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Domestic Abuse Safe Accommodation Needs Assessment for Westmorland & Furness Council 2025

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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 2025 estimated that around eight in every 100 adults aged 16 years and over (7.8%; around 3.8 million people) had experienced domestic abuse in the 12 months to March 2025. Additionally, around 1.4 million people (2.9%) had experienced stalking, around 900,000 (1.9%) had experienced sexual assault and around 4.2 million (8.6%) had experienced some sort of harassment. (Office for National Statistics, 2025a).

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
- Barriers to accessing services.

The assessment draws on national and local data, statutory homelessness returns, police safeguarding records and MARAC (Multi-Agency Risk Assessment Conference) reports. Analysis of domestic abuse safe accommodation clients 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. Comprehensive feedback from DASA clients would be beneficial, however

this is limited. 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.

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 around eight in every 100 adults aged 16 years and over in England and Wales in the 12 months to March 2025 (7.8%; around 3.8 million people). Additionally, around 1.4 million people (2.9%) had experienced stalking, around 900,000 (1.9%) had experienced sexual assault and around 4.2 million (8.6%) had experienced some sort of harassment. These estimates represent no statistically significant change compared to the previous year.

Domestic abuse remains a significant issue locally. In 2024/25 over 3,000 domestic abuse-related incidents were recorded in Westmorland and Furness. Incidents, safeguarding records and referrals to support services have increased consistently over the past three years. Increases could be a result of different factors, such as changes in police recording practices; an increased willingness to report abuse following high profile public awareness campaigns; legislative changes in 2021 which expanded the legal definition of domestic abuse; better identification by professionals and improved data sharing across agencies.

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 263 victims of domestic abuse referred to DASA service providers in 2024-25 and highlights the following:

Service Provision and Capacity

- DASA delivery varies across Westmorland & Furness, provided by Westmorland & Furness Council, covering the former Eden district area, by

Women's Community Matters in the Barrow-in-Furness area and Springfield operating in the South Lakeland area.

- 24 dedicated units of DASA accommodation are available in Westmorland & Furness; 11 Refuge Accommodation, 10 Dispersed and 3 'other' specialist units of DASA Safe Accommodation
- Vacancy rates are consistently low, demonstrating sustained demand
- 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; suggesting there could be a need for dedicated recovery refuge provision
- Length of time supported may be influenced by the availability of move on accommodation

Access, Demand and Referral Pathways

- Demand is largely driven by self-referral; professional referrals across police, health and housing services remain relatively high.
- Despite the level of need, a quarter all victims refused accommodation. Reasons highlight issues such as feeling safer with family and friends and wanting to remain within their local area
- It is likely that the full extent of need has not been captured as under reporting may be a problem especially for people in rural areas, male victims, people with disabilities, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning), young victims 16-18 years and older victims (those aged 65+).
- Barriers to accessing DASA services include: rurality; perception of inclusiveness by LGBTQ+ victims; physical ill health and isolation for older victims; disability; gender (male)

Risk Profile and Demographics

- 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
- Domestic abuse-related deaths are a concern. Suicide and neglect are the predominant causes, and the majority of perpetrators are male.

Complex Needs and Vulnerabilities

- Significant proportions of victims have complex needs including substance misuse, alcohol related needs, mental ill health, other health issues and offending histories.
- Homelessness affects a significant proportion of people requiring support

Poverty, Deprivation and Structural Barriers

- 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
- Deprivation compounds barriers to accessing support, such as lack of transport, digital exclusion, and reduced trust in authorities
- Geographic and demographic characteristics of Westmorland and Furness, including rurality and deprivation levels, compound barriers to accessing help

Practice Quality and Service Delivery

- 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. Multi-agency DASH training has been implemented to remedy this
- Domestic abuse may not always be disclosed during homelessness assessments; the homelessness assessment does prompt officers to ask about Domestic Abuse
- Case recording practice varies across Westmorland & Furness
- Available case studies are limited. The lived experience of victims in DASA is not fully understood
- The offer of support services varies across Westmorland & Furness

Recommendations

- DIP sampling is to continue to 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 Homelessness Services 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/available 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. However, practical considerations must be considered, particularly for walk-in presentations when officers may be working from support centres or from home. In addition, the individual's preference regarding confidentiality is paramount and they may not wish to have a DASA Officer present during the assessment
- Consider options for sharing or seconding staff to cover future staff absence as good practice
- Ensure in reach services provide the therapeutic support required by victims of domestic abuse, taking into account the needs of those with protected characteristics as defined under the Equality Act 2010, and ensuring the system allows victims to continue accessing support beyond their stay in domestic abuse safe accommodation for by example, the continued use of existing community groups to provide in-reach and support work within safe accommodation

- 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 in the form of the Lived experience Network and case studies are available with additional feedback also provided by core DASA services
- There has been underspend of grant funding in both 2023-24 and 2024-25. It would be beneficial to continue to use some of the 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. This service is provided by the Office of the Police, Fire and crime Commissioner (OPFCC)
- It would also be beneficial to consider the training offer 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)

Key issues

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

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 (Cumbria level only)
- Victim characteristics:
 - Ethnicity – high proportion of “unknown” or “not stated” in police safeguarding and IDVA (Independent Domestic Violence Advisor) data (up to 25%), making it difficult to assess needs of minority ethnic groups. This was also the case for gender (over 70% gender states as ‘unknown)
 - Sexual Orientation – limited data on LGBTQ+ victims, gaps in understanding unique risks and barriers
 - Older Victims – the under reporting by people aged 65+ results in less being known about these clients.
- Risk:
 - DASH Risk Assessments –half of DASA clients did not have a DASH completed; data collection only started in 2024/25 Q2 mid-year leaving incomplete risk profiling.
- Rural and hidden populations:

- The under-reporting by rural victims of domestic abuse results in less being known about the needs of these clients or the prevalence of domestic abuse in Westmorland and Furness' rural communities
- 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.
- Service user voice:
 - Feedback from DASA clients across Westmorland and Furness is patchy

Poverty and deprivation

There are links between poverty and deprivation and domestic abuse. Data, where available, shows a large proportion of clients referred to DASA service providers in Westmorland & Furness originate from communities considered to be more deprived.

Data shows significant proportions of domestic abuse victims on low household income, claiming benefits and unemployed. Homelessness affects a significant proportion of people requiring support. Economic strain and low household income increase vulnerability to domestic abuse by creating stress, limiting options to leave, and fostering financial dependence on perpetrators. Deprivation also compounds barriers to accessing support, such as lack of transport, digital exclusion, and reduced trust in authorities.

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. Victims often present with multiple, overlapping challenges such as mental health issues, substance misuse, homelessness and financial hardship. The majority of DASA clients in 2024/25 had health or support needs, with nearly half requiring mental health support and 21.3% needing help with substance misuse and/or alcohol misuse.

Inequalities

Domestic abuse in Westmorland and Furness is closely linked with wider social and economic inequalities. Findings in this assessment indicate higher prevalence of domestic abuse among people living in deprived areas, within low-income households, and those experiencing financial hardship or unemployment. Those with mental health needs are vulnerable to domestic abuse. Limited access to

services, and digital or transport barriers (especially in rural areas) can increase vulnerability and reduce victims' ability to seek help.

Some groups face disproportionately higher risks of domestic abuse:

- Gender- Domestic abuse is a gender biased crime. The data shows the disproportionate impact on females. However, male victims appear under-represented in the local area
- Age- Younger adults are more likely to be victims of domestic abuse. Victims in Westmorland and Furness are most likely to be aged 25-44 years. Younger victims (16-24 years) and older victims (65+ years) appear under-represented in the local data suggesting potential barriers to disclosure in both groups.
- Disability- 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. Disabled victims appear to be under-represented in the local data, suggesting victims may be experiencing barriers to the services
- Sexual Orientation- LGBTQ+ people are likely to experience at least equal or higher incidents of domestic violence compared to heterosexual individuals
- Gender identity- Transgender individuals may be at higher risk of domestic abuse than LGB individuals
- Pregnant Women- Pregnancy can be a trigger for domestic abuse
- Care Experienced People- Care leavers and those with previous history of being in care face higher vulnerability due to possible past abuse, neglect and trauma
- To try to address the inequalities around age and mental health issues, 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 has been developed to consider issues faced by those with additional learning needs. This considers the different issues faced by different sections of society. This will be made available for use in early 2026.

Risk

Several risks have been identified from the findings of this assessment:

- Cumbria's rate of domestic abuse related incidents and crimes is slightly higher than two of out three statistically similar police force areas, although lower than regional and national rates.
- A significant proportion of domestic abuse victims are classified as at 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.
- Multiple types of abuse are common, along with emotional abuse, and controlling and coercive behaviour.
- Mental health issues, deprivation, disability, and low income increase vulnerability.

- Demand for safe accommodation is high, at times full to capacity.
- Refusal of safe accommodation is common due to practical, emotional and family related issues.
- Rural isolation, poor transport links, lack of anonymity and cultural norms increase risk and can prevent victims from seeking help.
- Domestic Abuse Related Death Reviews highlight suicide and neglect as frequent causes, highlighting the need for information sharing and early intervention.
- Increasing volume of IDVA (Independent Domestic Violence Advisor) referrals has the potential to overwhelm services.

Service provision

DASA delivery varies across Westmorland & Furness, provided by Westmorland & Furness Council, covering the former Eden district area, by Women's Community Matters in the Barrow-in-Furness area and Springfield operating 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
- Gateway for Women - All services are offered to women. The service can consider referrals for men, to offer a bespoke service.
- DASA Children's Service - Children aged between five and seventeen, who are fleeing domestic abuse and live in temporary domestic abuse safe accommodation.
 - We offer support for the duration of their stay in DASA and help to them get support when they move to more stable accommodation.

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

Barrow Women Community Matters

Women's Community Matters provide the following:

- Emergency crisis support
- Keywork 1:1, Safety Planning, DA recovery support
- Signposting / support with – Safety, Housing, Refuge, Finance, Mental/Physical health, Substance misuse, Police (inc., Crime Prevention Team), Court (Family/Criminal), Family issues, social isolation, Food, Lived Experience Network.

- Free 30-minute appointment with a local solicitor
- DWP arranged appointments and Drop-in at the Centre
- Group Work - Domestic Abuse (Butterflies) / Healthy Relationships (My relationships & Me) / Personal Development & Confidence Building (Beautiful Women. Beautiful Me).

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.

Springfield Supported Refuge

Springfield refuge is staffed 24 hours a day, 7 days a week. The support is delivered by Independent Domestic Violence Advocates (IDVAs), Refuge support workers and a Children and Young People's CHIDVA, all of whom specialise in domestic abuse and related safeguarding concerns.

The refuge space can accommodate 6 children and 7 women and provide expert advocacy, risk management, and safety planning, working closely with statutory and voluntary partners to support women through criminal justice processes, housing, health, and immigration systems where required.

During the survivor's recovery at refuge, they will be supported with the following:

- Weekly one to one session
- Therapeutic support
- Peer support through cultural and group sessions and activities
- Children and Young Person's Support worker

Springfield work with women who have multiple and complex needs, including those impacted by mental ill-health, substance use, disability, and insecure immigration status.

Springfield has a male safe accommodation service, Samworth House, that provides emergency accommodation for three single male victims / survivors. The service isn't staffed 24/7 but residents receive out of hours telephone support alongside their weekly support sessions at the hub. This is the only specialist supported housing for male survivors in the county.

Stepping stones is Springfield's self-contained safe accommodation service which enables the accommodation of families who could not ordinarily access the refuge or Samworth house, i.e. men with children, transgender survivors or women with teenage sons. It can also accommodate women ready to move on from refuge.

Springfield Community Support

Springfield community service supports residents of Westmorland and Furness in Domestic Abuse Dispersed Accommodation.

This service is available pan Westmorland and Furness including support to survivors in rural areas. Springfield's Children's DA support worker (funded by Children in Need); works across their accommodation and community services and delivers various recovery groups, holds peer support groups as well as 1-1 sessions with CYP.

The Springfield Community Team delivers awareness sessions and training to groups and businesses across the Westmorland and Furness area.

Springfield offer support in rural areas for clients who cannot travel to their community hub, usually taking 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 or awareness sessions.

On leaving DASA, customers can continue to be supported under the generic offer of Springfield community support.

The Birchall Trust

To provide trauma-informed wellbeing and counselling support, offering short-term safety, stabilisation, and emotional support to adults and children aged 4+, who have significant emotional and practical needs that make accessing longer-term therapeutic recovery services difficult or impossible.

- Services are delivered by qualified Trauma-Informed Practitioners
- Individualised support, typically ranging from 1 to 1 sessions per person
- Support may include work with parents, carers, and other significant family members where appropriate

Access to trauma counselling and/or wellbeing support is key to recovery for victims of domestic abuse. On leaving DASA, individuals can continue to receive support through the generic service offer of The Birchall Trust.

Support for Children

In 2023/34 Independent Domestic Violence Advisors were commissioned from Victim Support by the Office of the Police and Crime Commissioner, however due to this being underused support for children is now provided by W&F DASA Support for Children. 58 referrals were made between August 2024 and December 2025. The support covers:

- One-to-one sessions, in safe places such as schools, women's centres and refuges. This includes:
 - Exploring the big feelings and emotions the lived experience of domestic abuse involves
 - Coping strategies, understanding that what happened is abuse and moving on to lead a happy and healthy life
 - Work around relationships, as this is key to moving on from abuse

Gateway for Women

Gateway for Women have trialled an outreach service which was underused and therefore not sustainable. Clients from the Eden area can access support from Gateway for Women at the Carlisle based centre.

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+).

Under-reporting from victims living in rural areas is likely as a result of additional barriers such as isolation, limited transport, digital access, lack of anonymity in communities and fewer local services.

What service users say

Case studies provided by DASA Service Providers paint a positive picture, with victims feeling safe and not just being provided with support but a lifeline. Service providers have been described as displaying unwavering compassion and dedication. Negative comments surround frustrations with working restrictions around housing benefits and others not being permitted access to accommodation. Case studies have been provided by DASA services from the aspect of refuge accommodation and community services (*provided by Westmorland & Furness DASA Project & Programme Officer*).

Local information from forums run by Cumbria's *Lived Experience Network* highlight that many survivors often feel ignored or dismissed by professionals, including GPs, consultants, and some social workers. People are left feeling unsupported, doubted, and feel unsafe to fully share their experiences. There can be inconsistent, and sometimes conflicting, responses from different services. As a result, trust in statutory services was low. Survivors spoke about poorly timed communication such as late-night updates and feeling that systems were biased or prone to "mother blaming." Courts, in particular, were often seen as failing to protect survivors. Many described the overall system as fragmented, unclear, and poorly coordinated.

There were also positive examples, such as when support was trauma-informed, compassionate, and built on real human connection, survivors described much better experiences. Being believed and having a say in decisions makes a huge difference. Survivors emphasised the importance of co-production and how empowering it is when their knowledge and lived experience are valued rather than dismissed.

Research by the University of Sheffield (2025) indicates that domestic abuse survivors consider safe accommodation to be somewhere that makes them feel physically safer, more confident, and better connected to others, particularly through shared lived experience. Counselling, emotional and practical assistance, and supportive, non-judgemental environments, are valued.

Some report negative experiences in refuges, finding some refuge rules and restrictions disempowering while some individuals, especially those with specific access or support needs were unable to access refuge services at all, due to eligibility restrictions or lack of appropriate support.

Evidence suggests that children fare better when able to maintain social and educational stability.

The availability of suitable move-on housing is a barrier; limited supply and restrictive criteria can trap people in temporary accommodation. Many struggle to find housing that fits their family needs and individual circumstances.

