



Domestic Abuse Safe Accommodation  
Needs Assessment for  
Cumberland Council  
September 2023

## Contents

1	Introduction .....	4
2	Executive Summary .....	5
3	Recommendations .....	6
4	Key issues .....	7
4.1	Data gaps .....	7
4.2	Poverty and deprivation .....	7
4.3	Complex needs.....	7
4.4	Inequalities .....	7
4.5	Risk .....	8
4.6	Service provision .....	8
4.6.1	The Freedom Project .....	8
4.6.2	Women Out West .....	9
4.6.3	SafetyNet.....	9
4.6.4	Gateway for Women .....	9
4.6.5	Children’s IDVAs.....	10
4.6.6	HAWC (Health and Wellbeing Coach).....	10
4.6.7	The Pause Programme.....	10
4.7	Under reporting.....	10
4.8	What service users say.....	11
4.9	Gaps in provision .....	11
4.10	Barriers to accessing services .....	12
5	Domestic abuse data: level of need and gaps.....	14
5.1	Domestic abuse incidents and homicides .....	14
5.1.1	National picture.....	14
5.1.2	Incidents and crimes .....	14
5.1.3	Domestic abuse homicides .....	15
5.2	Demographic profile.....	15
5.2.1	Local police safeguarding profile.....	15
5.2.2	Local MARAC reports .....	17
5.2.3	Local IDVA data.....	18
5.2.4	Statutory homelessness.....	19
5.2.5	Deprivation .....	20
5.3	Local profile - Domestic Abuse Safe Accommodation referrals .....	22
5.3.1	Demand for safe accommodation services .....	22
5.3.2	Protected characteristics.....	23
5.3.3	Household income, benefits and unemployment.....	27

5.3.4	Household structure.....	27
5.3.5	Care leavers .....	27
5.3.6	Health and support needs of DASA clients .....	27
5.3.7	Support provided to DASA clients .....	28
5.3.8	Children in DASA.....	29
5.3.9	Adult dependents.....	29
5.3.10	Type of abuse.....	30
5.3.11	Risk assessment and DASH assessment .....	30
6	Current services and assets.....	31
6.1.1	DASA housing .....	31
6.1.2	DASA support services and staffing.....	32
7	Client experience .....	33
7.1	Service user personal experiences of support.....	33
7.2	Support needs and support provided .....	33
7.3	Meeting needs .....	34
7.4	Quality standards.....	35
7.5	Barriers to accessing services .....	36
7.5.1	Perception of refuge accommodation.....	36
7.5.2	Domestic abuse in rural areas .....	37
7.5.3	University of Cumbria Survey - support needs of people who have experienced domestic abuse.....	38
8	Service delivery 2023-24 and future plans .....	41
8.1	Funding allocation 2023-24.....	41
8.2	Description of former Tier 2 DASA Funding .....	42
8.3	Potential options for future service delivery .....	42
8.4	Core DASA service including risks and benefits.....	43
8.5	Potential Options for in-reach services including risks and benefits .....	44
8.6	Potential options for Lived Experience Network including risks and benefits.....	45
8.7	Potential options for project support including risks and benefits.....	46
9	Acronyms.....	47
10	References.....	48

## 1 Introduction

Domestic Abuse is defined under the Domestic Abuse Act 2021 as any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse between those aged 16 and over and personally connected to each other.

The Crime Survey for England and Wales for the year ending March 2022 estimated that around five in every 100 adults aged 16 years and over (2.4 million people) experienced domestic abuse in the 12 months to March 2022. The number of domestic abuse related crimes has continued to increase in recent years with the latest figure +7.7% higher than the year ending March 2021, and +14.1% higher than the year ending 2020. The increase in domestic abuse related crimes recorded by the police may reflect increased reporting (*Office for National Statistics, 2022a*). This is reflected in Cumbria which saw 9,990 domestic abuse related incidents and crimes recorded in 2021-22, a rate of 20 incidents and crimes for every 1,000 people in the population. This is an increase of +9.4% (+856 incidents and crimes) compared to 2020-21 and +7.9% (+730 incidents and crimes) compared to 2019-20 (*Office for National Statistics, 2022b*).

The Domestic Abuse Act 2021 places a statutory duty on Tier One local authorities to deliver support to victims of domestic abuse and their children residing within refuges and other safe accommodation and to assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who require highly specialist support and those who come from outside the area.

The purpose of this document is to provide data around the needs of domestic abuse victims and their children seeking support in safe accommodation in Cumberland to inform the commissioning of Domestic Abuse Safe Accommodation (DASA) services and the refreshing of the strategy for the provision of accommodation-based domestic abuse support. The assessment looks at a variety of factors including:

- Domestic abuse related incidents, crimes and homicides;
- Domestic abuse safeguarding records;
- Demographic and socioeconomic characteristics of clients referred to Cumberland's domestic abuse safe accommodation (DASA) service providers;
- Current services and assets;
- Service user personal experiences of support; and
- Barriers to accessing services.

Data has been sourced from a range of national and local organisations. The analysis of domestic abuse safe accommodation service users is based on the quarterly returns provided by the domestic abuse safe accommodation service providers in the Cumberland area.

It is acknowledged that there are some data gaps: some data not available at unitary authority level; there is a lack of knowledge of the needs of rural victims of domestic abuse; data are not recorded around gender reassignment or religion. Feedback from DASA clients is not robust. It would also be useful to know if young people with protected characteristics, or who have been in care or have an offending history are more vulnerable to domestic abuse and

have particular support needs compared to their counterparts without similar experiences, but these data are not available.

## 2 Executive Summary

On 29 April 2021 the Domestic Abuse Act 2021 was granted Royal Assent. The Act includes a duty on Tier 1 local authorities in England to provide support for victims and their children within safe accommodation. The use of funding is restricted by the Department for Levelling up Housing and Communities (DLUHC) grant conditions and covers only revenue expenditure relating to the provision of support to victims of domestic abuse and their children residing in safe accommodation. To be eligible to access support, victims must be resident in specific types of accommodation which are classified as a “safe place”.

Domestic abuse is estimated to have affected five in every 100 adults aged 16 years and over in the 12 months to March 2022. Domestic abuse related crimes are on the rise.

The Domestic Abuse Safe Accommodation (DASA) Needs assessment has been put together to assess current need in Cumberland, quality of delivery and to ensure that access to support for victims of domestic abuse is consistent. The assessment is based on the 251 victims of domestic abuse referred to DASA service providers in 2022-23 and highlights the following:

- DASA services are currently provided “in-house” in Cumberland.
- 31 dedicated units of DASA accommodation are available, with access to a further six units if required and two in development. Accommodation quality varies across Cumberland.
- Vacancy rates are variable; at times clients need to be housed further from their home area.
- There are links between poverty, deprivation and domestic abuse. Victims are more likely to come from communities that are more deprived. A large proportion of victims are on low household income, claiming benefits and unemployed.
- Homelessness affects a significant proportion of people requiring support.
- Significant proportions of victims have complex needs including drug / alcohol misuse and mental ill health.
- Domestic abuse has a disproportionate impact on females.
- A large proportion of victims are classified as at a High or Medium risk level. A large proportion have dependent children.
- It is likely that the full extent of need has not been captured as under reporting may be a problem especially for male victims, those with disabilities, LGBTQ, young victims 16-18 years and older victims (those aged 65+).
- Available case studies are limited. The lived experience of victims in DASA is not fully understood.
- There are differences across Cumberland in the approach to cover staff absence and provide out of hours support.
- The offer of support services varies across Cumberland.
- The ChIDVA offer is under used as victims claim it is “too much” whilst in DASA and having to address other issues.
- Length of time supported may be influenced by the availability of move on accommodation.
- DASH assessments (Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment) are not always completed and / or updated at times of increase

and decrease in risk and can vary in standards of quality. This has been addressed via widespread, wide reaching multi-agency DASH training.

- Domestic abuse may not always be identified during homeless assessments.
- Case recording practice varies across Cumberland.
- Barriers to accessing DASH services include: rurality; perception of inclusiveness by LGBTQ+ victims; physical ill health and isolation for older victims; disability; gender (male).

### 3 Recommendations

- Cumberland's "in-house" DASH services are considered good overall. It is recommended that services continue to be provided in this way for Cumberland Council as services are in place and embedded.
- A DASH Officer should be called into all homeless assessments where domestic abuse is disclosed. This can be facilitated by having a DASH Officer on duty each day as is already the practice in some areas of Cumberland. This approach avoids the service user having to tell their story twice which would cause further traumatisation. Although all Homeless Officers in the Allerdale, Carlisle and Copeland areas are DASH trained, the quality of the DASH could vary depending on the frequency of practice.
- Ensure in reach services provide the therapeutic support required by victims of domestic abuse, taking into account the needs of those with protected characteristics as defined under the Equality Act 2010, and ensuring the system allows victims to continue accessing support beyond their stay in domestic abuse safe accommodation, for by example, the continued use of existing community groups to provide in-reach and support work within safe accommodation.
- Explore ways the ChIDVA offer could be improved or seek alternatives for children's support.
- It is important to engage with those with lived experience of domestic abuse and support in DASH to inform services on an on-going basis. Engagement work has been commissioned from Women's Community Matters and it is recommended that case studies are reviewed and findings presented in the Autumn 2023.
- Explore options for providing out of hours support in the Allerdale and Copeland areas.
- Consider options for sharing or seconding staff to cover future staff absence as good practice.
- There are variations in case recording between the former district areas. Continue to carry out dip sampling and checking against Quality Standards to align practice.
- Funding has been used to provide managerial support and training in 2022-23. The use of the funding has varied across the Cumberland Council area and requires standardisation.
- There has been underspend of grant funding in both 2021-22 and 2022-23. It would be beneficial to continue to use grant underspend to provide target hardening measures to those moving into permanent accommodation to ensure accommodation is in line with grant conditions and that support can continue to be provided. There is a plan for Cumbria Fire and Rescue Service to deliver this, rolling out in September 2023.
- It would also be beneficial to continue to use grant underspend to roll out training to practitioners and other front line staff to improve practitioner awareness and understanding and ensure standardisation of services (including domestic abuse

awareness training, DASH safety planning and training, Trauma Informed training, specialised children's training, Domestic Homicide timeline).

## 4 Key issues

Data provided for this domestic abuse safe accommodation needs assessment highlight a number of issues as set out in the following paragraphs.

### 4.1 Data gaps

There are data gaps in some key areas:

- Some data are not available at unitary authority level. This includes
  - National domestic abuse incident, crime and domestic homicide data (Police Force Area level only);
  - MARAC data.
- The under-reporting by rural victims of domestic abuse results in less being known about the needs of these clients.
- Whether young people with protected characteristics, or who have been in care or have an offending history are more vulnerable to domestic abuse than their counterparts without similar experiences and have particular support needs.
- Data are not recorded around gender reassignment.
- Religion is not known or stated for a large proportion of DASA clients.
- Feedback from DASA clients is patchy.

### 4.2 Poverty and deprivation

There are links between poverty and deprivation and domestic abuse. Data, where available, show a large proportion of clients referred to Cumberland's DASA service providers originate from communities considered to be more deprived. Data show significant proportions of domestic abuse victims on low household income, claiming benefits and unemployed. Homelessness affects a significant proportion of people requiring support.

### 4.3 Complex needs

Drug and alcohol misuse combined with domestic abuse and mental ill health are recognised nationally as factors that increase the risk of harm to adults and children in families. Significant proportions of domestic abuse victims accessing support services in Cumberland require support services in relation to these health issues.

### 4.4 Inequalities

- Domestic abuse is a gender biased crime. The data show the disproportionate impact on females.
- Younger adults are more likely to be victims of domestic abuse.
- Disabled people or those with a long standing illness are more likely to experience some form of domestic abuse than people with no long standing illness or disability.
- LGBTQ+ people are likely to experience at least equal of higher incidents of domestic violence compared to heterosexual individuals.
- Trans individuals may be at higher risk of domestic abuse than LGB individuals.
- Pregnancy can be a trigger for domestic abuse.

- It is likely that some groups are unrepresented in domestic abuse reporting. To try to address this the Domestic Abuse partnership has adopted three DASH risk assessments, one for those aged 16-59 years, one from 60+ years and one for those with mental health issues. A further DASH is being developed to consider issues faced by those with additional learning needs. This takes into account the different issues faced by different sections of society.

## 4.5 Risk

The rate of domestic abuse related safeguarding incidents and crimes is similar to or lower than that of the county's similar police force areas, and lower than regional and national rates.

A large proportion of domestic abuse victims are classified as at a High or Medium risk level. A large proportion of victims have dependent children. Children are now considered to be victims of domestic abuse in their own right.

The most common types of domestic abuse experienced by clients in DASA in Cumberland are: multiple types of abuse; emotional abuse; controlling and coercive behaviour; physical abuse and psychological abuse.

