

Domestic Abuse Safe Accommodation  
Needs Assessment for  
Westmorland & Furness Council  
September 2023

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## 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 Westmorland & Furness 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 Westmorland & Furness 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 Westmorland & Furness 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 Westmorland & Furness, quality of delivery and to ensure that access to support for victims of domestic abuse is consistent. The assessment is based on the 118 victims of domestic abuse referred to DASA service providers in 2022-23 and highlights the following:

- DASA services are provided by Eden Housing Association in the former Eden district area, by Women’s Community Matters in the Barrow-in-Furness area and in-house provision in the South Lakeland area with supported refuge accommodation for women and up to five children provided by Springfield. 25 dedicated units of DASA accommodation are available in Westmorland & Furness, with access to an additional seven units if required. Five of the dedicated units are supported refuge bedspaces, available for women and up to five children only. There is no refuge accommodation for men, although Springfield is in the process of purchasing a property that will provide emergency accommodation for male victims/survivors.
- Demand for specialist and refuge accommodation is high. At times clients need to be housed further from their home area. Springfield Refuge can be accessed by those from anywhere in the United Kingdom.
- 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 Westmorland & Furness in the approach to cover staff absence.

- The offer of support services varies across Westmorland & Furness.
- 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 Westmorland & Furness.
- Barriers to accessing DASA services include: rurality; perception of inclusiveness by LGBTQ+ victims; physical ill health and isolation for older victims; disability; gender (male).

### 3 Recommendations

- Staffing issues in the Barrow-in-Furness and South Lakeland areas have led to dip sampling not taking place prior to Local Government Reorganisation as planned. Dip sampling should be carried out to check against Quality Standards to align practice.
- In terms of capacity and quality assurance, domestic abuse training has been offered to wider support staff to ensure backfill provision is in place if needed. This training needs to be practised regularly to avoid variations in quality of service. Including domestic abuse specialists in Housing Options when taking homelessness applications may enhance the service.
- A DASA Officer should be called into all homeless assessments where domestic abuse is disclosed. This can be facilitated by having a DASA Officer on duty each day as is already the practice in some areas. This approach avoids the service user having to tell their story twice which would cause further traumatisation. Although all Homeless Officers are DASH trained, the quality of the DASH could vary depending on the frequency of practice.
- Consider options for sharing or seconding staff to cover future staff absence as good practice.
- Explore ways the ChIDVA offer could be improved or seek alternatives for children’s support.
- 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.
- It is important to engage with those with lived experience of domestic abuse and support in DASA 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.
- 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 to victims.

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 DASA service providers in Westmorland & Furness 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 Westmorland & Furness 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 or 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 significant 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 Westmorland & Furness are: multiple types of abuse; emotional abuse; physical abuse; controlling and coercive behaviour.

## 4.6 Service provision

DASA delivery varies across Westmorland & Furness, provided by Eden Housing Association in the former Eden district area, by Women's Community Matters in the Barrow-in-Furness area and in-house provision in the South Lakeland area. Refuge supported accommodation for women is provided by Springfield in the South Lakeland area.

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

- Women's Community Matters (WCM) – working with men, women and children
- Springfield – refuge and in-reach support- working with men, women and children
- The Birchall Trust – working with men, women and children
- Children's Independent Domestic Violence Advisor (ChIDVA) via the Office of the Police and Crime Commissioner
- PAUSE Programme
- Gateway for Women

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

### 4.6.1 Barrow Women Community Matters

- Tailored one to one support – each person/family needs an approach to match their strengths and hopes. This can cover a multitude of other vulnerabilities.
- Confidence building – this is really important in terms of being able to accept support, and understanding they deserve support.
- Support to think about relationships in the broadest sense – this includes with their children, their family, with friends, and with support agencies.



- Access to a Peer Mentor / someone who has experienced domestic abuse so they can talk the 'same language', feel like they are not alone, and recognise there is hope and a future.
- Support to take all the little steps towards recognising what community support they would be interested in, going with them to new places/support services/social networks until they feel confident (and safe enough) to go alone

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 Barrow Women Community Matters.

#### 4.6.2 Springfield supported refuge

This is the only current commissioned service in relation to DASA. This is provision of Supported Refuge Accommodation for women and up to five children, with three units available to accommodate children. From May 2023 Springfield has been staffed 24/7. There is no other agency providing a similar service in Cumbria. Springfield are also in the process of purchasing a property that will provide emergency accommodation for male victims / survivors. The current contract with Springfield runs out on 31<sup>st</sup> March 2024 with no capacity to extend further.

#### 4.6.3 Springfield community support

To provide support to residents in Domestic Abuse Dispersed Accommodation for 10 service users:

- 10 one-to-one support sessions (10 sessions with 1 hour additional per sessions for staff prep, end notes and updating Intrashare case management system).
- 10 women provided with 10 sessions of Trauma Informed Therapy with a British Association for Counselling and Psychotherapy (BACP) registered counsellor.

This service is available pan Cumbria. In addition to this Springfield also has a full time Independent Stalking Advocacy Caseworker (ISAC) working across Cumbria, provides support in rural areas, has a poverty lead support worker, runs various recovery groups and holds peer support groups.

Springfield has been trying to address the challenges presented by rurality. Springfield now offer support in rural areas for clients who cannot travel to Springfield, this usually takes places at GP surgeries. There are also links in place with young farmers to deliver some domestic abuse awareness sessions and work is ongoing to secure locations in each rural area in the South Lakeland area to hold domestic abuse drop in sessions.

As with the Birchall Trust, 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 Springfield community support.

#### 4.6.4 The Birchall Trust

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 Wellbeing Practitioners
- Four sessions a 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 The Birchall Trust.

#### 4.6.5 Children's IDVAs

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

In 2023-24, Cumbria County Council funded an additional 1 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 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.

#### 4.6.7 Gateway for Women

Gateway for Women have trialled an outreach service which was underused and therefore not sustainable. Clients from the Eden area are able to access support from Gateway for Women at the Carlisle based centre. This is funded by the DASA Grant held by Cumberland Council.

### 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 generally paint a positive picture, with victims feeling safe and supported. Negative comments included poor communication and confusion as a result of involvement by multiple staff. However the number of case studies is limited and the information often sparse, so this does not paint a complete picture.