Some groups, or those with protected characteristics (such as older adults, LGBTQIA+ individuals, males, those with specific access needs) often face extra structural barriers to accessing safe accommodation, including a lack of tailored services, stigma or discrimination within provision, and geographical disparities in availability.

Gaps in provision

There are 24 dedicated units of supported accommodation in Westmorland and Furness, 14 Refuge Accommodation and 10 Dispersed. These 10 units of temporary accommodation have target hardening measures installed.

7 of the units are bedspaces in supported refuge accommodation for seven women and up to six children, provided by Springfield in the South Lakeland area. Springfield have now also opened the only available facility to men which is Samworth house which can accommodate 3 single men.

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; suggesting there could be a need for dedicated recovery refuge provision. However, having high levels of mental ill-health or being in active addiction are not automatic refusals into Springfield refuge, each referral is reviewed on a case-by-case basis and will be considered following an appropriate risk assessment of the service user and other persons within accommodation. There are several recovery refuges across the country whose models could be replicated in Cumbria if capital investment was available and funding for a Complex Needs Recovery worker.

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 2024-25 were variable, at times requiring clients to be housed further from their home area.

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

The 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.

There is a wider issue in relation to supporting and rehabilitating perpetrators of domestic abuse. Cumbria has access to perpetrator programmes but has no specific perpetrator accommodation. Funding of these and the implementation of MATAAC (Multi-Agency Tasking and Coordination process) were the recommendations of the Home Office's Police, Science, Technology, Analysis and Research (STAR) report. The MATAAC process was adopted but replaced in December 2025 with a flagship intervention government funded the DRIVE programme working with those causing harm in their relationships to prevent abusive behaviour and protect victim-survivors. A perpetrator accommodation bid was submitted by the OPCC in 2023, however, this was not successful. Units of accommodation were available for a period in Carlisle through Cumbria Gateway, but barriers to referrals were experienced and are now no longer available.

Barriers to accessing services

Findings indicate several barriers preventing victims from accessing services.

24.3% of victims refused accommodation in 2024-25 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 available for women with children and for single males, individual cases will be considered for 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); 26.6% people in Westmorland & Furness are aged 65+ compared to 18.7% in England (ONS Population Estimates 2024).

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. Additionally, 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) explores 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.

SafeLives carried out a partnership domestic abuse system review in 2024 reiterating the findings of the above. It is noteworthy that the implementation of combined DASH and the commissioned Responding Well to Domestic Abuse training (this replicates the National College of Policing DA Matters and is held on licence by both Cumberland and Westmorland and Furness Councils) are examples of good practice that have been noted nationally.

Domestic abuse data: level of need and gaps

Domestic abuse incidents and homicides

National picture

The Crime Survey for England and Wales for the year ending March 2025 estimated that around eight in every 100 adults aged 16 years and over (7.8%; around 3.8 million people) had experienced domestic abuse in the 12 months to March 2025. Additionally, around 1.4 million people (2.9%) had experienced stalking, around 900,000 (1.9%) had experienced sexual assault and around 4.2 million (8.6%) had experienced some sort of harassment. These estimates represent no statistically significant change compared to the survey results for the previous year. It should be noted that estimates for the years ending March 2024 and March 2025 are derived from a new set of survey questions to provide a better measure of domestic abuse and as a result, it is not possible to compare these estimates with estimates published for previous years (ONS, 2025a).

A higher proportion of all people aged 16+ years experienced domestic abuse from a partner in the 12 months to March 2025 (6.1% of all aged 16+) compared to domestic abuse from family members (2.7%). Women were 1.5 times more likely to experience domestic abuse at the hands of a partner; this is estimated to have affected 7.3% of all women aged 16+ years vs 4.9% of all men aged 16+ years in the 12 months to March 2025. (ONS, 2025b)

One quarter of all people responding to the crime survey (25.8%) report having experienced domestic abuse once or more at any point since the age of 16 years. Again, women are more likely to have been victims of domestic abuse with three in ten (29.6%) experiencing domestic abuse at any point since the age of 16 years compared to one in five men (21.8%). Emotional abuse, threats and economic abuse by a partner or family member are the abuse types most recorded in the crime survey affecting 18.1%, 13.9% and 11.0% of all respondents respectively. Proportions of women affected are higher than those of men in all categories. Survey data also show that women are 4.5 times more likely to experience domestic sexual assault from a partner or family member than men (11.8% of women vs 2.6% of men), and twice as likely to experience physical abuse (13.1% of women vs 6.4% of men) (ONS, 2025b).

Victim characteristics from the Crime Survey for the year ending March 2025 indicate that:

- A larger proportion of people aged 16 to 24 years were victims of domestic abuse compared to people aged 55 years and over.
- A larger proportion of adults with a disability experienced domestic abuse compared to those without a disability.

- Larger proportions of those from a mixed ethnic background were victims of domestic abuse and smaller proportions from Asian or Asian British backgrounds. People from mixed ethnic backgrounds may face multiple layers of marginalisation: mixed ethnicity populations tend to be younger on average and people may be more likely to live in deprived areas, all factors that can increase vulnerability to abuse. There may be underreporting in Asian communities due to cultural stigma or distrust in authorities.
- A larger proportion of people aged 16+ who were separated or divorced experienced domestic abuse than those who were married, in civil partnerships, cohabiting or widowed. However, marital status may have changed as a result of the abuse experienced.
- A larger proportion of people not working because of long term or temporary illness were victims of domestic abuse compared to those in employment, retired or economically inactive.
- Full time students were more likely to be domestic abuse victims compared to those in managerial and professional occupations.
- Low household income increased vulnerability to domestic abuse.
- A larger proportion of people in the 20% most deprived areas in terms of employment (English Indices of Deprivation) were victims of domestic abuse compared to those in the 20% least deprived areas.
- A larger proportion of adults living in a single-parent household experienced domestic abuse. However, household structure may have changed as a result of the abuse experienced.
- The victim was female in three out of five domestic abuse related crimes in 2024/25 (59.1%).
- 69.6% of victims of domestic homicide aged 16 and over were female in the year ending March 2022 to the year ending March 2024 compared with 11.4% of non-domestic homicide.

(Office for National Statistics, 2025c)

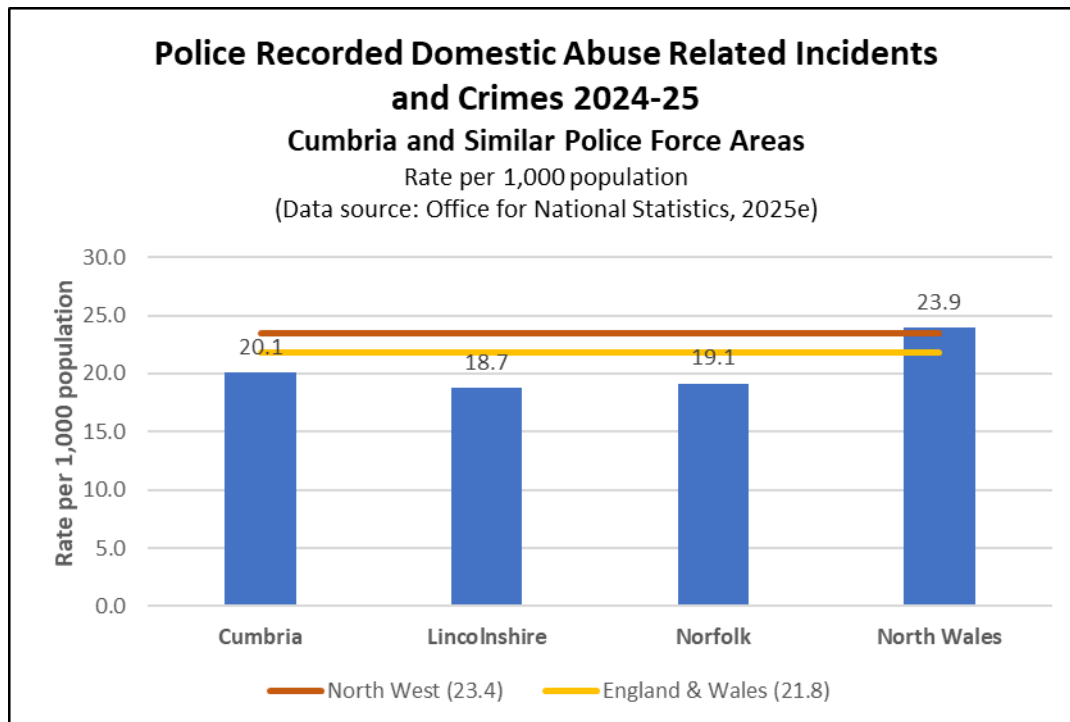
Incidents and crimes

In Cumbria 10,275 domestic abuse related incidents and crimes were recorded in the year ending March 2025, a rate of 20.1 incidents and crimes for every 1,000 people in the population. This is an increase of +4.1% (+402 incidents and crimes) from the 2023/34 period and an increase of +4.7% (+461 incidents and crimes) compared to 2022/23.

Overall Cumbria is ranked as having the 19th lowest rate of domestic abuse related incidents and crimes when compared to the 43 police force areas covering England and Wales.

Cumbria's rate of domestic abuse related crimes and incidents in 2024/25 (20.1 per 1,000 population) is slightly higher than two out of three statistically similar police

force areas, although lower than the rate for both the North West region (23.4 per 1,000 population) and England and Wales (21.8 per 1,000).

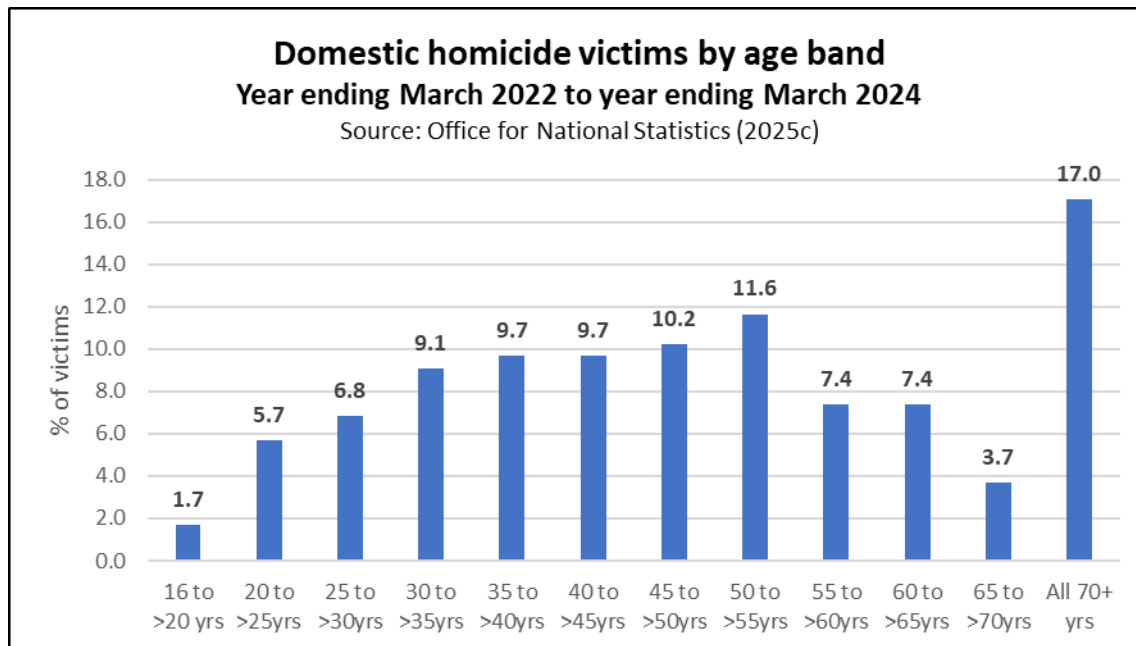


Data for the year ending March 2025 include both domestic abuse related crimes (offences recorded under National Crime Recording Standards (NCRS) that were identified as domestic abuse related) and domestic abuse incidents (domestic abuse reported to / investigated by the police that did not result in a crime being recorded under NCRS).

Data are not available at a unitary authority level.

Domestic abuse homicides

The risk of being a victim of domestic homicide appears to increase with age. Data for England and Wales indicate that in the three years between 2021/22 and 2023/24 the average age of victims was 49.4 years. Data show that one in five of all victims (21.9%) were aged 45 to under 55 years, while one in six of all victims (17.0%) were aged 70+ years with male victims most likely to be aged 70+ years (20.6%). (Office for National Statistics, 2025c)



Three in five of all domestic homicide victims aged 16+ years between 2021/22 and 2023/24 were killed by a partner or ex-partner (61.4%); for female victims this increased to three in four (72.7%). One quarter of all victims were killed by a parent (23.3%), with males most likely to be victims of their parents (31.8%).

Suspects are most likely to be male, accounting for 86.1% of all homicides between 2021/22 and 2023/24. The majority of female victims were killed by a male suspect (95.9% of all female victims).

Within the Cumbria Police Force Area, two homicides were recorded as domestic homicide between 2021/22 and 2023/24. Both victims were female, aged 16 years and over. (*Office for National Statistics, 2025c*). Data are not available at a unitary authority level.

As of December 2025, there were 5 active Domestic Abuse Related Death Reviews (DARDRs) ongoing in Westmorland and Furness. All DARDR victims were female with ethnicity recorded as White British. The causes of death were suicide and neglect, with suicide accounting for all, apart from 1. Most victims fell within the 30-45 age group, with one aged over 85 years (*Westmorland and Furness Council, 2025*).