## 4.6 Service provision

All DASA delivery is delivered "in house" in Cumberland.

A range of in-reach services are currently used to support DASA clients as outlined below:

- The Freedom Project working with men, women and children
- Women Out West
- SafetyNet working with men, women and children
- Gateway for Women
- ChIDVA via OPCC
- HAWC (part year)
- PAUSE

Further details of the above services are provided in the following sections.

### 4.6.1 The Freedom Project

Service to provide group support and individual counselling. Copeland and Allerdale based to enhance County spread of provision, to be focused around supporting children and families.

Access to trauma therapy is key to recovery for victims of domestic abuse. On leaving DASA, customers can continue to be supported under the generic offer of The Freedom Project.

The Freedom Project works with men, women and children.

#### 4.6.2 Women Out West

The Women Out West service offers a holistic approach, providing tailored support to every woman. The services below are to be offered to eight women from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024:

- Specific support around domestic abuse and sexual violence. This support commences with The Freedom Programme and moves into The Domestic Abuse Recovery Toolkit.
- Peer support groups for those who have completed The Freedom Programme to ensure ongoing support.
- Developing and maintaining healthy relationships.
- Developing self-confidence and self-esteem.
- Developing skills to keep safe and secure.
- Looking after personal health needs and wellbeing.
- Improving budgeting skills and gaining confidence to deal with benefit claims.
- Managing personal paperwork and talking with professionals.
- Establishing a positive social network.
- Becoming able to access other activities in the local community.
- Successfully attending college and applying for employment.
- Engaging in voluntary work experience and seeking meaningful employment.
- Holistic groups including Yoga, Meditation and Arts and Crafts.
- Drop in session which are fun and exciting

This service aims to re-integrate and boost the confidence of victims of domestic abuse to aid recovery. On leaving DASA, customers can continue to be supported under the generic offer of Women Out West.

#### 4.6.3 SafetyNet

To provide trauma informed / wellbeing support that provides short-term safety and stabilisation work to children and young people and families who have significant emotional and practical needs that make accessing therapeutic recovery support services difficult or impossible.

- Services as detailed above to be delivered by qualified Trauma Informed Practitioners (SafetyNet).
- 4 sessions per day, average 1-12 sessions per child/family.
- Support to whole families – working with parents, carers and other family members.

Access to Trauma therapy is key to recovery for victims of Domestic Abuse. On leaving DASA, customers can continue to be supported under the generic offer of SafetyNet.

#### 4.6.4 Gateway for Women

The Gateway for Women service offers a holistic approach, providing tailored support to every woman. The services below are to be offered to 15 women from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024:

- Specific support around domestic abuse and sexual violence. This support commences with The Freedom Programme and moves into The Domestic Abuse Recovery Toolkit.
- Peer support groups for those who have completed The Freedom Programme to ensure ongoing support.
- Developing and maintaining healthy relationships.
- Developing self-confidence and self-esteem.

- Developing skills to keep safe and secure.
- Looking after personal health needs and wellbeing.
- Improving budgeting skills and gaining confidence to deal with benefit claims.
- Managing personal paperwork and talking with professionals.
- Establishing a positive social network.
- Becoming able to access other activities in the local community.
- Successfully attending college and applying for employment.
- Engaging in voluntary work experience and seeking meaningful employment.
- Holistic groups including Yoga, Meditation and Arts and Crafts.
- Drop in session which are fun and exciting

This service aims to re-integrate and boost the confidence of victims of domestic abuse to aid recovery. On leaving DASA, customers can continue to be supported under the generic offer of Gateway for Women.

#### 4.6.5 Children's IDVAs

Independent Domestic Violence Advisors (IDVAs) are commissioned from Victim Support by the Office of the Police and Crime Commissioner (OPCC).

In 2023-24, Cumbria County Council funded an additional 1.0 Full Time Equivalent (FTE) staff member to offer services to children in Domestic Abuse Supported Accommodation recognising that children are victims in their own right under the Domestic Abuse Act. This was done through a grant agreement to the OPCC who then amended their contract with Victim Support.

This service has been underused, with agencies reporting that parents feel this type of intervention is 'too much' whilst children are adapting to living in DASA. Nevertheless, access to children's support is vital in meeting the obligations under The Act.

#### 4.6.6 HAWC (Health and Wellbeing Coach)

This service aims to support those with complex needs and has been an underused service, with only a small number of referrals. Agencies report that introducing support from the HAWCs was viewed as overwhelming for users of DASA. This led to the HAWC service being part funded in 2023-24 to cover salary for 3 months as the assigned DASA HAWC changed roles.

#### 4.6.7 The Pause Programme

Pause works with women who are at risk of multiple pregnancy where there is a history or likelihood of the child being removed. The programme works on building resilience and addressing complex needs such as substance abuse and mental health issues.

The majority of women accessing the Pause programme have suffered domestic abuse.

### 4.7 Under reporting

Under reporting by groups with protected characteristics is potentially a problem, especially around male victims, those with disabilities, LGBTQ, young victims of domestic abuse (16-18 years) and older victims (those aged 65+).

## 4.8 What service users say

Case studies included within DASA quarterly returns by DASA service providers paint a positive picture overall, with victims feeling safe, supported and listened to. Staff are considered supportive and understanding, and victims feel their support needs were met. However the number of case studies is limited and the information often sparse.

## 4.9 Gaps in provision

It is clear that there is a range of supported accommodation options and services that differs across the Cumberland area. Supported accommodation provision ranges from dispersed independent provision (with tailored in reach support during office hours) to 24 hour staffed self-contained accommodation. A summary of the accommodation available by district can be seen in Section 4.1.1 "DASA Housing".

Cumberland currently has access to 31 units of supported accommodation specifically for use for victims of domestic abuse in addition to the wider temporary accommodation provision for homelessness, with 9.9 FTE specialist support officers supporting these units. Two further units are being developed in the Allerdale area, while access is available to a further six units in Copeland if required as an overspill. Accommodation quality varies across Cumberland.

There is no specialist refuge provision for women with high levels of mental ill-health and those who are currently in addiction of alcohol and/or drugs; there is a need for dedicated recovery refuge provision. There are a number of recovery refuges across the country whose models could be replicated in Cumbria.

Staffing salaries vary across the former districts; this may have a negative impact on staff retention and service delivery.

Some informal seconding of staff has taken place in the Allerdale and Copeland areas to address capacity issues, however, there is no formal agreement in place to share officers between areas in Cumberland and this could lead to gaps in service provision.

There are differences across Cumberland in terms of access to immediate support out of hours.

Vacancy rates across DASA accommodation during 2022-23 were variable, at times requiring clients to be housed further from their home area.

The offer of support services (such as advocacy and advice services) varies across the former district areas.

The current ChIDVA (Children's Independent Domestic Violence Advisor) offer is under used, with only a small number of referrals.

The length of time clients are supported may be influenced by the availability of suitable move-on accommodation, especially in areas where demand for rental accommodation is high.

Not all DASA clients have a DASH assessment completed. DASH assessments vary in standards of quality. A DASH is a live document and should be updated with any change in circumstances to demonstrate increase or decrease of risk. This message has been delivered via training.

The opportunity to identify domestic abuse during homeless assessments is sometimes missed as DASA officers are not always involved in assessments; this applies particularly to the former Carlisle district. This will be addressed by aligning processes in Cumberland to ensure there is a consistent approach to identifying domestic abuse during homeless assessments to limit handoff and avoid the victim having to retell their story multiple times. There is an offer from Victim Support and Cumbria Constabulary to quality assure DASH risk assessments in relation to DASA to identify any training needs.

There are variations in case recording between the three areas which is being addressed via dip sampling and checking against Quality Standards to align practice.

There is a wider issue in relation to supporting and rehabilitating perpetrators of domestic abuse. Cumbria has access to perpetrator programmes but has no specific perpetrator accommodation. Funding of these and the implementation of MATAAC (Multi-Agency Tasking and Coordination process) were the recommendations of the Home Office's Police, Science, Technology, Analysis and Research (STAR) report. Unfortunately an application for funding to the Ministry of Justice was unsuccessful. The MATAAC is to launch in September 2023, funded by Cumbria Constabulary.

#### 4.10 Barriers to accessing services

Findings indicate several barriers preventing victims from accessing services.

Around one in four victims refused accommodation in 2022-23 indicating that the DASA approach is not always suitable or acceptable to clients. No client is turned away or not offered support, but this cannot be costed against the Grant.

Rurality is a significant barrier. Services are harder to access in rural areas and societal structure make escape less likely resulting in rural victims being half as likely to report abuse as urban victims. Rurality increases the risk of harm; as rural victims as likely to live with their abuse for around 25% longer than urban victims. The more rural the area, the harder it is to obtain support. Service provision can be fragmented. Just over half of Cumberland's population (51.7%) live within areas defined as rural by the Office of National Statistics. Research carried out by the University of Leeds into domestic abuse in rural areas can be accessed via the following link: [Understanding the Geospatial and Contextual Patterns of Rural Domestic Abuse](#). The recommendations from the University of Leeds report and how these are aligned to Cumbria's domestic abuse action plan can be accessed via the following link: [STAR report recommendations alignment](#).

LGBTQ+ people can be deterred from accessing support services based on past experience or anecdotes from others, thinking that services will not be inclusive or that individual professionals may be homo/bi/trans phobic.

Problems with physical health and subsequent isolation can present barriers to older victims of domestic abuse being able to access community services as they may be unable to leave their home easily. Dependency can also be a barrier. Older victims of domestic abuse are twice as likely to be living with the perpetrator of their abuse; the perpetrator may also be their carer and it can consequently be difficult for the victim to access help and support.

Disabled people often suffer from marginalisation in society through misplaced views of their lives and experiences and this can leave them ill-equipped to recognise abusive behaviour, understand their rights and seek support. Some disabled victims may not be identified as having an impairment and therefore will not be receiving appropriate assistance. Services may not be appropriate or accessible to victims with physical impairments.

Men can face specific challenges when it comes to domestic abuse. Shame or honour and stereotypes of masculinity and sexuality can act as barriers for male victims and survivors to seek support and can impact on report. Some male victims find that harmful gender stereotypes around masculinity prevent them from discussing issues of domestic abuse or seeking help until they're in crisis.

A survey carried out by The University of Cumbria's Health and Society Knowledge Exchange (HASKE) to explore the lived experiences of people who have experienced domestic abuse and received support in safe accommodation across Cumbria, along with the experiences of those who chose not to, or who were unable to access support found that:

- Common limitations of support included inconsistency of service provision, a lack of joined-up processes which meant people having to retell their stories to each organisation they engaged with, and a perceived lack of compassion from staff they worked with.
- Lack of awareness of the types of support and safe accommodation available to people fleeing domestic abuse.
- Requirement for more resource-intensive improvements, such as introducing 24-hour staffing of safe accommodation, and a women's refuge in West Cumbria.
- Support provision not meeting all the needs of people who have experienced domestic abuse, especially in rural areas of the county.
- The survey respondents identified several challenges when supporting people who experience domestic abuse, such as: providing access to suitable accommodation and support, long waiting lists, a lack of funding, staffing issues, working with other services, and service user engagement.

## 5 Domestic abuse data: level of need and gaps

### 5.1 Domestic abuse incidents and homicides

#### 5.1.1 National picture

The Crime Survey for England and Wales for the year ending March 2022 estimated that around five in every 100 adults aged 16 years and over (2.4 million people) experienced domestic abuse in the 12 months to March 2022. A higher percentage of adults experienced domestic abuse by a partner or ex-partner (3.5% of all adults). Around two in 100 adults (2.1%) experienced domestic abuse from a family member.