#### 4.9 Gaps in provision

Supported accommodation in Westmorland & Furness is mainly in the form of dispersed accommodation, with 25 dedicated units and access to an additional seven units if required. Five of the units are bedspaces in supported refuge accommodation for women and up to five children, provided by Springfield in the South Lakeland area. There is no other agency providing refuge accommodation in Westmorland & Furness for men. However, Springfield is in the process of purchasing a property that will provide emergency accommodation for male victims / survivors.

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.

The DASA specialist accommodation is supported by 5.5 FTE specialist support officers; in-house services in the South Lakeland area have been affected by staff recruitment issues.

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

Domestic abuse training has been offered to wider support staff where there have been staffing issues to ensure backfill provision is in place if needed. However, if this is not practised regularly, this could result in variations and quality of service, and the opportunity to identify domestic abuse may be missed.

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

Specialist accommodation has been fully occupied during 2022-23 and refuge accommodation fully occupied for the latter half of 2022-23 suggesting that demand for accommodation is outstripping provision.

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 and HAWC (Health and Wellbeing Coach) service are both under used, with only a small number of referrals. This led to the HAWC service not being funded in 2023-24.

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 and rents are at a premium.

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.

Adherence to Quality Standards is unverified in the Barrow and South Lakeland areas; staffing issues in these areas have led to the dip sampling not taking place prior to Local Government Reorganisations as planned.

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 MATAC (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 MATAC 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 two in five 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.

Refuge accommodation in Westmorland & Furness is for women only and does not take those with high mental health needs or those with high substance misuse or alcohol abuse problems.

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. Over half of the Westmorland & Furness population (54.6%) 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. Westmorland & Furness has a larger proportion of people aged 65+ than nationally (England and Wales); one in four people in Westmorland & Furness are aged 65+ (25.7%) compared to just under one in five in England and Wales (18.6%).

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 victims 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:

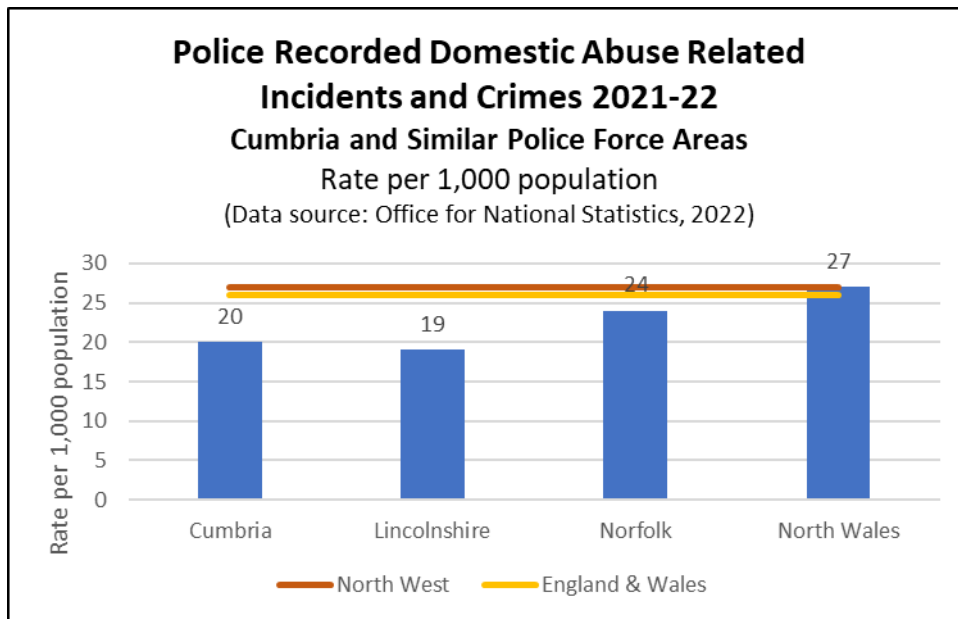
- A higher proportion of adults aged 20-24 years were victims of any domestic abuse compared with adults aged 55 years and over.
- A higher proportion of adults with a disability experienced domestic abuse compared to those without a disability.
- The victim was female in three out of four (74.1%) domestic 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 incident and crimes 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 five active Domestic Homicide Reviews ongoing in Westmorland and Furness.

