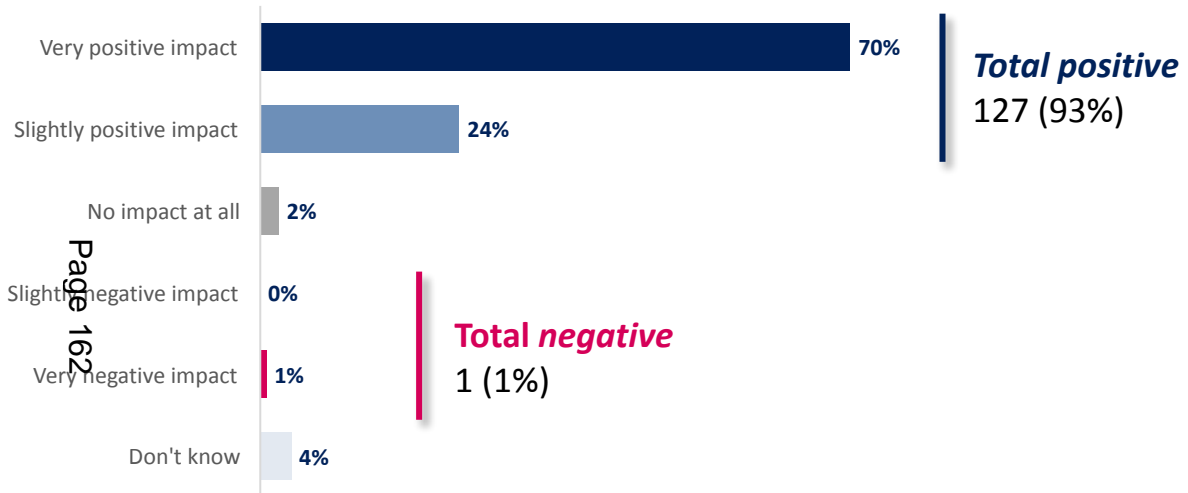
- A 'Whole Housing Approach' (WHA) to domestic abuse will be implemented across Southampton. The WHA is a framework for addressing the housing and safety needs of victim/survivors across all housing tenure types (social, private rented and private ownership)
- Access to our services by people with protected characteristics will be reviewed and services changed to improve equality of access
- Children who see, hear, or experience the effects of domestic abuse will be treated by agencies and service providers in Southampton as victims of domestic abuse in their own right, and data will be recorded to inform the development of appropriate support and intervention
- New collaborative approaches to assessing and supporting families where children are victims of domestic abuse will be developed
- The identification of and response to standard and medium risk cases of domestic abuse will be improved by consistent high-quality training for service providers in identification of DA and VAWG and the pathways to support. This will mean that support can be offered to families as early as possible



Impact of Priority Two Actions - 1

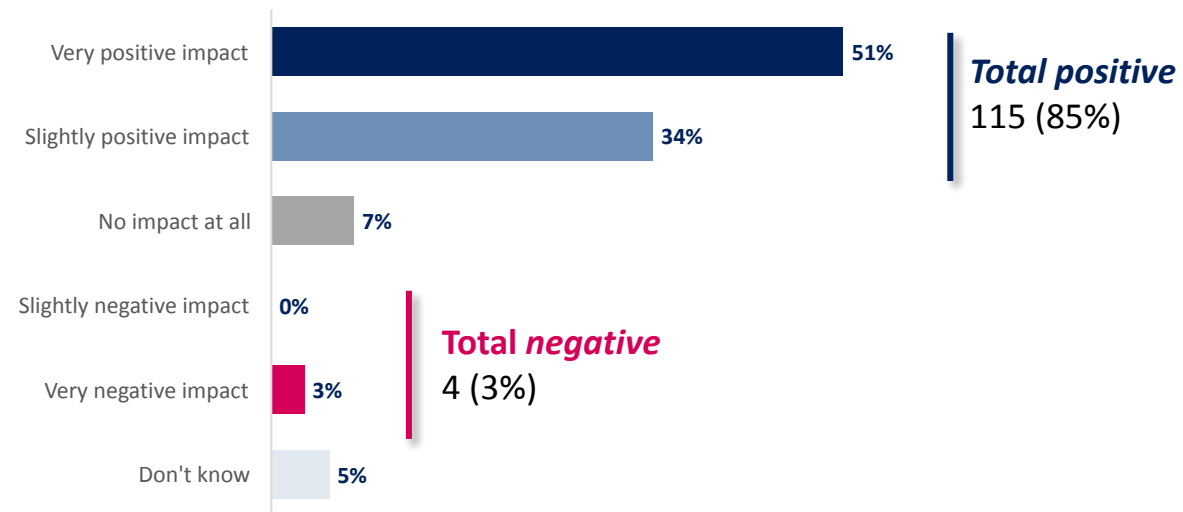
“A ‘Whole Housing Approach’ (WHA) to domestic abuse will be implemented across Southampton. The WHA is a framework for addressing the housing and safety needs of victim/survivors across all housing tenure types (social, private rented and private ownership)”

Total respondents | 136



“Access to our services by people with protected characteristics will be reviewed and services changed to improve equality of access”

Total respondents | 136



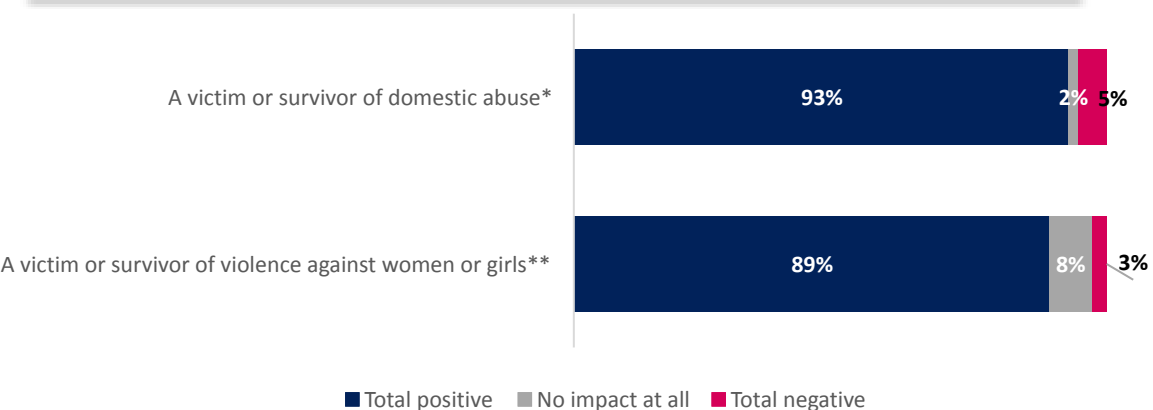
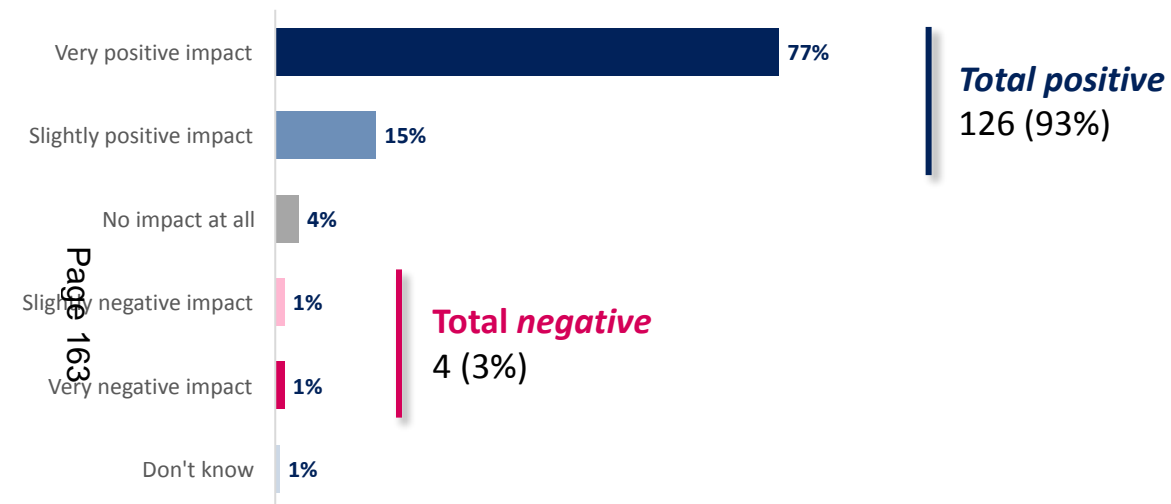
* Less than 100 respondents. ** Less than 50 respondents



Impact of Priority Two Actions - 2

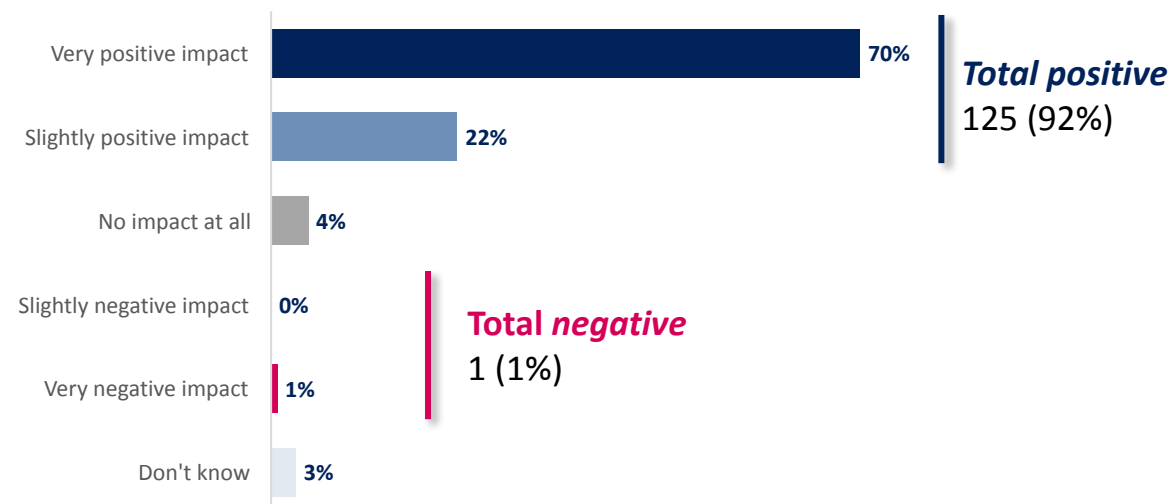
“Children who see, hear, or experience the effects of domestic abuse will be treated by agencies and service providers in Southampton as victims of domestic abuse in their own right, and data will be recorded to inform the development of appropriate support and intervention

Total respondents | 136



“New collaborative approaches to assessing and supporting families where children are victims of domestic abuse will be developed”

Total respondents | 136



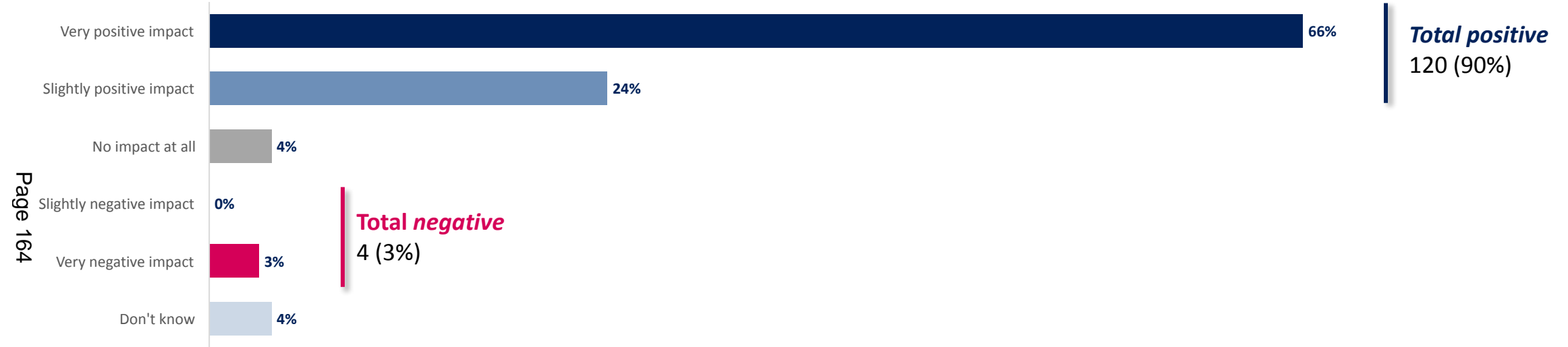
* Less than 100 respondents. ** Less than 50 respondents



Impact of Priority Two Actions - 3

“The identification of and response to standard and medium risk cases of domestic abuse will be improved by consistent high-quality training for service providers in identification of DA and VAWG and the pathways to support. This will mean that support can be offered to families as early as possible”

Total respondents | 134



Page 164



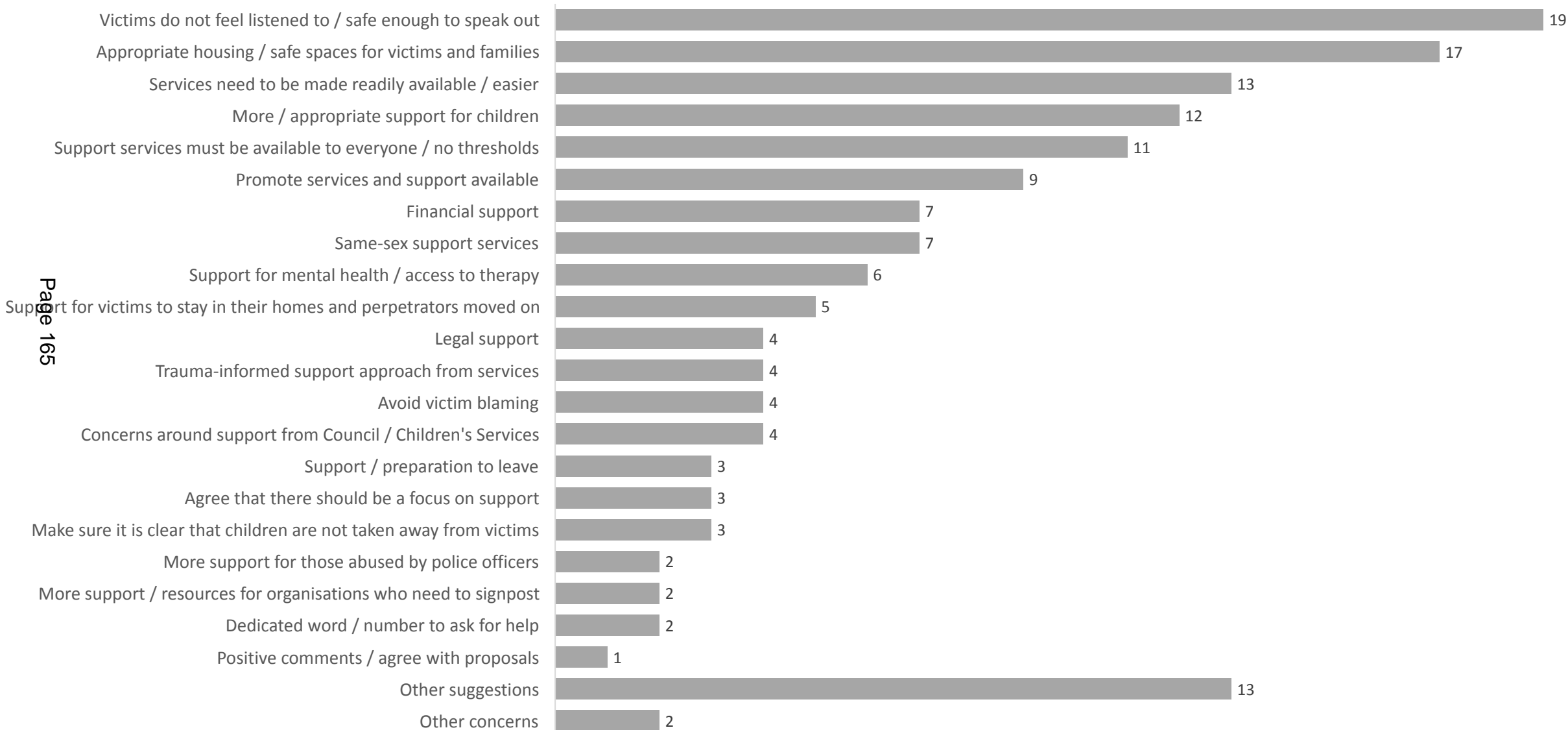
■ Total positive ■ No impact at all ■ Total negative ■ Don't know

* Less than 100 respondents. ** Less than 50 respondents



Priority 2 – comments, concerns, suggestions and alternatives.