Demographic profile

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

Local Police Safeguarding Profile

Source: *Cumbria Constabulary, 2025*

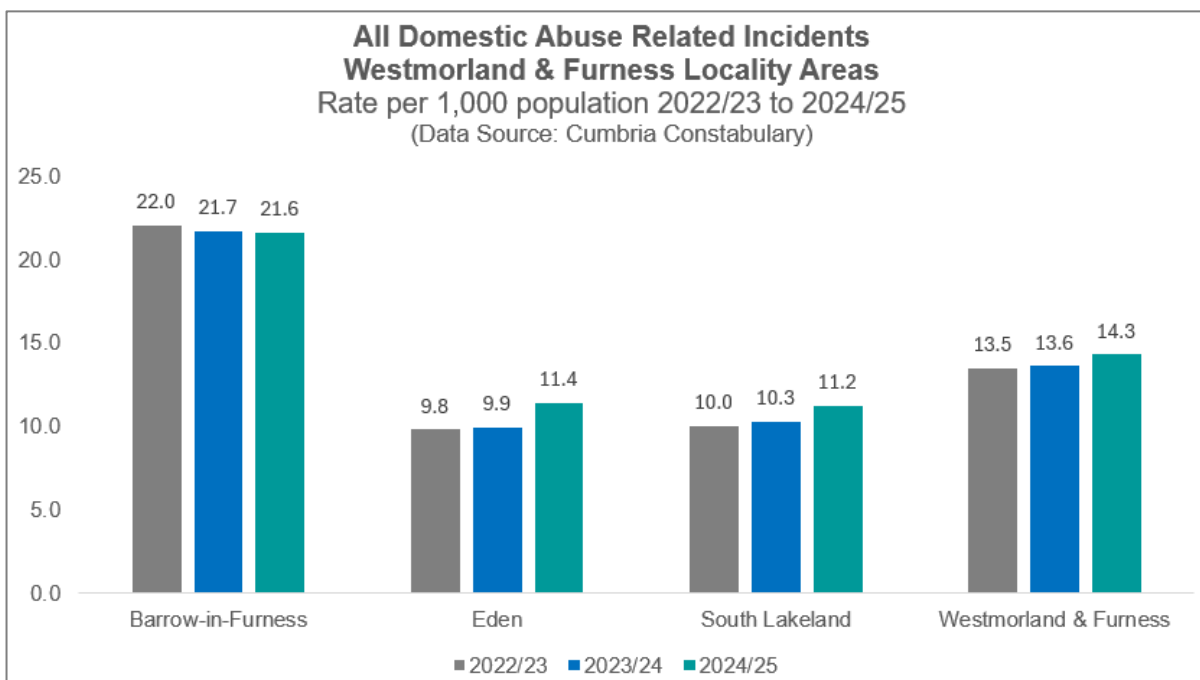
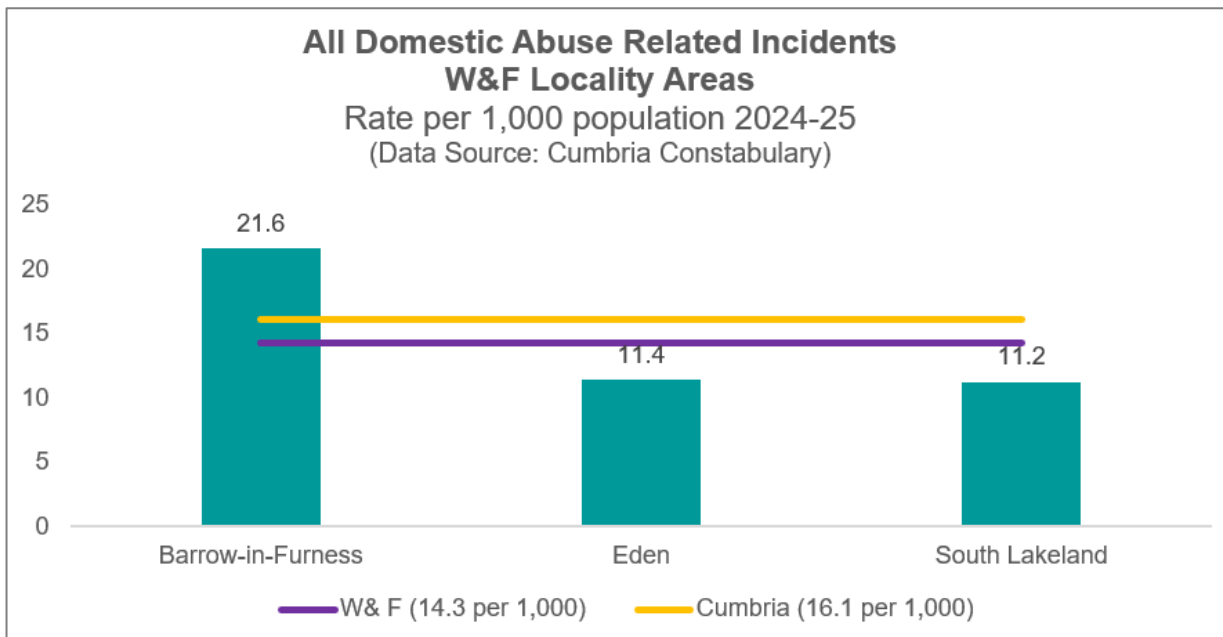
Domestic abuse related incidents

Domestic abuse related incidents in Cumbria totalled 8,212 in 2024/25. Three fifths of these are known to be in the Cumberland unitary authority area (59.1%; 4,854) and two fifths in the Westmorland and Furness area (40.1%; 3,296). The location of a small proportion (0.8%; 62 incidents) is not known.

Domestic Abuse related incidents have increased in Westmorland & Furness by +7.0% compared to the 2022/23 period (an increase of 215 incidents). Figures remained relatively static in the Barrow-in-Furness area, however increases have been reported in the South Lakeland and Eden localities.

The rate of incidents per 1,000 population continues to be highest in the Barrow-in-Furness area with a rate of 21.6 per 1,000 (2024/25), however this is a small decrease compared to the preceding years (21.7 2023/24 and 22.0 2022/23).

Westmorland & Furness- All Domestic Abuse Related Incidents			
Former District Name	2022/23	2023/24	2024/25
Barrow-in-Furness	1,483	1,466	1,469
Eden	544	554	642
South Lakeland	1,054	1,088	1,185
Westmorland & Furness	3,081	3,108	3,296
RATE (per 1,000 Population)	2022/23	2023/24	2024/25
Barrow-in-Furness	22.0	21.7	21.6
Eden	9.8	9.9	11.4
South Lakeland	10.0	10.3	11.2
Westmorland & Furness	13.5	13.6	14.3



It should be noted that not all domestic abuse related incidents are progressed to a crime. These are incidents that are domestic abuse related, but do not necessarily result in a crime being recorded.

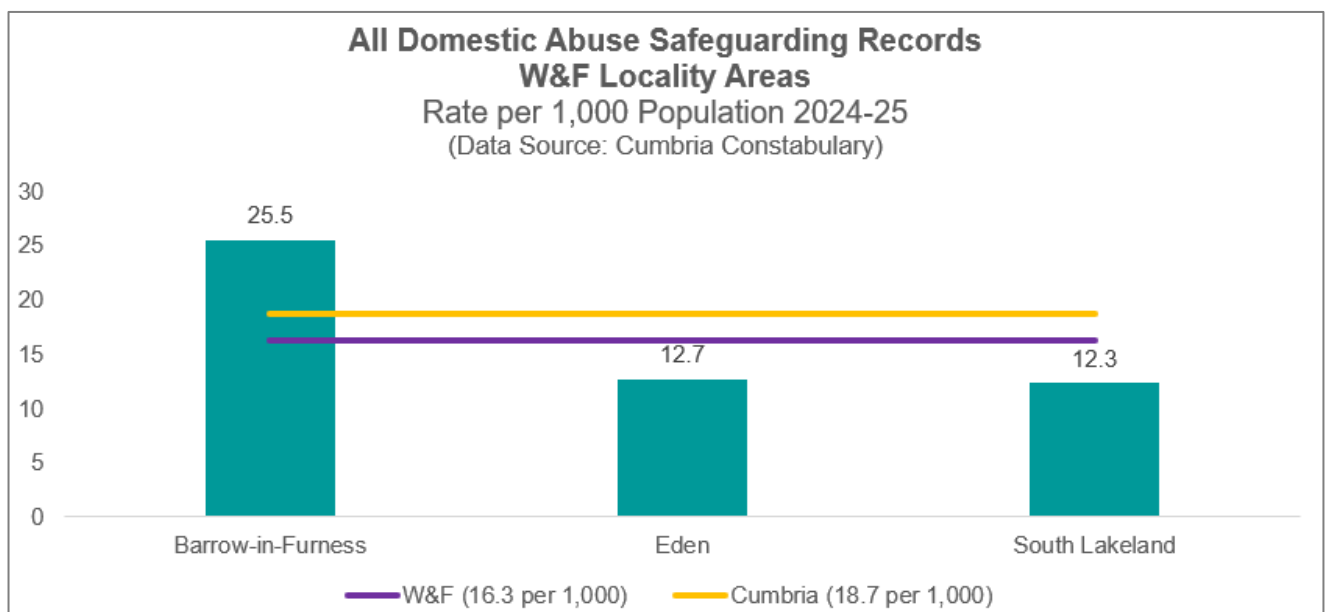
Domestic Abuse Safeguarding Records

The 2024/25 financial year saw 9,564 domestic abuse safeguarding records in Cumbria overall. Almost three fifths of these were in the Cumberland unitary authority area (57.3%; 5,483) and two fifths in the Westmorland and Furness area (39.2%; 3,749). The location of a further 3.5% (332 safeguarding records) is unknown.

As for domestic abuse related incidents, the number of safeguarding records has increased across all areas in 2024/25 compared to the previous two years. The 3,749 safeguarding records in Westmorland & Furness in an increase of +14.0% (+462 records) compared to the 2022/23 period. While increases have been seen across all areas, the increase in the Eden Locality is the largest, with records increasing by +20% compared to 2022/23 (+119 records).

The Barrow-in-Furness area continues to see the highest rate per 1,000 population in 2024/25 for domestic abuse safeguarding records, 25.5 per 1,000 population. This is higher than the rate for both Westmorland & Furness (16.3 per 1,000) and Cumbria (18.7 per 1,000).

W&F- All Domestic Abuse Safeguarding Records			
Former District Name	2022/23	2023/24	2024/25
Barrow-in-Furness	1,581	1,667	1,737
Eden	594	633	713
South Lakeland	1,112	1,193	1,299
Westmorland & Furness	3,287	3,493	3,749
RATE (per 1,000 Population)	2022/23	2023/24	2024/25
Barrow-in-Furness	23.4	24.7	25.5
Eden	10.7	11.4	12.7
South Lakeland	10.6	11.3	12.3
Westmorland & Furness	14.4	15.3	16.3





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.

Profile data provided by Cumbria Police relating to DA safeguarding records show that victims are most likely to be aged 25-34 years (27.9%) or 35-44 years (25.9%). One in six are younger, aged 16-24 years (16.7%). Two thirds identified their ethnic group as White British (64.5%). Victims from Asian, Black, Mixed and Other ethnic groups including any other White background make up a relatively small proportion (3.5%). However, ethnicity is either not stated or not known for almost one third of victims (32.0%), and therefore proportions of all ethnic groups are likely to be larger. Almost three quarters of the victims are female (72.1%) and one quarter male (26.5%). Demographic data are not available by former district or unitary authority level.

Local MARAC Reports

Source: *SafeLives 2025a*

A MARAC (Multi-Agency Risk Assessment Conference) is a regular meeting where representatives from different agencies such as police, health services, housing, and support organisations share information and create a coordinated safety plan for individuals at high risk of domestic abuse. The aim is to reduce harm and improve safety by ensuring all relevant agencies work together effectively. On average, 16 cases are discussed at each meeting. In Cumbria during the 2024/25 period 1,236 cases were discussed by three MARAC groups.

Cases discussed at multi-agency risk assessment conferences (MARACs) By Police Force Area and Region, year ending March 2025							
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	229	119,250	94,930	50	35,101	29	142,477
North West	26	21,057	10,330	82	7,352	35	26,458
Cheshire	4	3,009	1,850	65	908	30	3,493
Cumbria	3	1,236	860	58	421	34	1,395
Greater Manchester	12	11,487	4,700	98	4,517	39	13,871
Lancashire	2	976	480	81	106	11	1,332
Merseyside	5	4,349	2,440	71	1,400	32	6,367
Similar Police Force Areas to Cumbria							
Lincolnshire	1	1,378	1,320	42	381	28	2,179
Norfolk	No Data	No Data	No Data	No Data	No Data	No Data	No Data
North Wales	6	2,738	1,160	93	923	34	3,588

Source: *SafeLives 2025a* (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	6.8	93.2	17.6	10.6	1.6
North West	7.0	93.0	11.8	4.8	1.3
Cheshire	5.8	94.2	2.0	1.0	0.8
Cumbria	7.4	92.6	2.0	2.0	1.3
Greater Manchester	7.8	92.2	17.8	1.2	1.4
Lancashire	7.7	92.3	7.7	1.0	0.3
Merseyside	5.4	94.6	6.2	18.5	1.7
Similar Police Force Areas to Cumbria					
Lincolnshire	7.1	92.9	13.4	20.2	2.8
Norfolk	No Data	No Data	No Data	No Data	No Data
North Wales	8.1	91.9	2.2	0.5	1.6

Source: SafeLives 2025a

MARAC data are not available at former district or unitary authority level.

Local Independent Domestic Violence Advisor (IDVA) data

Source: Victim Support, 2023

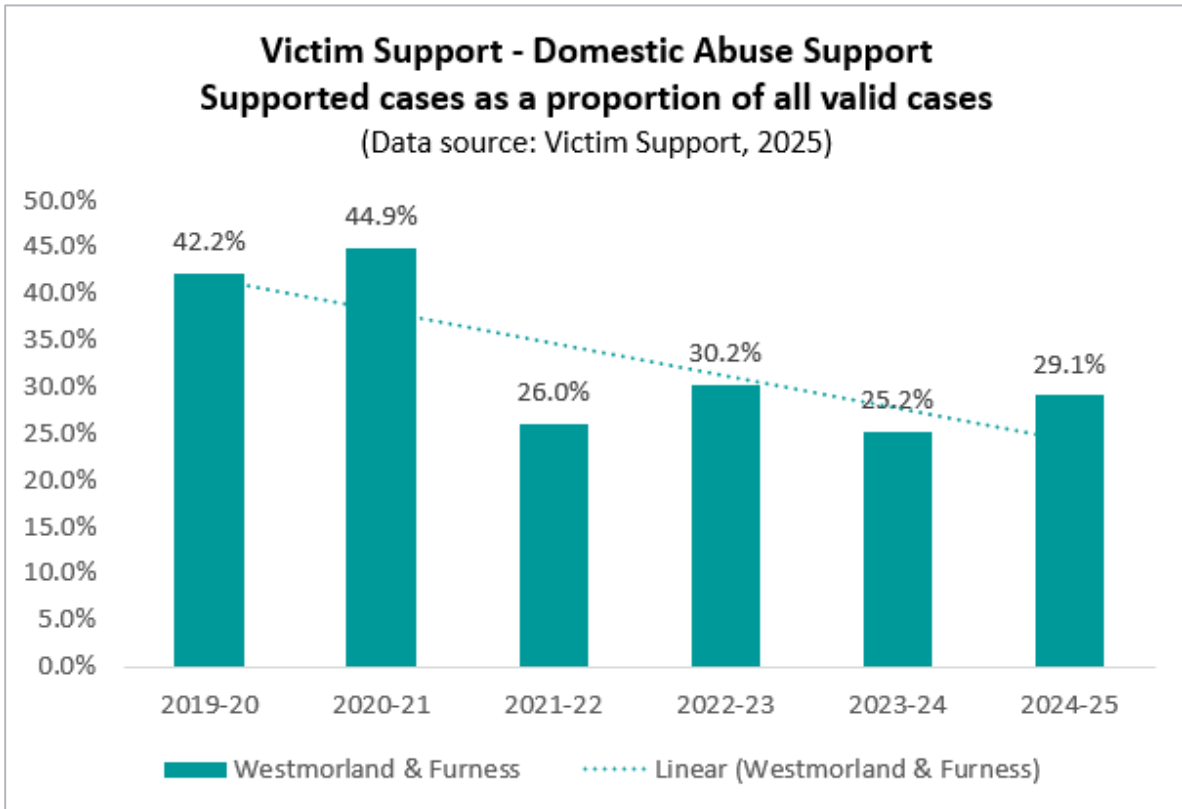
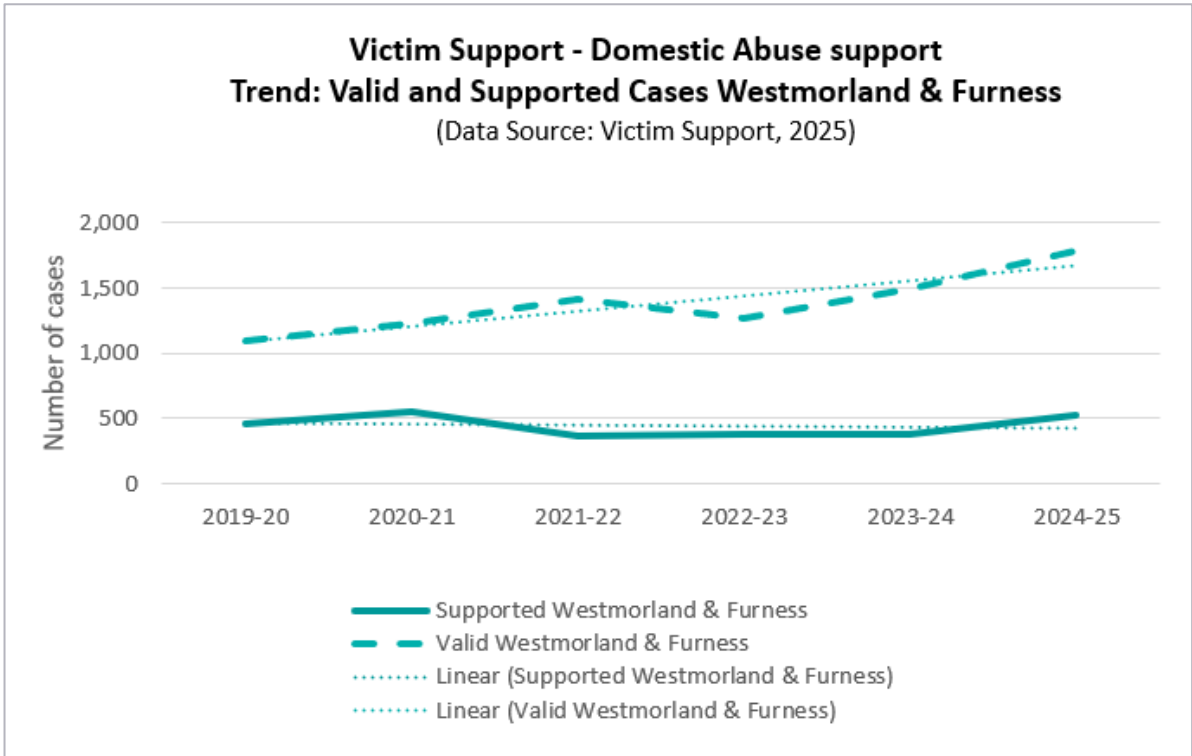
All cases referred to Victim Support will be eligible for an offer of support, but not all individuals will take up that offer, and despite best efforts it may not always be possible to successfully contact a victim, hence the difference between the number of valid cases and the number of people supported.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