## 5.2 Demographic profile

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

### 5.2.1 Local police safeguarding reports

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 Barrow-in-Furness 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
Barrow-in-Furness	1,581	23.5	1,483	22.0
Eden	594	10.8	544	9.9
South Lakeland	1,112	10.6	1,054	10.1
<b>Westmorland &amp; Furness</b>	<b>3,287</b>	<b>14.5</b>	<b>3,081</b>	<b>13.6</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 up overall in Westmorland & Furness. There are a further 243 safeguarding records where the previous district and current unitary authority are unknown, and therefore the figures for Westmorland & Furness could be higher than those shown below. 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							
Geography	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
Barrow-in-Furness	1,575	1,488	1,581	6.3	0.4	93	6
Eden	479	474	594	25.3	24.0	120	115
South Lakeland	989	951	1,112	16.9	12.4	161	123
<b>Westmorland &amp; Furness</b>	<b>3,043</b>	<b>2,913</b>	<b>3,287</b>	<b>12.8</b>	<b>8.0</b>	<b>374</b>	<b>244</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 has 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	Barrow-in-Furness	Eden	South Lakeland	W'morland & Furness	North West	ENGLAND
Households with no support needs owed duty (see notes 1&2)	20	6	415	441	17,860	123,640
Households with unknown support needs owed duty	1	0	1	2	400	10,570
<b>Households with one or more support needs owed duty (see notes 1&amp;2)</b>	<b>288</b>	<b>135</b>	<b>238</b>	<b>661</b>	<b>22,820</b>	<b>143,910</b>
Total number of support needs (see note 1)	911	436	593	1,940	55,910	315,710
Households with one or more support needs: % of households by support type						
% households: Young person aged 16-17 years	0.7%	0.0%	0.8%	0.6%	1.7%	2.0%
% households: Young person aged 18-25 years requiring support to manage independently	7.6%	8.9%	8.4%	8.2%	8.9%	7.6%
% households: Young parent requiring support to manage independently	0.3%	0.0%	1.3%	0.6%	1.9%	2.0%
% households: Care leaver aged 18-20 years	4.2%	5.2%	3.8%	4.2%	2.9%	2.3%
% households: Care leaver aged 21+ years	5.2%	2.2%	3.8%	4.1%	3.4%	2.8%
% households: Physical ill health and disability	40.6%	45.2%	42.0%	42.1%	32.7%	32.6%
% households: History of mental health problems	69.1%	61.5%	62.6%	65.2%	55.9%	50.7%
% households: Learning disability	23.6%	18.5%	13.4%	18.9%	11.6%	10.5%
% households: At risk of / has experienced sexual abuse / exploitation	8.0%	9.6%	2.9%	6.5%	4.3%	4.5%
<b>% households: At risk of / has experienced domestic abuse</b>	<b>18.4%</b>	<b>40.7%</b>	<b>25.2%</b>	<b>25.4%</b>	<b>21.8%</b>	<b>22.7%</b>
% households: At risk of / has experienced abuse (non-domestic abuse)	11.5%	14.8%	5.9%	10.1%	6.9%	5.8%
% households: Drug dependency needs	11.5%	5.2%	11.8%	10.3%	14.3%	12.3%
% households: Alcohol dependency needs	10.8%	5.2%	11.8%	10.0%	10.6%	9.0%
% households: Offending history	27.8%	25.2%	17.6%	23.6%	22.0%	17.7%
% households: History of repeat homelessness	36.1%	30.4%	14.7%	27.2%	18.1%	13.8%
% households: History of rough sleeping	18.1%	14.8%	10.1%	14.5%	13.1%	10.4%
% households: Former asylum seeker	0.0%	0.0%	0.4%	0.2%	3.3%	2.3%
% households: Old age	1.0%	5.2%	8.0%	4.4%	2.2%	2.7%
% households: Served in HM Forces	3.5%	4.4%	0.8%	2.7%	1.8%	1.3%
% households: Access to education, employment or training	18.4%	25.9%	3.8%	14.7%	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.

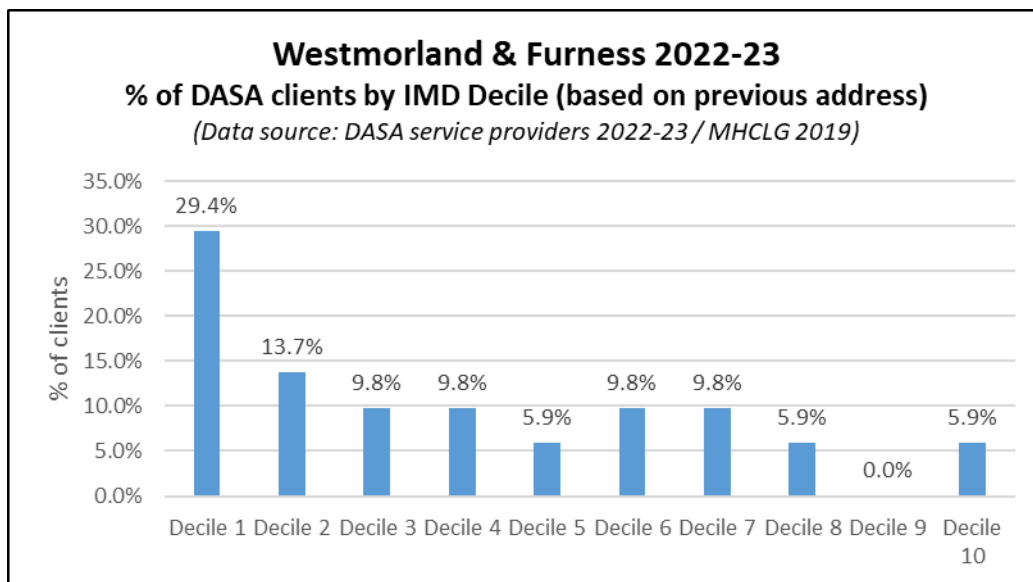
The table above indicates that one in four households in Westmorland & Furness owed a prevention or relief duty (25.4%) are at risk of, or have experienced, domestic abuse. The proportion is largest in the former district of Eden (40.7%). The proportion of households with a history of mental health problems is also large, two thirds of all households (65.2%); with the former district of Barrow-in-Furness having the largest proportion (69.1%).

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 over half of DASA clients in Westmorland & Furness as postcodes were not available (56.8%). However, where postcodes were available, data show that two fifths (43.1%; 22) were living within Lower Super Output Areas (LSOAs) within the 20% most deprived overall and a smaller proportion (5.9%; 3) within the 20% least deprived areas.



There are 20 Lower Super Output Areas (LSOAs) in Westmorland & Furness that are within the 20% most deprived in England in terms of Indices of Multiple Deprivation (IMD). The most deprived areas tend to be within urban areas and all 20 of the most deprived LSOAs are within the former Barrow-in-Furness district; this reflects the more urban nature of Barrow-in-Furness and the more rural nature of the former Eden and South Lakeland districts. 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*).