The following graph shows the total number of responses by each theme of comment.





Priority Three | Building an accountable community and changing perpetrator behaviour



Priority Three: Building an accountable community and changing perpetrator behaviour

The focus of professionals (and of society as a whole) can still often be on what the victim should do to 'keep safe' and not on the behaviour of the person who is using harmful behaviours. We want to change this.

What outcomes do we want to achieve?

- There will be more non-mandated self-referrals to community-based behaviour change programmes for perpetrators outside of the criminal justice system.
- There will be an increase in the numbers of those completing behaviour change programmes and a reduction in reoffending.
- Systems and processes will be resilient to manipulation by perpetrators.
- There will be more referrals from social care and health-related services (e.g. community mental health teams and drug/alcohol support services) to specialist support and behaviour change programmes.

Proposed actions:

- Services provided by partner agencies in response to domestic abuse will enable children and young people to remain 'Safe and Together' with their non-abusive parent/guardian wherever this will help to achieve the best outcomes for them
- Male perpetrators of violence towards women and girls and domestic abuse will be supported to understand the impact of their actions and to take responsibility for and change their behaviours
- Wider services in Southampton, for example Adult Social Care, Children's Services, mental health and drug and alcohol services will reliably identify risk arising from domestic abuse and VAWG and take appropriate steps to enable access to the right support
- Agencies and service providers in Southampton will identify and respond to perpetrators consistently and effectively, including making early interventions which prevent the escalation of abusive behaviours
- Practice in the family courts will be improved by sharing best practice and information about local domestic abuse and VAWG services and pathways with judges, advocates, solicitors, CAF/CASS and other stakeholders in the justice system
- Systems and services in Southampton will be safeguarded against manipulation by perpetrators

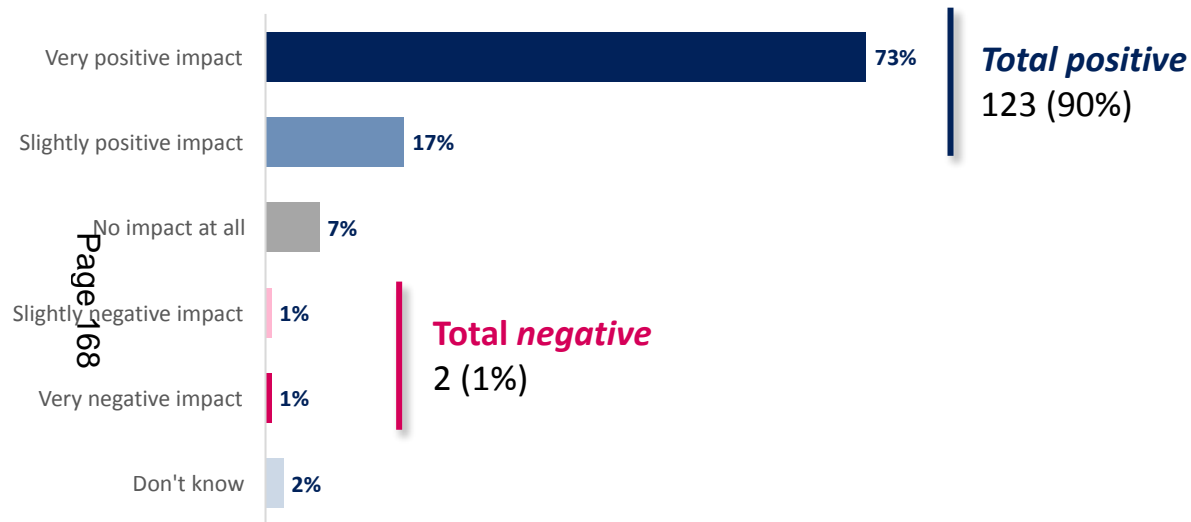


Impact of Priority Three Actions - 1

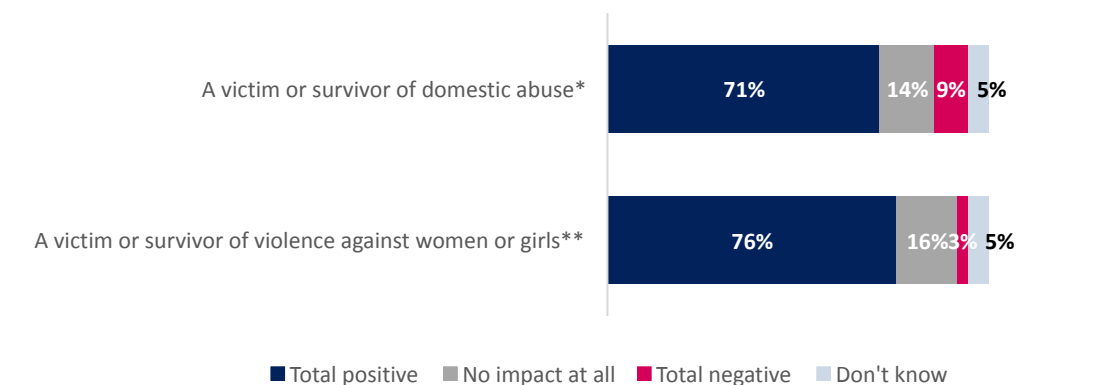
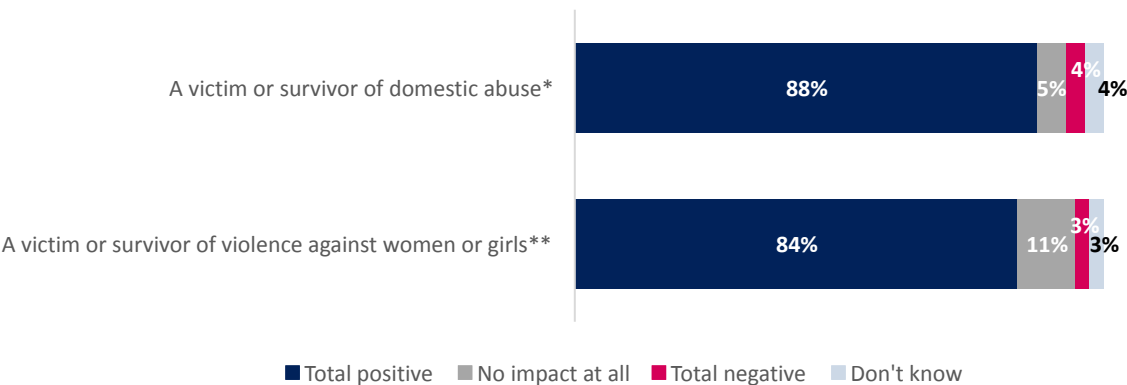
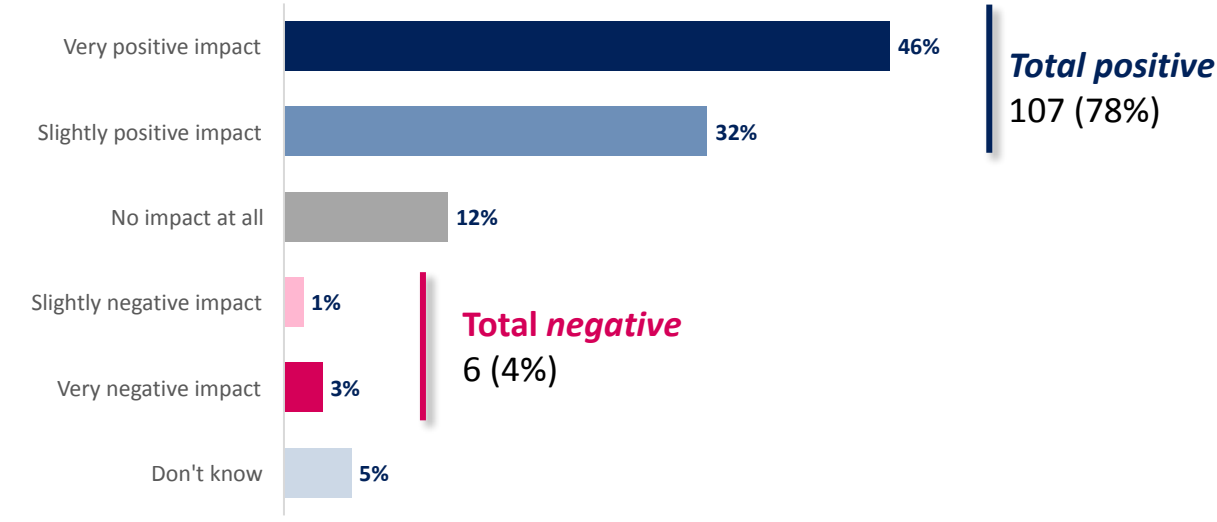
“Services provided by partner agencies in response to domestic abuse will enable children and young people to remain ‘Safe and Together’ with their non-abusive parent/guardian wherever this will help to achieve the best outcomes for them”

“Male perpetrators of violence towards women and girls and domestic abuse will be supported to understand the impact of their actions and to take responsibility for and change their behaviours”

Total respondents | 137



Total respondents | 137



* Less than 100 respondents. ** Less than 50 respondents

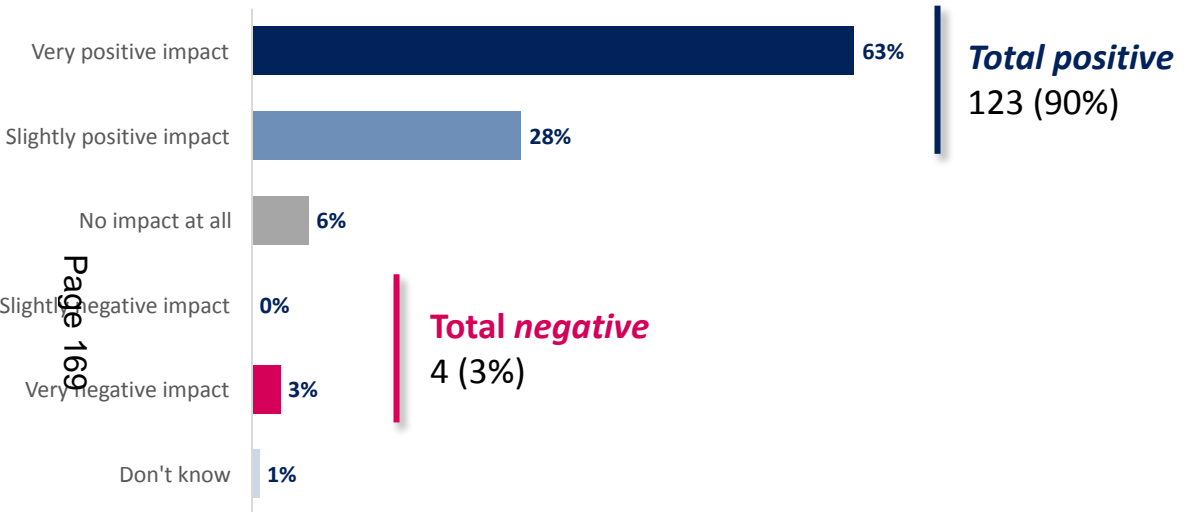


Impact of Priority Three Actions - 2

“Wider services in Southampton, for example Adult Social Care, Children’s Services, mental health and drug and alcohol services will reliably identify risk arising from domestic abuse and VAWG and take appropriate steps to enable access to the right support”

“Agencies and service providers in Southampton will identify and respond to perpetrators consistently and effectively, including making early interventions which prevent the escalation of abusive behaviours”

Total respondents | 136

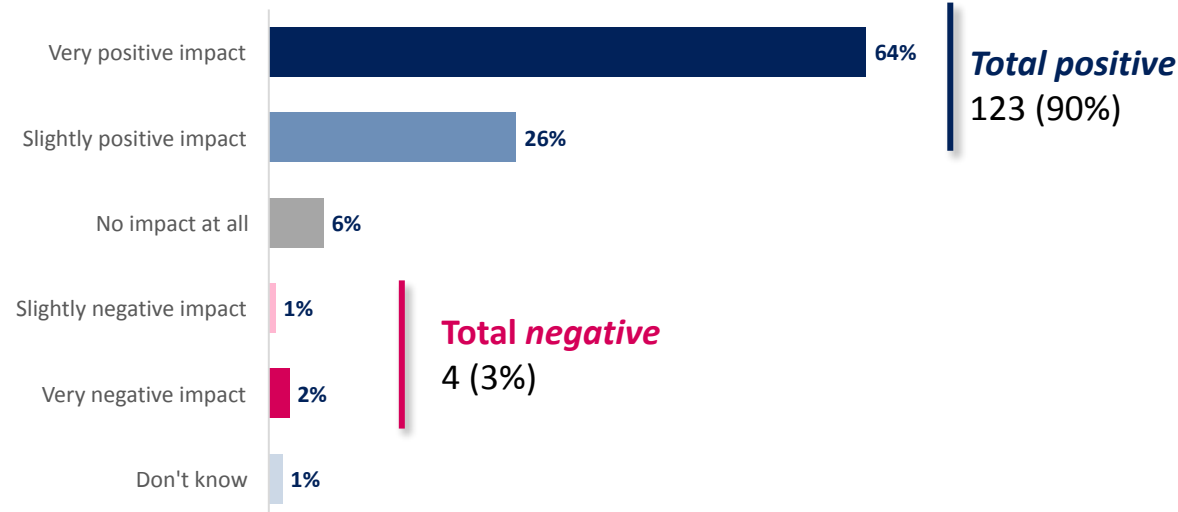


Page 169



■ Total positive ■ No impact at all ■ Total negative ■ Don't know

Total respondents | 137



■ Total positive ■ No impact at all ■ Total negative ■ Don't know

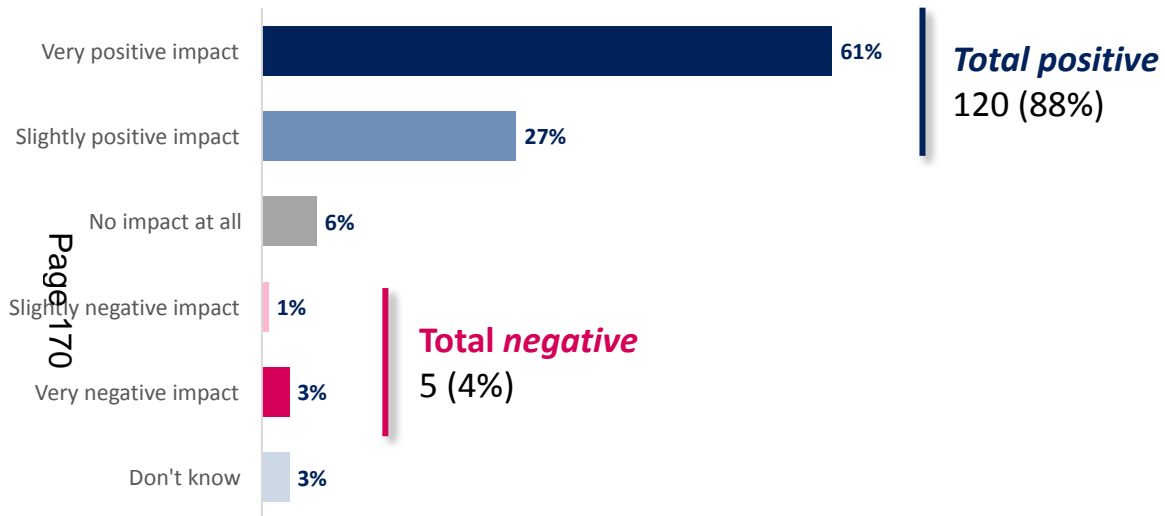
* Less than 100 respondents. ** Less than 50 respondents



Impact of Priority Three Actions - 3

“Practice in the family courts will be improved by sharing best practice and information about local domestic abuse and VAWG services and pathways with judges, advocates, solicitors, CAFCASS and other stakeholders in the justice system”

