

Tameside Domestic Abuse Strategy 2013-2016

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1. Introduction and Summary

Domestic abuse is a priority for Tameside agencies and the Reducing Violent Crime Strategy Delivery Plan for 2012-15 contains several key objectives in relation to the issue. This strategy sets out Tameside's strategic approach in detail and illustrates each of the key objectives that will be achieved in order to fulfil our aim of reducing domestic abuse and the impact it has on victims and families.

The new definition of domestic violence and abuse now states:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’

This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim’

This definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The Police in Tameside respond to around 500 domestic abuse incidents per month. In 2011 8% of all crime in the borough had a domestic abuse marker. Tameside MARAC now deals with around 30 very high risk cases every month. Over a 12 month period 20% of these cases have been repeat incidents.

2. Our Vision, Objectives and Outcomes

Our vision is:

‘To develop a community that does not tolerate domestic abuse and that affords effective support to all its victims (including children), whilst at the same time holding perpetrators to account’

Our aim is:

‘Our domestic abuse strategy aims to reduce domestic abuse and the impact it has on victims and families’

To support the achievement of our aim five objectives have been set these are to:

- Improve Prevention and Early Intervention
- Protection of Victims
- Managing Offenders
- Building Service Capacity
- Workforce Development

Expected outcomes

When our aim has been achieved we expect to have realised the following outcomes:

- That there is less domestic abuse within the borough.
- We have reduced the negative impact domestic abuse has on children and families.
- That people believe that violence and domestic abuse is unacceptable.

3. The Case for Change

Mainstreaming Domestic Abuse Commissioning

The Ending Violence Against Women and Girls Strategy (VWAG) (Home Office 2009) required Strategic Partnerships to implement a 'whole system approach' and mainstream the commissioning of domestic abuse services. Specific deliverables required included:

- Establishing robust outcome frameworks around all domestic abuse services, including developing a generic client outcome tool.
- Ensuring that this data contributes to a full strategic needs assessment for commissioning services.
- Establishing a domestic abuse training plan capable of contributing to the early identification of domestic abuse and equipping front line services with the right tools to assess levels of risk.

Impact of Domestic Abuse

The impact of domestic abuse on the lives and well-being of victims, children and communities across Tameside is significant and its effects can be longstanding. It represents a high proportion of violent crime occurring across the borough, but other types of abuse such as emotional, financial and sexual abuse remain largely hidden or even unacknowledged by victims and perpetrators and within communities.

The effects of domestic abuse on children can impact upon healthy and happy development and last well into adulthood; domestic abuse both experienced and witnessed by children can lead to poor attainment at school (at every age).

It is a recognised factor in the onset of criminal behaviour, drug and alcohol abuse and can impact adversely on the development of healthy relationships. There is much evidence to suggest that those impacts outlined above have a significant adverse impact on health for children and adults.

Benefits of Tackling Domestic Abuse

Responding effectively to domestic abuse can have a positive impact on:

- Reducing crime and violent crime in particular.
- Increasing public confidence in the criminal justice, and other organisations within the public, voluntary and third sector.
- The main outcomes of the Children's Plan.
- Adult safeguarding.
- Child Safeguarding.
- Social cohesion and sustainable communities.
- Mental and physical health.
- People achieving their potential.

How we developed the strategy

The Domestic Abuse Strategy has been developed in response to a number of national, regional and local strategies and initiatives on violent crime in general and domestic abuse in particular. These include:

- National Service Standards for Domestic and Sexual Violence – Core Standards (February 2009).
- Saving Lives. Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence, 2008-11. Home Office (February 2008).