The number of domestic abuse related crimes has continued to increase in recent years with the latest figure +7.7% higher than the year ending March 2021, and +14.1% higher than the year ending 2020. The increase in domestic abuse related crimes recorded by the police may reflect increased reporting. (*Office for National Statistics, 2022d*)

It is estimated that approximately seven out of ten women (6.9%; 1.7 million) and three out of 100 men (3.0%; 699,000) experienced domestic abuse in the 12 months to March 2022. The survey indicates that:

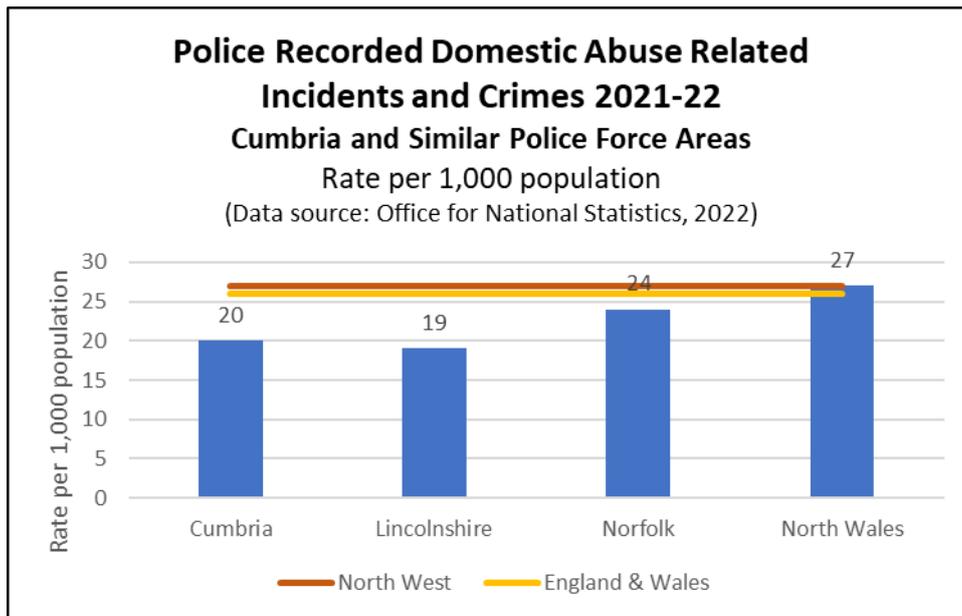
- A higher proportion of adults aged 20-24 years were victims of any domestic abuse compared with adults aged 55 years and over.
- A higher proportion of adults with a disability experienced domestic abuse compared to those without a disability.
- The victim was female in three out of four (74.1%) domestic abuse related crimes.
- Almost three out of four victims of domestic homicide (72.1%) were female compared with 12.3% of non-domestic homicide.
- There were no significant differences in the prevalence of domestic abuse between ethnic groups.
- A larger proportion of adults who were separated experienced domestic abuse than those who were married, in a civil partnerships, cohabiting or widowed. However, marital status may have changed as a result of the abuse experienced.
- A larger proportion of adults living in a single-parent household experience domestic abuse. However, household structure may have changed as a result of the abuse experienced. (*Office for National Statistics, 2022a*)

#### 5.1.2 Incidents and crimes

In Cumbria 9,990 domestic abuse related incidents and crimes were recorded in 2021-22, a rate of 20 incidents and crimes for every 1,000 people in the population. This is an increase of +9.4% (+856 incidents and crimes) compared to 2020-21 and +7.9% (+730 incidents and crimes) compared to 2019-20.

Compared to 43 police force areas across England and Wales, Cumbria is ranked as having the 14th lowest rate of domestic abuse related crimes and incidents in 2021-22 placing the county within the second lowest quintile overall.

Cumbria's rate of domestic abuse related crimes and incidents in 2021-22 (20 per 1,000 population) is similar or lower than that of statistically similar police force areas, and lower than the rate for both the North West region and England and Wales.



Data for the year ending March 2022 include both domestic abuse related crimes (incidents for which a crime has been recorded) and domestic abuse related incidents recorded by police that were not classified as crimes. (*Office for National Statistics, 2022b*)

Data are not available at a unitary authority level.

### 5.1.3 Domestic abuse homicides

Between the year ending March 2019 and the year ending March 2021, six homicides in Cumbria were recorded as domestic homicide. Four were female victims, aged 16 years and over. Two were male victims, aged 16 years and over (*Office for National Statistics, 2022c*). Data are not available at a unitary authority level.

At 31 March 2023 there were 16 active Domestic Homicide Reviews ongoing in Cumberland.

## 5.2 Demographic profile

The following sections outline the broad characteristics of victims affected by domestic abuse.

### 5.2.1 Local police safeguarding profile

*Source: Cumbria Constabulary 2023*

The table below shows the volume and rate for all safeguarding records and all domestic abuse incidents recorded by Cumbria Constabulary during the 2022-23 financial year. It is clear that the rate for both safeguarding and domestic abuse incidents is highest in the Carlisle area.

Domestic Abuse - All Safeguarding Records and DA Incidents 2022-23				
Geography	All Safeguarding Records	Rate per 1,000 population	DA incidents	Rate per 1,000 population
Allerdale	1,633	16.9	1,454	15.1
Carlisle	2,057	18.7	1,870	17.0
Copeland	1,019	15.2	921	13.7
<b>Cumberland</b>	<b>4,709</b>	<b>17.2</b>	<b>4,245</b>	<b>15.5</b>

It should be noted that not all safeguarding records are progressed to a crime. The same applies to domestic abuse incidents; these are incidents that are domestic abuse related but do not necessarily result in a crime being recorded. Domestic abuse safeguarding records and incidents are not reported nationally in their entirety; national and regional comparisons are therefore not available.

The table below shows how the number of safeguarding records has changed compared to 2020-21 and 2018-19, with figures slightly down overall in Cumberland. However, there are a further 243 safeguarding records where the previous district and current unitary authority are unknown, and therefore the figures for Cumberland could be higher. The slightly lower number of safeguarding records in 2020-21 is likely to have been influenced by the COVID-19 pandemic.

Domestic violence safeguarding records							
	2018-19 (12 months)	2020-21 (12 months)	2022-23 (12 months)	% change 2022-23 vs 2020-21	% change 2022-23 vs 2018-19	Nr. change 2022-23 vs 2020-21	Nr. change 2022-23 vs 2018-19
Allerdale	1,589	1,511	1633	8.1	2.8	122	44
Carlisle	2,074	2,128	2057	-3.3	-0.8	-71	-17
Copeland	1,233	1,115	1019	-8.6	-17.4	-96	-214
<b>Cumberland</b>	<b>4,896</b>	<b>4,754</b>	<b>4,709</b>	<b>-0.9</b>	<b>-3.8</b>	<b>-45</b>	<b>-187</b>

Overall in Cumbria there were 8,239 safeguarding records in 2022-23 involving 11,262 victims. The victims were most likely to be aged 25-34 years (29.8%; 3,351) or 35-44 years (26.0%; 2,929). The majority identified their ethnic group as White British (74.0%; 8,335). Victims from Asian, Black, Mixed and Other ethnic groups including any other White background made up a relatively small proportion (2.9%; 323). However, ethnicity is either not stated or not known for almost one quarter of victims (23.1%; 2,604), and these figures could therefore be higher. Three quarters of the victims were female (76.0%; 8,564) and almost one quarter male (23.5%; 2,637). Demographic data are not available by former district or unitary authority level.

## 5.2.2 Local MARAC reports

Data are not available at former district or unitary authority level.

Cases discussed at multi-agency risk assessment conferences (MARACs), by police force area and region, year ending March 2022							
Area Name	Number of MARACs	Number of cases discussed	Recommended number of cases	Number of cases per 10,000 adult females	Number of repeat cases	Percentage of repeat cases	Number of children in household
England and Wales	249	114,067	92,790	49	37,744	33	141,961
North West	34	22,320	11,750	76	8,432	38	27,627
Cheshire	4	1,815	1,730	42	469	26	2,365
<b>Cumbria</b>	<b>3</b>	<b>788</b>	<b>850</b>	<b>37</b>	<b>251</b>	<b>32</b>	<b>821</b>
Greater Manchester	12	11,782	4,380	107	5,170	44	13,237
Lancashire	10	2,816	2,440	46	503	18	4,445
Merseyside	5	5,119	2,350	87	2,039	40	6,759
Similar Police Force Areas to Cumbria							
Lincolnshire	1	987	1,220	32	228	23	1,359
Norfolk	3	1,004	1,460	27	257	26	1,034
North Wales	6	1,984	1,160	68	698	35	3,424

Source: SafeLives 2022 (MARAC data by Police Force area, region and county (England & Wales))  
The national recommendation of 40 cases discussed per 10,000 adult female population is based on analysis of female victims based on "Domestic violence, sexual assault and stalking: Findings from the British Crime Survey" published in 2004.

Area Name	Male victims %	Female victims %	Proportion of Black, Asian and racially minoritised cases	Proportion of cases where the victim had a disability	Proportion of cases with LGBT+ victims
England and Wales	6.3	93.7	15.8	8.7	1.4
North West	6.6	93.4	11.8	6.6	1.4
Cheshire	5.0	95.0	5.1	11.4	1.8
<b>Cumbria</b>	<b>8.0</b>	<b>92.0</b>	<b>3.9</b>	<b>2.8</b>	<b>1.9</b>
Greater Manchester	7.2	92.8	14.8	4.0	1.5
Lancashire	5.7	94.3	10.3	1.7	1.2
Merseyside	5.9	94.1	9.3	14.3	1.2
Similar Police Force Areas to Cumbria					
Lincolnshire	8.3	91.7	12.6	24.4	1.0
Norfolk	4.1	95.9	10.0	10.6	0.6
North Wales	8.3	91.7	3.6	1.1	1.3

Source: SafeLives 2022

### 5.2.3 Local IDVA data

Source: Victim Support, 2023

All cases referred to Victim Support will be eligible for an offer of support, but not all individuals will take up that offer, and despite best efforts it may not always be possible to successfully contact a victim, hence the difference between the number of valid cases and the number of people supported. The number of people supported is those with whom Victim Support have made successful contact and have delivered a service.

Nationally and locally reports of domestic violence decreased during the COVID-19 pandemic. With the easing of restrictions victims may have been more able to safely disclose, report or talk to someone. The proportional increase in the number of valid cases in 2021-22 does not match the proportional increase in the number receiving support. This is likely to be the result of a number of factors. Firstly, as with the sector more widely there have been staffing and recruitment challenges which would have had an impact on engagement and supported levels with existing staff managing greater numbers while newer staff are trained. In addition much of the support during the pandemic would have been telephone based or virtual, and as restrictions were eased face to face support recommenced which takes more time and reduces overall capacity. Other factors such as support at court would also have recommenced more fully which again take up quite a lot of resource. Although valid cases may have increased this also means that there will be a higher number of more complex medium/high risk cases which by definition take more time/support. This coupled with the impacts on staffing resource has an impact on overall capacity.

Data have not been split out by unitary authority area for this assessment.

#### **Victim Support – Domestic Violence**

Victim Support - domestic violence							
Cumbria	2019-20	2020-21	2021-22	% change 1 year	% change 2 years	Nr. change 1 year	Nr. change 2 years
Valid case numbers	3,051	3,289	3,685	12.0	20.8	396	634
Total receiving support	1,286	1,521	912	-40.0	-29.1	-609	-374

The following characteristics are based on the 912 clients receiving domestic violence support from Victim Support.

A relatively small proportion were high risk (0.5%; 5) with the majority presenting as medium risk (62.0%; 565). Victims were most likely to be aged between 25-34 years (29.9%; 273); almost one quarter were aged between 35-44 years (23.4%; 214). Three in four victims were female (75.6%; 690), and one in seven were male (15.2%; 139). A relatively small proportion were from non-white ethnic backgrounds (1.1%; 10) however ethnicity is not stated for over a quarter of all clients (28.0%; 256) so this may not reflect the actual picture.

## Domestic violence with sexual violence

Victim Support - domestic violence with sexual violence							
Cumbria	2019-20	2020-21	2021-22	% change 1 year	% change 2 years	Nr. change 1 year	Nr. change 2 years
Valid case numbers	876	895	979	9.4	11.8	84	103
Total receiving support	718	738	446	-39.6	-37.9	-292	-272

The characteristics below are based on the 446 clients receiving domestic violence with sexual violence support from Victim Support.

Three in four clients were assessed as high risk (74.9%; 334). Victims were most likely to be aged between 25-34 years (32.1%; 143) or 35-44 years (28.5%; 127). A large proportion were female (86.5%; 386), one in 15 victims were male (7.4%; 33). Just 2.0% (9) were from non-white ethnic backgrounds, however ethnicity is not stated for one fifth (19.5%; 87) of clients so this may not accurately reflect the situation.