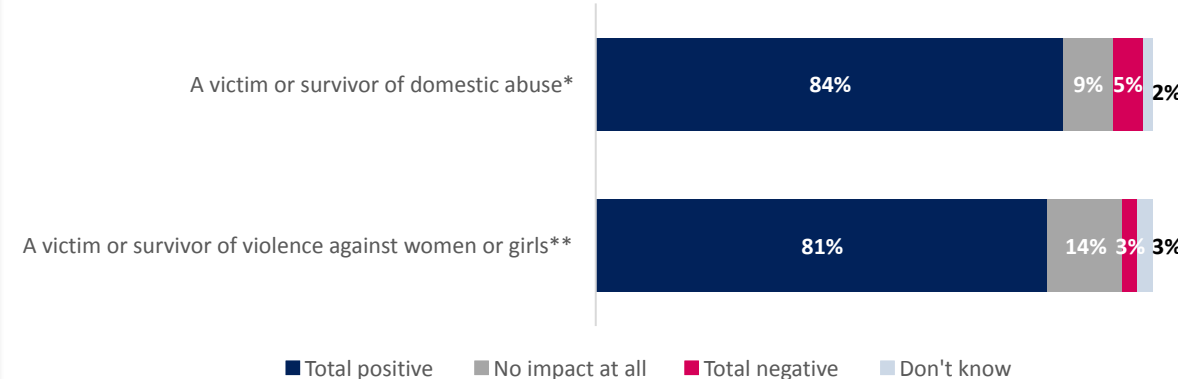
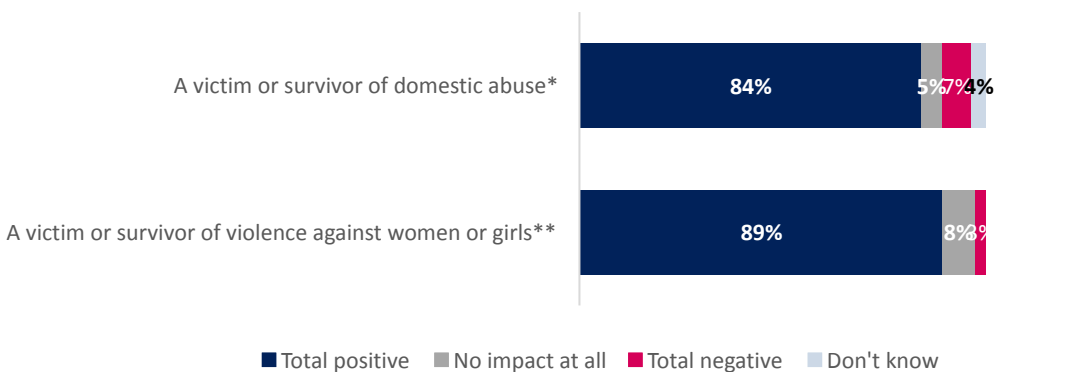
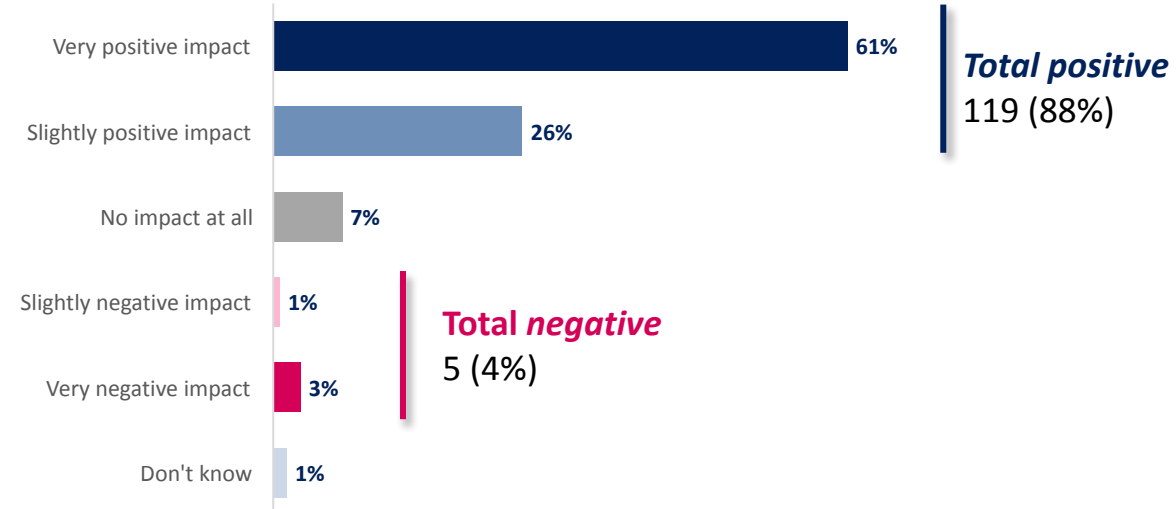
Total respondents | 137



Page 170

“Systems and services in Southampton will be safeguarded against manipulation by perpetrators”

Total respondents | 136

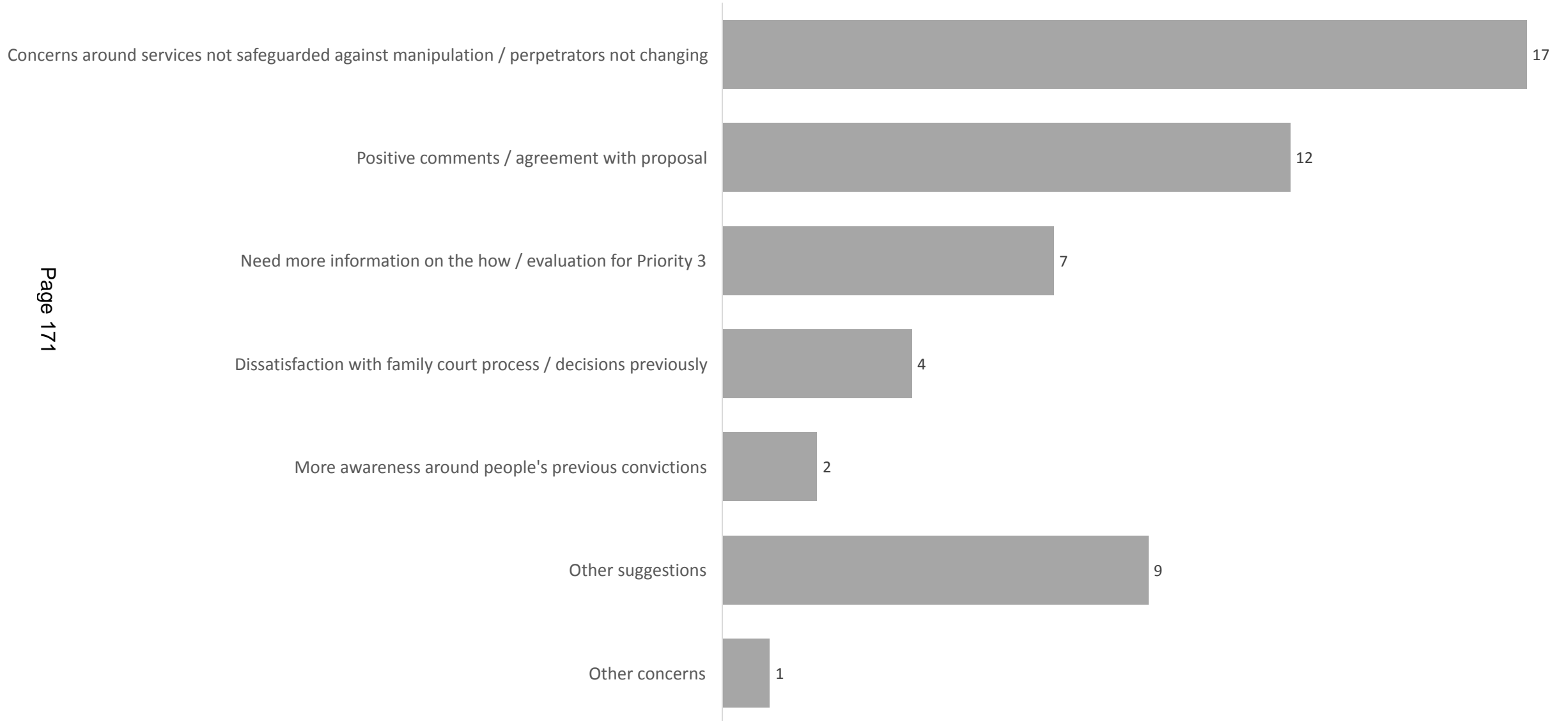


* Less than 100 respondents. ** Less than 50 respondents



Priority 3 – comments, concerns, suggestions and alternatives.

The following graph shows the total number of responses by each theme of comment.





Priority Four | A stronger coordinated response



Priority Four: A stronger co-ordinated response

We will improve the connections between the services in the city to ensure that the support that is needed is available in the right place and at the right time.

What outcomes do we want to achieve?

- The voices of survivors will be reflected in decisions about system design and improvement
- Agreed standards of data collection and information sharing will be developed by partner organisations in order to drive system improvement

Proposed actions:

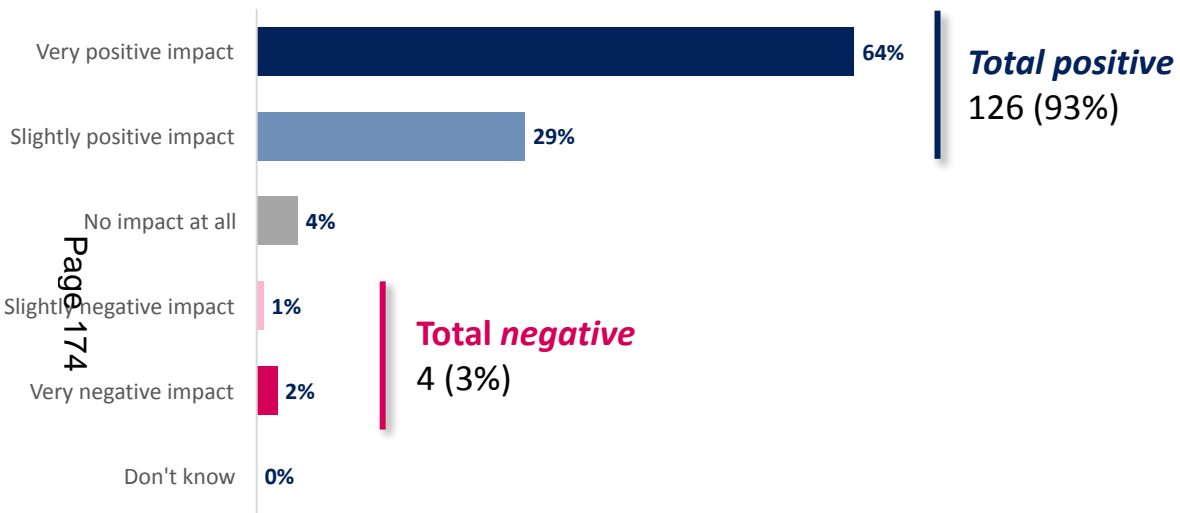
- Data will be shared appropriately between agencies/services in our system to protect victims/survivors
- Multi-agency arrangements for assessing and responding effectively to high-risk cases of domestic abuse will be evaluated and improved (MASH - Multi-Agency Safeguarding Hub; HRDA - High-Risk Domestic Abuse arrangements; MARAC - Multi-Agency Risk Assessment Conference)
- Decisions about service provision will be evidence-informed by knowledge from research, practice and people accessing services
- The voices of victims/survivors will be heard and will inform the design, development and implementation of local services
- Key data about the performance of individual services and the system as a whole will be gathered reliably and used to inform improvements to practice



Impact of Priority Four Actions - 1

“Data will be shared appropriately between agencies/services in our system to protect victims/survivors”

Total respondents | 136



Page 174

A victim or survivor of domestic abuse*



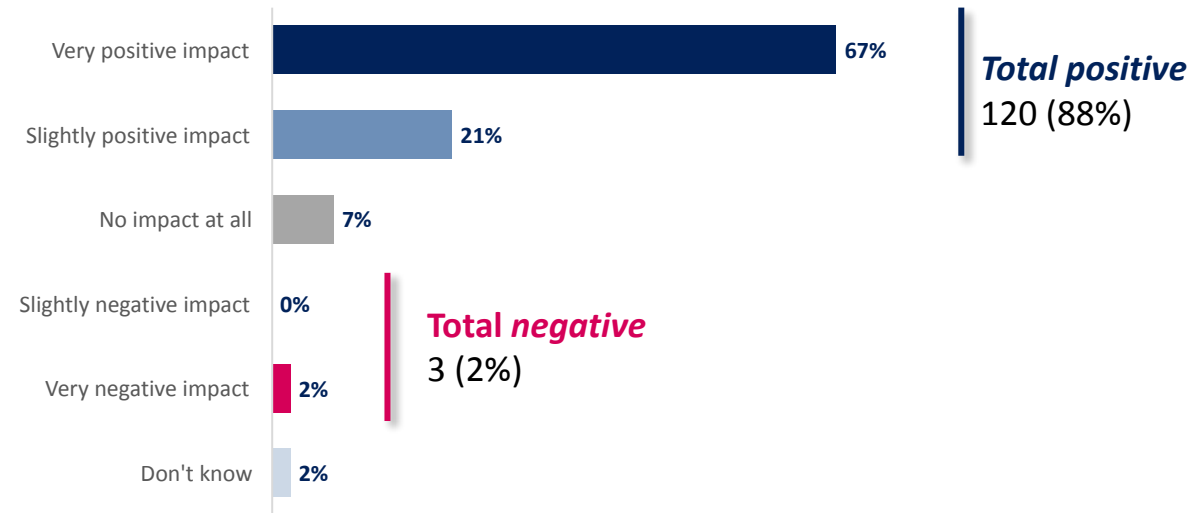
A victim or survivor of violence against women or girls**



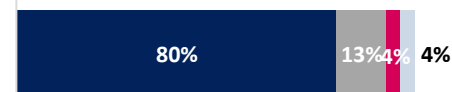
■ Total positive ■ No impact at all ■ Total negative

“Multi-agency arrangements for assessing and responding effectively to high-risk cases of domestic abuse will be evaluated and improved (MASH - Multi-Agency Safeguarding Hub; HRDA - High-Risk Domestic Abuse arrangements; MARAC - Multi-Agency Risk Assessment Conference)”