Domestic Abuse Support

Victim Support - Domestic Abuse							
Westmorland & Furness	2022-23	2023-24	2024-25	% change 1 year	% change 2 years	Nr change 1 year	Nr change 2 years
Valid case numbers	1,267	1,488	1,793	20.5	41.5	305	526
Total receiving support	383	375	521	38.9	36.0	146	138

Nationally and locally reports of domestic violence decreased during the COVID-19 pandemic. However, since the easing of restrictions, reports have increased as victims may have been more able to safely disclose, report or talk to someone. The number of valid cases continues to rise. During 2024/25 Victim Support had 1,793 referred (valid) cases in Westmorland & Furness. This is an increase of 41.5% (+526 cases) since 2022/23.

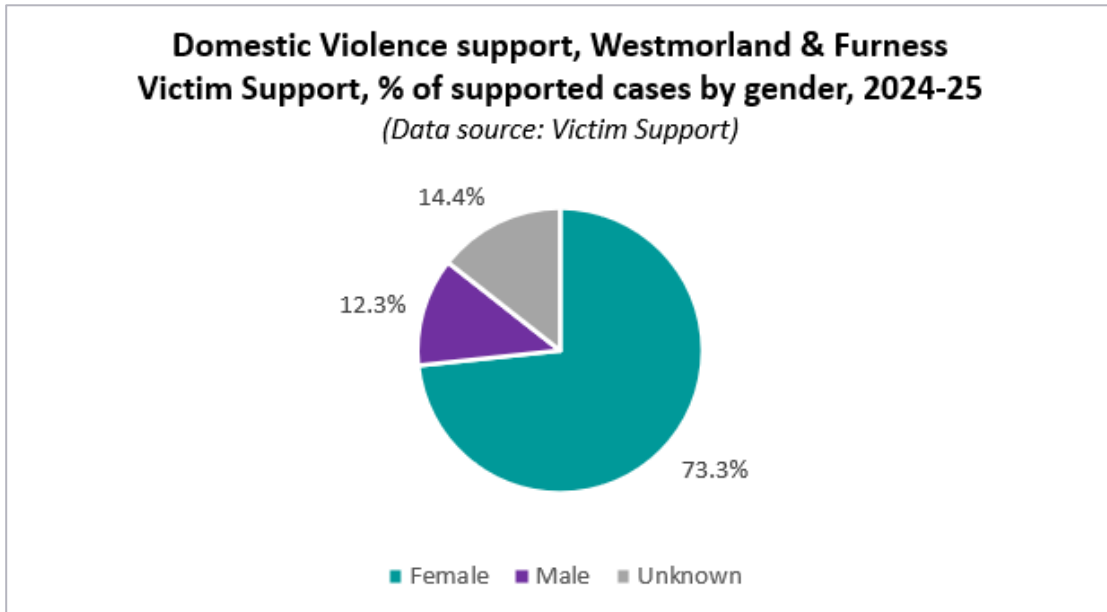
The number of supported cases is also rising. Supported cases totalled 521 in 2024/25 an increase of 36% (+138 cases) compared to 2022/23. However, there is still a large gap between the volume of valid cases and those that are supported. During 2024/25 just 29.1% of valid cases were supported. This is likely to be the result of numerous factors. It should be noted that the volume of supported cases has increased, but that the volume of valid cases has increased at the same time. Staff are managing ever greater numbers of cases which takes time and reduces overall capacity. Other factors such as support at court take up a lot of resource. The increase in valid cases also means there are likely to be larger numbers of more complex medium to high-risk cases which take more time and support.



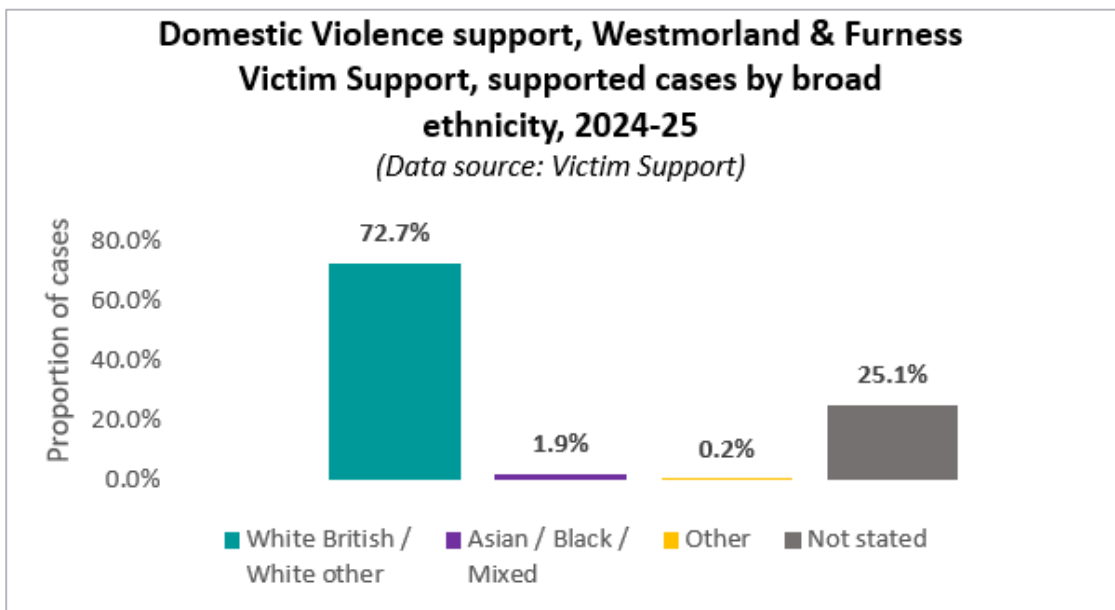
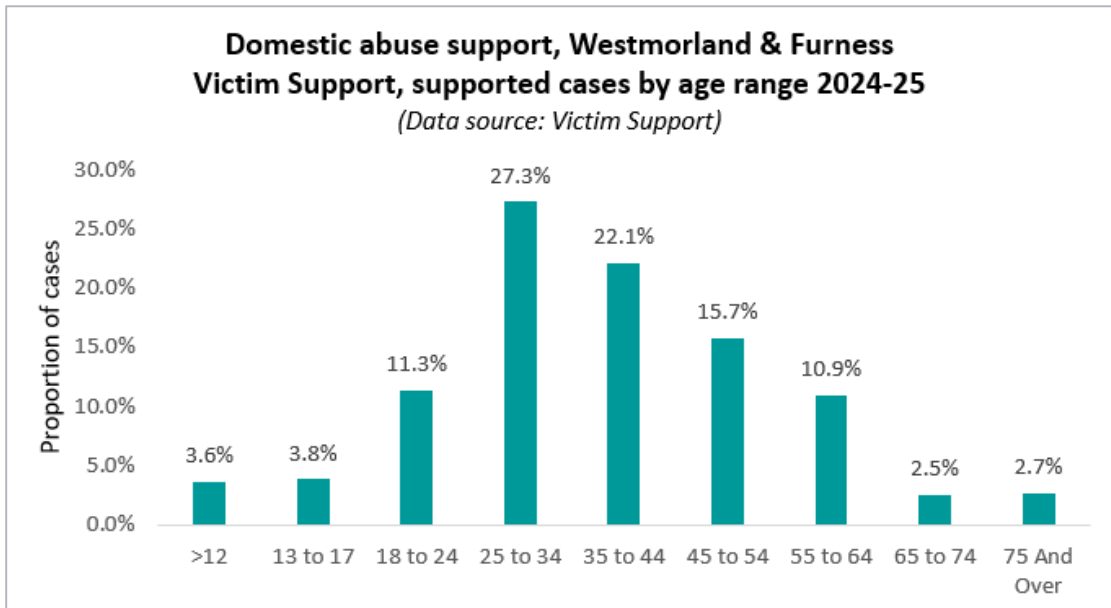
The following characteristics are based on the 521 clients receiving domestic abuse support from Victim Support in 2024/25.

55.5% (289) are known to be high or medium risk cases, with 26.5% (138) falling within the high-risk category. A small proportion (1.2%) are standard risk, however, risk is unknown for 43.4% (226) of all cases. To this end, the proportions of high, medium and standard risk cases are likely to be larger.

The majority of those supported were female (73.3%, 382), although gender is not available for 14.4% of cases, therefore the proportion of both male and female victims could be larger.



Victims are most likely to be younger aged between 25 and 44 years old (43.9%, 257). 7.5% of cases (39) were aged under 18 years. Victims are most likely to describe themselves as White (72.7%, 379) and small proportions identify as Asian/Black or Mixed (1.9%, 10). However, gender is not stated for 25.1% (131) of cases so this might not reflect the actual picture.

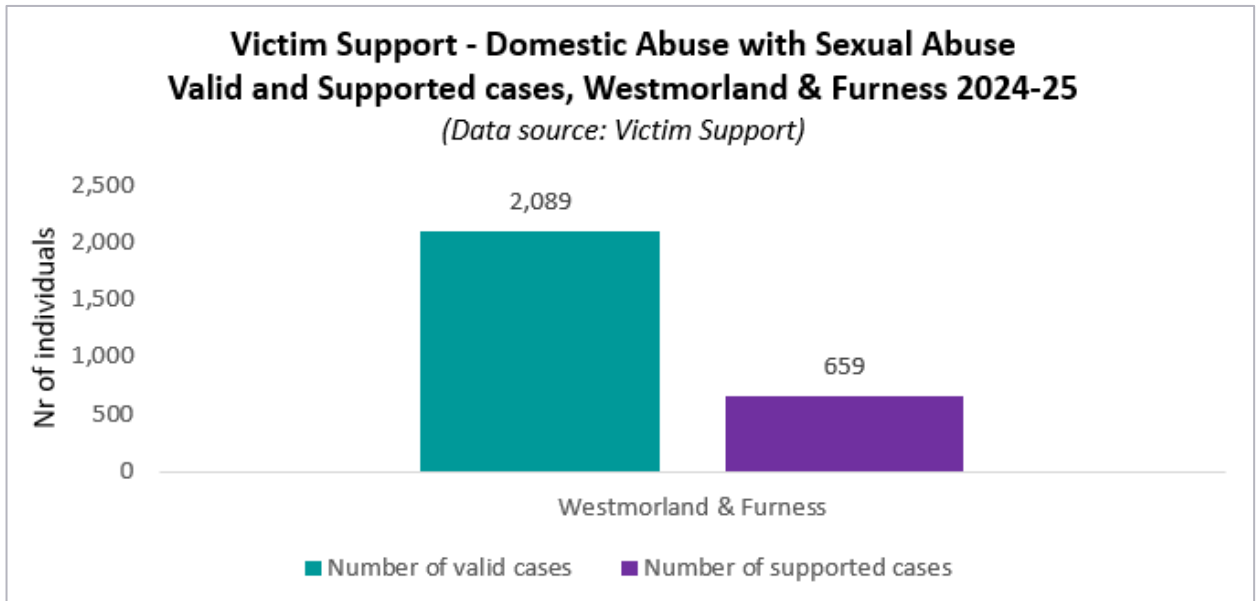


Domestic abuse with sexual abuse support

Victim Support - Domestic Abuse with Sexual Abuse							
Westmorland & Furness	2022-23	2023-24	2024-25	% change 1 year	% change 2 years	Nr change 1 year	Nr change 2 years
Valid case numbers	1,474	1,602	2,089	30.4	41.7	487	615
Total receiving support	433	407	659	61.9	52.2	252	226

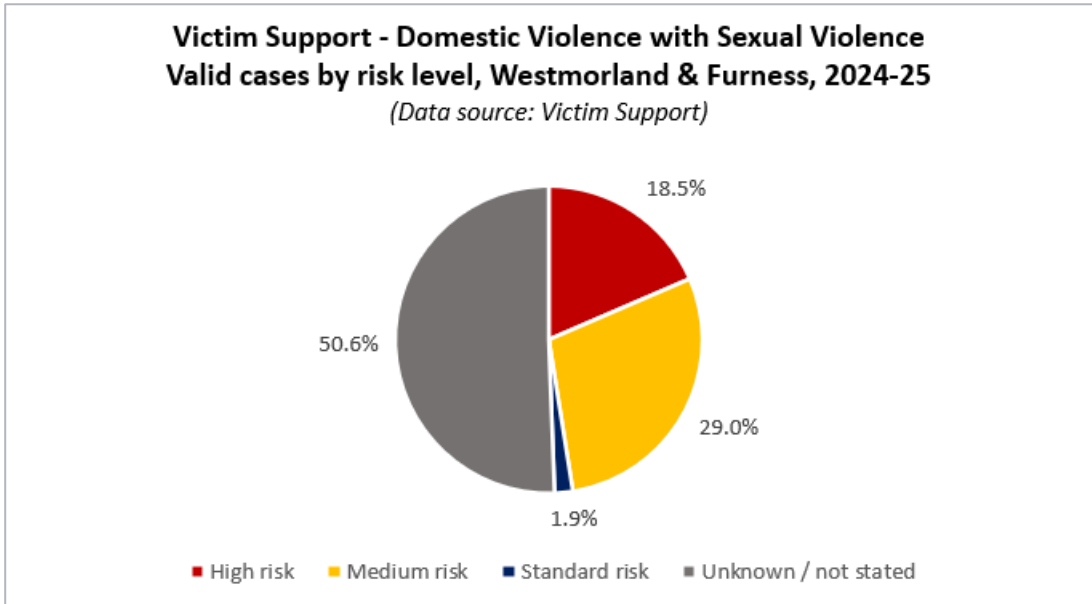
659 clients received support from Victim Support for domestic abuse with sexual abuse in 2024/25. This is an increase of 52.2% (+226) compared to 2022-23. In total

2,089 cases were referred (valid cases), an increase of 41.7% (+615) over the last 2 years. There remains a large gap between the volume of valid and supported cases, with less than half (31.5%) supported in 2024/25. As previously, this is likely to be the result of several factors. Although more cases are being supported, the volume of valid cases is also increasing. Staff are managing greater numbers of cases which takes time and reduces overall capacity, support at court takes up resources, and the increase in valid cases means there are likely to be larger numbers of more complex cases which by their nature take more time and support.