### 5.2.4 Statutory homelessness

Support needs of households owed a prevention or relief duty 2021-22	Allerdale	Carlisle	Copeland	Cumberland	North West	ENGLAND
Households with no support needs owed duty (see notes 1&2)	84	219	63	366	17,860	123,640
Households with unknown support needs owed duty	0	0	2	2	400	10,570
<b>Households with one or more support needs owed duty (see notes 1&amp;2)</b>	<b>400</b>	<b>253</b>	<b>199</b>	<b>852</b>	<b>22,820</b>	<b>143,910</b>
Total number of support needs (see note 1)	1,367	655	530	2,552	55,910	315,710
Households with one or more support needs: % of households by support type						
% households: Young person aged 16-17 years	0.3%	1.6%	0.5%	0.7%	1.7%	2.0%
% households: Young person aged 18-25 years requiring support to manage independently	7.0%	11.9%	9.0%	8.9%	8.9%	7.6%
% households: Young parent requiring support to manage independently	0.3%	1.6%	1.5%	0.9%	1.9%	2.0%
% households: Care leaver aged 18-20 years	2.0%	3.6%	2.0%	2.5%	2.9%	2.3%
% households: Care leaver aged 21+ years	12.5%	4.7%	2.0%	7.7%	3.4%	2.8%
% households: Physical ill health and disability	45.0%	28.1%	31.2%	36.7%	32.7%	32.6%
% households: History of mental health problems	74.8%	62.1%	75.4%	71.1%	55.9%	50.7%
% households: Learning disability	15.0%	5.5%	16.1%	12.4%	11.6%	10.5%
% households: At risk of / has experienced sexual abuse / exploitation	7.0%	5.5%	4.0%	5.9%	4.3%	4.5%
<b>% households: At risk of / has experienced domestic abuse</b>	<b>26.0%</b>	<b>19.4%</b>	<b>19.6%</b>	<b>22.5%</b>	<b>21.8%</b>	<b>22.7%</b>
% households: At risk of / has experienced abuse (non-domestic abuse)	9.8%	4.7%	5.0%	7.2%	6.9%	5.8%
% households: Drug dependency needs	17.8%	17.4%	12.1%	16.3%	14.3%	12.3%
% households: Alcohol dependency needs	15.5%	9.5%	10.6%	12.6%	10.6%	9.0%
% households: Offending history	42.8%	36.0%	30.2%	37.8%	22.0%	17.7%
% households: History of repeat homelessness	36.3%	22.5%	24.1%	29.3%	18.1%	13.8%
% households: History of rough sleeping	20.8%	10.3%	10.1%	15.1%	13.1%	10.4%
% households: Former asylum seeker	0.5%	0.0%	0.0%	0.2%	3.3%	2.3%
% households: Old age	2.8%	3.2%	4.5%	3.3%	2.2%	2.7%
% households: Served in HM Forces	4.3%	3.6%	3.5%	3.9%	1.8%	1.3%
% households: Access to education, employment or training	1.8%	7.9%	5.0%	4.3%	7.8%	6.5%

Source: DLUHC & MHCLG, 2023 (Statutory homelessness live tables).

Note 1: Multiple support needs can be reported per household, but each support need only once.

Note 2: Totals for the North West and England include estimates for 31 local authorities that failed to provide data. Estimates are based on previous submissions.

It should be noted that not all domestic abuse cases would be captured via a statutory response at the time, most would be recorded as triage / advice cases especially where victims are being supported within the community. Some caution therefore needs to be applied to these data.

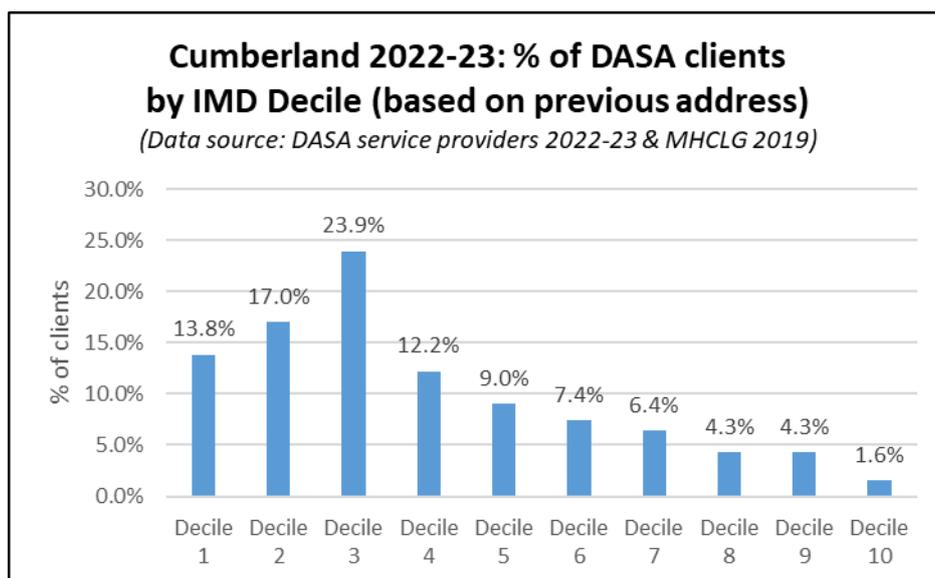
The previous table indicates that one in four households in Cumberland owed a prevention or relief duty (22.5%) are at risk of, or have experienced, domestic abuse. The proportion is largest in the former district of Allerdale. The proportion of households with a history of mental health problems is also high in the former districts of Allerdale (74.8%) and Copeland (75.4%).

A report by SafeLives (2019) highlights there is a strong association between having mental health problems and being a victim of domestic abuse.

### 5.2.5 Deprivation

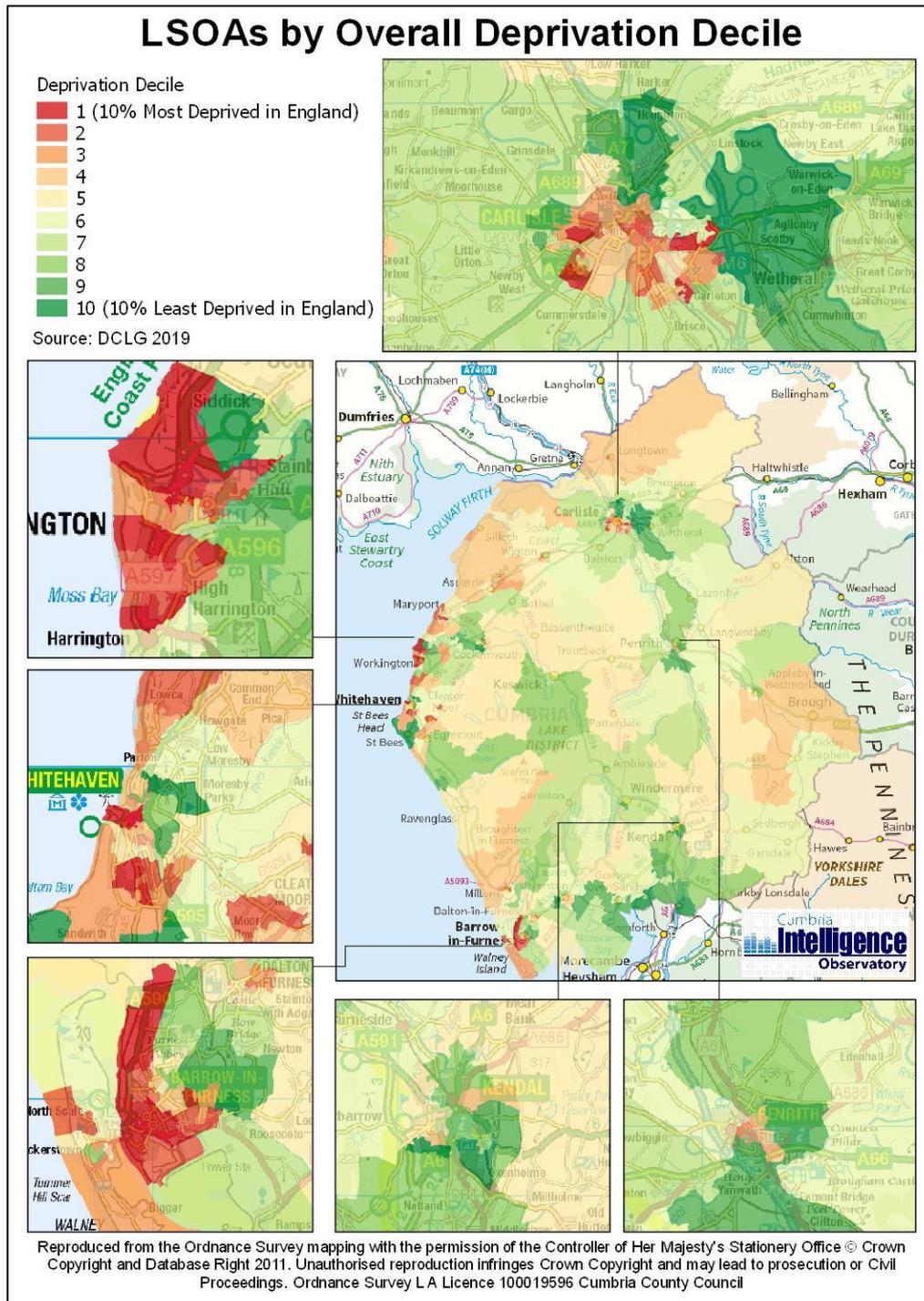
Data from the Crime Survey for England and Wales for the year ending March 2022 indicate that a larger proportion of people living in the 20% most deprived areas were the victims of domestic abuse compared to people living in less deprived areas. In the 20% most deprived areas, 5.8% of people had experienced domestic abuse, compared to 3.9% in the 20% least deprived areas. Some caution should be applied to these figures – data were collated post-COVID over a reduced data collection period of six months, and lower response rates may impact on the quality of the estimates (ONS, 2022a). However, findings are in line with other research reported by Women’s Aid (2022) which found that 14% of women in poverty have faced extensive violence and abuse compared to women not in poverty (6%).

It has not been possible to determine the previous location of one in four DASA clients in Cumberland as postcodes were not available. However, where postcodes were available, data show that one in three (30.9%; 58) were living within Lower Super Output Areas (LSOAs) within the 20% most deprived overall and a smaller proportion (5.9%; 11) within the 20% least deprived areas.



There are 36 Lower Super Output Areas (LSOAs) in Cumberland that are within the 20% most deprived in England in terms of Indices of Multiple Deprivation (IMD). Of these 36 LSOAs, 12 are within the former Allerdale district, 13 within Carlisle, and 11 within Copeland. The most deprived areas tend to be within urban areas. Much of Cumbria's landscape is rural, and it is known that there are specific barriers facing rural victims of domestic abuse (see section *Domestic Abuse in Rural Areas*).

The map below shows Cumbria's Lower Super Output Areas (LSOA) by English Indices of Multiple Deprivation decile 2019.



### 5.3 Local profile - Domestic Abuse Safe Accommodation referrals

The local profile includes clients who have been referred to DASA services but who have refused accommodation. The DASA approach is not always suitable, but good practice dictates that where support is required these victims continue to be supported by DASA Officers although they are not able to be costed against the grant. Information in this section is based on the 251 victims of domestic abuse referred to Domestic Abuse Safe Accommodation Service Providers in Cumberland in 2022-23.

#### 5.3.1 Demand for safe accommodation services

*(DASA service providers, 2022-23)*

During 2022-23 there were 251 referrals to Cumberland's Domestic Abuse Safe Accommodation services (485 people in total including child and adult dependents). The majority of referrals to Cumberland's services were from within Cumbria (228, 87.4%). There were also a number of referrals from Scotland (2.3%; 6) which is not surprising given the geographical location.

Around one in four victims refused accommodation. This was for a variety of reasons, including feeling safer staying with family and friends, not feeling able to cope with temporary accommodation due to mental health problems, wanting to secure permanent housing before moving out, and not wanting to unsettle child dependents. However, victims in these cases continued to be supported by DASA Officers although they were not able to be costed against the DLUHC DASA grant.

Victims were supported on average for almost two months.

Cumberland - DASA referrals 2022-23 by accommodation type and length of time supported				
Accommodation type	Referrals (count)	% of all referrals	Average days supported overall <sup>^</sup>	Average days within specialist accommodation <sup>^*</sup>
Dispersed accommodation	97	39%	50.5	60.3
Other forms of domestic abuse emergency accommodation	31	12%	89.2	
Specialist safe accommodation	56	22%	85.4	54.4
Victim refused accommodation	67	27%	29.6	
<b>Total</b>	<b>251</b>	<b>100%</b>	<b>58.4</b>	<b>56.3</b>

<sup>^</sup>based on closed cases

<sup>\*</sup>specifically refuge, dispersed and specialist services

Of the 214 cases closed during 2022-23, almost half (48.6%; 104) were supported for 1 month or less. A small proportion (7.0%; 15) were supported for 7-12 months. The length of time supported may reflect the availability of suitable move-on accommodation, especially in areas where demand for rental accommodation is high.

Vacancy rates varied across the Cumberland Council area during 2022-23 as shown in the table below. It should be noted that on some occasions there were no vacancies in some of

the former district areas. At these times it was possible to refer clients to one of the other district areas.

Accommodation type	Bedspaces*	% vacancies 2022-23
Refuge accommodation	7	From 28.6% to 42.9%
Dispersed accommodation	20	From 10.0% to 20.0%
Specialist accommodation	4	Averaged 25.0%

\*bedspaces is a unit of accommodation, regardless of how many beds are within the unit

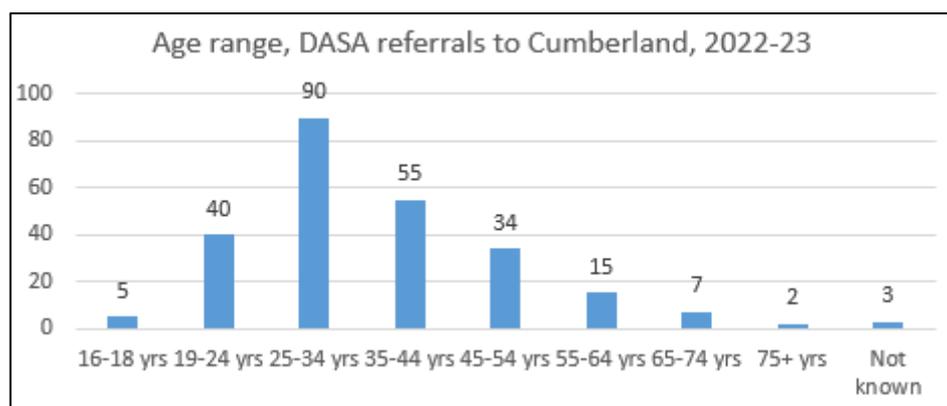
A large volume of referrals are received that are not eligible due to circumstances being outside of DLUHC grant conditions; 72 such referrals were received in Q4 2022-23.