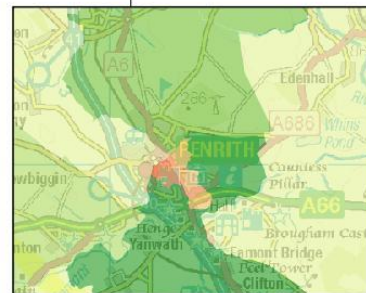
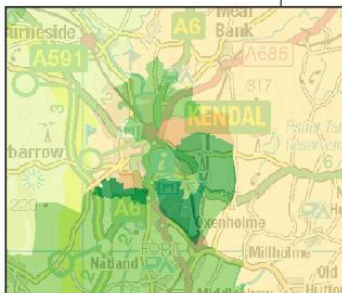
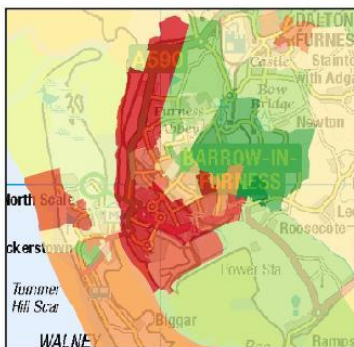
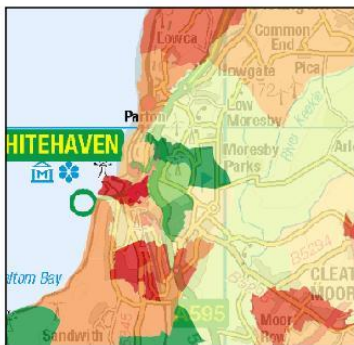
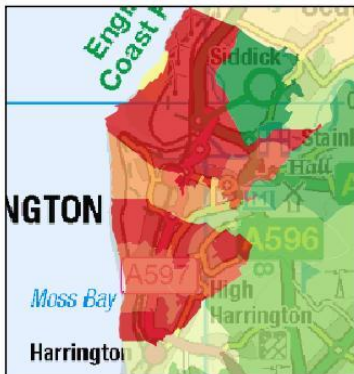
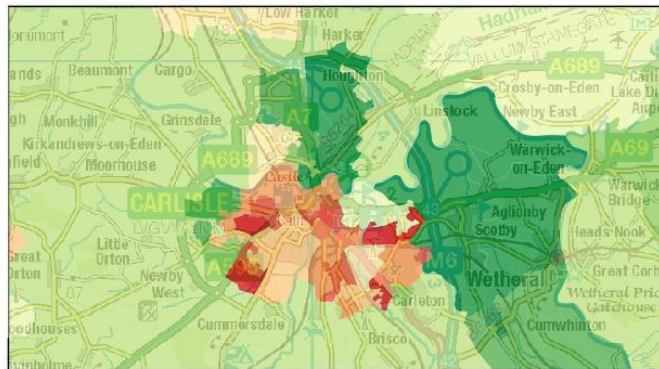
The map below shows Cumbria’s Lower Super Output Areas (LSOA) by English Indices of Multiple Deprivation decile 2019.

# LSOAs by Overall Deprivation Decile

Deprivation Decile

- 1 (10% Most Deprived in England)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (10% Least Deprived in England)

Source: DCLG 2019



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### 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 118 victims of domestic abuse referred to Domestic Abuse Safe Accommodation Service Providers in Westmorland & Furness in 2022-23.

#### 5.3.1 Demand for safe accommodation services

(DASA service providers, 2022-23)

During 2022-23 there were 118 referrals to Westmorland & Furness Domestic Abuse Safe Accommodation services (230 people in total including child and adult dependents). The majority of referrals to DASA services were from within Cumbria (85; 72%). One in ten referrals (11.0%; 13) came from the Greater Manchester, Lancashire and Merseyside areas which is not surprising given the geographical location of Westmorland & Furness.

Two in five victims refused accommodation (40%; 47). This was for a variety of reasons, including preferring to stay with family and friends, wanting a planned move, wanting to stay within the local area and not being able to house pets in temporary accommodation. 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 for around three months on average.

Westmorland & Furness - DASA referrals 2022-23 by accommodation type and length of time supported				
Accommodation type	Referrals (count)	% of referrals	Average days supported overall <sup>^</sup>	Average days within specialist accommodation <sup>^*</sup>
Dispersed accommodation	36	31%	87.7	80.6
Other forms of domestic abuse emergency accommodation	15	13%	92.1	
Refuge accommodation	19	16%	171.9	171.9
Specialist safe accommodation	1	1%	18.0	18.0
Victim refused accommodation	47	40%	90.3	
<b>Total</b>	<b>118</b>	<b>100%</b>	<b>95.1</b>	<b>96.6</b>

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

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

Of the 93 cases closed during 2022-23, three in ten (29.0%; 27) were supported for 1 month or less while over a third were supported for between 2-3 months (37.6%; 35). A small proportion (5.4%; 5) were supported for more than 12 months with the lengthier stays tending to be within refuge accommodation. The length of time supported may reflect the availability of suitable move-on accommodation, especially in areas where demand for rental accommodation is high and rents are at a premium.

Vacancy rates varied across the Westmorland & Furness 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.

Accommodation type	Bedspaces*	% vacancies 2022-23
Refuge accommodation	5	Averaged 0% to 60%
Dispersed accommodation	14	From 14.3% to 50.0%
Specialist accommodation	4	Averaged 0% (no vacancies)

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

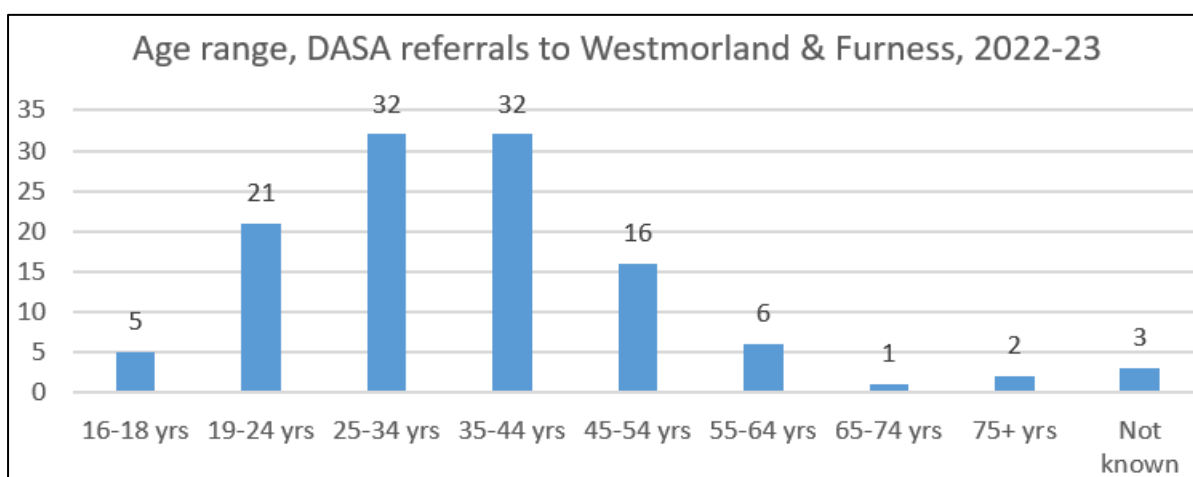
A large volume of referrals are received that are not eligible due to circumstances being outside of DLUHC grant conditions; 131 such referrals were received in Q4 2022-23.