- Inter-Ministerial Group for Domestic Violence (March 2007)
- Together We Can End Violence Against Women and Girls: A Strategy. Home Office (December 2009)
- Crime and Disorder Reduction Partnership Reducing Violent Crime Strategy (2012).
- Public Service Reform Programme in Greater Manchester
- Tameside Health and Well-being Strategy
- 'Domestic Abuse in Tameside: identifying Opportunities for Early Intervention and Prevention' – New Economy (December 2012)
- A Call to End Violence against Women and Girls: Action Plan 2013' – HM Government (March 2013) and Government Equality Impact Assessment 'Call to end violence to Women and Girls' (2011)
- OFSTED report into Safeguarding and Looked After Children (March 2012)
- Children's Trust Children's Plan
- Tameside Health and Wellbeing Strategy
- Tameside Community Strategy
- Tameside Violence Profile (May 2012)
- Tameside Violent Crime Workshop (March 2012)
- Strategic Threat Assessment (2011)
- Citizens Panel (2011)
- Greater Manchester Police and Crime Commissioner Plan
- Multi-Agency Risk Conference (MARAC) referrals (2011)
- Triennial Review: How Fair is Britain? – Equality and Human Rights Commission (October 2010)

In developing the Domestic Abuse Strategy consultation and engagement activity has taken place involving a range of partners. These included:

- Greater Manchester Police neighbourhood, Senior Leadership Team and Partnership Team, CID, Vulnerable Adults Team

- Greater Manchester Fire and Rescue Service
- Safeguarding Children Board
- Tameside Health and Wellbeing Board
- Youth Offending Team
- TMBC: Community Safety Unit, Anti-Social Behaviour Team, Drug & Alcohol Action Team, Policy Unit, District Assemblies
- Tameside Probation Trust
- Tameside and Glossop Clinical Commissioning Group
- Stockport Foundation Trust
- Pennine Care Mental Health Trusts
- Tameside Acute Trust
- New Charter Housing Trust
- GMAC
- Victim Support Tameside
- Children's Trust

Summarising the Case for Change

- As well as being hugely damaging in emotional, physical and mental terms, the domestic abuse calculator shows that domestic abuse is also extremely expensive in terms of the impact on the local economy costing Tameside an estimated £25.2m each year.
- We must focus on provision strongly, aimed at prevention, early identification and early intervention.
- Coordinated action Against Domestic Abuse (CAADA) estimate significant cost savings associated with developing a coordinated local response to tackling domestic abuse.

- There are significant health inequalities in Tameside associated with Domestic Violence. The Marmot Review stated that improved partnerships and joined up action across the Strategic Partnership are necessary to tackle the wider social determinates of health inequalities.

National Context

- Findings within the British Crime Survey's self-completion surveys consistently suggest that between 25% and 50% of women will experience domestic violence in their lifetimes.
- Nationally domestic violence accounts for between 16% and one quarter of all recorded violent crime. (Home Office, 2004; Dodd et al, 2004; Povey et al, 2008) and one domestic abuse incident is reported to the police every minute (Stanko, 2000).
- 28% of people aged 16-59 have experienced domestic abuse/violence since the age of 16 and partner abuse (non-sexual) was the most common type (23%) (Povey et al, 2008).
- Although in 74% of cases the victim of partner abuse told someone about what had happened, only 13% had reported it to the police (Povey et al, 2008).
- The Government also recognises the changing local landscapes, providing opportunities for work to be further embedded, including the establishment of Health and Wellbeing Boards and Police and Crime Commissioners taking responsibility for commissioning the bulk of victims' services from 2014.

Repeat victimisation

- Domestic abuse has the highest rate of repeat victimisation of any crime. In 35% of cases there is a second incident within five weeks of the first (Kershaw et al, 2008).
- In 26% of cases, the abuse did not stop when the relationship ended (Povey et al, 2008).

Under reporting

- Domestic Abuse often remains hidden. Abuse is not disclosed for a variety of reasons, shame and stigma, fear of not being believed, confidence in both services and often victims themselves in dealing effectively with abuse and the relationships where it occurs.
- The reasons for under reporting cut across all social identities in very different ways, and for many different cultural and societal reasons. For example a gay man may not disclose abuse for fear of exposing their sexuality, whereas a black minority ethnic victim may not disclose abuse due to cultural acceptance of domestic abuse and fear of rejection from within their own community, or language barriers.