### 5.3.2 Protected characteristics

The protected characteristics under the Equality Act 2010 are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; gender; sexual orientation.

#### 5.3.2.1 Age

(DASA service providers, 2022-23)



Victims referred to DASA services in Cumberland in 2022-23 were most likely to be aged 25-34 years (36%; 90). This is a slightly older age range compared to the national picture of domestic abuse victims which is 20-24 years (*Office for National Statistics, 2022a*) and may reflect that Cumberland has larger proportions of resident population aged 25 to 29 years and 30 to 34 years compared to those aged 20 to 24 years (*Census, 2021 via the Cumbria Intelligence Observatory*). However, it could reflect under reporting from younger age groups. Cumberland also has a larger proportion of people aged 65+ than nationally (England and Wales); almost one in four people in Cumberland are aged 65+ (23.1%) compared to just under one in five in England and Wales (18.6%). However, the age range of DASA referrals does not reflect this older population.

Research outlined in the SafeLives (2016) report *Safer Later Lives* shows that older victims of domestic abuse are likely to have lived with the abuse for prolonged periods before getting help; a quarter have lived with abuse for more than 20 years. Victims may feel additional pressure to stay with an abusive partner as they have a long shared history with that partner.

Older victims may have increased fear over the change in long-term family dynamic that could occur as a result of seeking help, and adult children may put pressure on their parent to stay. Older people are statistically less likely to self-refer. An additional key barrier for this age group can be the issue of dependency. Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities which can exacerbate their vulnerability to harm. As people become more physically dependent they can become isolated. Problems with physical health and subsequent isolation can present barriers to victims being able to access community services, as they may be unable to leave their home easily. Older victims of domestic abuse are twice as likely to be living with the perpetrator of their abuse. A common barrier for older people with health and mobility issues is instances where the perpetrator of the abuse is also their carer; it can consequently be difficult for the victim to access help and support.

#### 5.3.2.2 Disability

Data provided through quarterly DASA returns in 2022-23 indicate that 15.9% of all main applicants referred (40/251) have a disability; 29 of these were female, and 11 male. (*DASA service providers, 2022-23*)

The SafeLives report covering disabled people and domestic abuse (2017) highlights that disabled people are likely to experience higher rates of domestic abuse than non-disabled people, and that both women and men with a long standing illness or disability were more than twice as likely to experience some form of domestic abuse than people with no long standing illness or disability. The domestic abuse suffered by disabled people is often linked to their impairments and perpetrated by the individuals they are dependent on for care. Disabled victims can face many barriers to accessing services. Disabled people often suffer from marginalisation in society through misplaced views of their lives and experiences and this can leave them ill-equipped to recognise abusive behaviour, understand their rights and seek support. Some disabled victims may not be identified as having an impairment and therefore will not be receiving appropriate assistance. Services may not be appropriate or accessible to victims with physical impairments.

According to the 2021 Census, one in five Cumbrian residents (19.3%) are considered disabled under the Equality Act, a slightly higher proportion than in England (17.3%). Given that disabled people are likely to experience higher rates of domestic abuse than non-disabled people, it would be reasonable to expect a higher proportion of referrals to DASA of disabled victims and suggests that disabled victims in Cumbria are facing barriers to accessing services.

#### 5.3.2.3 Gender reassignment

The quarterly DASA returns provided by the former district service providers capture whether the main applicant is LGBTQ+. Whether a client is proposing to undergo, is undergoing, or has undergone a process to reassign their sex is not captured.

More recent data from the 2021 Census shows 0.5% of the population aged 16+ do not identify their gender with the gender registered at birth. However, the question was voluntary and 6.0% of the population did not answer the question. (*Census, 2021*)

Evidence suggests that LGBT+ victims and survivors are not accessing services at the same rate as others in the population. There is variation in estimates about the size of LGB populations and even less data on transgender populations. LGBT+ people may experience unique forms of coercive control; the threat of “outing” gender identity or sexual orientation can be a source of power and control for the perpetrator. (*SafeLives, 2018b*)

Galop via SafeLives (*2018a*) suggests trans individuals may be at higher risk of domestic abuse than LGB individuals; research suggests between 28%-80% of trans people had at least one experience of domestic abuse from a partner or family member.

Barriers to accessing services for this group can include assumptions, based on past experience or anecdotes from others that services will not be inclusive, or even that individual professionals will be homo/bi/trans phobic. (*SafeLives, 2018a*)

#### 5.3.2.4 Marriage and civil partnership

Of the 251 clients referred to DASA services in 2022-23, almost three in ten (28.7%; 72) were married or in a civil partnership (including separated). One in four (26.7%; 67) were cohabiting. (*DASA service providers, 2022-23*) The proportion of those married, in a civil partnership or separated is smaller in Cumberland than the proportion in England and Wales, which puts the figure at 46.9% in 2021. (*Census, 2021*)

It is not known if there are particular circumstances that prevent victims of domestic abuse who are married or in civil partnerships from accessing domestic abuse support compared to those who are cohabiting.

#### 5.3.2.5 Pregnancy and maternity

According to the NHS (2020) pregnancy can be a trigger for domestic abuse and has negative consequences for the woman and her child. Existing abuse may become worse during pregnancy or after giving birth. Domestic abuse in pregnancy increases the risk of miscarriage, infection, premature birth, and injury or death to the baby. It can also cause emotional and mental health problems, such as stress and anxiety, which can affect the development of the baby.

During 2022-23 ten clients referred to DASA were pregnant; this is 4.0% of all referrals. Five of the clients also had other dependent children. (*DASA service providers, 2022-23*)

#### 5.3.2.6 Race

Census 2021 data indicate that 95.1% of people living within the Cumberland area identified their ethnic group as “White British”; this was much higher than the England and Wales average (74.4%).

Local data indicate that nine out of ten (88.8%; 223) clients referred to DASA services in the Cumberland area in 2022-23 identified their ethnic group as White British; one in ten clients (10.4%; 26) were from ethnic minority groups including white minorities (*DASA service providers, 2022-23*). The proportion of clients from ethnic minority groups is slightly larger than may be expected based on the Cumbria proportion; this is likely to reflect the larger proportion of ethnic minority residents including white minorities in the Carlisle area (7.3%).

### 5.3.2.7 Religion or belief

Census 2021 data indicate that three out of five people in the Cumberland area (59%) consider themselves to be Christians. It should be noted that this question within the Census may relate more to identity than to an actual measure of practice or belief. A small proportion reported as Buddhist (0.3%) and Muslim (0.5%). Around one third 35% reported having no religion.

Religion is not known or not stated for almost one third of clients referred to DASA services in 2022-23 (28.3%; 71). A small proportion are Muslim (0.8%; 2), broadly in line with Census findings. A further small proportion state “other religion” (4.4%; 11). The proportion reporting having no religion (52.6%) is greater than the Cumberland average. (*DASA service providers, 2022-23*)

### 5.3.2.8 Gender

National data suggests that women are more than twice as likely to be a victim of domestic abuse than men. Crime Survey for England and Wales data to March 2022 indicate that 6.9% of women and 3.0% of men were victims of domestic abuse. Some caution should be applied to these figures – data were collated post-COVID over a reduced data collection period of six months, and lower response rates may impact on the quality of the estimates. (*ONS, 2022a*)

Local data show that four out of five main applicants in 2022-23 (82.1%; 206) identified as female; 17.1% (43) identified as male (*DASA service providers, 2022-23*). Even taking into account ONS Crime Survey data quality, it would appear that male victims of domestic abuse are under-represented in the local data.

Men can face specific challenges when it comes to domestic abuse. Shame or honour and stereotypes of masculinity and sexuality can act as barriers for male victims and survivors to seek support and can impact on report. Some male victims find that harmful gender stereotypes around masculinity prevent them from discussing issues of domestic abuse or seeking help until they're in crisis. (*Domestic Abuse Commissioner, 2023*)

### 5.3.2.9 Sexual orientation

In the 2021 Census, nine out of ten residents in Cumbria (91.1%) identified as heterosexual; 6.5% declined to answer and 2.3% identified as either gay/lesbian, bisexual, pansexual, asexual or queer.

The majority of clients referred to DASA in 2022-23 identified as heterosexual (96.0%; 241); 3.2% (8) identified as LGBTQ+. (*DASA service providers, 2022-23*)

Galop via SafeLives (*2018a*) suggest that LGBTQ+ people experience equal or higher prevalence of domestic violence and abuse compared to heterosexual women; studies found between 25%-40% of LGB people reported at least one incident of domestic abuse. The proportion of local LGBTQ+ DASA clients (3.2%) which is larger than the general Cumbria proportion of LGBTQ+ residents, would appear to be in line with this trend. However, the actual number could be higher.

SafeLives (2018a) suggest that LGBT+ people can be deterred from accessing support services based on past experience or anecdotes from others, thinking that services will not be inclusive or that individual professionals may be homo/bi/trans phobic.

### 5.3.3 Household income, benefits and unemployment

The Crime Survey for England and Wales to March (ONS, 2022a) indicates that low household income increases the likelihood of being a victim of domestic abuse. The survey indicated that one in five women (21.0%) and 6.7% of men with total household income under £20,800 had been victims of domestic abuse in the previous 12 months. Some caution should be applied to these figures – data were collated post-COVID over a reduced data collection period of six months, and lower response rates may impact on the quality of the estimates. (ONS, 2022a)

This seems to be reflected in Cumberland. Data from DASA service providers indicates that seven out of ten clients (71.7%; 180) were from households where total household income was less than £20k per annum. The contrast was greater between male and female clients. Almost nine out of ten male clients were from low income households (less than £20k per annum) (88.4%; 38) compared to seven out of ten females (68.4%; 141).

Three out of four DASA clients were receiving benefits in 2022-23 (75.7%; 190). Almost one third were unemployed (31.1%; 78).

### 5.3.4 Household structure

According to the ONS, victims of domestic abuse are most likely to be within a single adult and child(ren) household structure. Almost one in five people (19.0%) in this household structure were victims of domestic abuse in 2021-22. Some caution should be applied to these figures; data were collated post-COVID over a reduced data collection period of six months, and lower response rates may impact on the quality of the estimates. Household structure may also have changed as a result of the abuse. (ONS, 2022a)

Single adults with children made up one in four clients referred to DASA services in 2022-23 (26.3%; 66); the majority of these (45) were in the former Carlisle district. Over half of all clients (56.2%; 141) were adults with no children (DASA service providers, 2022-23).

### 5.3.5 Care leavers

Children in care and care leavers are a particularly vulnerable group. They may have experienced abuse, neglect and trauma which can lead to significant emotional, behavioural and mental health needs, putting them at risk of being groomed or exploited by people offering them the attention, affection or support that they may have struggled to find elsewhere. (Safer Devon Partnership, 2023)

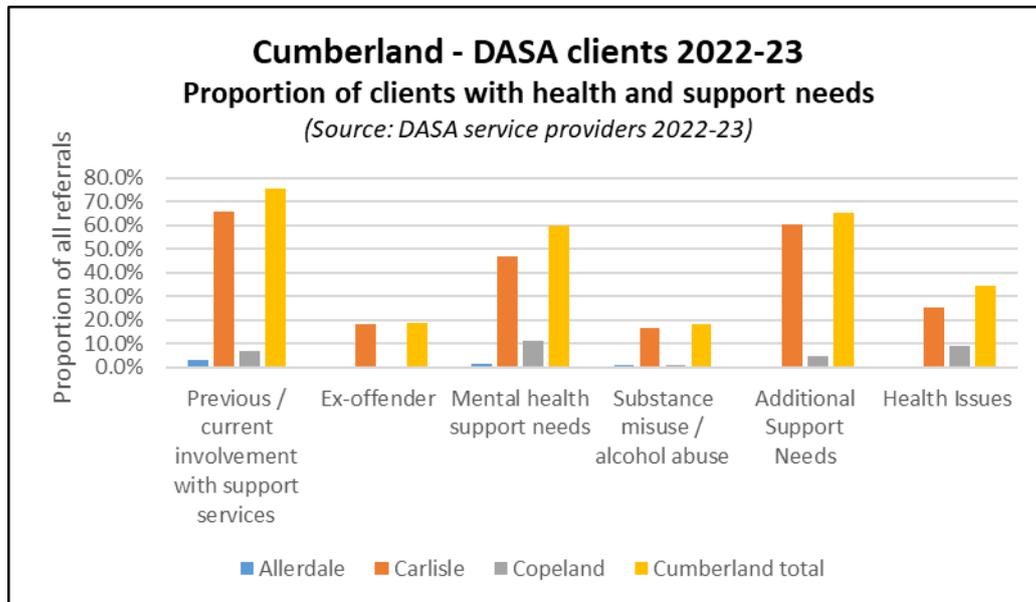
Eight care leavers, four male and four female were among the clients supported under DASA in 2022-23; this makes up 3.2% of the total number of clients referred. All eight were from the former Carlisle district. Three were aged 16-18 years, the remaining five 19-24 years.