Total respondents | 136



A victim or survivor of domestic abuse*



A victim or survivor of violence against women or girls*



■ Total positive ■ No impact at all ■ Total negative ■ Don't know

* Less than 100 respondents. ** Less than 50 respondents

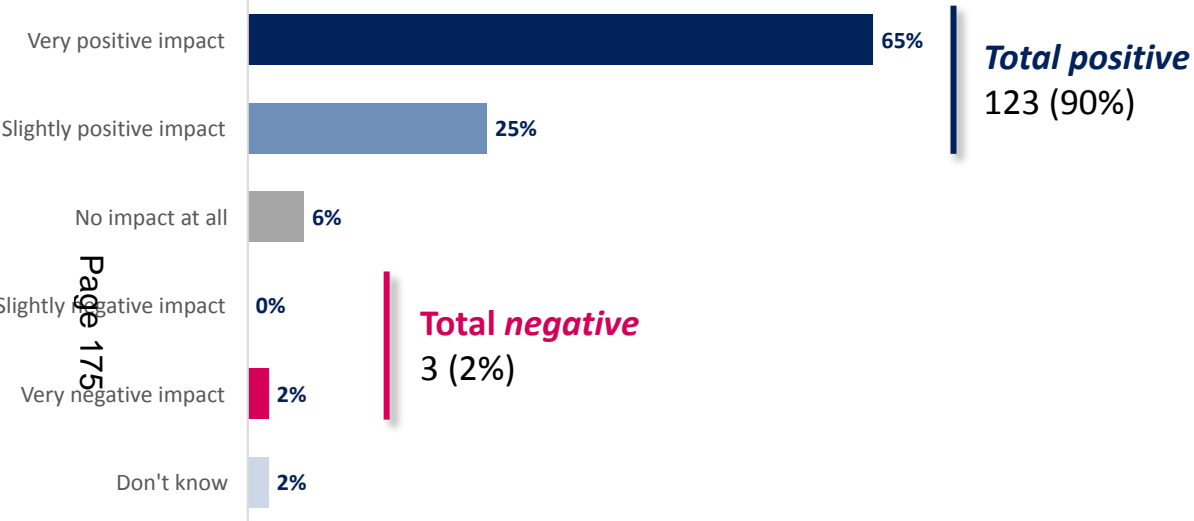


Impact of Priority Four Actions - 2

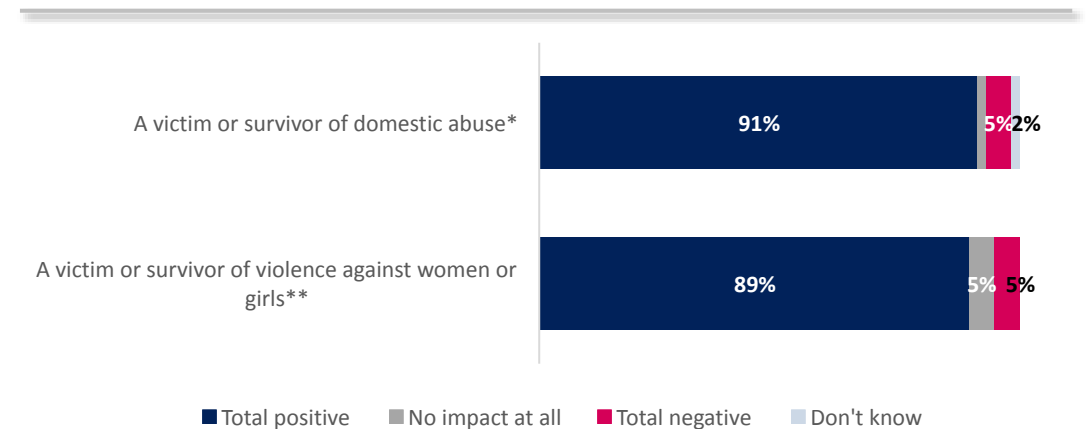
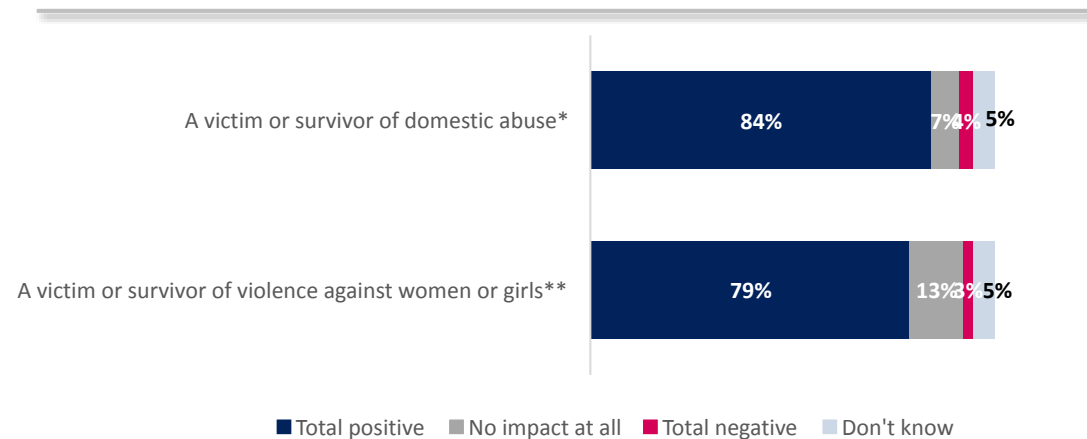
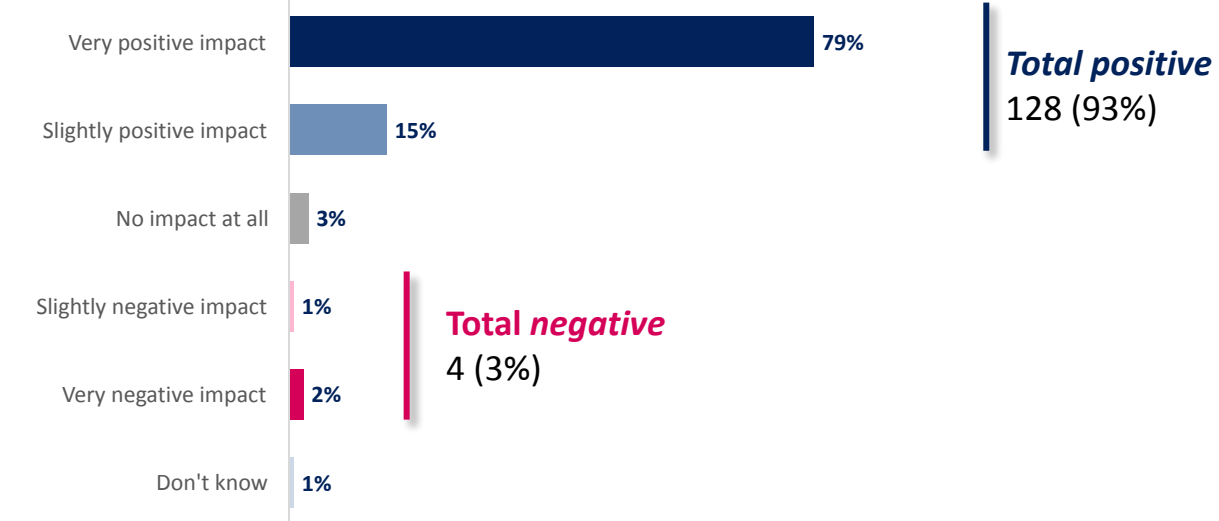
“Decisions about service provision will be evidence-informed by knowledge from research, practice and people accessing services”

“The voices of victims/survivors will be heard and will inform the design, development and implementation of local services”

Total respondents | 137



Total respondents | 137



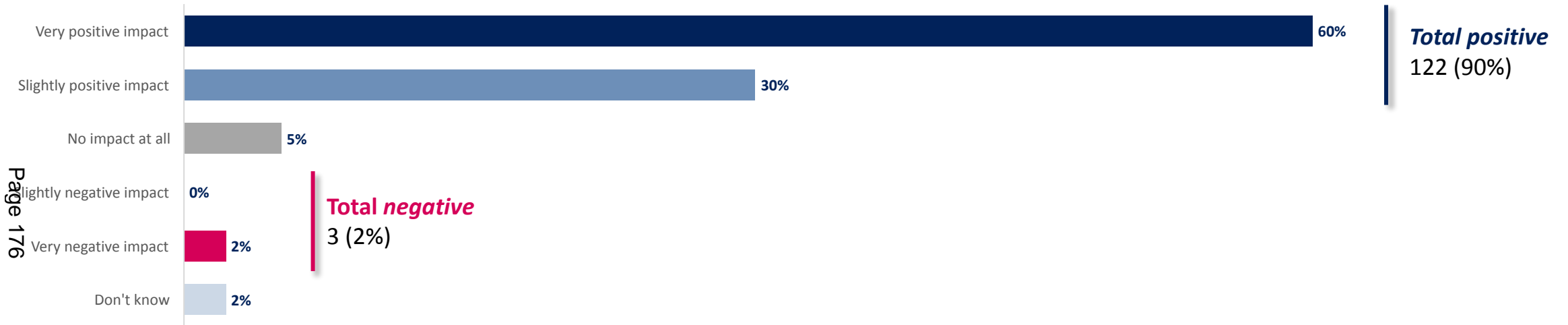
* Less than 100 respondents. ** Less than 50 respondents



Impact of Priority Four Actions - 3

“Key data about the performance of individual services and the system as a whole will be gathered reliably and used to inform improvements to practice”

Total respondents | 135



Page 176



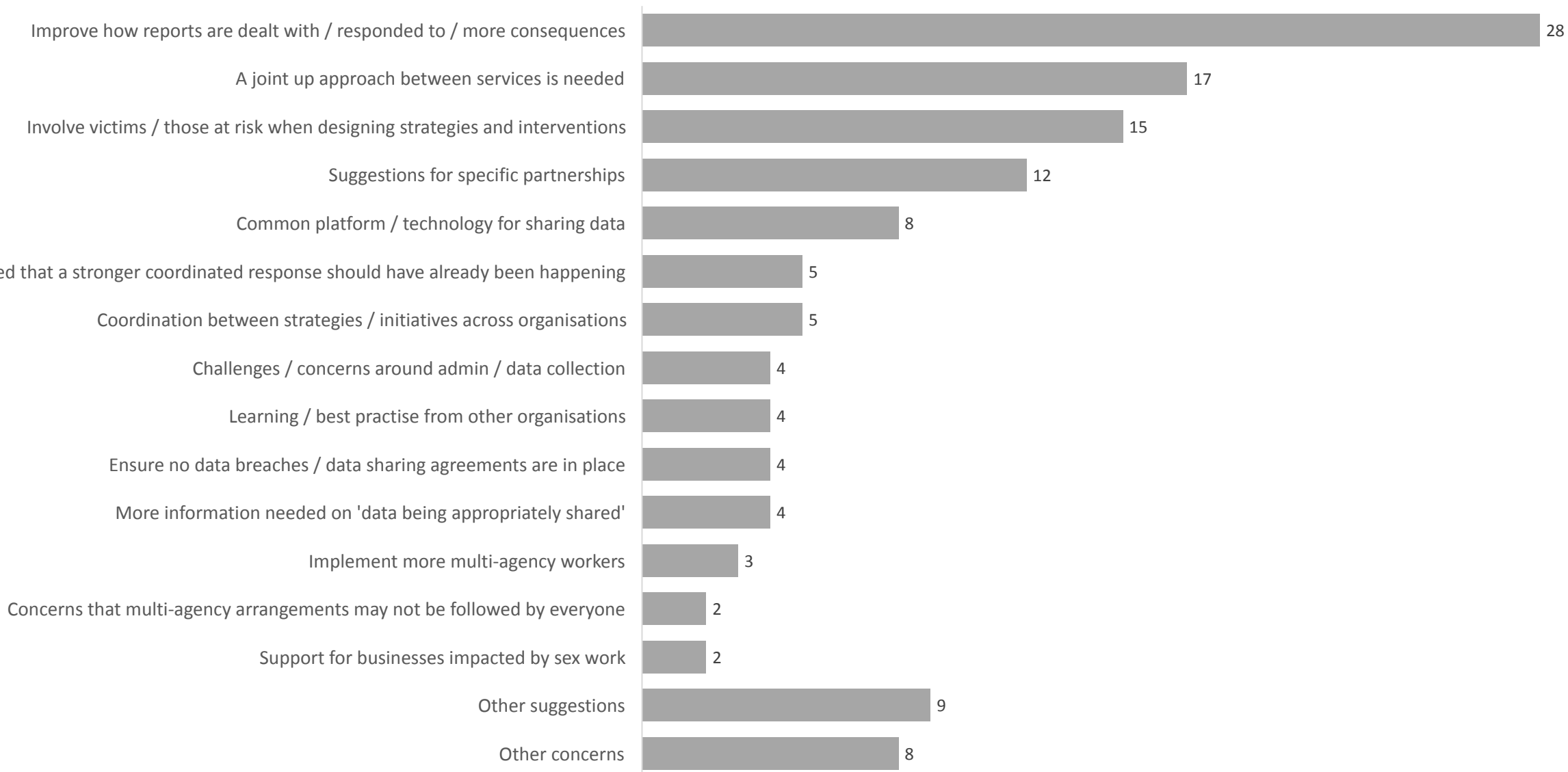
■ Total positive ■ No impact at all ■ Total negative ■ Don't know

* Less than 100 respondents. ** Less than 50 respondents



Priority 4 – comments, concerns, suggestions and alternatives.

The following graph shows the total number of responses by each theme of comment.





The proposed draft strategy



Proposed Draft Strategy

Have you read the proposed draft policy?

45%

Yes, all of it

32%

Yes, some of it

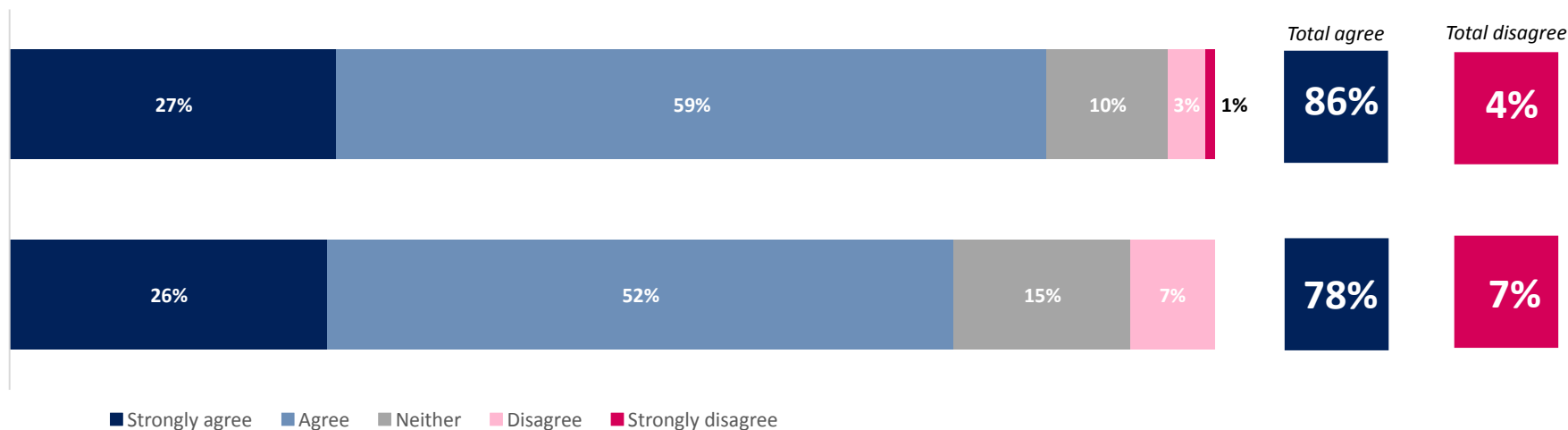
22%

No

If you have read the proposed draft strategy, to what extent do you agree or disagree with the following statements?

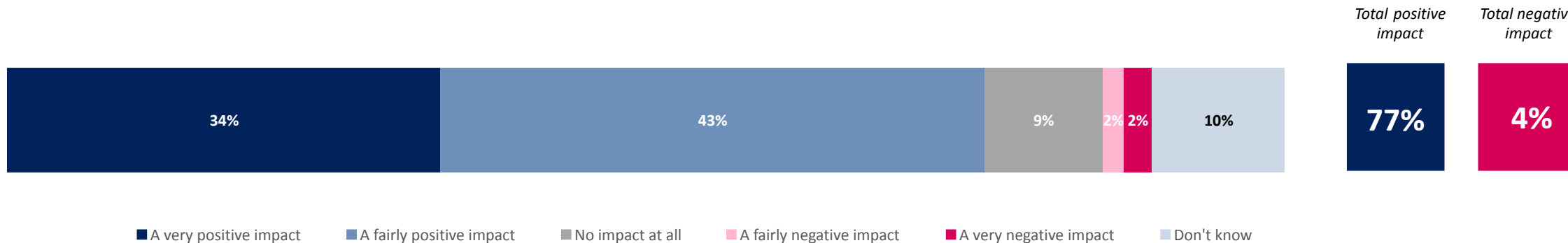
Page 179

The draft strategy is easy to understand



The draft strategy provides sufficient information

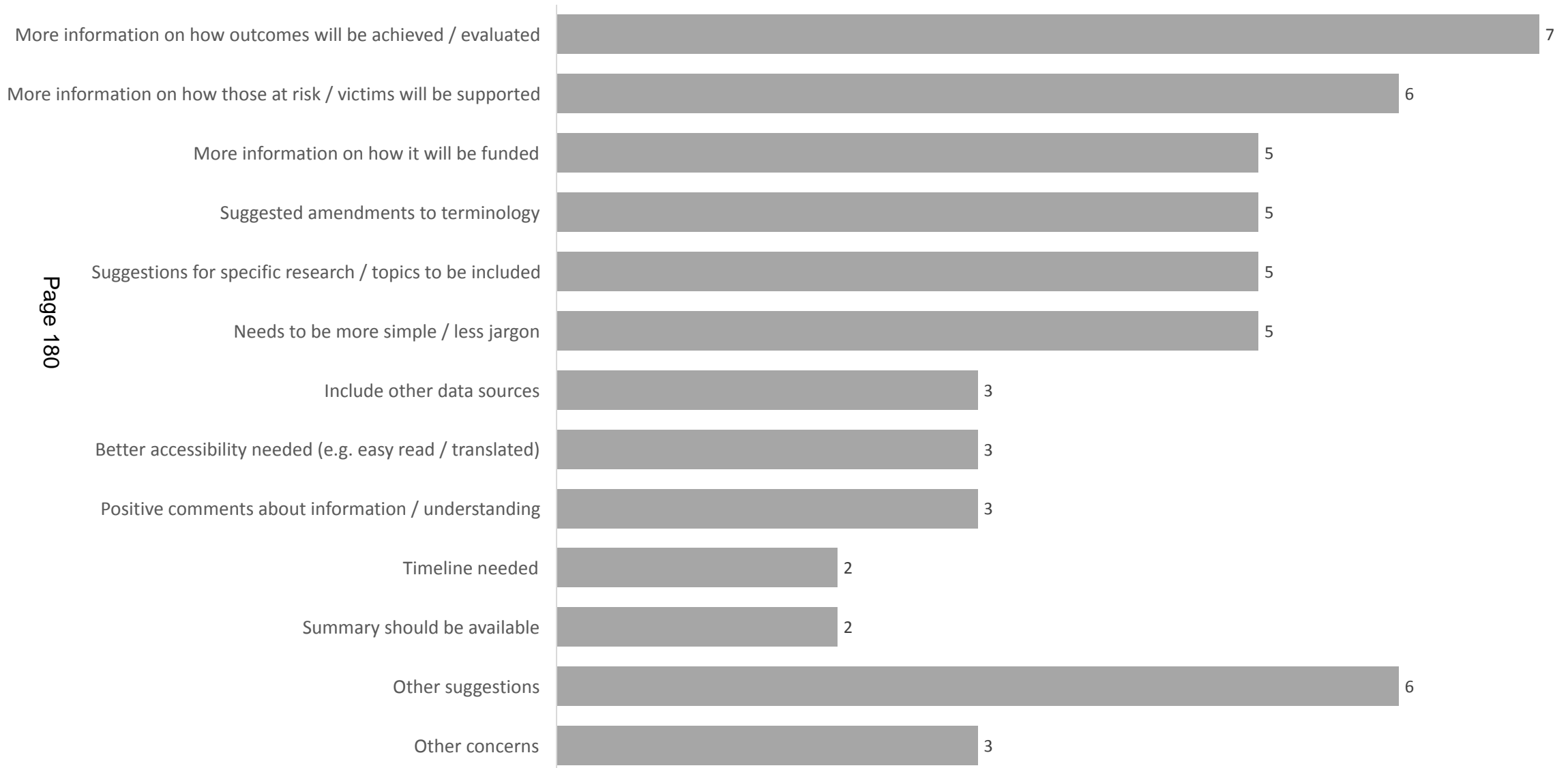
If the draft strategy were implemented, what impact do you feel this may have on you, your business or the wider community overall?