Sub Regional context

Locally and regionally, Domestic Abuse has been a priority for the Association of Greater Manchester Authorities (AGMA) Public Protection Commission (PPC) since 2009 and has been the primary focus of the PPC's Serious Violent Crime theme group since its inception. More recently the Greater Manchester (GM) Safeguarding Partnership has focussed on the issue of Domestic Abuse.

The Association of Greater Manchester Authorities (AGMA) commissioned a report aimed at providing a high-level review of domestic abuse arrangements across Greater Manchester. The report considered where value could be added to local arrangements by a Greater Manchester wide approach, and to assess the extent to which Greater Manchester recognises the scale of the domestic abuse challenge.

The main findings of the independent report are:

- Partners need to grasp the moral picture, the appalling effects of domestic abuse and the need to support individuals for their own benefit and the wider society.
- There is some outstanding partnership work in progress within local partnerships in the Greater Manchester sub-region.
- There is a large variation in the approach to domestic abuse across Greater Manchester and this includes structures, funding, approaches to service provision and representation.
- There is considerable support for some form of GM-wide, collaborative approach to domestic abuse but it must deliver value for money and/ or other tangible benefits and outcomes.
- Service delivery around high risk cases is relatively well resourced and managed, but there is a significant gap in the response to prevention and early intervention.

4. Local Context

Tackling Domestic Abuse is a key priority for Tameside Council and partners. The Tameside Children's Trust, through its Children's Plan, identified Domestic Abuse as one of the 'Indications for Action' arising out of the needs assessment within the Children and Young People Plan 2010-2013.

The Tameside CDRP in its Violent Crime Strategy 2012 recognised violent crime as a key area of work alongside Sexual Violence, night-time economy and young people. The Domestic Abuse Strategy seeks to help develop strategic coordination and ensure that it receives sufficient priority across the borough. It is complemented by an increased national and regional focus on Domestic Abuse and Domestic Violence, drawing upon the Government's 2010 cross-departmental publications 'Call to end Violence Against Women and Girls', which sets out a vision placing prevention at the centre of the approach, and includes provision of services, partnership working, better justice outcomes and risk reduction.

Domestic Abuse Intelligence Locally

Data for 2011/12 shows that Tameside is ranked fourth highest out of ten Greater Manchester Authorities in terms of rate of domestic abuse per 1,000 population. Within Tameside the rate has fluctuated year on year rising from 5.9 crimes per 1,000 population in 2009/10 to 6.9 on 2010/11 and decreasing again to 6.3 in 2011/12.

The table at Figure 1 below shows recorded domestic abuse crimes April 2009-March 2012, rate of crimes per 1,000 population.