### 5.3.6 Health and support needs of DASA clients

Drug and alcohol misuse combined with domestic abuse and mental ill health are recognised nationally as factors that increase the risk of harm to adults and children in families. Significant

proportions of domestic abuse victims accessing support services in Cumberland require support services in relation to these health issues.

Over nine in ten (92.4%; 232) of all cases referred to DASA services in 2022-23 had health and support needs. Three in five of all referrals (59.8%) required mental health support, one in five (17.9%) required drug / alcohol support, while two thirds (65.3%) had additional support needs and one third (34.3%) had other health issues.



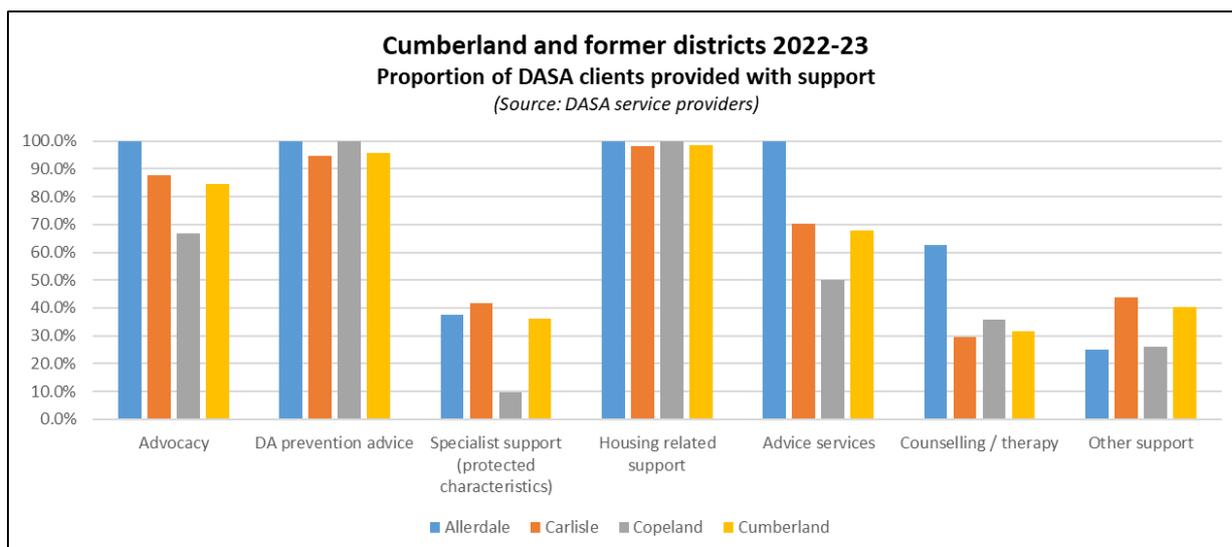
The main additional support needs as a proportion of all DASA clients with health and support needs were: homelessness (20.7%); multiple additional needs (15.1%); complex needs (13.4%); legal support needs (7.3%); and financial support needs (7.3%).

The main health issues as a proportion of all DASA clients were: multiple health issues (13.8%); other long term health issues (9.1%); physical disability and/or mobility impairment (5.2%); children with health issues (4.3%); learning difficulties (3.0%).

### 5.3.7 Support provided to DASA clients

As has been shown in previous sections, clients referred to DASA services in 2022-23 have a wide range of needs. The table below shows the proportion of clients offered support, by support type, across Cumberland and the former district areas. Children’s support is covered in the “children in DASA” section.

The chart below shows that support is more likely to be offered in the former Allerdale area, and least likely to be offered in the former Copeland area. The reason for this is unclear.



### 5.3.8 Children in DASA

During 2022-23 a total of 229 child dependents have been referred to DASA services. Just over half of DASA clients (58.5%) were provided with children’s support. This support varied across Cumberland’s former districts, from none in Copeland to all cases in Allerdale.

Geography	Number of DASA clients with dependent children	Number of child dependents	Number provided with Children's support	% clients with dependent children provided with children's support
Allerdale	5	9	5	100.0%
Carlisle	80	171	57	71.3%
Copeland	21	49	0	0.0%
<b>Cumberland total</b>	<b>106</b>	<b>229</b>	<b>62</b>	<b>58.5%</b>

One in ten (11.4%; 26) children had specialist characteristics as defined by DLUHC. Over half (53.8%; 14) were disabled; one quarter from black / minority ethnic origin (26.9%; 7); and four had mental health issues (15.4%).

The current ChIDVA (Children’s Independent Domestic Violence Advisor) offer is under used, with only six referrals in the Cumberland area in Q3 and Q4 2022-23. Service users report that access to ChIDVA is “too much” whilst in DASA and having to address other issues. (Cumberland Council, 2023)

### 5.3.9 Adult dependents

The number of adult dependents in 2022-23 was relatively low. Just five DASA clients each had one adult dependent. There is no information regarding the support needs of those adult dependents, if any.

### 5.3.10 Type of abuse

Three fifths of victims in Cumberland have suffered multiple types of abuse in 2022-23 (60.2%; 151). One in eight have suffered emotional abuse (12.7%; 32), and one in ten controlling and coercive abuse (9.6%). Physical or psychological abuse accounted for a further one in ten (11.6%; 29) (*DASA service providers, 2022-23*).

### 5.3.11 Risk assessment and DASH assessment

Of the 251 victims of domestic abuse referred to DASA services in 2022-23, two out of three (67.7%; 170) had a Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment (DASH) completed. Risk levels are either not applicable or unknown for one in ten clients (11.6%; 29).

Cumberland DASA clients 2022-23: Risk level and DASH completed				
	High risk	Medium risk	Low risk	DASH completed
Count	72	58	92	170
%	28.7%	23.1%	36.7%	67.7%

*Total number of DASA clients 2022-23 = 251*

The proportion of domestic abuse victims with specific health and support needs who had a DASH assessment completed varied considerably as can be seen from the table below.

Cumberland 2022-23 DASH completed where DASA client ...						
	has health & support needs	has mental health support needs	has substance misuse / alcohol abuse needs	has additional support needs	has health issues	is an ex-offender
Total with need	232	150	45	164	86	47
DASH completed (count)	160	103	23	108	57	22
DASH completed (%)	69.0%	68.7%	51.1%	65.9%	66.3%	46.8%

SafeLives suggest that the DASH should be used whenever a practitioner receives an initial disclosure of domestic abuse. It is not known whether some DASA clients in 2022-23 received a DASH assessment prior to being supported within DASA.

DASH training had not been offered in Cumbria for a number of years, resulting in variation in standards of quality. DASH Risk Assessment and Safety Planning Training has now been delivered to 575 professionals (*Cumberland Council, 2023*).

## 6 Current services and assets

### 6.1.1 DASA housing

Former district	DASA Units	Description	DASA support
Allerdale	2	2x dispersed accommodation.  Currently working on 2 additional family units to convert them to secure units for DASA use.	<u>General:</u> Place in temporary accommodation under homeless duty.  <u>Specialist:</u> Properties adapted with extra security.  <u>Quality:</u> Community safety visits carried out by David Thompson (Police Crime Prevention Officer)
Carlisle	25	7x refuge accommodation 14x dispersed accommodation 4x specialist accommodation	<u>General:</u> Place in temporary accommodation under homeless duty.  <u>Specialist:</u> Emergency accommodation and support to meet a range of risks and needs: responsive 24 hour staffed self-contained provision; safe house provision; single sex provision; inclusive provision allowing for equality and diversity.  <u>Quality:</u> As listed in grant terms and conditions.
Copeland	4	4x dispersed units Access to an additional 6x units if needed as an overspill.	<u>General:</u> Placed in temporary accommodation under homeless duty. Follow on support, outreach in community. Community prevention support.  <u>Specialist:</u> Security measures, safe rooms, CCTV, special shadowless blinds, specially chosen properties within quiet areas.  <u>Quality:</u> Community safety visits carried out by David Thompson (Police Crime Prevention Officer)

(DASA service providers, 2022-23)

### 6.1.2 DASA support services and staffing

Services are available in the Cumberland area offering specialist domestic abuse support for victims and survivors with:

- Substance and alcohol misuse needs
- Mental health support needs
- Other needs (health and wellbeing, trauma and counselling)

*(DASA service providers, 2022-23)*

A range of services are currently used to support DASA clients:

- The Freedom Project
- Women Out West
- SafetyNet
- Gateway for Women
- Children's Independent Domestic Violence Advisor (ChIDVA) via the Office of the Police and Crime Commissioner
- Health and Wellbeing Coaches (HAWCs) (part year)
- PAUSE Programme
- There are several animal charities across the area that may be able to assist with temporary accommodation for pets depending on capacity (for example Dogs Trust Cumbria and Oaktree Animals Charity).

*(Cumberland Council, 2023)*

Staffing totalled 9.9 DASA specialist FTE (full time equivalent) staff at the end of Q4 2022-23. Four fifths of support was in dispersed services (78.8%; 7.8 FTE staff); a further 14.1% of FTE staff (1.4 FTE) were supporting refuge accommodation; support in these sectors represents the majority of FTE staff (92.9%; 9.2 FTE). This reflects the proportions of these two DASA accommodation types, which make up the majority DASA units outlined in the previous section (87.1%; 27 units). *(DASA service providers, 2022-23)*.

All DASA delivery is delivered "in-house" in Cumberland. However, there are some variations in salary levels across the former districts; this could lead to disharmony between staff and have a negative impact on staff retention. *(Cumberland Council, 2023)*

In the Carlisle area Out of Hours support is provided via the supported accommodation staff. There is no supported accommodation in the Allerdale and Copeland areas, and therefore no Out of Hours support in those areas. *(Cumberland Council, 2023)*

Some informal seconding of staff has taken place in the Allerdale and Copeland areas to address capacity issues, however, there is no formal agreement in place to share officers between areas in Cumberland and this could lead to gaps in service provision. *(Cumberland Council, 2023)*.

## 7 Client experience

### 7.1 Service user personal experiences of support

The following views have been taken from the quarterly DASA returns provided by the DASA service providers in 2022-23. It should be noted that the information is limited, especially around negative views.

Positive experiences reported by DASA clients:

- Staff are considered supportive and understanding.
- Victims report feeling safe.
- One victim appreciated having space “to feel normal and think for myself again”.
- Victims felt supported and listened to.
- Support needs were met.
- Support offered around services that one client reported that they didn’t know existed.
- One victim reported that the family was given a fresh start.

Negative experiences reported by DASA clients:

- One victim reported feeling unsupported and not listened to.

### 7.2 Support needs and support provided

The following is a summary of case studies provided by DASA service providers in the quarterly returns during 2022-23 and indicates that the needs of DASA clients and the support provided is wide ranging.

Support needs of domestic abuse victims:

- Homelessness and rough sleeping.
- Effects of financial, emotional and multiple types of abuse.
- Mental health.
- Dealing with trauma.
- Addressing substance misuse.
- Addressing offending.
- Help reconnecting with family members.
- Counselling and support for children.
- Long term safe housing.
- Help with finances / accessing benefits.
- Children with challenging behaviour / poor school attendance.

Support provided:

- Basic / emergency essentials, including food, toiletries, clothing.
- Domestic abuse safety advice,
- Safety advice including around sex work, rough sleeping and begging.
- Support to register with GP.
- Made aware of support services.
- Referrals made to other agencies / third sector support as appropriate, including: First Steps; Children’s Services; Victim Support; Citizen’s Advice; Freedom Project; drug and alcohol support; Women Out West; Social Care; Gateway for Women.
- Day to day support from Crisis and Prevention Officer.
- Immediate crisis intervention.

- Food vouchers.
- Provided with mobile phone.
- Help setting up bank accounts and accessing benefits including free school meals where appropriate.
- Budgeting advice.
- Employment and training options.
- Skills for life support.
- Storage arranged and financed for household items.
- Support with family court proceedings.
- Liaison with police to enable client to retrieve belongings from original property.