More understanding or information needed in the strategy

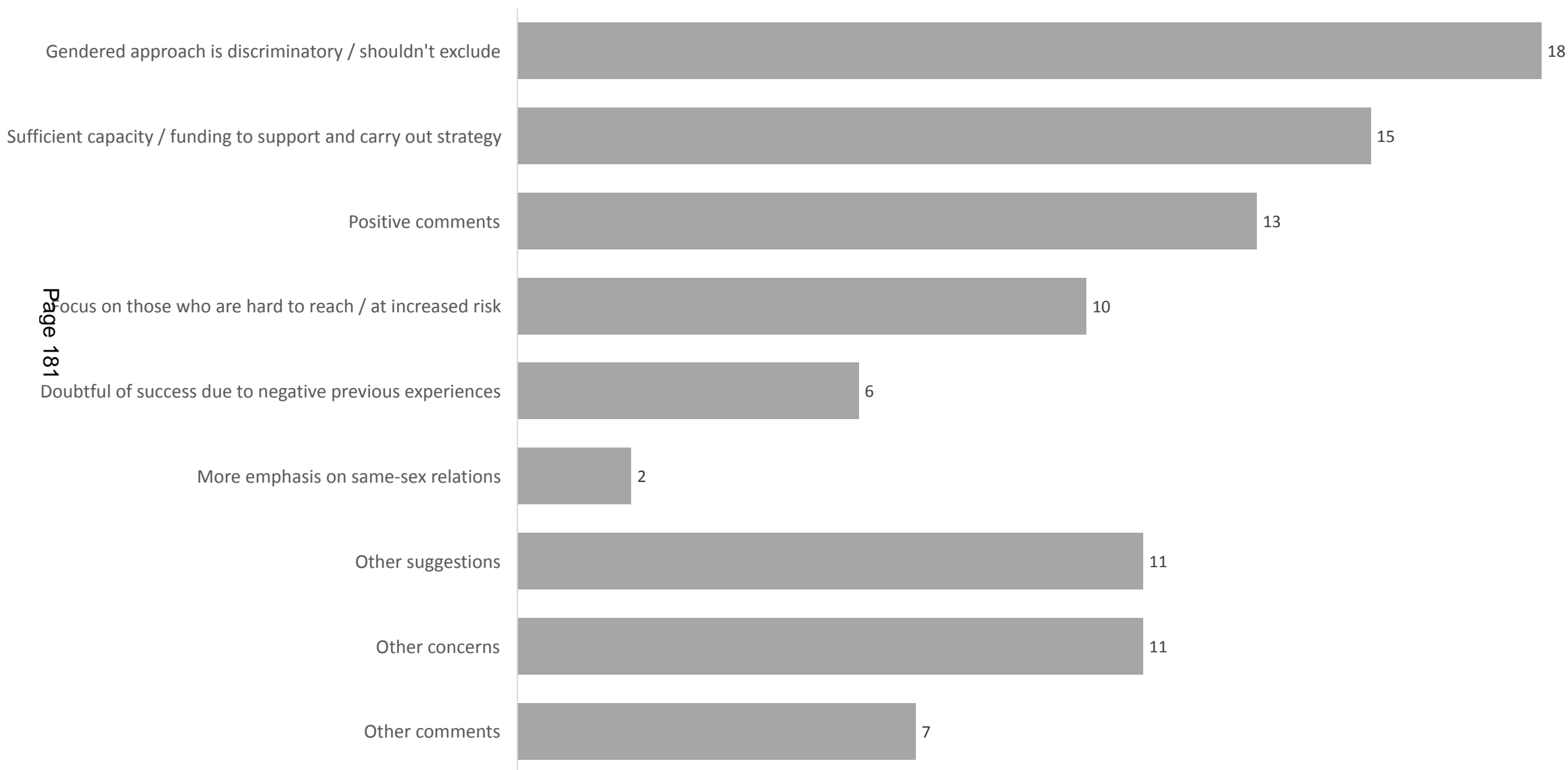
The following graph shows the total number of responses by each theme of comment.





Any other comments, concerns, suggestions or alternatives.

The following graph shows the total number of responses by each theme of comment.



This page is intentionally left blank

Considerations of the consultation feedback – DA / VAWG Draft Strategy Consultation 2022

Below is a brief summary of key amendments/changes to the Domestic Abuse and Violence Against Women and Girls Strategy 2023-2028, following on from the 12-week public consultation, extensive engagement and focus group sessions, and Scrutiny Committee feedback:

- We have made amendments to, and expanded parts of, the narrative of the strategy in response to some of the consultation feedback, however there are **no substantive changes to priorities and actions** (as feedback was generally supportive of these, and changing these key strategy components would also risk the validity of the consultation).
- The priorities and ‘what we will do’ remain as they were, albeit with **some wording amended** (such as to provide clarity in light of the feedback we have had, to emphasise what is or isn’t in the scope of this strategy, and to ensure that we have used appropriate terminology).
- **Forewords have been added** from Cllr Renyard and Mary D’Arcy
- **A paragraph on ‘how to get help’ added** at both the beginning and end with PIPPA and Yellow Door helplines, to ensure that anybody affected by reading the strategy knows services available for victims/survivors
- A paragraph has been included to specifically **outline why strategic focus is to address DA alongside VAWG**, and previous narrative has been expanded to **make explicit that the support/actions in the strategy are for all victims**.
 - This addresses concerns about possible gender barriers/exclusion from explicitly referencing violence against women and girls, and also emphasises the inclusion of sexual abuse – as the terminology makes clear that VAWG includes sexual violence and abuse.
- A more specific definition of **types of abuse** has also been added to the ‘What is Domestic Abuse’ section, for added clarity
- An additional **paragraph on ‘Community Coordinated Response’** (CCR) has been included, as this is a core focus of the strategy itself and comments indicated that more explanation of CCR would be helpful
- A **narrative around the challenges of DA data/under-reporting** has been added (leading into a new line as to why DA reporting figures could temporarily go up short term due to an increase in awareness and reporting), and more information added on **where we drew our data from** to address feedback that the data used was predominantly police-focused
- Data originally in the appendix has now been moved to early in the strategy to **‘set the scene’ on DA/VAWG in Southampton** and give more operational context
- A short section at the end of the document has been added giving **further information on the consultation and engagement process, the funding for the strategy, and how progress/success** will be monitored.

The next pages outline in more detail some of the specific feedback raised during the consultation period, and what individual actions (if any) have been taken to address them within the strategy.

Priority 1 feedback

Consultation feedback		Officer response	Actions proposed
Broad themes	Further detail		
Quantitative feedback	The majority of respondents said that <i>“Staff and volunteers working for partner agencies will be trained to identify domestic abuse and other forms of VAWG, and respond sensitively and intervene appropriately with all family members”</i> would have a positive impact (89%).	No change required (positive agreement from majority of respondents)	None
	The majority of respondents said that <i>“Professionals will be supported to educate children and young people about equality, respect, gender roles, and the harmful effect of gendered expectations. We will explore the development of a city-wide ‘whole school approach’ to VAWG, with genuine engagement across the entire community - staff, pupils, governors, parents, and external services”</i> would have a positive impact (90%). This statement had one of the highest levels of positivity in priority 1.	No change required (positive agreement from majority of respondents)	None
	The majority of respondents said that <i>“The relationships and sex education (RSE) and personal, social, health and economic education (PHSE) curriculums in Southampton’s schools will be changed to raise awareness and understanding of the continuum of VAWG – including domestic abuse – and the support available to victims/survivors in Southampton”</i> would have a positive impact (90%). This statement had one of the highest levels of positivity in priority 1.	No change required (positive agreement from majority of respondents)	None

	<p>The majority of respondents said that <i>“City-wide awareness raising campaigns – under the ‘Safe City’ brand - will challenge harmful attitudes towards domestic abuse and VAWG and support and encourage active bystander intervention whether in public places (including on-line spaces), at home, in the workplace, education or social settings”</i> would have a positive impact (85%).</p>	<p>No change required (positive agreement from majority of respondents)</p>	<p>None</p>
	<p>The majority of respondents said that <i>“We will work with primary healthcare providers to intervene to prevent VAWG by identifying and supporting high risk groups (adults and children) before violence and abuse occurs”</i> would have a positive impact (88%).</p>	<p>No change required (positive agreement from majority of respondents)</p>	<p>None</p>
	<p>The majority of respondents said that <i>“More organisations and businesses in the city will be encouraged to join the ‘Safe Place Network’, where they will receive training about how to respond appropriately to VAWG”</i> would have a positive impact (82%). This statement had the lowest levels of positivity across Priority 1. A negative impact was not much higher than other statements, but ‘no impact at all’ was increased (13%).</p>	<p>No change required (still a high percentage of positive agreement from majority of respondents, some of the comments on the Safe Place Network are addressed further on in this document).</p>	<p>None</p>
	<p>The majority of respondents said that <i>“Data gathered by partners will be used to improve safety, and feelings of safety, for women and girls in Southampton by informing changes to the local environment (for example street lighting and CCTV) and improving safety on public transport”</i> would have a positive impact (86%).</p>	<p>No change required (positive agreement from majority of respondents)</p>	<p>None</p>

Qualitative feedback	Other comments (2 comments)	Comments revolved around the distinction between intervention and prevention, similar comments received from PH.	<p>We have reviewed a number of actions and the priorities they sit under.</p> <p>It was raised that Priority 1, Action 1 would sit better under Priority 2. This is because the action is more suited to discussing early intervention as opposed to prevention. Therefore, Priority 1 Action 1 has been moved to Priority 2, Action 8.</p>
	Other suggestions (16 comments)	<p>Most comments were around greater education and training. There is already a section on education in the strategy.</p> <p>However, some comments focused around the fact that education is not something that can be solely undertaken by schools and teachers – this is something we agree with and is why we are advocating in the strategy already for a whole-system education approach to changing attitudes and behaviours.</p>	A number of comments highlighted greater training in frontline and emergency services. As this is a partnership strategy, with a new partnership board now created to monitor and improve strategy delivery (with representatives from those services attending), this is something that can be addressed at partnership meetings and ops groups meetings.
	Other concerns (5 comments)	<p>One of the comments here was around culture change being very difficult and time consuming to embed – we recognise that these things can take significant time and effort to implement but we still believe it is important to put resource into doing this even if it takes time to embed.</p> <p>A further comment identified the risks around intervention. It is important to emphasise that intervention does not always mean direct intervention with the perpetrator, interventions can be wider support given by services trained in recognising abusive behaviours. This has now been clarified.</p>	We have added an extra line into the strategy to emphasise that intervention is wider than direct intervention, and to emphasise that services are trained not just in how to intervene, but also when to safely intervene.
	Other comments about 'data to inform changes in local environment' (3 comments)	<p>We have a number of current questionnaires and surveys that our stronger communities team undertake regularly as part of the Safe City Strategy, including:</p> <ul style="list-style-type: none"> - Community Safety Survey 	We have added more information about the data used specifically to inform this strategy, and more

	<ul style="list-style-type: none"> - Child Friendly City Survey - Public Spaces Protection Order (PSPO) consultation <p>These ensure that data collection is done sensitively via a variety of groups, rather than focusing on victims at the time of an offence where they may risk being retraumatised.</p>	narrative around the challenges faced in collecting data on this topic.
Ensure 'data to inform changes in local environment' is used effectively (3 comments)	<p>Comments were focused on data being used well and used sensitively by the council and partners.</p> <p>There is already a specific section in the strategy on data sharing. There are current limitations on what data we can access and how we can analyse the data due to the fact that partner organisations collect data differently and have different restrictions in place. We are working with partners to improve this but this is a longer-term project.</p> <p>We need to ensure that we are doing what we can with the data we are given both nationally and locally, to ensure services are improved as much as the possible with the data we are given.</p>	<p>We have added a new section on the complexities of collecting data and understanding the picture of DA/VAWG in Southampton, to expand on concerns raised relating to data referenced within the strategy.</p> <p>We have also added data into the terms of reference for the new partnership board to ensure that this is highlighted as a specific action for the board:</p> <p>"The SPB will focus on</p> <ul style="list-style-type: none"> - Data and intelligence. Review performance data from prevention and support services provided by its members. The Data, Intelligence and Insight team at SCC will analyse data on behalf of SPB. Facilitate the sharing of data and intelligence between its members for strategic and operational purposes."
Physical / local environment suggested changes (15 comments)	A number of these comments focused on street safety, initiatives to design out crime (better street lighting and CCTV, drinking culture, safety of subway crossings etc.)	A new line has been added into the strategy to cover this.
Begin educating in early years (8 comments)	Work is already underway in this area. The Star Project is now going into year 6 (10-11 year olds) to do work	This has now been clarified/expanded on within the relevant actions on this

		around healthy relationships. We are also looking at the impact of DA on children, so are helping practitioners in nurse partnerships, early years settings etc., to spot and support families around this issue. We currently don't do education work on DA at nursery age (some comments were around educating under 5's) due to the complexity of the issue for such a young age group, however we will work with frontline services working with that age group to improve early identification and identify age-appropriate education opportunities.	in the early intervention and prevention strands (Priority 1, action 4) of the strategy, and about broader early years practitioner support. We will take direction on age-appropriate education from those working with younger age groups.
	Education in school and university settings (21 comments)	<p>Comments emphasised the importance of education and early intervention/prevention.</p> <p>A Whole School Approach is already in the strategy. This education also includes all education settings e.g. specialist schools, those excluded from schools etc.</p> <p>More general comments about education and curriculums for young people are outside the scope of this strategy, and are covered in documents such as the council's Children and Young People's Strategy 2022-2027, and the supporting action plans for that strategy around Education and Prevention/Early Intervention.</p> <p>Some comments raised that relationship education is heteronormative – we have addressed this with an extra line in the strategy.</p>	<p>We have clarified added information around education projects such as the STAR project to address feedback on this issue.</p> <p>We will also take away an action to look at discussing further with educational intuitions about what is already in their curriculum for students, to identify opportunities for further work in this area.</p> <p>We have added a line into strategy emphasising that education should acknowledge that relationships are not just male/female and that abuse can happen outside of heterosexual relationships too. (p.3)</p>
	Education in workplace settings (e.g. recognition, intervention, support) (18 comments)	We've addressed training needs in the strategy – workplaces may have their own training identified on this already. This is in the prevention strand of the strategy, with clear outcomes for improving education and awareness around this issue and challenging harmful attitudes.	None
	Education / training for the police (e.g. recognition, intervention, support) (9 comments)	We've addressed training needs in the strategy already – it's a partnership strategy so professional training is included in references to improving training.	None