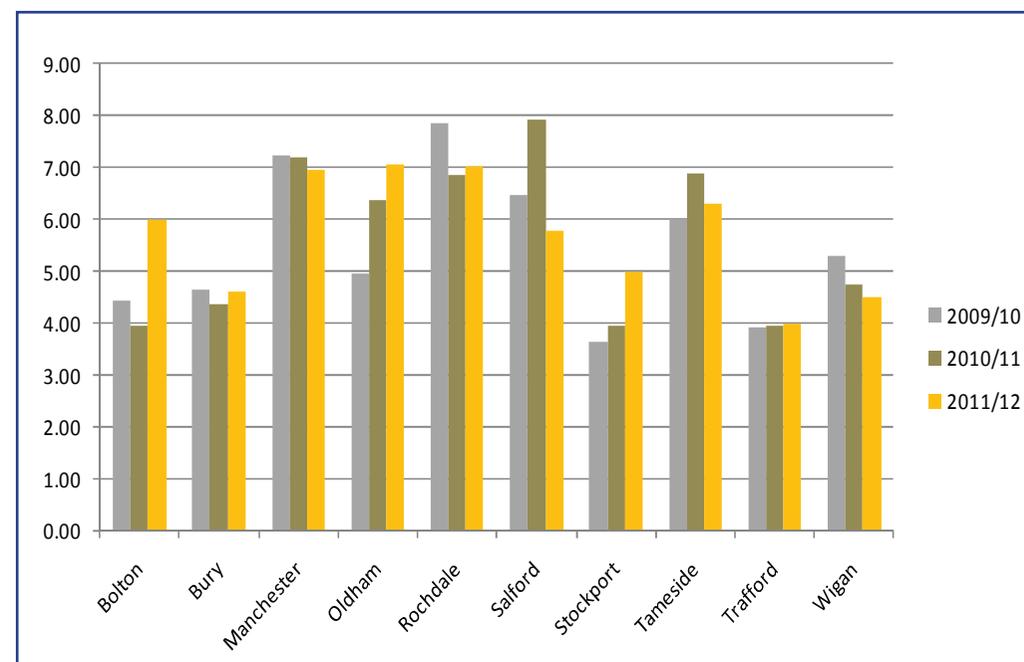


Figure 1: Recorded domestic abuse crimes April 2009 - March 2012, rate of crimes per 1,000 population. Source: new economy (December 2012)

There is a clear relationship in Tameside between the level of deprivation in an area and the prevalence of recorded domestic abuse associated. Approaching half (44%) of domestic abuse crimes in the period October 2009-September 2012 took place within roughly a quarter (28%) of the most deprived localities in the area. Only 8% of recorded domestic abuse occurred in the 22% least deprived areas.

Domestic abuse crimes in Tameside tend to be linked to violence. Almost 80% of domestic abuse crimes in Tameside are linked to violence compared to an average of 76% across Greater Manchester as a whole. In line with trends across greater Manchester the number of crimes recorded as harassment has been increasing.

Nearly 80% of reported domestic abuse crime victims in Tameside are female and 89% are White. There is a wide age range for victims with 81% of victims aged between 19 and 50. The proportion of victims of domestic abuse crime who are unemployed is 50% which is significantly greater than the proportion of people who are unemployed in the overall population (9.8%).

Tameside has specific geographic areas that are hotspots for domestic abuse. The hotspots are located in Ashton St Michaels, Ashton St Peters, Stalybridge North and Ashton Hurst. Of the 19 wards in Tameside 8 saw an increase in domestic abuse between 2009 and 2012 and 10 saw a decrease with one ward remaining static.

Criminal Justice System data indicated that Tameside experiences a problem with key victims not supporting prosecutions. Over a third of cases are unsuccessful due to this reason, 7% higher than the Greater Manchester Average. Victim retraction or refusing to give evidence is also above the Greater Manchester average in Tameside. The economic and social costs of domestic abuse are significant. The information below estimates the cost to Greater Manchester using the updated 2009 Walby Formula (Pro-rated by population). Using Tameside population data together with overall Domestic abuse crime numbers, the figures in brackets show the approximate cost to Tameside each year.

- Physical and mental health care cost - £84.4m (£7.5m)

- Criminal justice cost - £61.5m (£5.5m)
- Social services costs - £13.8m (£1.2m)
- Housing and refuges cost - £9.6m (£0.9m)
- Civil legal services costs - £18.9m (£1.7m)
- Local economic output loss - £93.7m (£8.4m)
- Total costs - £281.8m (£25.2m)
- In addition, the Walby formula estimates further human and emotional costs of £485.6m (£43.4m)

These costs are almost completely absorbed within generic services across the Borough. In addition, funding for these services mainly comes from short-term and non-mainstream sources.

Key Findings from the Equality Impact Assessment

- National research suggests that age may be a factor in being a victim of domestic abuse. For example a national study indicates that 70 per cent of teenage mothers are in violent relationships.
- The service is aimed at adults aged 16 and over therefore there will be a positive impact for adults over 16. Where a Service User has children the service is designed to also consider their needs and support them as necessary to become and remain safe and to achieve positive outcomes.