### 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 Westmorland & Furness in 2022-23 were most likely to be aged 25-44 years (54.2%; 64). 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 Westmorland & Furness has larger proportions of resident population aged 25-44 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. Westmorland & Furness also has a larger proportion of people aged 65+ than nationally (England and Wales); one in four people in Westmorland & Furness are aged 65+ (25.7%) 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. Anecdotal evidence from Springfield suggests that since revising literature and the website in 2023 to reach more communities and people with protected characteristics, there has been an increase in older victims and survivors (aged 60-63) accessing the refuge.



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 one in fifteen main applicants referred (6.8%; 8) have a disability; six of these were female, and two male. Whether a client is disabled is not known for one in ten (10.2%; 12) (*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 Westmorland & Furness 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 LGBTQ+ 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. LGBTQ+ 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 118 clients referred to DASA services in 2022-23, one in four (24.6%; 29) were married or in a civil partnership (including separated). One in ten (11.9%; 14) were cohabiting. (*DASA service providers, 2022-23*) The proportion of those married, in a civil partnership or separated is smaller in Westmorland & Furness 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 three clients referred to DASA were pregnant; this is 2.5% of all referrals. None of these clients are recorded as having other dependent children (*DASA service providers, 2022-23*).

#### 5.3.2.6 Race

Census 2021 data indicate that 94.6% of people living within the Westmorland & Furness area identified their ethnic group as “White British”; this was much higher than the England and Wales average (74.4%).

Local data indicate that 89.8% (106) of the clients referred to DASA in the Westmorland & Furness area in 2022-23 identified their ethnic group as White British; nine clients (7.6%) 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. The majority (8 of the 9) were from the Eden area in which 5.2% of the population are from ethnic minority groups including white minorities.

#### 5.3.2.7 Religion or belief

Census 2021 data indicate that just over half the people in the Westmorland & Furness area (55%) 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 (0.4%) and Muslim (0.4%). Just over one third (37%) reported having no religion.

Religion is not known or not stated for almost over two fifths of clients referred to DASA services in 2022-23 (42.4%; 50). Five clients are recorded as Muslim which makes 4.2% of all clients; this is a larger proportion than may be expected based on the Census findings. However, numbers are small and therefore it is difficult to tell if this is a particular need in the Westmorland & Furness area. A further proportion state “other religion” (12.7%; 15) (*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 (85.6%; 101) identified as female; one in eight (12.7%; 15) 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 Westmorland & Furness in 2022-23 identified as heterosexual (89.8%; 106); 5.9% (7) identified as Bisexual (*DASA service providers, 2022-23*).

Galop via SafeLives (*2018a*) suggest that LGBT+ 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 LGB DASA clients (5.9%) 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 Westmorland & Furness. Data from DASA service providers indicates that eight out of ten clients (81.4%; 96) were from households where total household income was less than £20k per annum. The contrast was greater between male and female clients. Over nine out of ten of the 15 male clients referred to DASA in 2022-23 were from low income households (less than £20k per annum) (93.3%; 14) compared to eight out of ten females (80.2%; 81).

Seven out of ten DASA clients were receiving benefits in 2022-23 (69.5%; 82). Almost one third were unemployed (32.2%; 38).

### 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 above. (*ONS, 2022a*)

Single adults with children made up one in six clients referred to Westmorland & Furness DASA services in 2022-23 (16.1%; 19); the majority of these (13) were in the former Barrow-

in-Furness district. Over half of all clients (53.4%; 63) were adults with no children (*DASA service providers, 2022-23*).

### 5.3.5 Care leavers

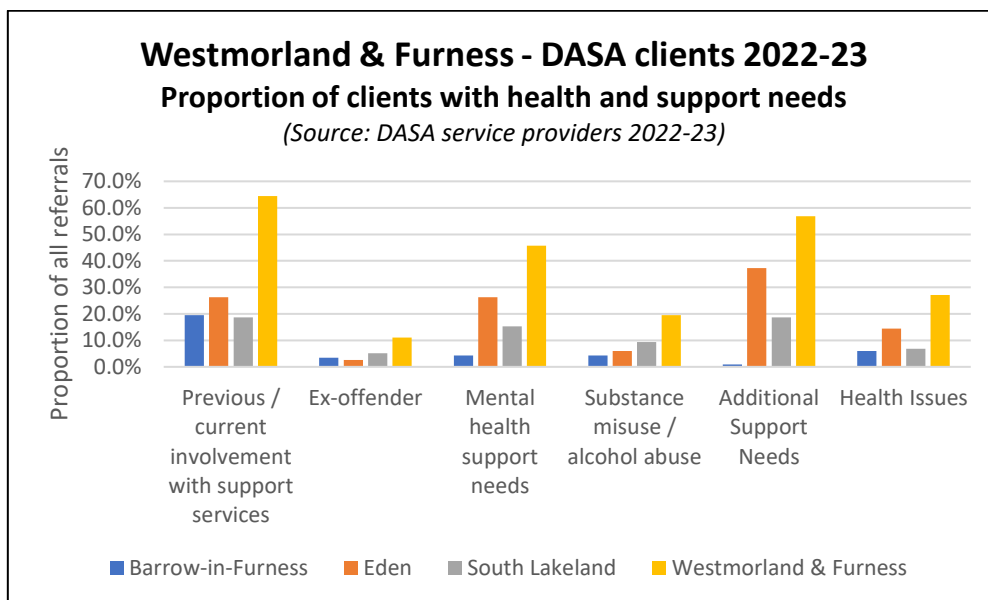
Children in care and care leavers are a particularly vulnerable group. They may have experienced abuse, neglect and trauma which can lead to significant emotional, behavioural and mental health needs, putting them at risk of being groomed or exploited by people offering them the attention, affection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

Seven care leavers, one male and six female were among the clients supported under DASA in 2022-23; this makes up 5.9% of the total number of clients referred. Four were from the Barrow-in-Furness area and three from Eden. Two were aged 16-18 years, three were 19-24 years, and the remaining five 25+ 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 Westmorland & Furness require support services in relation to these health issues.