	Education in healthcare settings (e.g. recognition, intervention, support) (5 comments)	<p>We have already identified a specific action in the perpetrator section to identify harmful behaviours (action 15, under priority 3), as well as other outcomes in relation to adult social care referrals. We have got specific actions in both priority 2 (action 8) and priority 3 (action 16) around early identification with mental health, health and community services, both for victims and perpetrators. A reference to primary healthcare providers is specifically mentioned in the prevention strand of the strategy.</p> <p>As per the above comment, training needs identified within the strategy are to be rolled out across the partnership agencies.</p>	None
	Education for everyone (e.g. recognition, intervention, support) (8 comments)	This is in the prevention strand of the strategy, with clear outcomes for improving education and awareness around this issue and to challenge harmful attitudes.	None
	Better education / training within the justice system (5 comments)	Issues around family courts are being taken up at a national level by the national Domestic Abuse Commissioner. We do have a specific point around building local relationships with courts locally (priority 3, action 17), and we can include them in offers of training, but this is a national issue.	We have added in an action to raise awareness with family courts to explain that Southampton City Council is practising the Safe and Together Model in the City, and to offer to share access to the training documents on this where agencies would be interested in receiving these.
	Positive comments / agree with proposals (10 comments)	<p>Education was raised in these comments as something respondents felt was key, and is central to the strategy document already. No action required on this as this is already key within the strategy.</p> <p>Some comments mentioned 'bystander intervention' – national campaigns are already underway on this issue, and it is also referenced in action 3 (priority 1) in the strategy.</p>	We have updated action 3 under priority 1, to reinforce that we will encourage <i>appropriate</i> active bystander intervention to mitigate concerns around risk.
	Education for DA / VAWG should be of high standard / taught by professionals (8 comments)	Some services are staffed by volunteers and are trained fully to deliver services. However, in relation to comments around the importance of paid and specialist	We have made these roles (currently being created and recruited for), clearer in the strategy itself.

	staff delivering training services, some of the New Burdens Funding (which will partly be delivering strategy outcomes), has been allocated to hiring a full time paid DA Training Coordinator role, as well as a number of other roles (Whole Housing Approach, and Survivor Voice roles).	
Victims often do not recognise they are victims (3 comments)	This is covered in awareness raising and education sections of the strategy already. National campaigns will also assist on this and are beyond the scope of our strategy.	None
Dangerous for bystanders to intervene (3 comments)	This is why there needs to be appropriate evidence-based intervention training on this, which is currently an action within the strategy (Priority 2, action 8).	We have expanded P1, action 3 to emphasise the need for appropriate active bystander intervention.
Educate males specifically (4 comments)	We need to educate everybody, but to take a gender-informed approach that recognises the data around gendered crimes/harmful gendered expectations and the early behaviours that can arise from these. This is addressed in terms of actions around wider education. (Priority 1, actions 1 and 2)	None
More education / promotion will lead to more reports (3 comments)	We are aware that a measure of the success of the strategy could be that we temporarily see reports of domestic and sexual abuse, and other violent gendered crimes, increase in the city. This will enable us to target resources more fully to those who need it the most. Increased reporting is not always an increase in the volume of the crime/incidences as we know there is a huge volume of underreporting.	We have added extra information within the strategy to clarify this.
Recognise / support mental abuse as well as physical abuse (11 comments)	The strategy outlines the definition of different types of abuse, which includes psychological abuse such as coercive control, gaslighting etc. Specialist providers are trained to offer support around this abuse as well as physical forms of abuse.	None
Better education / training for social workers (e.g. recognition, intervention, support) (3 comments)	Safe and Together Model. Priority 3, action 14 has been expanded to explain the Safe and Together model. This also highlights that safe and together training is being provided to practitioners within Children's Social Care and practitioners across the Partnership.	We have added extra information to clarify what the Safe and Together model is and to highlight training on the model.

			<p>Priority 3 Action 14 – “Services provided by partner agencies in response to domestic abuse will enable children and young people to remain ‘Safe and Together’ with their non-abusive parent/guardian wherever this will help to achieve the best outcomes for them. Safe and Together is an evidence-based, child-centred model of working which promotes partnership with the non-abusive parent and holding the abusive parent accountable for their abuse, which is recognised as a parenting choice. Training is already being provided to practitioners within Children’s Social Care and for practitioners across the partnership.”</p>
--	--	--	--

Priority 2 feedback

Consultation feedback		Officer response	Actions proposed
Broad themes	Further detail		
Quantitative feedback	<p>The majority of respondents said that “A ‘Whole Housing Approach’ (WHA) to domestic abuse will be implemented across Southampton. The WHA is a framework for addressing the housing and safety needs of victim/survivors across all housing tenure types (social, private rented and private ownership)” would have a positive impact (93%).</p> <p>This statement had one of the highest levels of positivity in priority 2.</p>	No change required (positive agreement from majority of respondents)	None

	<p>The majority of respondents said that <i>“Access to our services by people with protected characteristics will be reviewed and services changed to improve equality of access”</i> would have a positive impact (85%).</p> <p>This statement had the lowest levels of positivity across Priority 2. A negative impact was not much higher than other statements, but ‘no impact at all’ was increased (7%).</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“Children who see, hear, or experience the effects of domestic abuse will be treated by agencies and service providers in Southampton as victims of domestic abuse in their own right, and data will be recorded to inform the development of appropriate support and intervention”</i> would have a positive impact (93%).</p> <p>This statement had one of the highest levels of positivity in priority 2.</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“New collaborative approaches to assessing and supporting families where children are victims of domestic abuse will be developed”</i> would have a positive impact (92%).</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“The identification of and response to standard and medium risk cases of domestic abuse will be improved by consistent high-quality training for service providers in identification of DA and VAWG and the pathways to support. This will mean that support can be offered to families as early</i></p>	No change required (positive agreement from majority of respondents)	None

	<i>as possible</i> ” would have a positive impact (90%).		
Qualitative feedback	Other concerns (4 comments)	Concerns raised in this section were around support services for vulnerable women. This is covered by the Safe and Together Model – we have added more information on this within the strategy document to explain what it is and the impact it will have within some frontline services.	More information on this added within the strategy document.
	Concerns around support from Council / Children's Services (4 comments)	As above.	As above
	Other suggestions (13 comments)	Comments in this section (revolving around education and social services training) are already covered in previous sections of this document.	None
	Positive comments / agree with proposals (1 comment)	None required (positive comment).	None
	More support for those abused by police officers (2 comments)	Hampshire Constabulary policies on dealing with domestic abuse perpetrated by officers or staff internally were rewritten in June 2021 to include a ‘Domestic Abuse Workforce Pledge’. There is a police Independent Domestic Violence Advocate (IDVA) to provide an independent and confidential service for victims who are employed by Hampshire Constabulary, or those who are victims of a perpetrator who is an employee/volunteer within Hampshire Constabulary.	We have highlighted this within Priority 4.
	Appropriate housing / safe spaces for victims and families (17 comments)	We know that mixed-sex housing is not safe and that there needs to be a wider variety of housing available for those seeking access to safe accommodation. This is something that is being worked on as part of the Whole Housing Approach (as part of the Part 4 Safe Accommodation Strategy). The new Whole Housing Approach role once recruited will be sat within the	We have added more about new roles being created and recruited for, into the strategy.

		Housing Team and will be tasked with addressing issues like this.	
	Support for victims to stay in their homes and perpetrators moved on (5 comments)	We are looking at sanctuary schemes, Whole Housing Approach, and perpetrator schemes to in order to identify and implement options for improvements in this area. Housing supply is an issue within the city but steps are being taken to improve the options that victims do have, especially if they choose to stay in their own home.	This is something the Whole Housing Approach role would look at, once recruited for.
	Support for mental health / access to therapy (6 comments)	We do have some specialist therapeutic offers provided by the commissioned services, but we also need to offer training and work in partnership with mental health colleagues to recognise, and assist with the impact of, domestic and sexual abuse. This is included in the strategy document.	None
	Support / preparation to leave (3 comments)	Leaving an abusive relationship is always difficult and emotional for the victim and their family. There is a support system available to victims regardless of what point in the process they have reached, from information-seeking to being ready to leave.	We have added an additional line recognising the difficulties of leaving an abusive relationship, and what services are available throughout the process. We have also clarified in the strategy that support is available at all stages of the process, including before a victim/survivor has made a decision to leave.
	Financial support (7 comments)	<p>Some issues raised are national issues and not within the remit of this strategy (such as changing financial/benefit laws). However, we recognise that support services in relation to financial abuse are important, and there are national changes happening that may enable more change locally in future.</p> <p>As part of the Whole Housing Approach, a flexible fund will be established to support victims into safe accommodation or to enable them to stay safe within their own home. We have clarified this within the strategy document.</p>	Additional information in the strategy on the Whole Housing Approach role.

	Legal support (4 comments)	Some issues raised are national issues and not within the remit of this strategy (such as changing financial/benefit laws).	None
	Services need to be made readily available / easier (13 comments)	<p>The Pippa helpline should provide a response to calls on the same day (or next day when the call/email is received outside of working hours (9:30-4:30 Monday-Friday).</p> <p>We know there can be waiting times for therapeutic and group work for domestic and sexual abuse. We will be reviewing provision and how we can most effectively target our resources as part of our annual refresh of the 'needs assessment' which will include a review of support for adults and children.</p> <p>The new Domestic Abuse Training Coordinator will provide training on referral pathways to ensure that all organisations are aware of how to make appropriate referrals so that victims access support as quickly.</p>	We have included information about the Domestic Abuse Training Coordinator post within the strategy.
	More support / resources for organisations who need to signpost (2 comments)	<p>We have resources to provide information about the Pippa helpline which will be shared with partners.</p> <p>The Domestic Abuse Training Coordinator will also be addressing the need for training on referral pathways and processes and raising awareness of the online information on the SCC website which sets out referral processes, pathways and local service provision.</p>	None
	More / appropriate support for children (12 comments)	<p>Services for children have been highlighted in the early intervention and prevention section (P1 and 2) of the strategy, especially around education for service providers and educational institutions. The following is already in the strategy:</p> <p>"In 2021, the Domestic Abuse Act introduced a new definition of domestic abuse. Children who see, hear or experience the effects of domestic abuse towards their parent, guardian or relative are now treated as victims/survivors of domestic abuse in their own right.</p>	None

	<p>This means they can get support from domestic abuse services. This strategy sets out how our partnership will act to ensure children receive the extra services and support this new definition requires.”</p> <p>Now that Children are victims in their own right under the Domestic Abuse Act 2021, and with the council aiming for UNICEF Child Friendly City accreditation, discussions will continue on how services can be improved for children who are victims of abuse. The MASH (Multi-Agency Safeguarding Hub) is also involved in responding effectively to high-risk cases of DA. Local Safeguarding Boards are also involved with the DA Board to help monitor progress in this area.</p>	
Agree that there should be a focus on support (3 comments)	There is a whole section/priority on this in the strategy. (Priority 2)	None
Victims do not feel listened to / safe enough to speak out (19 comments)	We have recognised this within the strategy and are intending to create a dedicated resource/post to focus on this work.	The strategy makes a commitment in Priority 4 that “The voices of victims/ survivors will be heard and will inform the design, development and implementation of local services.”
Trauma-informed support approach from services (4 comments)	Services in the city aim to be trauma informed in their approach, but we recognise that we need to ensure that knowledge and practice is continually reviewed and renewed in terms of best practice. This will form part of the work of the DA Training Coordinator.	None
Promote services and support available (9 comments)	There is an action around priority 1 (action 3) within prevention, relating to city-wide awareness raising of what domestic abuse is (and challenging it). There is also work underway to raise awareness of services in Southampton for victims such as the PIPPA helpline (action 2 and 3 discuss raising awareness of support services).	We have added a ‘How to get help’ section both at the beginning and at the end of the strategy, to emphasise support services available. More promotion of the PIPPA helpline and other available services is already underway as an action.
Support services must be available to everyone / no thresholds (11 comments)	This is already covered in detail under action 13 “The identification of and response to standard and medium risk cases of domestic abuse will be improved by consistent high-quality training for service providers in identification of DA and VAWG and the pathways to	None

		<p>support. This will mean that support can be offered to families as early as possible.”</p> <p>Priority 2, action 10 makes a commitment that: “Access to our services by people with protected characteristics will be reviewed and services changed to improve equality of access.”</p> <p>We also have highlighted the provision of “dedicated ‘floating support’ service for women who experience multiple disadvantage”.</p>	
	Make sure it is clear that children are not taken away from victims (3 comments)	<p>Southampton’s commitment to implementing the Safe and Together model across the city shows that the aim of Social Services and other organisations is to partner with and support the non-abuse parent in order that children can remain with them wherever this is possible.</p> <p>It is not possible to provide a commitment that children will never be removed from families as, in some circumstances this may be the only option to ensure their safety.</p>	<p>Priority 3, action 14 has been expanded to explain the Safe and Together model and highlight that training in the model is being rolled out social services and key partners.</p> <p>“Services provided by partner agencies in response to domestic abuse will enable children and young people to remain ‘Safe and Together’ with their non-abusive parent/guardian wherever this will help to achieve the best outcomes for them. Safe and Together is an evidence-based, child-centred model of working which promotes partnership with the non-abusive parent and holding the abusive parent accountable for their abuse, which is recognised as a parenting choice. Training is already being provided to practitioners within Children’s Social Care and for practitioners across the partnership.”</p>
	Dedicated word / number to ask for help (2 comments)	The Ask Angela scheme is a safe word that people can use in pubs/clubs/restaurants at the bar when they feel in an unsafe situation. We also have Priority 1action 5	We have added a ‘How to get help’ section both at the beginning and at the end of the strategy, to emphasise

		<p>which explains that ‘Safe Places’, designated safe places in Southampton, are available for anybody to go into if they feel unsafe or are struggling and that we are encouraging more organisations to join the scheme. These organisations are trained to assist in these situations. We have 69 organisations signed up to this scheme in Southampton.</p> <p>The PIPPA helpline is a dedicated contact number to ask for help on domestic abuse and is given out at the beginning of the strategy.</p>	support services available. More promotion of the PIPPA helpline and other available services is already underway as an action.
	Avoid victim blaming (4 comments)	The partnership training outlined in the prevention and early intervention sections would address this by better training organisations to deal with reports and suspicions of domestic and sexual abuse.	None
	Same-sex support services (7 comments)	Comments have emphasised the importance of ensuring that victims/survivors have access to female support workers. Discussions around operational matters would be within the remit of the Domestic and Sexual Abuse Operational Group to explore and suggest improvements.	None

Priority 3 feedback

Consultation feedback		Officer response	Actions proposed
Broad themes	Further detail		
Quantitative feedback	The majority of respondents said that <i>“Services provided by partner agencies in response to domestic abuse will enable children and young people to remain ‘Safe and Together’ with their non-abusive parent/guardian wherever this will help to achieve the best outcomes for them”</i> would have a positive impact (90%).	No change required (positive agreement from majority of respondents)	None

	<p>The majority of respondents said that <i>“Male perpetrators of violence towards women and girls and domestic abuse will be supported to understand the impact of their actions and to take responsibility for and change their behaviours”</i> would have a positive impact (78%).</p> <p>This statement had the lowest levels of positivity across Priority 3. A negative impact was not much higher than other statements, but ‘no impact at all’ was increased (12%).</p>	No change required (still positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“Wider services in Southampton, for example Adult Social Care, Children’s Services, mental health and drug and alcohol services will reliably identify risk arising from domestic abuse and VAWG and take appropriate steps to enable access to the right support”</i> would have a positive impact (90%).</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“Agencies and service providers in Southampton will identify and respond to perpetrators consistently and effectively, including making early interventions which prevent the escalation of abusive behaviours”</i> would have a positive impact (90%).</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“Practice in the family courts will be improved by sharing best practice and information about local domestic abuse and VAWG services and pathways with judges, advocates, solicitors, CAFCASS and other stakeholders in the justice system”</i> would have a positive impact (88%).</p>	No change required (positive agreement from majority of respondents)	None

	The majority of respondents said that <i>“Systems and services in Southampton will be safeguarded against manipulation by perpetrators”</i> would have a positive impact (88%).	No change required (positive agreement from majority of respondents)	None
Qualitative feedback	Other suggestions (9 comments)	Comments raised the importance of perpetrators having to meaningfully engage with treatment, as well as the importance of perpetrators understanding they need help/wanting help. The strategy details key behavioural change programmes for perpetrators. For example, Southampton has commissioned a community perpetrator programme provided by The Hampton Trust. Priority 3 provides 5 key actions which aim to improve encourage people to change harmful behaviours.	None
	Concerns around services not safeguarded against manipulation / perpetrators not changing (17 comments)	We have clarified/added to an action point on this in the strategy.	We have added additional information on this in the strategy, and clarified an Priority 3, action point 18 on this which now reads: “We will work together to develop safeguards for systems and services in Southampton against manipulation by perpetrators.”
	Dissatisfaction with family court process / decisions previously (4 comments)	Issues around family courts are being taken up at a national level by the national Domestic Abuse Commissioner. We do have a specific point around building local relationships with courts locally (priority 3, action 17), and we can include them in offers of training, but this is a national issue.	We have added in an action to raise awareness with family courts to explain that Southampton City Council is practising the Safe and Together Model in the City, and to offer to share access to the training documents on this where agencies would be interested in receiving these.
	Positive comments / agreement with proposal (12 comments)	No response required	None

	Other concerns (1 comment)	This comment concerned the strategy being difficult to achieve. We understand this is an ambitious strategy but want to be ambitious in what we hope we can do to make positive change in the city.	We have added an extra line on this approach into our 'Final Thanks' section at the end of this strategy.
	Need more information on the how / evaluation for Priority 3 (7 comments)	This will be outlined in the Action Plan for the strategy, measured by various KPIs using the Dashboard we have created (of measures of success against each outcome), implemented by partners and various ops/frontline services, and will be monitored by the DA and VAWG Partnership Board.	We have added a new section into the strategy at the end called 'Measuring Success' which elaborates on how we will monitor and implement the strategy, as well as work so far on developing KPIs. We have also included additional information on how the strategy will be funded.
	More awareness around people's previous convictions (2 comments)	The government has introduced the Domestic Violence Disclosure Scheme – also known as Clare's Law – in which people can find out from police if their partner has a history of domestic violence has been brought in England and Wales.	None.