- There is a strong correlation between domestic abuse and child maltreatment. Growing up in an abusive family can have life-long effects upon a child. These can include depression, low educational attainment, unemployment, difficulties in forming personal relationships, conducting relationships in an abusive fashion or becoming victims of domestic abuse themselves, drug and alcohol misuse and chronic law-breaking.
- Domestic abuse is an indicator of child abuse and has featured significantly in child protection proceedings and serious case reviews. Within Tameside domestic abuse is identified in 55% of child protection cases, with first quarter figures for 2012/13 showing that this had increased to 67%.
- Domestic abuse is a key feature for both youth and adult offending. In the adult caseload 11% of offenders have a history of domestic abuse offending. Similarly 15% of people on the Youth Offending Team caseload were perpetrators of domestic abuse.
- The number of older people reporting that they have experienced domestic abuse is low compared to other age groups. There is however some research to suggest that in general older people are more likely to believe that abusive behaviour within relationships is the norm and socially acceptable. Older people are often economically dependent on their abuser and may find it more difficult to access information and support aimed at people who are victims of abuse.
- Some research suggests that disabled women are more likely to experience abuse than non-disabled people. Dedicated service provision for disabled people in general is limited.
- There is little evidence to suggest that people from some ethnic or cultural communities are any more at risk than others. Some victims from BME communities may however be more likely to experience social isolation and may have to overcome religious or cultural barriers in seeking help.
- Most victims of domestic abuse are female; however 19% of Domestic Violence incidents involve male victims with just under half of these involving a female abuser. Male victims are generally less likely to suffer repeat victimisation and are less likely to suffer serious physical and sexual assaults.
- There is limited reliable data nationally on the extent of domestic abuse in lesbian, gay, bisexual and transgender communities. The national organisation Broken Rainbow estimate that gay men experience domestic and sexual abuse in similar levels to heterosexual women. A London based study found that 75% of lesbians who had been assaulted felt unable to report the crime to police.
- The Equality and human Rights Commission report 'How Fair is Britain' found that LGB people are more likely than average to have experienced sexual assault and violence during their lifetimes.
- Studies show that 30% of domestic abuse starts during pregnancy and up to 9% of women are thought to be abused during pregnancy and after giving birth. Where domestic abuse is already prevalent abuse will often increase and become more violent during this time. Pregnant women are often reluctant to admit to abuse without prompting.

- Issues of religious faith, or the belief in a specific system of principles and practices that give reverence to a higher power, are often central to the experiences of many victims and survivors of domestic violence. Often these are interlinked with issues around ethnicity and culture. Indeed, very similar issues around under-reporting of domestic abuse seem to occur amongst communities of religion, faith and belief.
- The implementation of this strategy will focus on the delivery of an investment agreement which will facilitate investment in early preventative services, redirecting delivery and shifting resources away from dealing with high cost impacts of domestic abuse.
- Local stakeholders feel that early intervention and prevention strategies further engagement with health professionals and the development of self-help perpetrator programmes could make a real difference to reducing domestic abuse in the long term in Tameside.
- Overall the impact of the domestic abuse strategy has been assessed as positive as it seeks to ensure that issues of inequality within strategic and operational approaches to domestic abuse are identified and addressed.
- Key to ensuring that the potential for any negative impact is avoided within the implementation of this strategy will be ensuring that the needs of different equality groups and their different experiences of domestic abuse are integrated into Tameside's approach to domestic abuse on a day to day basis.

Domestic Abuse Services in Tameside

Tameside has a mix of specialist's domestic abuse services, multi-agency processes (which in the main focus on acute high risk victims, children and offenders) and mainstream services across all partner organisations where clients with domestic abuse as an issue present themselves.