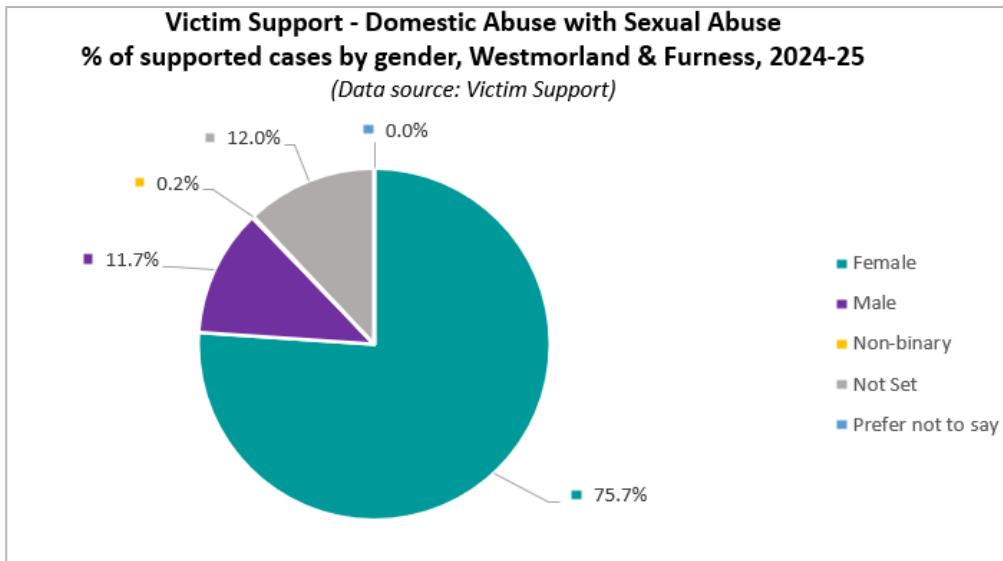


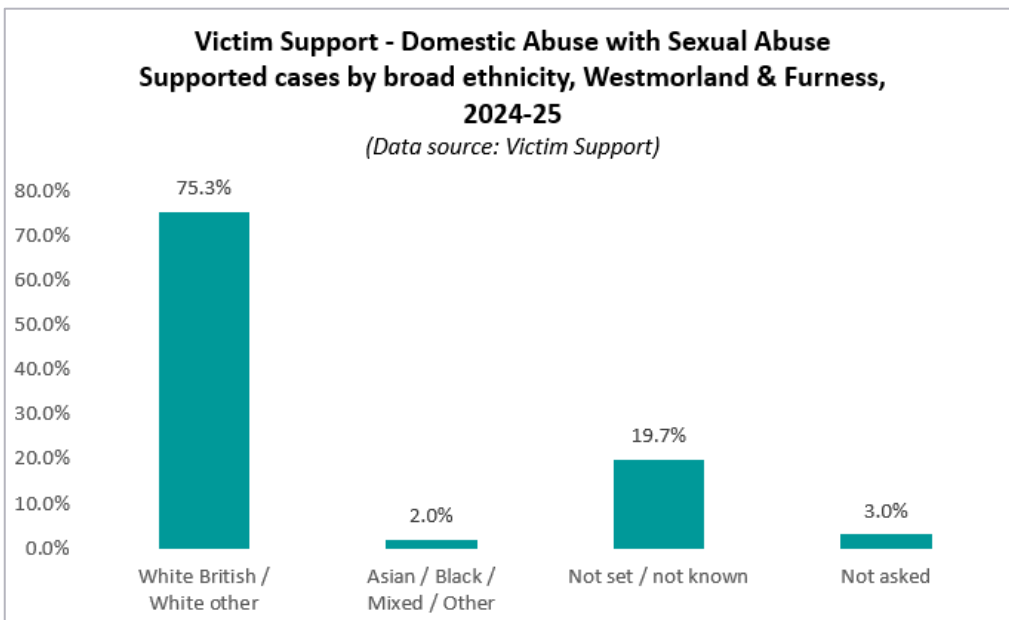
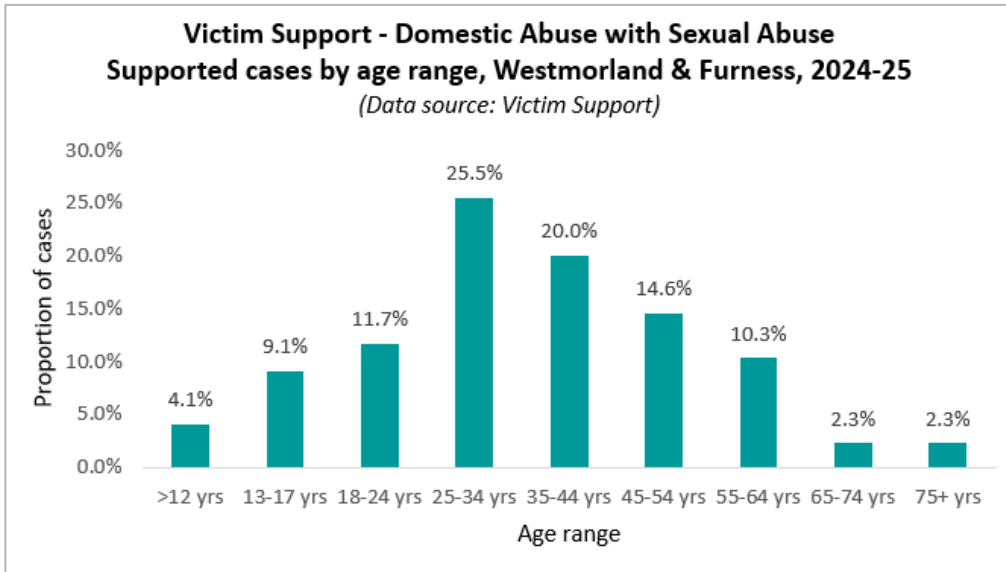
The characteristics below are based on the 659 clients receiving domestic abuse with sexual abuse support from Victim Support in 2024/25.

20.9% (138) clients were assessed as high risk and 22.9% (151) as medium. However, risk level is not known or not stated for over half of cases (55.2%, 364), therefore it is likely that the proportion of high and medium risk clients is larger.



Victims were most likely to be aged between 25-34 years (25.5%, 168) or 35-44 years (20.0%; 132). A large proportion were female (75.7%, 499), compared to 11.7% (77) male. Just 2.0% (13) were from non-white ethnic backgrounds, however ethnicity is not stated or known for 22.8% (150) of clients so this may not accurately reflect the situation.





Statutory homelessness

Data Source: DLUHC & MHCLG, 2025

Support needs of households owed a prevention or relief duty 2024/25	Westmorland & Furness	North West	ENGLAND	
Households with no support needs owed duty (see notes 1&2)	117	18,950	141,620	
Households with unknown support needs owed duty	0	10	270	
Households with one or more support needs owed duty (see notes 1&2)	848	28,470	188,520	
Total number of support needs (see note 1)	2,757	68,880	431,190	
Households with one or more support needs: % of households by support type				
	%	Count	%	%
% households: Young person aged 16-17 years	0.9%	8	1.3%	1.4%
% households: Young person aged 18-25 years requiring support to manage independently	6.0%	51	6.7%	6.7%
% households: Young parent requiring support to manage independently	0.7%	6	1.7%	1.9%
% households: Care leaver aged 18-20 years	2.8%	24	2.2%	2.4%
% households: Care leaver aged 21-24 (see note 3)	1.4%	12	1.2%	0.9%
% households: Care leaver aged 25+ (see note 4)	3.1%	26	1.5%	1.2%
% households: Care leaver - retired option (see note 5)	0.6%	5	0.2%	0.4%
% households: Physical ill health and disability	42.0%	356	35.4%	37.1%
% households: History of mental health problems	60.3%	511	49.6%	48.3%
% households: Learning disability	16.4%	139	11.7%	11.0%
% households: At risk of / has experienced sexual abuse / exploitation	6.1%	52	4.1%	4.4%
% households: At risk of / has experienced domestic abuse	28.1%	238	20.1%	21.1%
% households: At risk of / has experienced abuse (non-domestic abuse)	8.6%	73	5.0%	5.2%
% households: Drug dependency needs	12.9%	109	11.1%	10.4%
% households: Alcohol dependency needs	14.0%	119	8.9%	8.2%
% households: Offending history	24.3%	206	18.2%	14.7%
% households: History of repeat homelessness	32.3%	274	15.5%	12.4%
% households: History of rough sleeping	15.3%	130	12.0%	10.4%
% households: Former asylum seeker	3.4%	29	10.4%	6.9%
% households: Old age	4.1%	35	3.2%	3.5%
% households: Served in HM Forces	4.4%	37	1.8%	1.2%

% households: Access to education, employment or training	16.3 %	138	10.0%	9.0%
% households: Victim of modern slavery	0.2%	2	0.4%	0.5%
% households: Difficulties budgeting	20.9 %	177	9.8%	9.3%

Source: DLUHC & MHCLG, 2024 (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 local authorities that failed to provide data. Estimates are based on previous submissions.

Note 3: The option “Care leaver 21-24” was introduced in April 2023, use this new breakdown for new cases. This figure might not be accurate while Local authorities are still reporting care leavers under the retired option “Care leaver aged 21+ years”

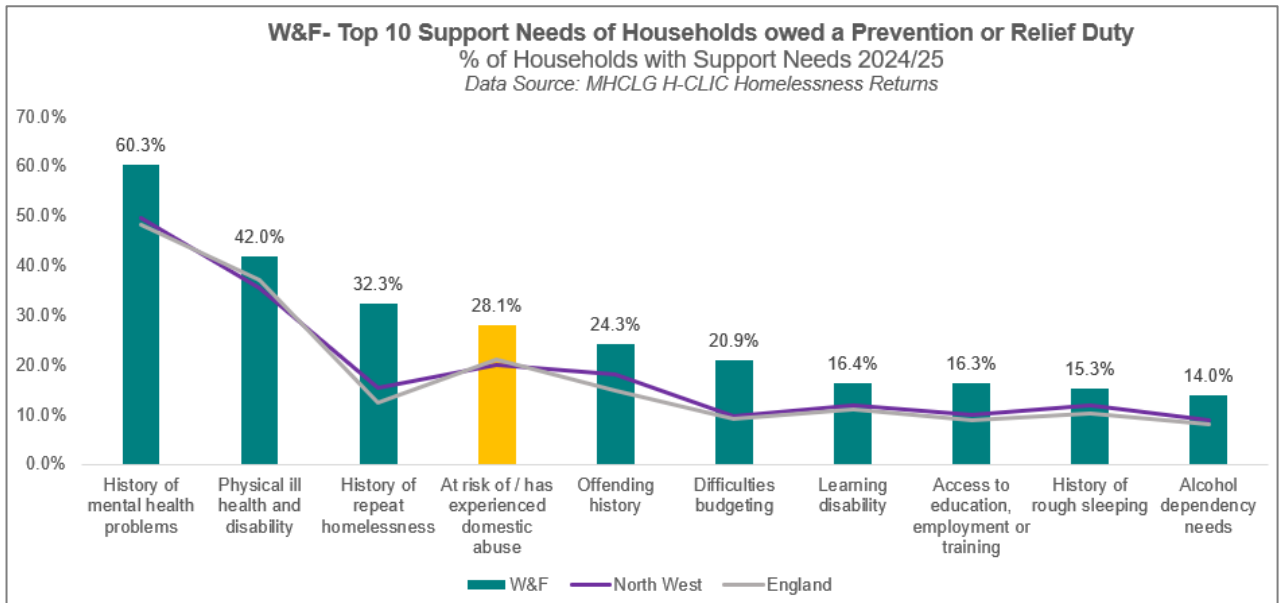
Note 4: The option “Care leaver 25+” was introduced in April 2023, use this new breakdown for new cases. This figure might not be accurate while Local authorities are still reporting care leavers under the retired option “Care leaver aged 21+ years”

Note 5: The option “Care leaver aged 21+ years” has been retired for new cases (assessed on/after the 1 April 2023) and split in two new options: “Care leaver 21-24” and “Care leaver 25+”.

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 28.1% of households in Westmorland & Furness owed a prevention or relief duty are at risk of, or have experienced, domestic abuse (238 of 848 households). The proportion of households with a history of mental health problems is also large, 60.3% of households, which is higher than both the North West (49.6%) and England (48.3%) values. A report by SafeLives (2019) highlights there is a strong association between having mental health problems and being a victim of domestic abuse.

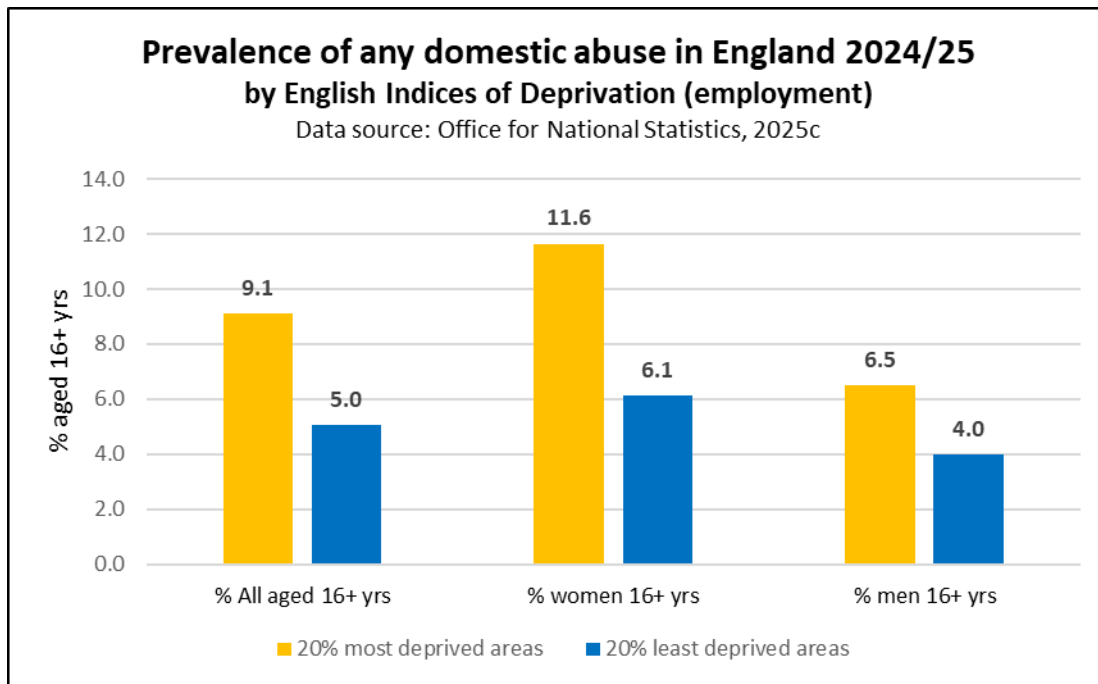
The below chart shows the top ten support needs of Westmorland & Furness households owed a prevention or relief duty in 2024/25:



Deprivation

Written Evidence to UK Parliament by the Violence, Health and Society (VISION) Consortium (2023) identifies a strong links between poverty and domestic abuse. While domestic abuse affects all types of people, its prevalence is higher among those living in more deprived neighbourhoods, lower income households, and among those experiencing severe debt.