Over eight out of ten (83.9%; 99) of all cases referred to DASA services in 2022-23 had health and support needs; almost half of all referrals (45.8%) required mental health support; one in five (19.5%) required drug / alcohol support; while almost three fifths (56.8%) had additional support needs and almost three in ten (27.1%) had other health issues.



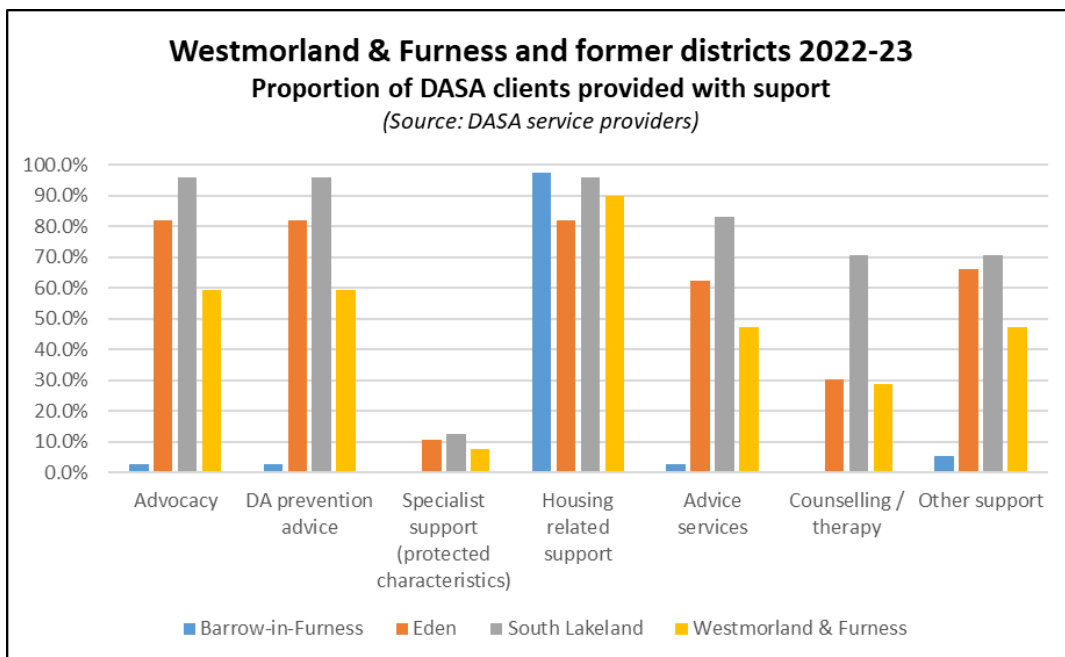
The main additional support needs as a proportion of all DASA clients with health and support needs were: multiple additional needs (36.4%); homelessness (21.2%) and financial support needs (5.1%).

The main health issues as a proportion of all DASA clients were: multiple health issues (19.2%) and other long term health issues (6.1%).

### 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 Westmorland & Furness and the former district areas. Children’s support is covered in the “children in DASA” section.

The chart below shows that support is less likely to be offered in the former Barrow-in-Furness area. The reason for this is unclear.



### 5.3.8 Children in DASA

During 2022-23 a total of 106 child dependents have been referred to DASA services. Just over half of DASA clients with dependent children (51.0%) were provided with children's support. This support varied across the former districts of Westmorland & Furness from 5.0% in Barrow-in-Furness to 100% in South Lakeland.

Geography	Number of DASA clients with dependent children	Number of child dependents	Number provided with Children's support	% clients with dependent children provided
Barrow-in-Furness	20	39	1	5.0%
Eden	25	52	19	76.0%
South Lakeland	6	15	6	100.0%
<b>Westmorland &amp; Furness total</b>	<b>51</b>	<b>106</b>	<b>26</b>	<b>51.0%</b>

In total 7.5% of all dependent children (8) had specialist characteristics as defined by DLUHC. All eight had disabilities.

The current ChIDVA (Children's Independent Domestic Violence Advisor) offer is under used, with referrals limited in the Westmorland & Furness area in 2022-23. Service users report that they do not wish their children to be referred as they are dealing with complex issues and introducing someone new to them whilst in DASA is not the right time (*Westmorland and Furness Council, 2023*).

### 5.3.9 Adult dependents

The number of adult dependents in 2022-23 was relatively low. Just six 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 Westmorland & Furness have suffered multiple types of abuse in 2022-23 (58.5%; 69). One in ten have suffered emotional abuse (11.9%; 14), one in ten physical abuse (11.0%; 13) and 6.8% (8) controlling and coercive behaviour (*DASA service providers, 2022-23*).

### 5.3.11 Risk assessment and DASH assessment

Of the 118 victims of domestic abuse referred to DASA services in 2022-23, one out of three (32.2%; 38) had a Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment (DASH assessment) completed. Risk levels are not known for four in ten clients (40.7%; 48).

Westmorland & Furness DASA clients 2022-23				
Risk level and DASH completed				
	High risk	Medium risk	Low risk	DASH completed
Count	24	28	18	38
%	20.3%	23.7%	15.3%	32.2%

*Total number of DASA clients 2022-23 = 118*

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.

Westmorland & Furness 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	99	54	23	67	32	13
DASH completed (count)	37	26	8	35	12	3
DASH completed (%)	37.4%	48.1%	34.8%	52.2%	37.5%	23.1%

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
Barrow-in-Furness	14	10x dispersed units 4x specialist units	Place in temporary accommodation under homeless duty. Follow on support; outreach in the community. Counselling and therapy
Eden	2	2x dispersed units  Access to an additional 7x dispersed units if required	Community prevention support Follow on support – outreach in community Place in TA under homeless duty Specialist DA support provided to those living in accommodation.
South Lakeland	9	2x dispersed units (“in-house” provision) 2x other units* 5x refuge accommodation (Springfield supported refuge accommodation for women; includes 3x units available to support up to five children)	Place in temporary accommodation under homeless duty. Longer term safe accommodation (no duty)

*\*2x self contained units attached to a homeless hostel with separate entrance from the hostel. These are kept to single gender as the 2x units share the same entrance.  
(DASA service providers, 2022-23)*

### 6.1.2 DASA support services and staffing

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

- Women’s Community Matters (WCM)
- Springfield
- The Birchall Trust
- Children’s Independent Domestic Violence Advisor (ChIDVA) via the Office of the Police and Crime Commissioner
- PAUSE Programme
- Gateway for Women
- Health and Wellbeing Coaches (HAWCs)
- 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).
- Women’s Accommodation Support Centre at Furness Homeless Support (housing related support).