Current provision of specific Domestic Abuse Services is improving year on year and the following, we have recently brought our core services together to a single integrated service, delivering a step change which is moving us towards a whole systems approach:

- Refuge and Floating Outreach / Crisis Support for women fleeing violence
- The Multi Agency Risk Assessment Conference (MARAC) is in place supported by two Independent Domestic Violence Advocates (IDVA) providing crucial advocacy services to victims at high risk. The DASH risk assessment tool is currently being used by several front line agencies but requires embedding more robustly across a greater number of organisations.

The services and tools listed above represent significant partnership and single agency effort and commitment to put the right services and processes in place for victims and families, although most services deal exclusively with high risk victims, many of whom have experienced significant abuse for sustained time periods.

5. Strategic Goals

Objective 1:

Improve Prevention and Early Intervention

This means working proactively across the Partnership to stop domestic abuse from happening in the first place. Where that cannot be achieved, it means finding the earliest possible manageable intervention points and preventing the abuse from becoming any worse by effectively protecting victims and their children while bringing perpetrators to account quickly. Prevention can provide a means for long term and sustainable reductions in violence and abuse.

Historically, domestic abuse services across the borough have been reactive in nature – responding to problems once they have become serious enough to come to the attention of support/criminal justice agencies.

We need to ensure that the strategy focuses on activities that identify victims and their families at a much earlier stage. In addition, implementing the whole school response principles as highlighted within the VAWG Strategy will ensure domestic abuse is mainstreamed into schools policy and roles, but that domestic abuse (gender equality and domestic violence) is universally included as part of the core Physical Health and Social Education (PHSE) and Sex and Relationship Education (SRE) curriculum.

What will we do

- We will increase the number of all specialist and front line services who are equipped and are using a common risk assessment for /or (DASH) tool.
- We will develop clear service pathways and quality processes for those cases of domestic abuse that are risk assessed but do not meet the current MARAC or DASH thresholds. These cases will be managed proactively to reduce the domestic abuse and risks to victims and children already present whilst preventing escalation to the MARAC or the Safeguarding Child at Risk / Child Social Care levels.
- We will increase universal domestic abuse awareness, healthy relationships and gender equality learning in schools.
- We will deliver targeted work in identified hotspots through our neighbourhood delivery model (with targeted work taking place in schools, children's centres and other key community venues).
- We will develop corporate strategies to support employees who experience domestic abuse.
- We will ensure that young people not in mainstream education can access similar preventative messages.
- We will help families at risk access family support programmes by piloting and evaluating the Family Intervention Project.
- We will develop an effective and targeted communication and awareness raising action plan.

Objective 2:

Protection of Victims

Effective management of our resources across all agencies and organisations is critical so that we ensure the safety and protection of all victims and children across the whole spectrum of risk. This means organising resources so that we more effectively ensure the safety and protection of all victims and children, including (but not only) those at most serious risk of death as a result of domestic abuse. It means providing the right mix of specialist high risk services for victims that are accessible, effective and resourced at the right levels.

The Domestic Violence Service is currently seeking to amalgamate three existing services into an integrated Domestic Violence service with one principal provider in order to provide a complete support service for those subject to domestic violence. Current individual services are the Substance Using Family Support Service (SUFSS Service), an Independent Domestic Violence Advocate (IDVA) Service and a Women's Refuge Service, with the contracts for these existing services coming to an end in September 2013.

The aim of the model is to create a whole system approach to the provision of domestic violence support for people at risk, so that the commissioned service provides a continuum of support services for this client group, from access to exit point.

What we will do

- We will use the DASH screening tool to develop quality processes and clear service pathways across all agencies that meet the required needs of children witnessing and/or experiencing domestic abuse whatever the level of risk is.
- We will commission further analysis to help understand how drug and alcohol, mental health, parenting support and other services such as schools, child health centres, other third sector providers and other specific services or community resources can contribute to providing an effective care pathway process for victims and children wherever they register on the risk continuum.
- We will increase the amount of target hardening and personal safety advice/ equipment that we provide for victims of domestic abuse.