Priority 4 feedback

Consultation feedback		Officer response	Actions proposed
Broad themes	Further detail		
Quantitative feedback	<p>The majority of respondents said that <i>"Data will be shared appropriately between agencies/services in our system to protect victims/survivors"</i> would have a positive impact (93%).</p> <p>This statement had one of the highest levels of positivity in priority 4.</p>	No change required (positive agreement from majority of respondents)	None

	<p>The majority of respondents said that <i>“Multi-agency arrangements for assessing and responding effectively to high-risk cases of domestic abuse will be evaluated and improved (MASH - Multi-Agency Safeguarding Hub; HRDA - High-Risk Domestic Abuse arrangements; MARAC - Multi-Agency Risk Assessment Conference)”</i> would have a positive impact (88%).</p> <p>This statement had the lowest levels of positivity across Priority 4. A negative impact was not much higher than other statements, but ‘no impact at all’ was increased (7%).</p>	No change required (positive agreement from majority of respondents)	None
Page 202	<p>The majority of respondents said that <i>“Decisions about service provision will be evidence-informed by knowledge from research, practice and people accessing services”</i> would have a positive impact (90%).</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>““The voices of victims/survivors will be heard and will inform the design, development and implementation of local services”</i> would have a positive impact (93%).</p> <p>This statement had one of the highest levels of positivity in priority 4.</p>	No change required (positive agreement from majority of respondents)	None
	<p>The majority of respondents said that <i>“Key data about the performance of individual services and the system as a whole will be gathered reliably and used to inform improvements to practice”</i> would have a positive impact (90%).</p>	No change required (positive agreement from majority of respondents)	None

Qualitative feedback	Other suggestions (9 comments)	A few comments referenced the importance of listening to Survivor Voice as well as frontline worker voice. Survivor voice is specifically referenced at the beginning of the strategy as a key partnership member, and this has been added into the Partnership Board's new Terms of Reference.	We have added more information on the intention to recruit for a Survivor Voice post into the strategy document.
	Other concerns (8 comments)	These covered a range of topics and have been addressed in other comments in this table.	None
	A joint up approach between services is needed (17 comments)	This is a partnership strategy advocating a joined-up approach on these issues – comments generally aligned with this approach so no amends were needed. Some comments mentioned that agencies work differently so joined up working can be challenging – this is an operational discussion that can be highlighted to Ops Group meetings and at the wider partnership DA Board meetings.	None
	Suggestions for specific partnerships (12 comments)	Specific partnerships may be suggested and explored by teams on an individual basis if required and if there was a specific need for them (that the existing structures were unable to deliver themselves), and can be raised at operational and Partnership Board meetings.	None
	Implement more multi-agency workers (3 comments)	Using New Burdens Funding, SCC will be recruiting two new multi-agency posts. The Domestic Abuse Training Coordinator will ensure crucial domestic abuse training is provided to key organisations and agencies across Southampton. The Whole Housing Approach coordinator will lead on work to ensure that this approach is delivered in a safe, consistent and coordinated way. Under priority 4, the strategy highlights the partnership's dedication to improve Community Coordinated Response.	None
	Challenges / concerns around admin / data collection (4 comments)	This has been covered in earlier comments around data collection and associated challenges.	None

	Common platform / technology for sharing data (8 comments)	The new Data Dashboard will assist with this – we have added more information on this in the final section under ‘measuring success’. This will require ongoing data protection and data sharing discussions and arrangements before being finalised and implemented.	We have added more information on data sharing and KPIs in the final section under ‘measuring success’.
	Learning / best practise from other organisations (4 comments)	When developing and writing this strategy, we looked closely at what other Local Authorities were doing to ensure we looked carefully at what was working as well as new ideas, alongside government strategies.	We have now added more information on what other practice and guidance we have looked at, as well as the definitions around abuse that we have used, in the earlier sections of the strategy.
	Ensure no data breaches / data sharing agreements are in place (4 comments)	Discussions are underway between us and partners to ensure that data sharing agreements are in place and ensure that data is protected and shared appropriately.	There is a mention of this in the new ‘measuring success’ section at the end of the strategy (and in earlier existing actions covering data).
	More information needed on 'data being appropriately shared' (4 comments)	See above response.	See above response.
	Involve victims / those at risk when designing strategies and interventions (15 comments)	<p>During the initial stages of the strategy, a range of engagement took place including a VAWG Conference in February 2022 to discuss VAWG which included voices of survivors, and discussions with frontline and commissioned service staff.</p> <p>During the consultation period, we held a number of focus groups to hear survivors' views of the strategy. These included Yellow Door (therapeutic session - 20/07/2022), No Limits (1. SHINE focus group with 16-25 year olds, 2. feedback from people in No Limits Advice centre, and 3. feedback from No Limits wellbeing sessions in schools, in September 2022).</p> <p>We also held a focus group with survivors at Stage Door in Southampton on 11/10/2022.</p> <p>In addition, many people who responded to the consultation questionnaire noted that they were answering as a victim/survivor of abuse/violence (22% of respondents replied identifying themselves as a</p>	The forewords now mention early engagement work, including that we were one of the first local authorities to host a VAWG conference. The strategy also has a new section outlining engagement done as part of the strategy development and strategy consultation processes, and references to the intention for a new Survivor Voice post with a specific remit to represent victims/those at risk.

		victim or survivor of domestic abuse, with a further 13% identifying themselves as a victim or survivor of violence against women or girls).	
	Concerned that a stronger coordinated response should have already been happening (5 comments)	Whilst we understand frustrations and opinions from some about previous perceived gaps in the system, the only solution is to make our strategy now forward-focused, aiming on what we hope to achieve for the future and learning from all our experiences to date. Much of the data and research on this area is still emerging, and we have tried to include new and developing areas of good practice (such as Safe and Together, Whole Housing Approach, and Coordinated Community Response) in our strategy as much as possible where the evidence indicates that this is a successful approach.	New section on Coordinated Community Response (CCR) added in.
	Concerns that multi-agency arrangements may not be followed by everyone (2 comments)	This is something that can be addressed by the Partnership Board, which is tasked with monitoring strategy implementation and holding ourselves and our partners to account for strategy delivery, as well as in operational groups.	None
	Coordination between strategies / initiatives across organisations (5 comments)	A number of comments mentioned coordination between other strategies and initiatives. We have now added in additional references to the strategies and partner initiatives that link into this strategy, particularly where a certain area is not within the direct scope of this strategy.	Additional information on other internal and external linked strategies/initiatives has now been added in.
	How reports are dealt with / responded to / more consequences (28 comments)	These comments raised concerns with reports to police, probation services, and the courts/justice system. Operational policing and probation concerns are not directly within the scope of this strategy, but can be raised at Partnership Board and Operational Group level which both require police and probation representation as part of their membership. Training issues have already been raised in the strategy as part of the prevention and early intervention strands. Issues around family courts are being taken up at a national level by the national Domestic Abuse	None

		Commissioner. We do have a specific point around building local relationships with courts locally (priority 3, action 17), and we can include them in offers of training, but this is a national issue.	
	Support for businesses impacted by sex work (2 comments)	This is not within the scope of this strategy. This issue falls under the Safe City Strategy and Partnership which works more on enforcement and public space-related issues.	None

Overall feedback

Consultation feedback		Officer response	Actions proposed	
Broad themes	Further detail			
Page 26 Quantitative feedback – Proposed draft strategy	Quantitative feedback – Agreement of priorities	The majority of respondents said that they agreed with the focus on the four suggested priorities (87%). 9% of respondents either strongly disagreed or disagreed.	No change required (positive agreement from majority of respondents)	None
	Quantitative feedback – Proposed draft strategy	Out of respondents that had read all or some of the draft strategy, the majority said that it was easy to understand (86%) and that it provides sufficient information (78%). 77% of respondents said it would either have a fairly or very positive impact on them, their business or the wider community, if the draft strategy were implemented. A total of 4% selected that there would be a fairly or very negative impact if the strategy were implemented, and 10% selected they didn't know.	Where specific comments related to a lack of information on certain issues (such as data collection and figures used, Coordinated Community Response, financing the strategy, why we have taken this approach with DA and VAWG in the same strategy, implementing the strategy), this information has been added into existing or new sections of the strategy.	Changes made throughout the strategy and outlined in detail in this document.
Qualitative feedback – More information / understanding	Other suggestions (6 comments)	Some suggestions were made in relation to the case studies we included, in terms of adding in what the consequences were for the perpetrator of abuse. This	None	

	would not be appropriate, and too much personally identifiable information would risk compromising the anonymity of the individuals referenced in the case studies.	
Other concerns (3 comments)	No actions required	None
More information on how those at risk / victims will be supported (6 comments)	<p>A number of comments focused on there being not enough information on how ethnic groups, displaced people, faith groups, and protected characteristics victims will be supported.</p> <p>The strategy commits to a review (priority 2 action 10) of support for ethnic groups and those with protected characteristics. Support would be reviewed once the review had been completed. In addition, we engaged with these groups throughout the strategy process (for example, with the Council of Faiths in Southampton) to discuss these issues.</p>	None
Timeline needed (2 comments)	Comments raised concerns about a lack of timeline, action plans, and indicators of success.	We have now added a new section in at the end of the strategy outlining next steps (finalising KPIs and discussing data dashboards and data sharing), as well as resource for the strategy, and how the strategy will be monitored.
More information on how outcomes will be achieved / evaluated (7 comments)	See above response.	See above response.
More information on how it will be funded (5 comments)	This has now been addressed.	We have now added a new section in at the end of the strategy outlining funding allocated for actions and projects outlined in this strategy.
Suggested amendments to terminology (5 comments)	Page 45 included references under genital mutilation to 'private parts' – this terminology was changed/updated in some places for the consultation version but a few references were missed. This has now been updated throughout. Other terminology has also been updated where appropriate.	Terminology has been updated where appropriate.
Suggestions for specific research / topics to be included (5 comments)	We are regularly reviewing other approaches and up-to-date research that emerges on this topic, to ensure that	We have now added in new mentioned of Whole Housing

		we are utilising the research available on it. Much of the data and research on this area is still emerging, but we have tried to include new and developing areas of good practice (such as Safe and Together, Whole Housing Approach, and Coordinated Community Response) in our strategy as much as possible where the evidence indicates that this is a successful approach.	Approach, Coordinated Community Response, and the Safe and Together Model.
	Include other data sources (3 comments)	A number of comments indicated that the strategy was heavily focused on policing data. We have reviewed the strategy in line with these comments and feel that the breadth of data is from multiple and varying sources and is not only related to crime. We are aware that some statistics are difficult to ascertain due to recognised under-reporting by victims.	We have added in a new section early in the strategy explaining data sources, and outlining the complexities of data on this issue.
	Better accessibility needed (e.g. easy read / translated) (3 comments)	We are not currently exploring easy-read versions of this document. Versions of the strategy for visually-impaired people could be requested during the consultation process to widen access.	None
	Summary should be available (2 comments)	This is something that could be considered at a later stage once the strategy is adopted, if deemed necessary.	None
	Positive comments about information / understanding (3 comments)	No change required (positive comments)	None
	Needs to be more simple / less jargon (5 comments)	We have reviewed the strategy to simplify it as much as possible, and suitable amends have been made to sections of the document.	Amends have been made to address these concerns.
Qualitative feedback – any other comments	Gendered approach is discriminatory / shouldn't exclude (18 comments)	We have added in a paragraph to reinforce that the partnership aims to improve support for all victims/survivors, regardless of gender.	We have now added a new section into the strategy explaining our approach and emphasising that services are offered to ALL victims, regardless of sex, gender, or type of relationship (pages 3 and 4).
	Other comments (7 comments)	Some comments asked for a clearer definition of abuse, and an understanding/recognition that there are many different types of abuse. We have therefore added an	New definition added to 'What is Domestic Abuse' section as follows:

	abuse definition section early on in the strategy to clarify this.	“Behaviour is “abusive” if it consists of any of the following: (a) physical or sexual abuse; (b) violent or threatening behaviour; (c) controlling or coercive behaviour; (d) economic abuse (see subsection (4)); (e) psychological, emotional or other abuse”.
Other suggestions (11 comments)	Covered in earlier points.	None
Other concerns (11 comments)	Covered in earlier points.	None
Positive comments (13 comments)	No action required (positive comments).	None
Sufficient capacity / funding to support and carry out strategy (15 comments)	This has now been addressed in a new finance section in the strategy.	We have now added a new section in at the end of the strategy outlining funding allocated for actions and projects outlined in this strategy.
Doubtful of success due to negative previous experiences (6 comments)	Whilst we understand frustrations and opinions from some about previous perceived gaps in the system, the only solution is to make our strategy now forward-focused, aiming on what we hope to achieve for the future and learning from all our experiences to date.	None
More emphasis on same-sex relations (2 comments)	This has now been added into the strategy.	A line has been added into the strategy to reflect that domestic abuse and violence does not only present in heterosexual relationships, and to emphasise that education reflects this and that services are available for ALL victims regardless of gender.
Focus on those who are hard to reach / at increased risk (10 comments)	The Standing Together Needs Assessment highlighted that people with protected characteristics face barriers to accessing support. Priority 2, action 10 states that the access to services by people with protected characteristics will be reviewed and changed to improve equality of access.	None.

This page is intentionally left blank

Southampton Domestic Abuse and Violence against Women and Girls Strategic Partnership Board

Terms of Reference

Purpose

The Southampton Domestic Abuse and Violence against Women and Girls Strategic Partnership Board (“the SPB”) aims to:

- make Southampton safer for women and girls;
- improve support for all victims by coordinating the work of the SPB members;
- provide strategic oversight and decision-making for High Risk and Domestic Abuse (HRDA) process within the city; and
- support Southampton City Council (SCC) meet its duty under Part 4 of the Domestic Abuse Act. The Domestic Abuse Act 2021 places a duty ‘on local authorities in England to provide support for survivors of domestic abuse and their children in refuges and other safe accommodation.’

To achieve these aims, the SPB will carry into effect, monitor, evaluate and review the following Strategies [and the updated versions]:

- 1) Strategy for the Provision of Support in Safe Accommodation (a statutory requirement for Local Authorities under the Domestic Abuse Act 2021).
- 2) Southampton Domestic Abuse and Violence against Women and Girls Strategy.