The 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 feeling overwhelmed by having too many professionals involved in their support (*Westmorland and*

*Furness Council, 2023*). The HAWC service was not funded via the Grant in 2023-24, although HAWC support can be accessed via the generic offer.

Staffing totalled 5.5 DASA specialist (full time equivalent) staff at the end of Q4 2022-23. The majority of staffing was in dispersed services (86.4%; 4.75 FTE staff); this reflects the proportion of dispersed accommodation in Westmorland & Furness, which makes up the majority of the DASA units outlined in the previous section. It should be noted that Springfield refuge staffing is not included in the FTE total as bedspaces are funded in Springfield rather than staffing (*DASA service providers, 2022-23*).

The way DASA services are delivered differs across the former district areas within Westmorland & Furness. Services are provided by Eden Housing Association in the Eden area, an arrangement that is seen to be working well. In the Barrow-in-Furness area the service is provided via grant to Women's Community Matters, and this has also worked well. In the South Lakeland area, DASA services have been provided in-house. There have been some staff recruitment issues, with the service back-filled by other officers. Springfield also have a contract in the South Lakeland area to provide supported refuge accommodation for women; there is no other agency providing a similar service in Cumbria (*Cumberland Council, 2023*). Springfield takes women only, does not take those with high mental health needs or those with high substance misuse or alcohol abuse problems.

## 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.

Positive experiences reported by DASA clients:

- Support received was “so much more than a safe place to stay – I got my life back”.
- Peace of mind; feelings of safety.
- Cultural support needs respected.
- “It helps to feel human again.”
- Support provided throughout the whole journey.
- Happy with help received.
- Happy with emotional support.
- Client wouldn't have known where to turn without support.
- Good support despite language barriers.

Negative experiences reported by DASA clients:

- Feelings of loneliness, feeling lost and bewildered at separation from the perpetrator despite being the victim of abuse for many years.
- Feeling depressed and suicidal.
- Not settling into refuge, would not have agreed to go if the victim had known what it was like.
- Communication between housing and domestic abuse teams needs to be improved.
- Client reported feeling confusion at times as a result of involvement by different staff.

## 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.
- History of self-harming.
- Support for multiple types of abuse.
- Advocacy requirements.
- Physical / mental health issues.
- Substance misuse.
- Alcohol addiction.
- Need for housing, legal, financial, practical and emotional support.
- Unemployment

### **Support provided:**

- Referrals made to other agencies / third sector support as appropriate, including: MARAC; Police, Adult Social Care; Women's Community Matters; Furness Homeless Support Group; McKenzie Friend; Probation; Early Help; The Birchall Trust.
- Support to search for private rented accommodation.
- Emergency crisis support.
- Food parcels.
- Help with housing, legal, financial and practical support.
- Information and advice, guidance and safety planning.
- Emotional support.
- Elder abuse advice.
- Support to liaise with family.
- Help to access podiatry, dental and optometry services.
- Travel warrant purchased to enable victim to reconnect with family.
- Upfront costs paid for private tenancy.

### **Follow on support:**

- Weekly visits by Tenancy Sustainment Officer.
- Community outreach support.
- Domestic abuse recovery support.
- Referral to Community Safety Team.
- Referral to Domestic Abuse, Recovery Together (DART) 12 week recovery support.
- Advice.

### 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 the 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 current ChIDVA (Children's Independent Domestic Violence Advisor) offer is under used, with limited referrals in the Westmorland & Furness area in 2022-23. Service users report that access to ChIDVA is "too much" whilst in DASA and having to address other issues. *(Cumberland Council, 2023)*
- The HAWC service has been accessed in Westmorland & Furness on a limited basis. Although many victims accessing DASA have multiple complex needs, they have declined a service from a HAWC due to feeling overwhelmed by having too many professionals involved in their support *(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. Dip sampling has taken place in the Eden area and the service viewed as very good. Staffing issues in the Barrow and South Lakeland areas have led to the dip sampling not taking place prior to Local Government Reform as was planned (*Cumberland Council, 2023*).

Where there have been staffing issues, domestic abuse training has been offered to wider support staff to ensure backfill provision is in place if needed. However, if this is not practised regularly, this could result in variations and quality of service (*Cumberland Council, 2023*).

## 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 3,760 square kilometres Westmorland & Furness is the third largest local authority in England and Wales by land area. With a population of 226,592 persons Westmorland & Furness has an average population density of 60 people per square kilometre, much more sparsely population than the national average for England and Wales (395 people per square kilometre). In the Westmorland & Furness area, just over half of the population (54.6%) live within areas defined as rural by the Office of National Statistics; while 16.9% of the population, around 38,000 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 Westmorland & Furness. Springfield has now started to support clients in rural areas.

### 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 £565,058 for Westmorland and Furness Council was agreed by the former Cumbria County Council Cabinet on 16<sup>th</sup> March 2023 as follows:

<b>Westmorland and Furness Council Domestic Abuse Supported Accommodation Officers - 5.5 FTE Staff</b>	£194,701.00
Barrow- DASA Support delivered by Barrow Women Community Matters via year-on-year grant	£111,513.85
Eden- DASA Service delivered by contract with Eden Housing Association	£42,890.10
SLDC- DASA Service delivered in-house which supplements the support provided by Springfield.	£34,311.42
The allocation is based on a standard budget allocation for DASA Officers. There are some variations in standard salary across the system.	
<b>Housing Support</b>	£102,543.00
This was formerly a direct allocation from DLUHC to Tier 2 Councils. This has been allocated based on last years grant, plus an inflationary uplift of 2.5 % as follows:	
Barrow	£33,901.87
Eden	£33,382.00
SLDC	£32,866.10
<b>Project support</b>	£39,762.00
<b>Performance and Intelligence, Commissioning</b>	£14,565.00
<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.	
Barrow Women Community Matters	£21,362.00
Springfield	£9,678.00
The Birchall Trust	£16,022.00
ChIDVA	£45,395.00
PAUSE	£2,369.00
<b>Springfield Supported Accommodation for Women</b>	£35,845.00
<b>Lived Experience Network</b>	£8,584.00
<b>Contingency</b>	£39,654.63

Previously the support provision, and the 2023-24 budget allocation, included in-reach support from the HAWC (Health and Wellbeing Coach) service. As detailed earlier in this report, this was underused and it was therefore decided not to fund this via the Grant

There is a resultant projected underspend as below:

Contingency	£39,654.63
Allocation for HAWC	£40,575.00
<b>Total projected underspend</b>	<b>£80,229.63</b>

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 Westmorland and Furness 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 have announced the DASA budget for Westmorland and Furness Council in 2024/2025 as £576,077. 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.