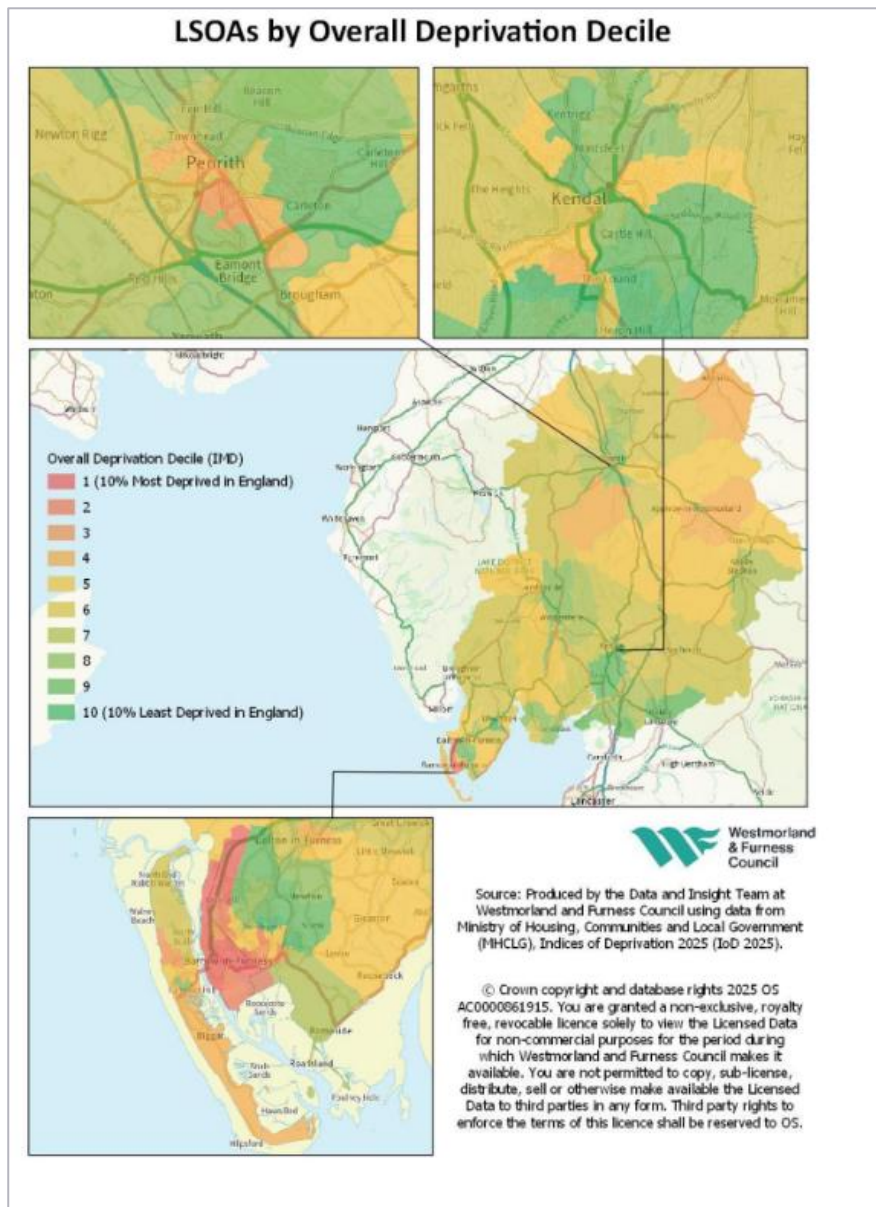
Data from the Crime Survey for England and Wales (ONS, 2025c) for the year ending March 2025 indicate that deprivation is a factor in domestic abuse. Findings indicate that almost twice the proportion of people aged 16+ years living in the 20% most deprived areas in terms of employment were the victims of domestic abuse compared to people living in the 20% least deprived areas (9.1% vs 5.0%). The proportion for women aged 16+ years is even larger, with an estimated 11.6% being a victim of domestic abuse in the most deprived areas in 2024/25 vs 6.1% in the least deprived areas.



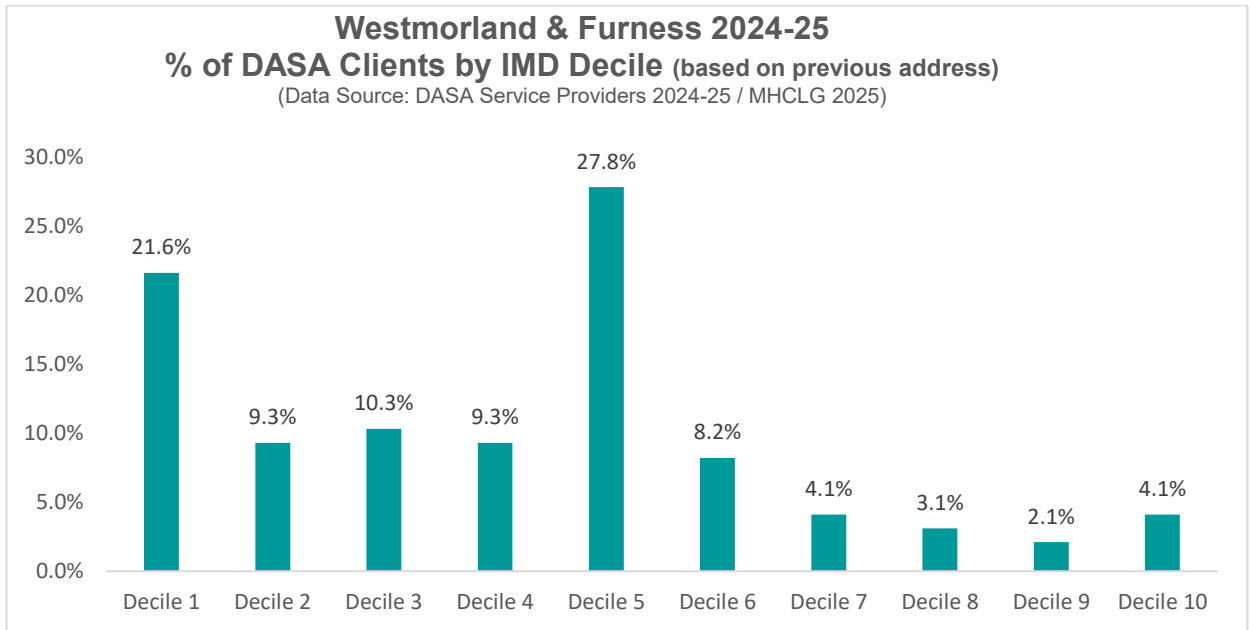
The higher prevalence of domestic abuse in deprived or low-income households is likely to be a result of a variety of factors. Poverty can create stress within households, while economic strain can also limit victims' options to leave. Financial strain can increase dependence on the perpetrator. There may be limited access to support and services from causes such as lack of transport or digital exclusion. There may also be higher crime rates and lower trust in authorities which can discourage victims from seeking help. People living in poverty often face other disadvantages such as disability or insecure immigration status which can increase vulnerability to abuse.

Westmorland & Furness ranks 105th of 153 upper-tier authorities for overall deprivation (1= most deprived). In national terms, this puts the authority at the 69th percentile, around two thirds of councils are more deprived. There are 9 neighbourhoods in Westmorland & Furness that fall into the most deprived 10% in England. All of these areas are located within Barrow-in-Furness. While Eden and South Lakeland don't feature in the most deprived 10% overall, IoD25 reveals a different kind of deprivation- deprivation linked to rurality. Eden records 50% of areas are in the worst 10% nationally for 'Living Environment' and 52.8% in the worst 10% for Barriers to Housing and Services. Much of Cumbria's landscape is rural and it is known that there are specific blockers facing rural victims of domestic abuse (see section *Domestic Abuse in Rural Areas*).

The map below shows Westmorland & Furness' Lower Super Output Areas (LSOA) by English Index of Multiple Deprivation decile 2025.



It has not been possible to determine the previous location for over half of DASA clients supported in Westmorland & Furness during the 2024-25 financial year, as postcodes were not available (63.1%). However, where postcodes were available, data show that 30.9% were living within Lower Super Output Areas (LSOAs) within the 20% most deprived overall and a smaller proportion 6.2% within the 20% least deprived areas.



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 263 individual victims of domestic abuse referred to Domestic Abuse Safe Accommodation Service Providers in Westmorland & Furness in 2024/25.

Demand for Safe Accommodation Services

(DASA service providers, 2024/25)

The number of individual cases supported during 2024/25 totalled 263. Including adult and child dependents, there was a total of 582 individuals supported. The five main referral sources were:

1. Self-Referral (35.4%, 93)
2. Direct Homelessness Service (22.4%, 59)
3. Professional Referral- Police/ Criminal Justice (18.3%, 48)
4. Professional Referral- Other (7.6%, 20)
5. Professional Referral- Medical (5.7%, 15)

The majority of referrals to DASA services were from within Cumbria (84.4%; 222). 4.9% (13) came from the Greater Manchester, Lancashire, Newcastle and Merseyside areas which is not surprising given the geographical location of Westmorland & Furness.

24.3% (64 individuals) refused accommodation. This was for a variety of reasons, including feeling safer with family and friends, wanting to remain within the local area or within their own accommodation. However, victims in these cases continued to be supported by DASA Officers although they could not be costed against the DLUHC DASA grant.

Victims were supported for around three months on average.

Westmorland & Furness- DASA Referrals 2024-25 by Accommodation Type and Length of Time Supported					
Accommodation Type	Individual Cases Supported	% of All Cases	Total Supported (Victim + All Dependents)	Average number of days Supported Overall	Average Days within Safe Accommodation*
Dispersed accommodation	23	8.7%	23	64.1	60.9
Other forms of domestic abuse emergency accommodation	128	48.7%	128	97.0	
Refuge accommodation	36	13.7%	36	145.8	143.4
Second stage / move-on accommodation	12	4.6%	12	144.0	
Victim refused accommodation	64	24.3%	64	61.8	
Total 2024/25	263	100%	264	102.5	
<i>*Specifically Refuge and Dispersed accommodation services</i>					

Vacancy rates varied across the Westmorland & Furness area during 2024-25 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. Please note bedspaces refers to a unit of accommodation for one victim and their children, regardless of how many beds or cots are in the unit.

Accommodation Type	Bedspaces*	% vacancies Q1 2024-25	% vacancies Q2 2024-25	% vacancies Q3 2024-25	% vacancies Q4 2024-25
Refuge accommodation	11	0%	0%	18.2%	0%
Dispersed accommodation	10	10%	40%	30%	70%

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

The 11 refuge bedspaces in Westmorland & Furness are located within the Barrow and South Lakeland areas (4 units in Barrow, 7 units in South Lakeland). Reported vacancies have been consistently low during 2024/25 indicating that demand for refuge accommodation remains consistently high.

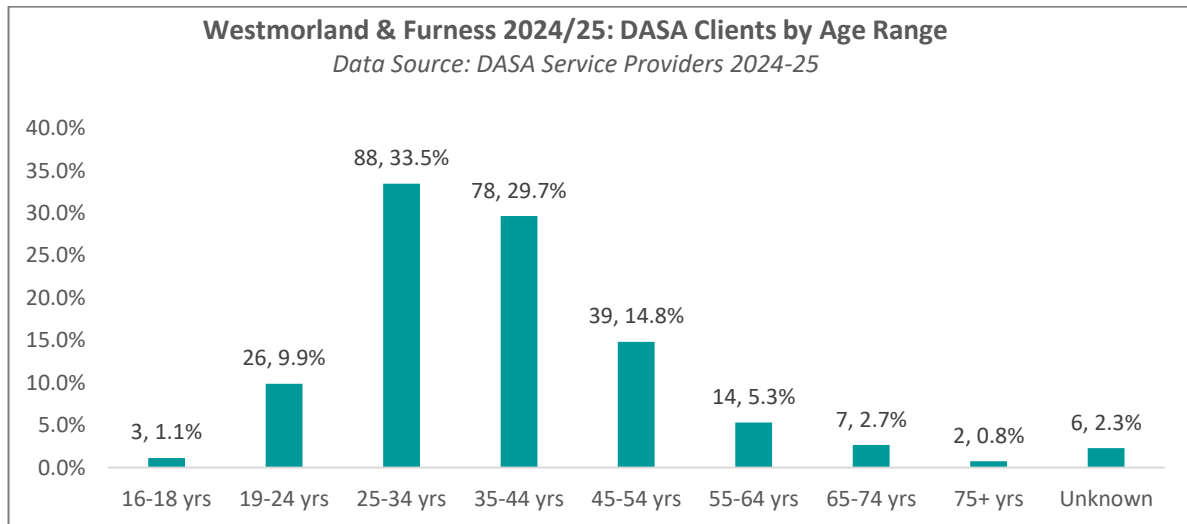
Similarly for dispersed accommodation, reported vacancy levels for 2024/25 indicate that demand for dispersed accommodation is also high, although with more vacancies recorded throughout the period. However, it is likely the remaining bedspaces are occupied by others requiring support who don't fall within the DASA grant conditions. This point has been confirmed by supplementary commentary provided with the vacancy figures. It should be noted that vacancy rates are fluid and likely to change from day to day.

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.

Age

(DASA service providers, 2024-25)



Victims referred to DASA services in Westmorland & Furness in 2024-25 were most likely to be aged 25-34 years (33.5%, 88) or 35-44 years (29.7%, 78). This is an older age range compared to the national picture of domestic abuse victims which is 16-24 years (*Office for National Statistics, 2025c*) and may reflect that Westmorland & Furness has larger proportion of resident population aged 25 to 34 years and 35 to 44 years compared to those aged 16-24 years (22.0% 25 to 44 years v 8.4% 16 to 24 years; *ONS, 2025d*). However, it could also reflect under reporting from younger age groups.

Westmorland & Furness has a larger proportion of people aged 65+ than nationally (England and Wales); 26.6% in the unitary area, compared to 18.9%. However, the age range of DASA clients does not reflect this older population.

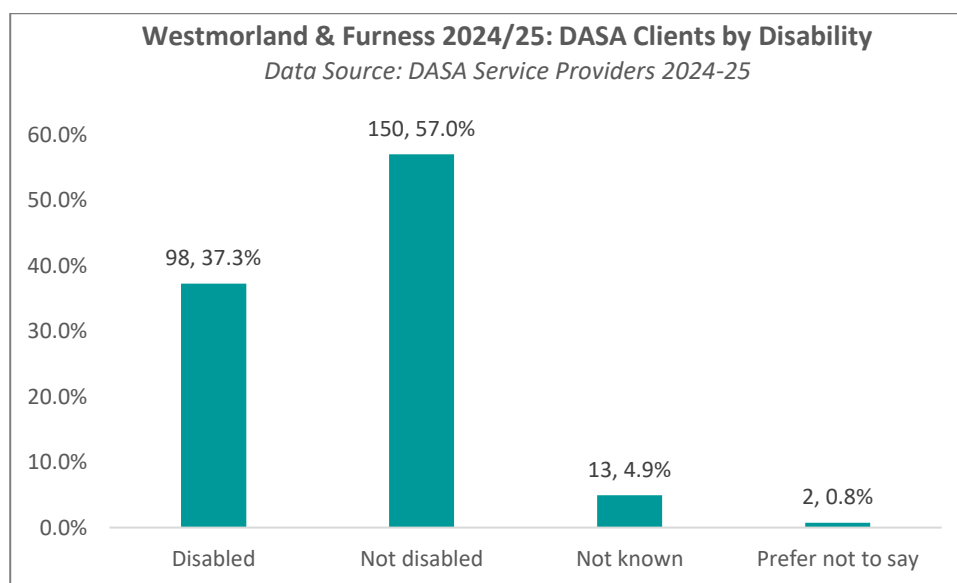
Research outlined in the SafeLives (2016) *Safer Later Lives* and Age UK (2019) *No Age Limit: The Hidden Face of Domestic Abuse (2019)* reports, show that older victims of domestic abuse are likely to have lived with the abuse for prolonged periods before getting help; a quarter have lived with abuse 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 because 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.