Frequency of meetings

The SPB will meet quarterly. Additional meetings may be arranged to allow for discussion of an urgent issue or to allow focussed discussion of a key issue. The two subgroups will meet quarterly in advance of the SPB.

Membership

The membership of the SPB will consist of the following:

- Hampshire Constabulary;
- Southampton Probation Service;
- Southampton City Council (SCC);
- NHS Hampshire, Southampton and Isle of Wight Integrated Care Board (ICB);
- Southern Health NHS Trust;
- University Hospital NHS Foundation Trust;
- Solent NHS Trust;
- Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight;
- Local services representing interests of charities and voluntary organisations working with Domestic Abuse (DA) victims;
- Representation of survivor voice (to be agreed – still in development);
- Southampton Local Safeguarding Boards (representing interests of Children of Domestic Abuse victims);
- Southampton City Council’s Public Health team;
- Other relevant Councils as and when necessary;
- Members from relevant service areas (e.g., Data and Insight) who may be invited depending on agenda topic and need.

Chairperson

SPB members will nominate a chairperson at the first meeting and annually thereafter.

Vice-chair

SPB members will nominate a vice-chairperson at the first meeting and annually thereafter.

Absence

Members should ensure at least one representative from their organisation is present at each SPB meeting. When an SPB member is unable to attend, the member must inform the Board ahead of the meeting. They must also ensure a representative with an appropriate degree of delegated authority attends in their place. Where this is not possible, the member is expected to provide the Board with any information in advance that is required for relevant meeting agenda items.

Roles and Responsibilities

- Oversee the development and implementation of:
 - 1) *Southampton Domestic Abuse and Violence against Women and Girls Strategy.*
 - 2) *Strategy for the Provision of Support in Safe Accommodation.*
- Monitor progress towards the outcomes set out in the above strategies and respond appropriately.
- Consider better ways for effective joint working.
- Receive updates and recommend effective coordinated responses to relevant threats and issues raised by members.
- Provide advice to SCC about the exercise of its functions under section 57 of the Domestic Abuse Act 2021 and provide advice around SCC's support and funding for victims of domestic abuse and their children in Southampton.
- Provide a forum for members to seek and receive advice and guidance from each other.
- After receiving briefings from the two subgroups, provide strategic oversight, advice, and decision-making for each subgroup.
- Ensure the goals and projects of the subgroups are coordinated and aligned.
- Receive briefings on the performance of the High-Risk Domestic Abuse ("HRDA") arrangements from the Domestic and Sexual Abuse Operational Group.
- Discuss the implementation of any recommendations.
- If required by the Safe City Partnership, coordinate Domestic Homicide Reviews (DHR's).
- Oversee the Domestic and Sexual Abuse Operational Group's implementation of the DHR recommendations.
- Work with other relevant governance boards and partnerships to share information, expertise, and advice. Moreover, where appropriate, collaborate and seek to influence. This is crucial as a whole system approach is needed to tackle domestic abuse and VAWG.

The SPB will focus on the following topics:

- **Prevention and support services.** Identify opportunities for joint commissioning, grant funding and for collaboration with voluntary and community sector organisations.
- **Training.** Consider opportunities for joint training across all aspects of service provision, including training on the identification of risk and appropriate use of referral pathways.
- **Data and intelligence.** Review performance data from prevention and support services provided by its members. The Data, Intelligence and Insight team at SCC will analyse data on behalf of SPB. Facilitate the sharing of data and intelligence between its members for strategic and operational purposes.
- **Communications.** Consider opportunities to run joint communications campaigns under the 'Safe City Partnership' banner.
- **Research.** Prioritise investigation of the root causes of violence and effective ways to provide support to victims. The SPB will also help members to understand their role in responding to issues through social support, housing, healthcare, criminal justice and other key services.

Agendas

Agenda items may be submitted by any member to meeting support not less than seven working days before each meeting.

Supporting papers for agenda items must be forwarded to meeting support not less than five working days before the meeting.

The items and supporting papers will be accepted and signed off at the discretion of the Chairperson.

Sub-groups

There are two subgroups which will be required to report to the SPB at each quarterly meeting:

- The Domestic and Sexual Abuse Operational Group (DSA Ops).
- The Violence Against Women and Girls Operational Group (VAWG Ops).

The operational groups will implement actions to achieve SPB's strategic outcomes. Each subgroup has its own Terms of Reference. The governance structure is shown in Appendix 1.

Administrative support

SCC's Meeting Support team will provide administrative support to the SPB. Meeting Support will:

- Arrange meetings in consultation with the Chairperson.
- Keep a written record of the meeting (minutes) and an action log.

- Distribute meeting agenda, minutes, details of open actions, briefings, supporting papers and reports to each SPB member, and observers where relevant. This will be no less than five working days before the meeting.
- Coordinate liaison between the SPB and its operational groups.

Reporting

SPB Reports

- 1) The SPB is accountable to the Safe City Partnership. The SPB Chairperson will report progress on the implementation of the two strategies through bi-annual reports to the Chairperson of the Safe City Partnership.

The SPB is a strategic oversight group. It does not replace the decision-making structures or processes of its members. Accountability for the delivery of individual services and outcomes remains with relevant agencies and service providers.

Operational Groups Reports

The SPB Chairperson is responsible for ensuring that each operational group submits a report to the SPB. The reports are due two weeks before the SPB meeting and will be circulated no less than seven days before the SPB. Below outlines who is responsible in each Operational Group for writing and submitting the report to the SPB:

- 1) For the Domestic and Sexual Abuse (DSA) Operational Group: Domestic Abuse Coordinator (or similar) at SCC.
- 2) For the Violence Against Women and Girls (VAWG) Operational Group: Violence Reduction Unit Manager (or similar) at SCC.

Approval, review and variation of Terms of Reference

The SPB terms of reference will be reviewed, updated as required and approved by SPB members at least annually.

Confidentiality

Any cases or individuals discussed within the SPB and its sub-groups are expected to be treated by all attendees as sensitively and confidentially as possible. Every effort will be made to try to minimise the sharing within meetings of Personally Identifiable Information (PII) under UK GDPR regulations. However, this must of course be balanced with ensuring that vital information is shared amongst agencies to enable individuals at risk to be adequately safeguarded, and to learn appropriate lessons from Serious Case and Domestic Homicide reviews.

Domestic and Sexual Abuse Operational Group (DSA Ops group)

Terms of Reference

Purpose

This group aims to:

- Implement actions of the following strategies which concern domestic and sexual abuse:
 - 1) Southampton Domestic Abuse and Violence against Women and Girls Strategy.
 - 2) Strategy for the Provision of Support in Safe Accommodation.
- Implement recommendations arising from Domestic Homicide Reviews (“DHRs”);
- Work collaboratively to identify and address issues and gaps, and to implement actions which improve services;
- Report at least four times a year to the Southampton Domestic Abuse and Violence Against Women and Girls Strategic Board (SPB) and
- Monitor and review the delivery and effectiveness of High-Risk Domestic Abuse (“HRDA”) arrangements and report at least four times a year to the SPB.

Meeting Frequency

The DSA Ops Group will meet on a quarterly basis and at least three weeks before the SPB meeting. This will make sure that a report can be prepared and submitted to the SPB two weeks before the SPB meeting.

Roles and Responsibilities

The group will focus more on operational matters as below:

- Devise and implement activities to achieve specific outcomes in the strategies which relate to tackling domestic and sexual abuse.
- Identify activities already being carried out by member organisations (individually or jointly) which execute the high-level actions in the strategy (“service mapping”).
- Work collaboratively to produce an action plan per relevant Strategy detailing the work to be undertaken individually and jointly by partners. This should aim to achieve the outcomes of each strategy.
- Oversee the implementation of the action plan, alerting the SPB to barriers to progress. This may include barriers relating to information exchange.
- Have operational oversight of DSA Services within the City (commissioned services, independently funded activities, and statutory functions).
- Monitor and review operational delivery of integrated MARAC-MASH, identifying and addressing any emerging issues.
- Work collaboratively together to ensure joined-up interventions, resources and services are available and known to families and professionals.
- Collect, provide, and collate DSA data and analyse this data to shape service delivery and identify gaps and issues.
- Drive service improvements including integration of best practices, evidence-based interventions, and new legislation.
- Ensure learning from Domestic Homicide Reviews and Serious Case Reviews to shape and improve service provision.

- Embed individual and joint evaluation systems to quality assure DSA provision.
- Enable the voice of survivors, children and young people and protective carers to input into the development and delivery of services.
- Identify, individually and collectively, funding opportunities to increase and improve DSA provision.

Membership

The SPB will appoint individuals with appropriate experience and expertise as leaders of each of the following groups:

- Current frontline domestic and sexual abuse services representatives (these representatives may change dependent on current delivery contracts).
- Domestic Abuse Coordinator (or similar) at SCC.
- Hampshire Constabulary.
- Local commissioned services.
- NHS Hampshire, Southampton and Isle of Wight Integrated Care Board (ICB).
- Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight.
- Probation Service (Southampton).
- Public Health.
- Solent NHS Trust.
- Representation from key departments across SCC (including Adult Social Care, Children's Services, Housing, and frontline Domestic and Sexual Advice services Southampton Local Safeguarding Boards (joint representative)).
- Southern Health NHS Trust.
- University Hospital NHS Foundation Trust.
- Other relevant groups or individuals who may be invited depending on agenda topic and need.

Chairperson/Vice-chairperson

The members of the DSA Operational group will nominate a chairperson and a vice-chair from the group at its first meeting and annually thereafter.

The vice-chair must attend the meetings of the Violence against Women and Girls Operational Group to ensure the groups are coordinated and aligned.

Absence

Members should ensure at least one representative from their organisation is present at each meeting. When a member is unable to attend, they must inform the group ahead of the meeting. They must also ensure a representative with an appropriate degree of delegated authority attends in their place.

Reporting

The progress of the operational groups will be reported to the SPB through routine reports by the group leaders.

The Domestic Abuse Coordinator (or similar) at SCC will be responsible for writing each report, ensuring it is agreed upon by members. Reports are to be sent to the

SPB Chair two weeks before each of the SPB meetings. They should be circulated to SPB members at least seven working days before the meetings.

Approval, review and variation of Terms of Reference

The DSA ops group terms of reference will be reviewed, updated as required and approved by its members at least annually.

Confidentiality

Any cases or individuals discussed within the SPB and its sub-groups are expected to be treated by all attendees as sensitively and confidentially as possible. Every effort will be made to try to minimise the sharing within meetings of Personally Identifiable Information (PII) under UK GDPR regulations. However, this must of course be balanced with ensuring that vital information is shared amongst agencies to enable individuals at risk to be adequately safeguarded, and to learn appropriate lessons from Serious Case and Domestic Homicide reviews.

Violence against Women and Girls Operational Group (VAWG Ops group)

Terms of Reference

Purpose

To reduce violence against women and girls in public places. This includes the reduction of non-intimate partner stalking, rape and sexual offences in the City of Southampton.

Meeting Frequency

The Group will meet on a quarterly basis and at least three weeks before the SPB meeting. This will make sure that a report can be prepared and submitted to the SPB two weeks before the SPB meeting.

Roles and Responsibilities

- Operationalise elements of the following strategies which relate to the reduction of non-intimate partner stalking, rape and sexual offences in the City of Southampton:
 - 1) *Southampton Domestic Abuse and Violence against Women and Girls Strategy.*
 - 2) *Strategy for the Provision of Support in Safe Accommodation.*
 - 3) *Southampton Safe City Strategy.*
- Introduce and evaluate activities aimed at preventing offending in Southampton in the following areas of threat: Universities, Night-time Economy and Street Sex Workers (not an exhaustive list).
- Work with Southampton Safeguarding Children Partnership and other relevant Partnerships when discussing actions relating to children, to ensure a coordinated response.

Membership

The SPB will appoint an individual representative with appropriate experience and expertise from the following organisations:

- University of Southampton (and their Students' Union representative);
- Solent University (and their Students' Union representative);
- Synergy Security;
- Street Pastors;
- Licensing Team;
- NHS Hampshire, Southampton and Isle of Wight Integrated Care Board;
- Southampton North Neighbourhood Policing Team (NPT);
- Southampton Central NPT;
- Op Amberstone (investigative unit within Hampshire Constabulary for rape and serious sexual offences);
- Yellow Door;
- Other relevant groups or individuals who may be invited depending on agenda topic and need.

Chairperson/Vice-chairperson

The members of the VAWG Ops group will nominate a chairperson and a vice-chair from the group at its first meeting and annually thereafter.

The vice-chair must attend the meetings of the Domestic and Sexual Abuse Operational Group to ensure the groups are coordinated and aligned.

Absence

Members should ensure at least one representative from their organisation is present at each meeting. When a member is unable to attend, they must inform the group ahead of the meeting. They must also ensure a representative with an appropriate degree of delegated authority attends in their place.

Reporting

The progress of the operational groups will be reported to the SPB through routine reports by the group leaders. The Violence Reduction Unit Manager at SCC (or similar) will be responsible for writing each report, ensuring it is agreed upon by members. Reports are to be sent to the SPB Chair two weeks before each of the SPB meetings. They should be circulated to SPB members at least seven working days before the meetings.

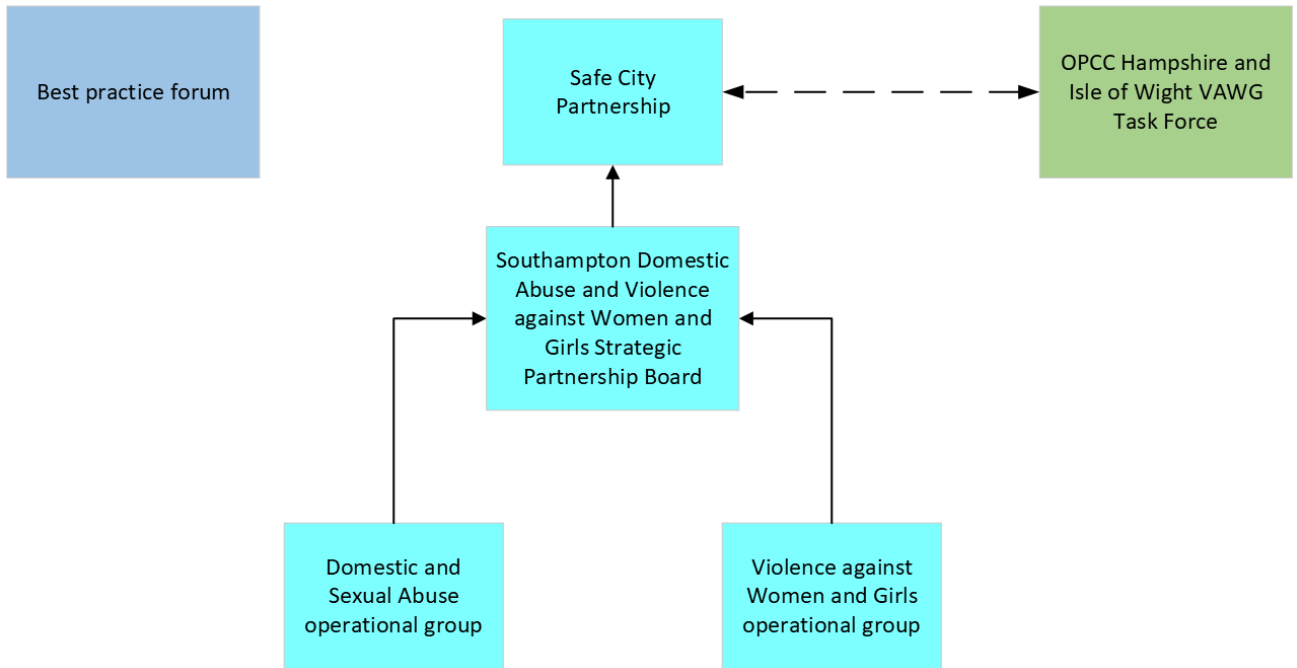
Approval, review and variation of Terms of Reference

The VAWG ops group terms of reference will be reviewed, updated as required and approved by its members at least annually.

Confidentiality

Any cases or individuals discussed within the SPB and its sub-groups are expected to be treated by all attendees as sensitively and confidentially as possible. Every effort will be made to try to minimise the sharing within meetings of Personally Identifiable Information (PII) under UK GDPR regulations. However, this must of course be balanced with ensuring that vital information is shared amongst agencies to enable individuals at risk to be adequately safeguarded, and to learn appropriate lessons from Serious Case and Domestic Homicide reviews.

Appendix 1



This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank

Document is Confidential

This page is intentionally left blank