Follow on support:

- Continued support from Crisis and Prevention Officer and Rapid Rehousing Officer.
- Continued support from other agencies as appropriate, such as Victim Support and Children's Services.
- Continued visits and telephone calls.
- Transitional support to move including funding for carpets, white goods and furniture.
- Provided with rent in advance.
- Help to set up utility contracts.
- Referral to domestic abuse Health and Wellbeing Coordinator (HAWC).
- Support to secure long term accommodation.

### 7.3 Meeting needs

National evidence from the Domestic Abuse Commissioner (2021) suggests that specialist services are effective in enabling victims and survivors to feel safer and more in control of their lives following abuse, and that victims and survivors need a range of support types to help them find safety and to cope and recover from abuse. Most victims and survivors from minoritised communities want to receive support delivered “by and for” their own community. The independence of services is critical to build trust. However, the majority of victims were not able to access the support that they wanted. Just one in three domestic abuse victims in the North West region (34%) found it easy or very easy to get help once they heard about what was available. Victims and survivors also felt there was a “postcode lottery” for accessing specific types of support with the biggest difference in the ability to access counselling support. Minoritised victims and survivors report finding it particularly difficult to access the support they wanted. Men also struggled to access help and support; although three quarters of organisations offered services that were accessible to men, the perception was that services appeared to be only for women. Victims and survivors also struggled to get support for their children; in the North West region only 28% of people who wanted their children to receive support were able to get it. Support provided for victims and survivors from minoritised communities varied, with services least likely to have specialist provision for Deaf victims and victims with learning disabilities. The report does add a note of caution to the statements above, firstly that the survey indicates difficulties in non-by and for organisations providing support that marginalised and minoritised people need, and secondly that services may have interpreted “specialism” in slightly different ways.

Feedback from Women's Community Matters highlights that giving domestic abuse victims and survivors time is invaluable. Victims need a more relaxed and caring environment, a quiet

confidential space to be able to open up to support staff and helped to feel, sometimes for the first time, that they are safe and important. Encouraging this calming environment of support and solidarity means that high-risk clients can be identified and have supporting factors and safeguarding put in place quickly and efficiently, helping them on the road to recovery. Information sharing between professionals is important to be able to use a multi-agency approach to establish the reality of a situation in order to safeguard victims of abuse. Situational awareness between professionals who are working with or responding to clients can avoid errors or advice that contradicts a victim's safety plan and compromises their safety. Clients need regular communication to be kept informed and feel supported. *(DASA service providers, 2022-23)*

Feedback from Eden Housing Association highlights that safety and security are essential. Properties need to have had a community safety inspection and any recommendations actioned. Weekly welfare checks are essential to safeguard victims and their children. Face to face contact by the domestic abuse professional is preferred due to being able to read body language and address any issues that may place the client at risk. Victims should feel at home in a clean and safe environment and be respected when staff enter properties; for the short duration of their stay, that is their home. It is considered important to allow a degree of personal belongings to be brought into the property, this helps with mental and emotional health especially for children traumatised by conflict. The properties should be child friendly, warm and welcoming. Victims need to be prepared and supported to move on. It is difficult for victims to source and accumulate goods to move on with due to no storage, and this makes moving on a difficult stage. Funding is limited and scarce to set up a new home. Internet access is required, especially for children to continue with homework and for adults to apply for services such as benefits. *(DASA service providers, 2022-23)*

Feedback from the former Carlisle City Council highlights the importance of people feeling safe and supported to provide them with an opportunity to adjust to their situation and make their own decisions and choices. *(DASA service providers, 2022-23)*.

Findings by Cumberland Council (2023) highlight some areas where needs are not being met.

- The opportunity to identify domestic abuse during homeless assessments is sometimes missed as DASA officers are not always involved in assessments; this applies particularly to the former Carlisle district.
- The current ChIDVA (Children's Independent Domestic Violence Advisor) offer is under used, with only six referrals in the Cumberland area in Q3 and Q4 2022-23. Service users report that access to ChIDVA is "too much" whilst in DASA and having to address other issues. *(Cumberland Council, 2023)*
- There are variations in case recording between the three areas which is being addressed via dip sampling and checking against Quality Standards to align practice. *(Cumberland Council, 2023)*

## 7.4 Quality standards

There is an 'Assumed Duty' to support victims of domestic abuse if they state they are victims. There is no assessment of burden of proof required. Anyone presenting as a victim of domestic abuse is offered safe place accommodation and support. If someone declines accommodation

within the definition, support is offered in all cases as good practice but cannot be costed against the grant.

Quality Standards are built into the DLUHC grant conditions for the DASA service and DASA service providers need to meet the standards outlined below:

- 1) Promoting Independence - the care and support needs of Service Users are met in a way that enables each to achieve their own personal goals, promotes their wellbeing and enables them to live as active and fulfilling lives as possible.
- 2) Choice and Dignity – Service Users are able to exercise choice and decision making, they are treated with respect, dignity, kindness and compassion. The individuality of each person is recognised and promoted.
- 3) Social Inclusion and Meaningful Activity – Service Users are supported to maintain and develop relationships to the degree they wish within the service, with their family and friends, as well as with their local community. Individual and group activity is tailored to the Service User's interests and goals.
- 4) Safety and Security – Service Users are able to live in safety, free from abuse or harassment and are supported to take and manage positive risks.
- 5) Positive workforce culture and effective leadership – The service is delivered by a competent, confident and highly motivated workforce. Leadership is visible, proactive and connected to service outcomes.

There are baseline training requirements as part of the Quality Standards covering: Safeguarding Adults basic awareness; Safeguarding Children (Levels 1-3); Early Help for Children and Families; Understanding of the Mental Capacity Act 2005 and ADDENDUM 2007 of the Mental Capacity Act; SafeLives Domestic Abuse Training / Champions Training for frontline practitioners; Trauma Informed Practice; DASH Risk Assessment Training / MARAC Thresholds / Safety Planning; Reporting & Court Process; Child Sexual Exploitation; LGBTQ+ training; modern slavery and human trafficking; Female Genital Mutilation; Suicide / self-harm; Dignity and respect; County lines; Honour based violence and forced marriage; Prevent; The importance of professional curiosity in safeguarding adults.

Dip sampling is carried out to check adherence to these standards.

## 7.5 Barriers to accessing services

### 7.5.1 Perception of refuge accommodation

Feedback from Springfield, a refuge and community hub in Cumbria providing services helping people rebuild their lives following domestic abuse, found that a barrier to a victim coming into a refuge can be a misconception of what a refuge looks like and what support is available. This is something that is being addressed by Springfield staff. Photographs of the refuge areas can be provided, along with a description of the support offered and what clients can expect from Springfield as a service. Other services are being invited to the refuge to look at the facilities being offered.

### 7.5.2 Domestic abuse in rural areas

There are particular barriers facing victims of domestic abuse in rural areas. A report from the National Rural Crime Network (2019) "*Captive & Controlled – Domestic Abuse in Rural Areas*" identified key findings across England and Wales:

- Domestic abuse is likely to last 25% longer on average in most rural areas. There are significant barriers to seeking help for rural victims of domestic abuse. An urban victim may be able to move within a local authority area, keep children in the same school and retain their employment; this may not be possible for rural victims. Services are also harder to access and societal structure make escape less likely resulting in rural victims being half as likely to report abuse as urban victims.
- The policing response was not as good in rural areas.
- Rurality increases the risk of harm. As rural victims as likely to live with their abuse for around 25% longer than urban victims and that the pattern and escalation of abuse appears to be replicated, rural victims suffer more harm, emotional and / or physical. The more rural the area, the harder it is to obtain support, and therefore the greater risk and harm sits in the most isolated settings.
- Rurality and isolation are deliberately used as weapons by abusers. Evidence shows that abusers specifically move victims to rural settings to further isolate them, or systematically use the isolation to their advantage should they already be there.
- Close-knit rural communities facilitate abuse. It is almost impossible for a victim to seek help without it being known by others. There is also evidence that abusers deliberately 'recruit' the community to their cause, which unwittingly becomes a mechanism for controlling and isolating the victim yet further.
- Rural communities tend to be traditional and patriarchal; this makes female victims of domestic abuse more vulnerable to coercion and control, prevented from speaking out and accessing support.
- Support services are scarce, less visible and less effective.
- Resources available in rural areas make help and escape harder. Examples include reductions in rural GP practices and challenges of effective broadband. Public transport can be sparse, limiting the ability of victims to travel independently, making services all but impossible to contact.
- Service provision can be fragmented.
- Lack of evidence leads to gaps in response and support. Rural victims are half as likely to report their abuse as urban victims. Underreporting means that less is known about the needs of rural domestic abuse victims, what good interventions are or how to effectively prevent rural domestic abuse. It also means that demand led services are directed to urban areas which in turn leads to fewer services in place to support rural victims.

Covering an area of 3,012 square kilometres and with a population of 273,300 persons, Cumberland has an average population density of 91 people per square kilometre, much more sparsely population than the national average (395 people per square kilometre). In the Cumberland area, just over half of the population (51.7%) live within areas defined as rural by the Office of National Statistics; while 7.3% of the population, around 20,000 people, live within areas defined as rural villages and dispersed in a sparse setting.

Recommendations following the National Rural Crime Network report have either been, or will shortly be, incorporated into the domestic abuse action plan for Cumberland.

### 7.5.3 University of Cumbria Survey - support needs of people who have experienced domestic abuse

The University of Cumbria's Health and Society Knowledge Exchange (HASKE) was commissioned by Cumbria County Council to explore the lived experiences of people who have experienced domestic abuse and received support in safe accommodation across Cumbria, along with the experiences of those who chose not to, or were unable to, access support in accommodation-based settings. Key points from the report produced in October 2021 are set out below.

#### **Findings from the HASKE report:**

In the qualitative interviews, the seven participants described their experiences of domestic abuse, which included physical and sexual abuse, economic abuse, emotional abuse, controlling and coercive behaviour. They then discussed their experiences of the support they had accessed.

- The participants described the different types of support they received from statutory and non-statutory organisations across Cumbria, which consisted of practical support with housing; education about domestic abuse; legal advice and financial support; counselling and therapy; peer support; advocacy support; and support for children.
- It was evident that the participants felt that the support they received from the various service providers across Cumbria had a positive impact on their lives.
- At the same time, common limitations of support included inconsistency of service provision, a lack of joined-up processes which meant having to retell their stories to each organisation they engaged with, and a perceived lack of compassion from staff they worked with.
- Participants suggested that service providers need to raise the general public's awareness of the types of support and safe accommodation available to people fleeing domestic abuse and ensure that they have access to free financial and legal advice, including information about legal aid. There were further suggestions around the need for more resource-intensive improvements, such as introducing 24-hour staffing of safe accommodation, and a women's refuge in West Cumbria.

The survey of service providers was completed by 23 respondents who worked at the frontline of delivering support to people who have experienced domestic abuse.

- 83% of the survey respondents felt that the current support provision does not meet all the needs of people who have experienced domestic abuse; in contrast, only 17% of respondents felt that the current support provision met service users' needs.
- Views varied on support across the regions of Cumbria. Respondents reflected positively on services in the Carlisle area, while there were mixed responses in the more rural areas of the county.
- The survey findings show that many service providers assess the support needs of someone who has experienced domestic abuse by undertaking a DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence) risk assessment. 65% of respondents indicated that they complete a needs assessment/support plan/action plan with their clients and then make referrals as appropriate. The assessment process was typically described as a verbal or written conversation with the client, during which

the service provider will “make observations”, “listen to the client” and “build up a relationship with trust with the victim.”

- The service providers identified several factors that enable them to provide appropriate support to people who have experienced domestic abuse, such as knowledge and training, empathy, adequate funding and resources, partnership working, and the service user being ready to engage with support.
- The survey respondents identified several challenges when supporting people who experience domestic abuse, such as: providing access to suitable accommodation and support, long waiting lists, a lack of funding, staffing issues, working with other services, and service user engagement.

### **Conclusions and recommendations from the HASKE report:**

#### *The representation of service users and provider views*

The recruitment of service users presented a challenge for the research team: although several service providers acted as gatekeepers and connected the research team with potential participants, some service providers did not engage with stage one (the scoping conversations) or stage three (the online survey for service providers) of the research, which impacted on the final number of service user participants, as well as the districts represented. However, it is also important to recognise a deeper and more embedded issue around the ability of services to capture the views and experiences of service users in their full journey.

- **Recommendation:** It is vital to document the views of service users, where appropriate. Future work in this area should explore alternative mechanisms for advertising the research (such as displaying flyers in GP surgeries, community centres, foodbanks, local shops and places of worship etc.), in addition to sharing the call for participants via service providers and social media platforms. This will involve longer-term recruitment strategies.
- **Recommendation:** Further work should examine the role of service user views in service provision across organisations, and in particular how these views are used to inform service evaluation and reflection. It is possible that, despite the variation in services offered across Cumbria, a standardised evaluation process can be developed to support organisations with this.