Disability

Data provided through quarterly DASA returns in 2024-25 indicate 37.3% (98) of all DASA clients (main applicants) have a disability; 95 of these were female, and 3 male. Whether a client is disabled is not known for 4.9% (13) (*DASA service providers, 2024-25*).



The SafeLives report covering disabled people and domestic abuse (2016-2019) 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. This is backed up by data from the Office for National Statistics (2025c) which show that 13.4% of disabled people experienced domestic abuse in 2024/25 compared to 6.7% of people who are not disabled. 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.

Gender reassignment

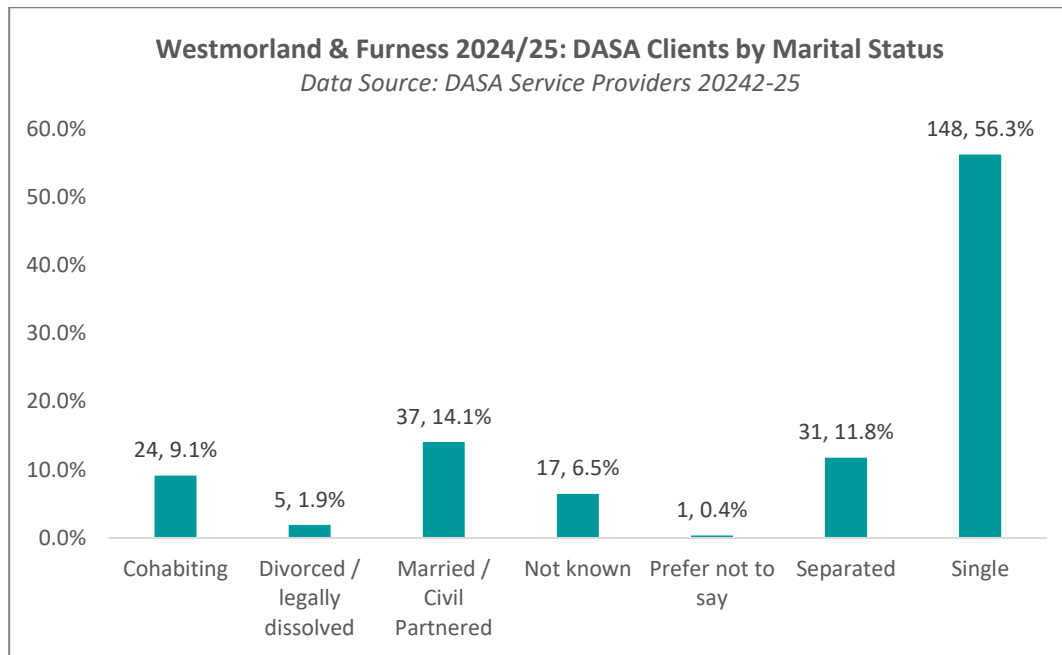
Galop via SafeLives (2018a) suggests trans individuals may be at higher risk of domestic abuse than LGB individuals; research suggests between 28%-80% of trans people had at least one experience of domestic abuse from a partner or family member. Cole et al. (2025) report that transgender people are about twice as likely to experience domestic abuse compared to cisgender people. They also found that over two-thirds of trans men (those who transitioned from female to male) had experienced domestic abuse.

Evidence suggests that trans victims and survivors access support services less frequently than others (SafeLives, 2018b). Barriers include assumptions, which are based on personal experience or stories from others, that services may not be inclusive, or fears that professionals could be homo/bi/trans phobic (SafeLives, 2018a).

The exact proportion of people who do not identify with the gender assigned at birth is unknown. Census data from 2021 indicate that 0.5% of the population aged 16+ reported a different gender identity. However, the Census question was voluntary and 6% chose not to answer (Census, 2021). For Westmorland & Furness nil DASA clients in 2024/25 identified as trans-gender, however, a small number of adult dependents did.

Marriage and civil partnership

Of the 263 clients referred to DASA services in 2024-25, 14.1% (37) were married or in a civil partnership. 9.1% (24) were cohabiting (*DASA service providers, 2024-25*). The proportion of those married, in a civil partnership or separated but still legally married or in a civil partnership is smaller among the DASA clients in Westmorland & Furness than the national proportion which puts the figure at 46.8% for England and Wales in 2021. Similarly, the proportion of divorced clients is much smaller than the national average (9.1%) (*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.

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 2024-25 14 clients referred to DASA were pregnant; this is 5.3% of all referrals. 11 of these clients are recorded as having other dependent children (*DASA service providers, 2024-25*).

Race

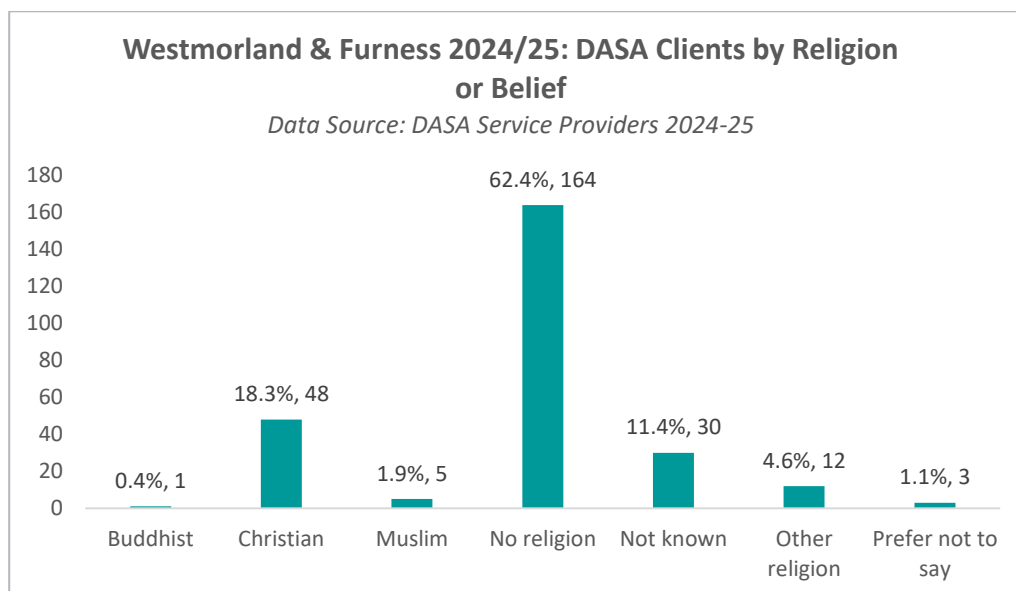
Census 2021 data indicate that 94.6% of people living within the Westmorland & Furness area identified their ethnic group as “White British”; this was much higher than the England and Wales average (74.4%).

Local data indicate that 86.3% (227) of the clients referred to DASA in the Westmorland & Furness area in 2024-25 identified their ethnic group as White British. 11.4% (30) were from ethnic minority groups including white minorities (*DASA service providers, 2024-25*). The proportion of clients from ethnic minority groups is slightly larger than may be expected based on the Cumbria proportion.

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.

62.4% of clients referred to DASA services in 2024-25 stated they have 'no religion or belief' (164) and 18.3% (48) stated they are Christian. 6 clients are recorded as Muslim or Buddhist, equating to 2.3% of all victims. This is a slightly larger proportion than may be expected based on the Census findings, however, given how small the numbers are it is difficult to determine if this is a particular need in the Westmorland & Furness area. A small proportion (4.6%, 12) state 'Other Religion' (DASA Service Providers, 2024-25).



Gender

National data suggest that women are more likely to be a victim of domestic abuse compared to men. Data from the Crime Survey for England and Wales indicate that 9.1% of women and 6.5% of men aged 16 and over were victims of domestic abuse once or more in the 12 months to March 2025 (ONS, 2025b).

Data also indicate that one in four people (25.8%) have experienced domestic abuse once or more since the age of 16 years. This is likely to have affected three in 10 women (29.6%) and one in five men (21.8%) (ONS, 2025b).

Local data shows that 92.8% (244) of main applicants in 2024-25 identified as female and 7.2% (19) identified as male (*DASA Service Providers, 2024-25*). 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*)

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.

Research indicates that sexual orientation can influence the risk of domestic abuse. According to Galop via SafeLives (2018a), LGBT+ people may experience domestic violence and abuse at rates equal to or higher than those of heterosexual women. Studies show that between 25% and 40% of LGB individuals reported at least one incident of domestic abuse.

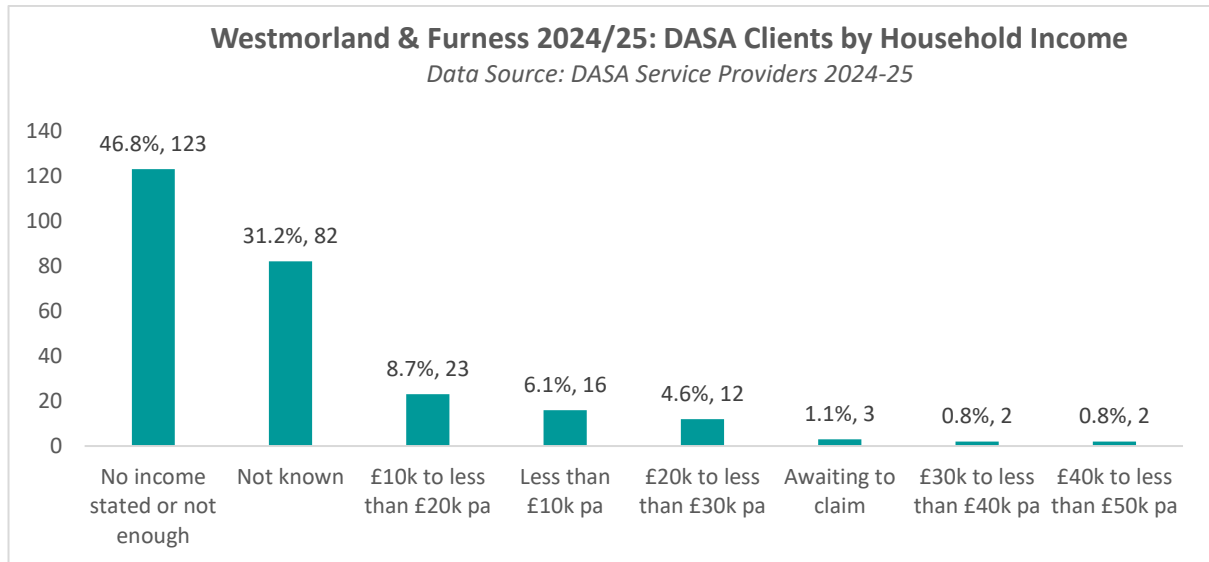
Evidence suggests that LGBT+ victims and survivors are not accessing services at the same rate as others in the population. There is variation in estimates about the size of LGB populations and even less data on transgender populations. LGBT+ people may experience unique forms of coercive control; the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

The majority of clients referred to DASA in Westmorland & Furness in 2024-25 identified as heterosexual (85.6%, 225), 4.6% (12) as Bisexual and 2.3% (6) identified as LGBTQ+ (*DASA service providers, 2024-25*).

Household Income, Benefits and Unemployment

The Crime Survey for England and Wales for the year ending March 2024 indicates that low household income increases the likelihood of being a victim of domestic abuse. The survey estimates that just over one in five women (22.4%) and one in ten men (9.8%) with total annual household income less than £20,800 had been victims of domestic abuse in the previous 12 months (*ONS, 2024a*).

Unfortunately, income information was 'not known' or 'not stated' for 77.9% (205) DASA clients in Westmorland & Furness during 2024-25. However, of those where income was provided (55 cases), 70.9% (39) were from households where the total household income was less than £20k per annum.

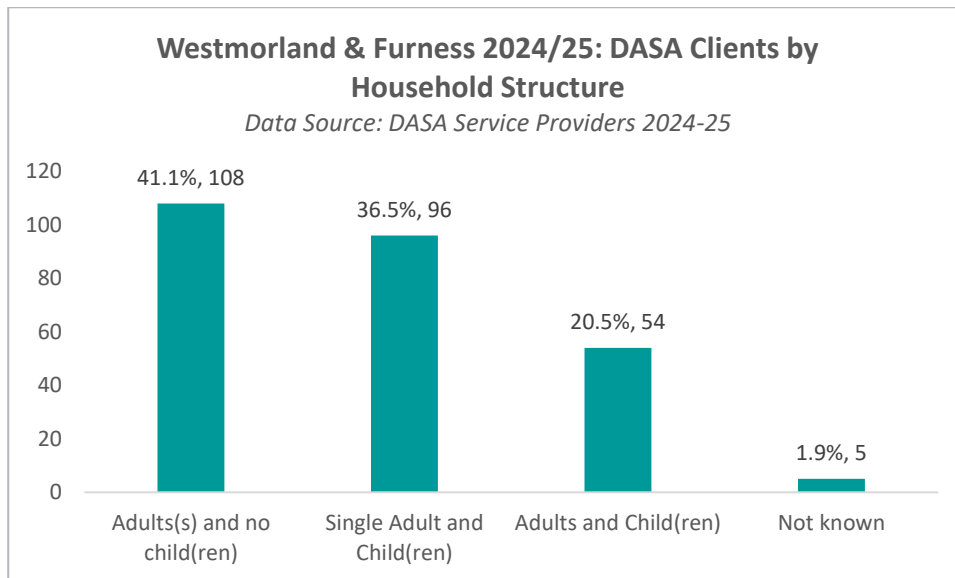


67.3% (177) of DASA clients were receiving benefits in 2024-25. 18.6% of these individuals were in employment (33).

Household Structure

According to the ONS, victims of domestic abuse are most likely to be living within a household structure comprising a single adult and child / children under 16 years. One in five people (20.1%) in this household structure were victims of one or more types of domestic abuse in 2023/24. It should be noted that household structure may have changed as a result of the abuse. (ONS, 2024a)

Single adults with children made up 36.5% (96) of cases referred to Westmorland & Furness DASA services in 2024-25. Almost half of all clients (41.1%, 108) were adults with no children (DASA service providers, 2024-25).



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*)

SafeLives (2025) conducted the *Care Journey Project* to explore and understand the support available to children and young people in the care system who have experienced or witnessed domestic abuse. This project found that:

- *Building positive relationships are key to the wellbeing and happiness of a looked after child or care leaver*
- *There is missing data on care experienced people's experiences*
- *Loneliness and mental health are key priorities for interventions for care experienced young people*
- *Peer support is considered a useful tool in interventions*
 - (Care Journey Project, SafeLives 2025)

12 (4.6%) clients supported under DASA in 2024-25 reported to have been in care some point in the past. Ten were from the Barrow-in-Furness area and the majority (9, 75%) were aged over 25 years old (3 aged 19-24 years). All individuals who reported to have been in care were female.