The Springfield contract will end on 31 March 2023 with no ability to renew. There are also conversations taking place about the future of the Eden Housing Association contract. These factors, coupled with the creation of Westmorland and Furness Council, mean that there is a need/opportunity to consider the current commissioning model.

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
<p>Bring all DASA Services in house</p>	<p>The provision delivered in Eden and Barrow is working well. Bringing this in house may have increased costs.</p> <p>There is a wider piece of work ongoing which is looking at the entire housing system in Eden. Bringing the DASA Officer in house without those in the wider housing system could lead to isolation within the system.</p> <p>Barrow- Homeless assessments conducted by the Council- Support delivered by Women Community Matters. This is a potential risk as the two organisations are working in isolation and may be using different practices.</p> <p>Risk could be mitigated by having a 'duty' officer from Barrow Women Community Matters to attend homelessness assessments to conduct DASH risk assessment.</p> <p>There are unknowns about the quality of provision in South Lakes given personnel changes. Numbers accessing DASA are low.</p> <p>Bringing the provision of Springfield in-house would be difficult as Westmorland and Furness Council do not own any property. The grant cannot be used on capital expenditure.</p> <p>This would impact on a well established and well regarded community based service in relation to Barrow Women Community Matters, Eden Housing Association and Springfield.</p>	<p>Given the services are provided by a Registered Provider of Social Housing and a VCFSE Provider, overheads are less.</p> <p>Proven quality of delivery in Eden via Eden Housing Association and Barrow Women Community Matters in Barrow.</p> <p>Eden- Homeless assessments and DASA Support conducted by same agency, negating handoff.</p> <p>Step down support in Barrow available from the same agency under their generic offer, reducing handoffs.</p> <p>Homeless assessments and DASA Support conducted by same agency in South Lakeland, negating handoff.</p>

Table – Core DASA services including risks and benefits cont'd...

Option	Risks	Benefits
<p>Contract DASA Service out on a W&amp;F basis (including in South Lakes where provision is delivered in-house)</p>	<p>No single provider works across all Westmorland and Furness 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 in a rural area such as Westmorland and Furness.</p> <p>This would impact on a well established and well regarded community based service in relation to Barrow Women Community Matters, Eden Housing Association and Springfield.</p> <p>Overall budget is small so may be limited interest from national and regional providers.</p> <p>TUPE of Westmorland and Furness employed DASA Officer working in South Lakeland.</p>	<p>Would provide the opportunity to set a single service specification for the whole of the Westmorland and Furness Area.</p> <p>Could bring in national/regional expertise.</p>
<p>Contract/ Grant Fund DASA Service on a former district basis</p>	<p>TUPE of Westmorland and Furness employed DASA Officer working in South Lakeland.</p> <p>Unlikely to be interest from National/regional providers as individual contracts will be too small.</p>	<p>Possibility to continue to contract existing providers in Eden and Barrow as they have a proven record of delivery which is viewed as good by the former districts.</p> <p>Ability to link this contract with the wider contract discussions around Eden Housing Association.</p> <p>Local provision for Community In-reach provided by Springfield in South Lakeland. Contracting with them to deliver the DASA Service in this area, on the same basis as in Barrow could reduce overheads and negate handoffs as support can continue post DASA stay under generic offer.</p>

## 8.5 Community in-reach services

Currently, in-reach is provided by:

- Barrow Women Community Matters – Barrow area
- Springfield – South Lakeland Area
- The Birchall Trust – All of Westmorland and Furness
- ChIDVA – All of Westmorland and Furness
- PAUSE – internal services covering all of Westmorland and Furness

Option	Risks	Benefits
Continue delivery via current model of in-reach services. This would be done on a 3 year grant/contract basis	Current ChIDVA offer under used, only 6 referrals in the Westmorland and Furness 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.	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 Westmorland and Furness Council. 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>Would not provide continuity of care once a victim/survivor left the statutory provision.</p>	<p>PAUSE is already an internal service provided by Westmorland and Furness 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	No access to therapeutic support via Birchall Trust and Springfield 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.	

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

## 8.6 Lived Experience Network

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 Network was awarded to Barrow Women Community Matters, on a Cumbria-Wide footprint. This contract finishes on the 31 March 2024.

Option	Risks	Benefits
Award contract on a Westmorland and Furness Footprint	<p>Working on a Westmorland and Furness footprint may be un-viable for the host agency.</p> <p>Tendering exercise may not attract any applications.</p>	Lived experience will inform services moving forward. Taking the views of the Network could lead to greater customer satisfaction.
Award contract on a Cumbria Footprint	There is a risk Cumberland Council may not wish to further fund the network.	As above.
Cease funding Lived Experience Network	Lived Experience not taken into account when commissioning services.	



## 8.7 Project Support

Currently the DHLUC grant is used to fund a full-time project officer post and some additional support for performance and intelligence.

Option	Risks	Benefits
Continue to provide in-house Project Support, Performance and Intelligence and Commissioning	Capacity within the commissioning team may need addressed.	This will allow Westmorland and Furness Council to meet its Statutory Duty to provide Support within Supported Accommodation in line with the DA Act 2021 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 Westmorland and Furness area.
Cease funding these posts	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.  Local Partnership Board will not have internal overview in order to meet Statutory Duty.  Redundancy issues will need to be considered.	

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
DART	Domestic Abuse Recovery Together
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
ISAC	Independent Stalking Advocacy Caseworker
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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