Objective 3:

Managing Offenders

This means bringing perpetrators to account and holding them responsible for their behaviour as soon as possible, to reduce the risk of abuse escalating into life-threatening behaviours.

What we will do

- We will increase provision for perpetrators and establish a local evidence base regarding impact (long and short term).
- We will continue to provide magistrates and other legal officers with specific training on domestic abuse issues to ensure that perpetrators receive meaningful sentences and rehabilitation opportunities.
- We will undertake analysis that identifies current local care pathways against best practice to establish what drug and alcohol treatment support to perpetrators whose abusive behaviour is influenced by substance misuse is most effective and commission services, such as anger management, on recommendations.
- We will develop a Tameside-only IDAP and facilitate attendance (possibly outside work hours) for local domestic abuse perpetrators (out of borough travel is a factor in a high proportion of cases of non-compliance).
- We will explore the development of perpetrator programmes based on the IDAP model for female perpetrators and male perpetrators in same-sex relationships. This will include complementary victim support measures.
- We will develop the Integrated Offender Management model to effectively respond to the needs presented by domestic abuse perpetrators and victims.
- We will identify and manage, by increased enforcement tactics, known perpetrators.

Objective 4:

Workforce Development

Workers from varying disciplines and organisational backgrounds, possessing a range of skills and abilities currently provide the frontline response to families and individuals experiencing and / or perpetrating domestic abuse. These workers require enhanced training, development and support to enable them to work safely, effectively and consistently.

In order to develop the workforce effectively the Foundation for Families will work with the existing pool of domestic abuse trainers to co-design a comprehensive development programme for frontline practitioners and their line managers. This work will build capacity locally and will integrate with a wider organisational development programme which will focus in skilling staff up to identify risk early and respond through the delivery of early intervention and prevention services.

What we will do

- We will develop and deliver a domestic abuse training package for all public facing services across the Borough to ensure that all workers have an appropriate understanding of domestic abuse, knowledge of the available support services and how to sign post individuals and where appropriate train and embed risk assessment tools specific to domestic abuse.
- Undertake a Training Needs Analysis at organisational, team and individual levels. The needs assessment will take account of both specific and intermediate training needs of individual workers and predict the long term training needs of the team.
- Provide professional development opportunities through mentoring; modelling and joint working, along with reciprocal arrangements for informal training.
- Undertake development activities using 'train the trainer' methodologies in order to ensure that development activity is mainstreamed into the workforce.

Objective 5:

Building Service Capacity

Ensuring that all agencies and individuals across the Partnership (whether they are in the statutory or the voluntary sector) are better equipped with up to date training, knowledge of where to get accurate information and guidance will improve the level of service to all potential victims, their children and perpetrators. We also need to make sure that collectively all partners and organisations across the whole Strategic Partnership have the ability to offer appropriately diverse services that take account of the client's needs.

What we will do

- We will plan and implement a comprehensive outcome based monitoring framework for all services that contribute to tackling domestic abuse incorporating a generic client focused outcome data collection tool across key services.
- We will commission a full needs assessment regarding domestic abuse in Tameside using a 'whole system' approach that will effectively map services, analyse service outcomes against client need and strategy objectives, identify service gaps and recommend priority areas for commissioning in 2011/12.
- Build up capacity to support victims with different backgrounds: specifically with reference to age, class, disability, ethnicity, gender, religion and sexual orientation.

6. Governance

Domestic abuse impacts on outcomes and objectives across the Strategic Partnership. The Crime and Disorder Reduction Partnership (CDRP) has the responsibility for ensuring that there is a strategic approach to domestic abuse, making sure that work is coordinated and that collaboration between agencies is a reality and is clearly demonstrating improved provision and effectiveness. All other Strategic Delivery Boards will have a key role to play in ensuring that the Strategy is effectively delivered. The Violent Crime Delivery Board will take a lead role in the Operational delivery.