#### *Resources and funding*

The majority (83%) of service providers believe that the current support provision in Cumbria does not meet all the needs of people who have experienced domestic abuse. Service users similarly pointed to gaps in services such as a lack of available support over the weekend period, long waiting lists for domestic abuse support and limited funding for services. There was agreement in both interviews and surveys that a majority of these issues were attributed to lack of funding or resources. Given that the post-crisis aspects of support are currently managed by a mixture of statutory and non-statutory services, for these the gaps in funding can contribute to lack of coordination.

#### *Service coordination and working together*

Service providers have mixed views about the quality of support across Cumbria; the report contains some excellent examples of support during the crisis stage and ongoing support, but it also highlights several areas when the current provision is lacking, whether due to funding, local infrastructure, or gaps in services.

A number of service providers highlighted partnership and multi-agency working as key enablers for supporting people who have experienced domestic abuse, as well as links to non-statutory and community organisations. It is clear from the survey data that this form of working is key to both delivering an appropriate service and overcoming some of the challenges areas face that go beyond the service providers remit themselves. The service users also highlighted the complex and multi-dimensional aspects of supporting victims of domestic abuse, for which multi-agency working can be vital. There was also, however, a strong sense from both the interview and survey responses that there needed to be more joined-up approaches to the delivery of support across Cumbria.

- **Recommendation:** Work should be undertaken to explore the ways in which organisations can share information in appropriate ways to avoid inflicting trauma upon the service user.
- **Recommendation:** Given the complex nature of supporting victims of domestic abuse, it would be beneficial for a full mapping of organisations and services offered across Cumbria to be conducted, to highlight gaps in provision within particular areas, and to identify potential areas where joint working or multi-agency approaches can enhance practice.

#### *Building awareness of services*

There was a general reporting that information on accessing these services was not easy to come by for service users, and this corresponded with some provider views that potential service users who are lower risk do not tend to present.

- **Recommendation:** Use of a standardised evaluation tool would help to map the availability and visibility of information about services. The Council may also review the accessibility of key information points on its website and materials appropriate to victims of domestic violence (for example, financial support and legal advice).

#### *Developing skills for meeting the challenges*

Consistent and regular support, provided by compassionate and knowledgeable service providers, was particularly valued by the service users, both during the crisis stage of their experience and their ongoing recovery. Where these traits were applied consistently, service users suggested the process was far more beneficial than inconsistent or more fragmentary services.

- **Recommendation:** Work across the full spectrum of services (including, for example, the police) to identify the key traits and skills that will enhance the potential of service users to engage where appropriate.
- **Recommendation:** This should then inform the Council's commissioning process for services under the terms of the 2021 Domestic Abuse Act. It is recommended that both statutory and non-statutory service providers be able to evidence training, multi-agency working and evaluation as part of future commissioning processes to ensure that the scope of the legislation can be implemented effectively.
- **Recommendation:** Building on previous recommendations, including the service user perspective as part of commissioning processes should also be a key focus.

The full report from the University of Cumbria can be found here:

[Report: The support needs of people who experience domestic abuse](#)

## 8 Service delivery 2023-24 and future plans

### 8.1 Funding allocation 2023-24

For 2023-24, the funding allocation of £663,085 for Cumberland Council was agreed by the former Cumbria County Council Cabinet on 16<sup>th</sup> March 2023 as follows:

<p><b>Cumberland Council Domestic Abuse Supported Accommodation Officers 10 FTE Staff</b> This has been allocated based on the 2022-23 grant, plus an inflationary uplift of 2.5 % as follows:</p> <p>Allerdale Copeland Carlisle</p> <p>The allocation is based on a standard salary for DASA Officers. There are some variations in standard salary across the system.</p> <p>Amount held over:</p>	<p>£359,915.00</p> <p>£57,599.13 £85,780.20 £177,472.85</p> <p>£39,062.82</p>
<p><b>Housing Support</b> This was formerly a direct allocation from DLUHC to Tier 2 Councils. This has been allocated based on the 2022-23 grant, plus an inflationary uplift of 2.5 % as follows:</p> <p>Allerdale Copeland Carlisle</p> <p>The 3 former Districts will be completing DLUHC declarations for 22/23.</p> <p>For 2023-24 this will be completed holistically for Cumberland Council.</p>	<p>£101,530.00</p> <p>£32,886.10 £35,723.30 £32,666.91</p>
<p><b>Community In-reach Services</b> These are services provided by community groups within supported accommodation. They provide specialised support but also continuity of care when the victim/survivor moves out of the supported accommodation.</p> <p>The Freedom Project Women out West SafetyNet Gateway for Women ChIDVA VIA OPCC HAWC- part year PAUSE</p>	<p>£16,022.00 £8,394.00 £16,022.00 £15,588.00 £45,395.00 £6,000.00 £2,781.00</p>
Project Support	£53,824.00
Performance and Intelligence, Commissioning	£17,098.00
Lived Experience Network	£10,491.00
Contingency	£49,858.00
<b>TOTAL SPEND</b>	<b>£688,997.00</b>
<p><b>Funded by</b> Carry Forward of Allerdale underspend 22/23 Salary costs- reduction due to number of required staff and paid salary in Allerdale DLUHC Grant</p>	<p>£41,345.00 £39,062.82 £663,085.00</p>
<b>Total Projected Underspend</b>	<b>£54,495.82</b>

It was decided not to fund the internal HAWC (Health and Wellbeing Coach) service in 2023-24. There have been issues recruiting to post as the post was short-term funded. Since implementation of the Act, the DASA HAWC service has been accessed on a limited basis. Although many victims accessing DASA have multiple complex needs, they have declined a service from a HAWC due to victims feeling overwhelmed by having too many professionals involved in their support. This was part funded until the HAWC in post moved to another role.

The use of the underspend is being discussed with partners, taking into account grant conditions and the need to have a consistent standard of offer to service users, including staff having the same standard of training across Cumberland Council.

## 8.2 Description of former Tier 2 DASA Funding

This funding was 'new burdens' funding to cover the administrative costs of the new duty on the provision of support within DA safe accommodation services. The funding states that Tier 2 Local Authorities should co-operate with Tier 1 Local Authorities as far as reasonably practicable.

This former 'Tier 2' funding in 2023-24 needs to be considered as part of the holistic approach to the service. To date this has been used to provide managerial support and training. There are variations on this use from 2022-23 which require standardisation across the Council.

## 8.3 Potential options for future service delivery

DLUCH has announced the DASA budget for Cumberland Council in 2024/2025 as £675,242. DLUCH has not announced any allocations for future years; however the stated Government intent is to continue the funding either by specific grant or subsuming it in to the general local authority grant.

There are five main areas that need to be considered

- Core DASA Service – the provision of Domestic Abuse Support Workers
- Provision of Community In-reach services
- Lived Experience Network
- Use of the previous Tier 2 Grant
- Internal support costs

The following sections provide a high-level risk / benefit analysis of the various options for these five main areas.

## 8.4 Core DASA service including risks and benefits

Option	Risks	Benefits
Continue to provide DASA Services in house	<p>Variation of service delivery / salary across Cumberland which could lead to disharmony of staff</p> <p>Given variations in DASA salary, a regrading may result in increased costs, or conversely, reduced cost which may result in DLUHC clawback.</p> <p>Carlisle - Homeless assessments conducted by Housing Options. Risk of domestic abuse being missed when homeless assessment conducted.</p> <p>Risk could be mitigated by having a DASA Officer attend homelessness assessments to conduct DASH risk assessment as is the practice in Copeland and Allerdale. Training rolled out to wider staff to negate this.</p>	<p>Service in place and embedded within the Council.</p> <p>Homeless assessments and DASA Support conducted by same agency, negating handoff, although DASA Officer not present at all Homeless assessments in Carlisle.</p>
Contract DASA Service out on a County basis	<p>No single provider works across all Cumberland Council areas</p> <p>National organisations could be considered to manage the service, however no agency has a proven record of successful delivery of this nature.</p> <p>Goes against opportunities through Unitary Council.</p>	
Contract DASA Service on a former district basis	<p>Could result in variation of standards given system not already in place.</p> <p>Redundancy of Cumberland employed DASA Officers. Could be negated under TUPE arrangements.</p> <p>Goes against opportunities through Unitary Council.</p>	

## 8.5 Potential Options for in-reach services including risks and benefits

- The Freedom Project – Allerdale and Copeland Areas
- SafetyNet – Allerdale, Copeland and Carlisle Areas
- Women out West –Allerdale and Copeland Areas
- Gateway for Women –North and Eden Areas
- ChIDVA – All of Cumberland
- PAUSE – internal services covering all of Cumberland

Option	Risks	Benefits
Continue delivery via current model of in-reach services which provides therapeutic support, supporting those with protected characteristics as per the definition under the Equality Act 2010	<p>Inflationary uplift may be higher than 2.5%</p> <p>Current CHIDVA offer under used, only 6 referrals in the Cumberland area in Quarter 3 and 4 in 2022-23. Service users report that access to CHIDVA is 'too much' whilst in DASA and having to address other issues.</p> <p>Potential claw back by DLUHC.</p>	All current in-reach services have a generic offer that can be accessed post DASA stay under the defined types of accommodation agreed by DLUHC, negating 'cliff edge' of support
Bring in-house	<p>No current in-house services to meet needs in relation to advocacy and therapeutic support.</p> <p>Introduction of Children's Services specialist DA teams being introduced for Cumberland Council.</p> <p>Effectiveness not yet tested- staffing due in post Summer 2023. No evidence that this would be more effective than the use of the ChIDVAs.</p>	<p>PAUSE is already an internal service provided by Cumberland Council.</p> <p>Delivery of support to children in DASA would provide longevity of new DA Team if this is accessed by children in DASA.</p>
Cease funding in-reach services	<p>No access to therapeutic support via The Freedom Project and SafetyNet.</p> <p>Cliff edge support at end of DASA stay which could result in Customers returning to the DASA system/ increase in risk/ failure of tenancy when moving into permanent accommodation.</p>	

At this time, we are unaware of any other established agencies who are in place to provide this type of support in Cumberland.

## 8.6 Potential options for Lived Experience Network including risks and benefits

It is a statutory requirement for the local authority to engage with those with current lived experience to inform services on an ongoing basis. Following a competitive bidding process in 2021, the administration of the Lived Experience Network was awarded to Barrow Women Community Matters on a Cumbria-wide footprint. This contract finishes on the 31 March 2024.

Option	Risks	Benefits
Continue to fund Barrow Women Community Matters to co-ordinate network	There is a risk Westmorland and Furness Council may not wish to further fund the network. Working on a Cumberland footprint may be un-viable for the host agency.	Lived experience will inform services moving forward. Taking the views of the Network could lead to greater customer satisfaction
Cease funding Lived Experience Network	Lived Experience not taken into account when commissioning services.	

## 8.7 Potential options for project support including risks and benefits

Currently the DHLUC grant is used to fund a full-time Project Lead post and some additional support for Performance and Intelligence and Commissioning

Option	Risks	Benefits
Continue to provide in-house Project Support, Performance and Intelligence and Commissioning		<p>This will allow Cumberland Council to meet its Statutory Duty to provide Support within Supported Accommodation in line with the DA Act 2021.</p> <p>There is also a Statutory Duty to establish a Domestic Abuse Local Partnership Board. This has been in place since implementation of the Domestic Abuse Act 2021. Following Local Government Reform-LGR- on 1<sup>st</sup> April 2023, this has been established in the Cumberland area.</p>
Cease funding these posts	<p>Quality Standard adhesion and standardisation of service to Customers will not be in place. Analysis for Needs Assessment and DLUHC Delta Return will not be available, both of which are Statutory duties.</p> <p>Local Partnership Board will not have internal overview in order to meet Statutory Duty.</p>	

A full Commissioning Strategy will need to be agreed by Westmorland and Furness Council in consultation with partners and ratified by the Domestic Abuse Supported Accommodation Local Partnership Board.

## 9 Acronyms

ChIDVA	Children's Independent Domestic Violence Advisor
DASA	Domestic Abuse Safe Accommodation
DASH	Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment
DLUHC	Department for Levelling up Housing and Communities
FTE	Full time equivalent
HAWC	Health and Wellbeing Coaches
IDVA	Independent Domestic Violence Advisor
LGBTQ	Lesbian, Gay, Bisexual, Trans, Queer or Questioning
MARAC	Multi-Agency Risk Assessment Conference
MATAC	Multi-Agency Tasking and Coordination process
MHCLG	Ministry of Housing, Communities & Local Government
NHS	National Health Service
ONS	Office for National Statistics
OPCC	Office of the Police and Crime Commissioner
PAUSE	PAUSE is described as "an innovate, dynamic and creative approach designed to address the needs of women who have experienced, or are at risk of, repeat pregnancies that result in children being looked after by the local authority".
STAR	Science, Technology, Analysis and Research
WOW	Women Out West

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