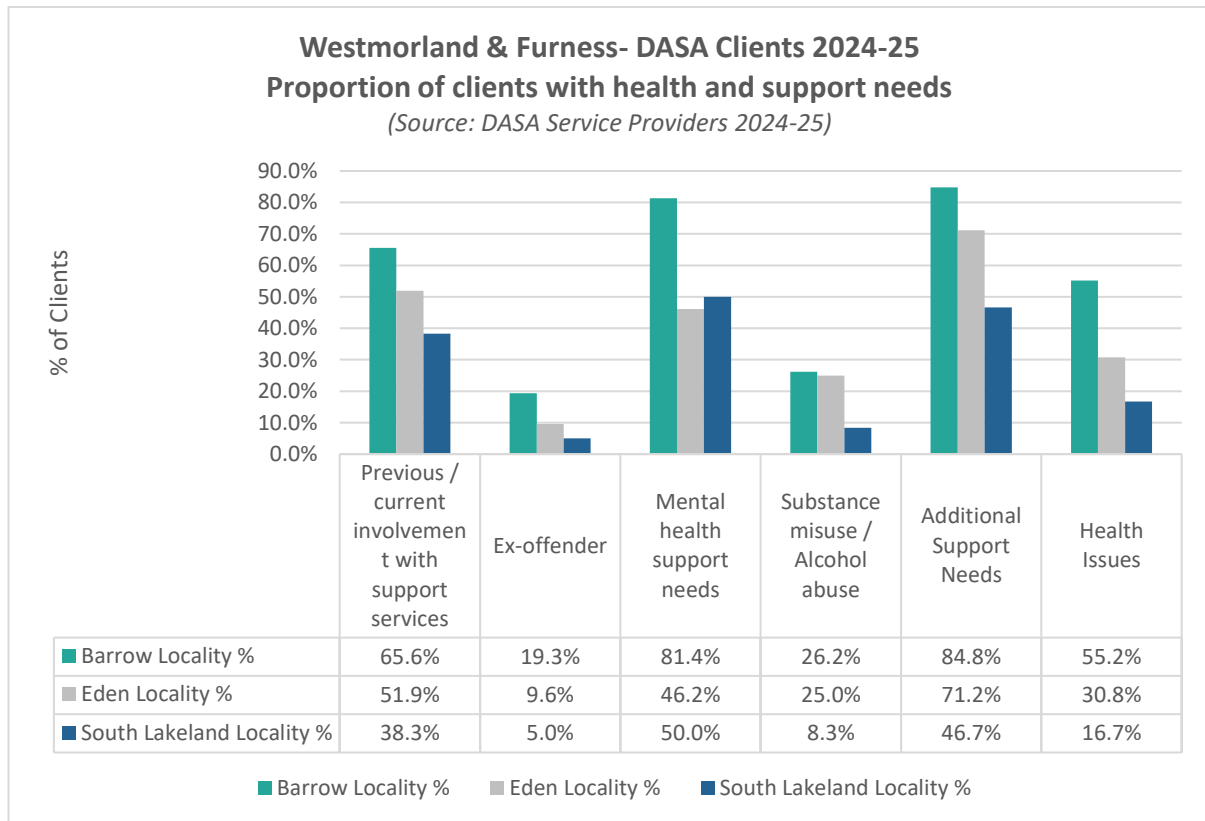
Health and Support Needs of DASA Clients

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.

The majority of clients in contact with the DASA services in 2024/25 (85.2%, 224) had health and support needs. This ranged from 68% (41/60) in the South Lakeland area to 73% in the Eden area (38/52) and almost all in the Barrow area (96%, 145/151).

Overall, 56.7% (149) had previous involvement with support services and 71.5% had additional support needs (188). Over half (65.4%, 172) needed mental health support and 40.3% (106) had health issues requiring support. 21.3% (56) had substance misuse and/or alcohol support needs. 13.7% (36) clients had requirements relating to previous offending.

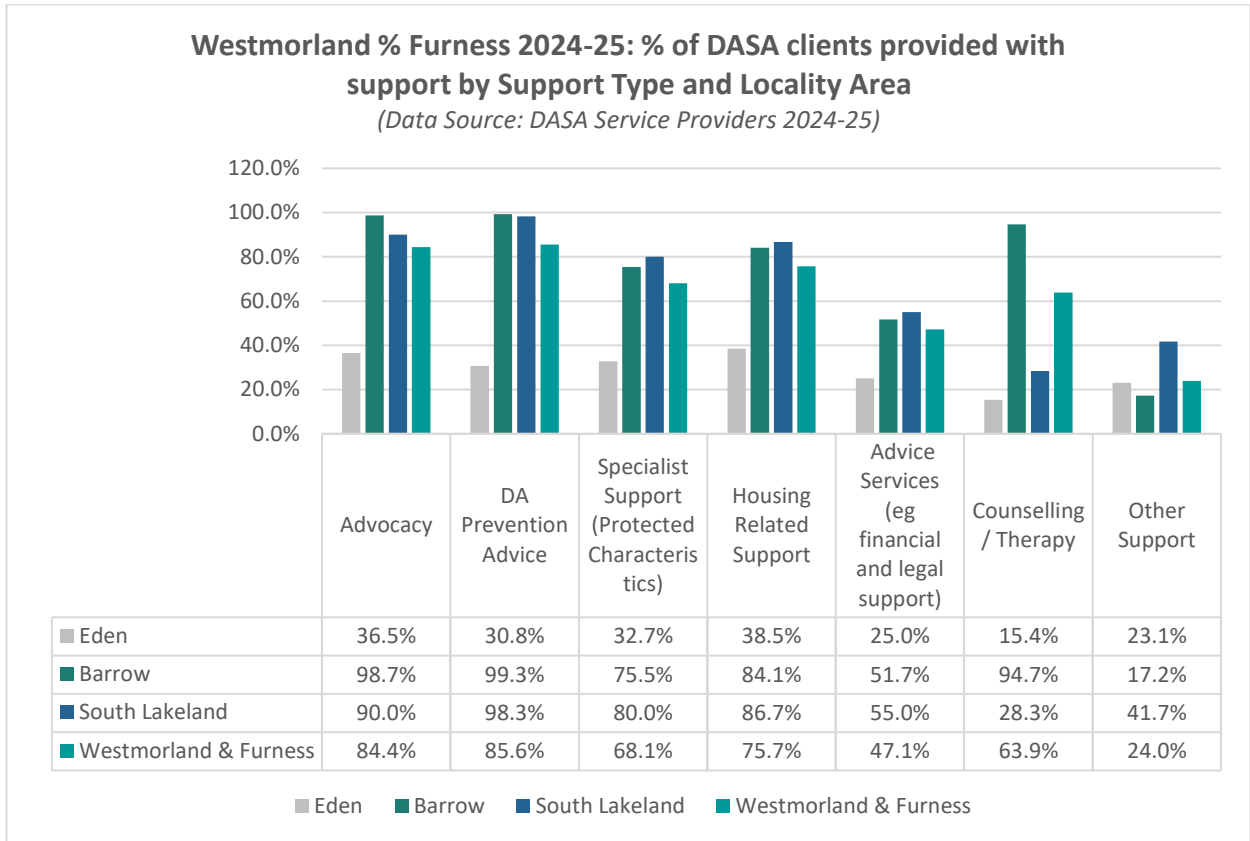


The main additional support needs as a proportion of the 188 clients with additional support needs were: multiple additional needs (38.3%), Complex Needs (33.0%), Homelessness (15.4%), Legal Support (5.9%) and Financial Support (3.7%)

The main health issues as a proportion of the 106 clients with health issues were: Multiple Health issues (42.5%), Other long term health issue (39.6%), Physical Disability (5.7%), Autism or Asperger's Syndrome (4.7%), Learning difficulties (2.8%).

Support Provided to DASA Clients

As has been shown in previous sections, clients referred to DASA services in 2024-25 have a wide range of needs. The chart below shows the proportion of clients offered support, by support type, across Westmorland & Furness’ locality areas. Children’s support is covered in the “children in DASA” section.



Overall, the majority of the 263 clients in contact with DASA services in Westmorland & Furness in 2024-25 received Advocacy support (84.4%), DA Prevention Advice (85.6%) and Housing related support (75.7%).

1,253 instances of support were provided in 2024-25, averaging 4.8 instances of support per DASA client. Instances of support ranged from 2.8 per client in the Eden area to 5.3 in the South Lakeland area.

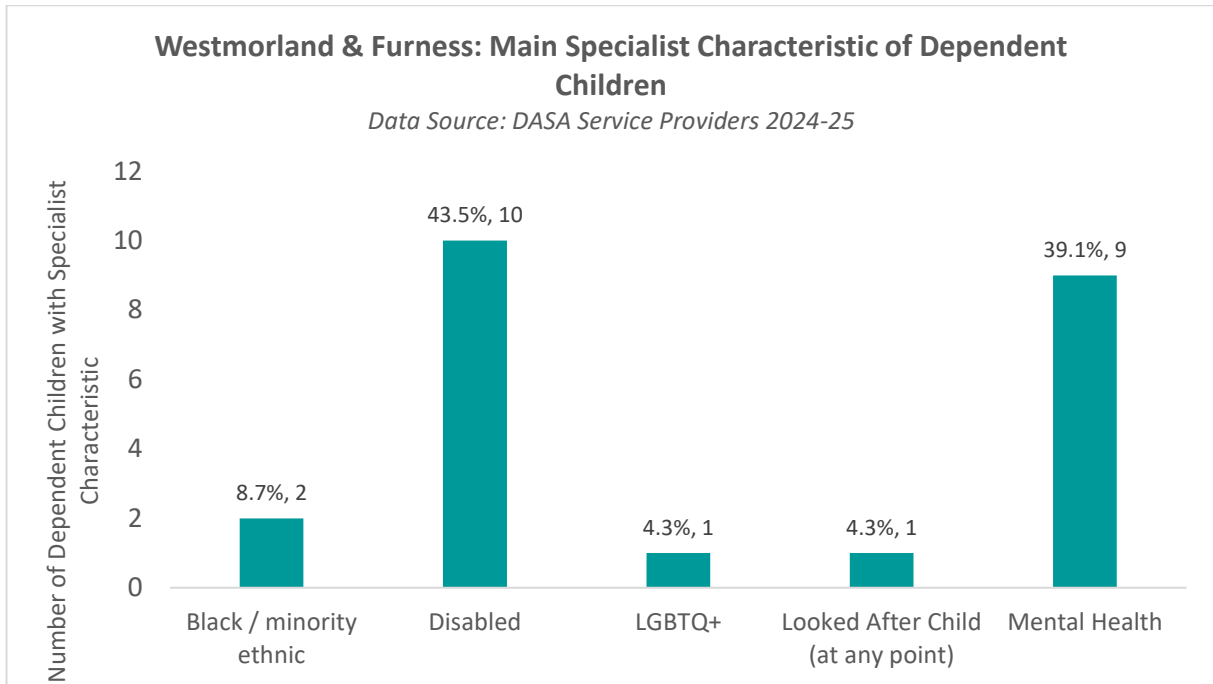
Total Instances of Support			
Locality Area	Total Clients Supported (excluding dependents)	Total instances of support provided (excluding children's support)	Average instances of support provided
Eden	52	145	2.8
Barrow	151	790	5.2
South Lakeland	60	318	5.3
Westmorland & Furness	263	1253	4.8
<i>Source: DASA Service Providers 2024/25</i>			

Children in DASA

During 2024-25 a total of 292 child dependents were referred to DASA services. Just under half of DASA clients with dependent children (44.6%) were provided with children's support. This support varied across the former districts of Westmorland & Furness from 33.3% in the Eden Area to 49.5% in Barrow-in-Furness.

Geography	Total DASA Clients with Child Dependents	Number of Child Dependents	Total Receiving Children's Support	% of clients with dependent Children provided with Children's Support
Eden	27	47	9	33.3%
Barrow	93	65	46	49.5%
South Lakeland	37	180	15	40.5%
W&F	157	292	70	44.6%
<i>Data Source: DASA Service Providers (2024-25)</i>				

In total 7.9% of all dependent children (23) had specialist characteristics as defined by DLUHC.



The current ChIDVA (Children’s Independent Domestic Violence Advisor) offer is under used, with referrals limited in the Westmorland & Furness area in 2024-25. During the 2024-25 period two cases were referred to ChIDVA. This support is now being provided by Westmorland & Furness DASA Children Support with 58 referrals being made between August 2024 and December 2025. With 1 FTE staff member being in post and a second post currently going through the recruitment process for 1 PTE.

Adult Dependents

The number of adult dependents in 2024-25 was relatively low. 23 (8.7%) DASA clients had adult dependents. There is no information regarding the support needs of those adult dependents, if any.

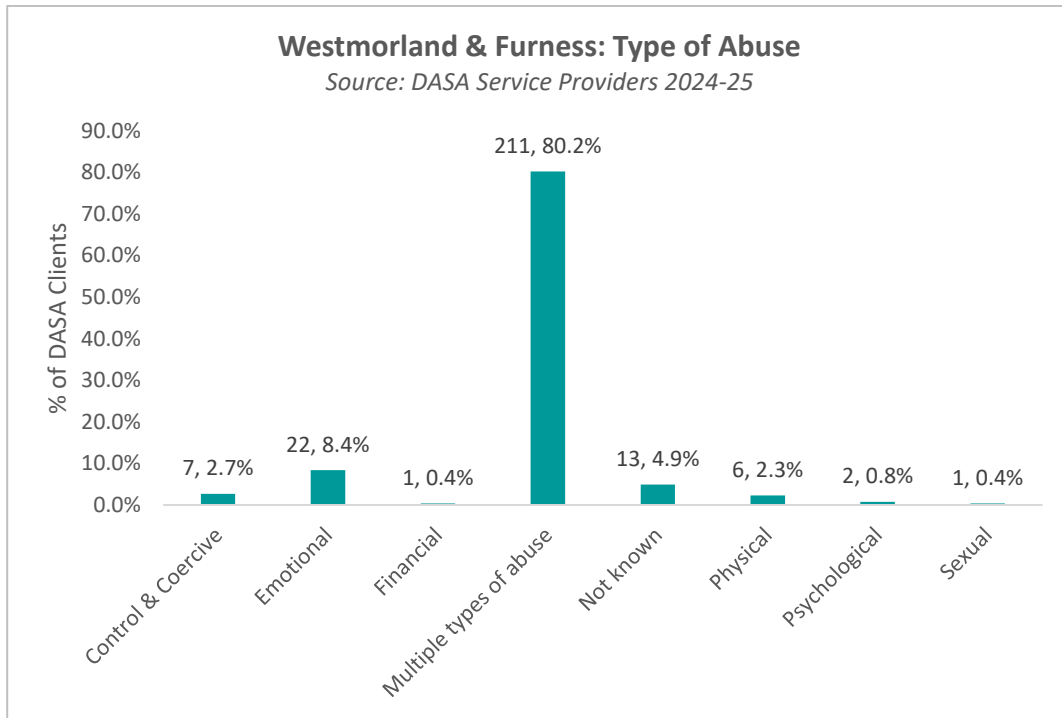
In total 27 dependent adults were supported during 2024-25 in Westmorland & Furness.

Geography	Total DASA Clients with Adult Dependents	Total number of Adult Dependents
Eden	5	6
Barrow	17	20
South Lakeland	1	1
Westmorland & Furness	23	27

Source: DASA Service Providers 2024-25

Type of Abuse

80.2% of victims in Westmorland & Furness have suffered multiple types of abuse in 2024-25 (211).



Risk Assessment and DASH Assessment

Of the 263 victims of domestic abuse supported in the DASA services in 2024-25, 53.2% (140) had a Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment (DASH assessment) completed. 38.0% (100) of cases were categorised of having the risk level of 'High' and 48.7% (128) 'Medium'.

Westmorland & Furness: DASA Clients Supported 2024-25 Risk Level and DASH completed					
	High Risk	Medium Risk	Low Risk	Risk Not Known	DASH Completed
Count	100	128	22	13	140
%	38.0%	48.7%	8.4%	4.9%	53.2%
Source: DASA Service Providers 2024-25					

Overall, 53.6% (120) of domestic abuse victims with specific health and support needs had a DASH assessment completed.

Westmorland & Furness 2024-25 DASH completed where DASA client...						
	Has Health & Support Need	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	224	172	56	188	106	36
DASH Completed	120	86	31	92	48	20
DASH Completed %	53.6%	50.0%	55.4%	48.9%	45.3%	55.6%
Source: DASA Service Providers 2024-25						

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 2024-25 received a DASH assessment prior to being supported within DASA.

An e-learning programme on the DASH has been developed and will be accessible to all providers in early 2026. DASH Risk Assessment and Safety Planning Training has also been delivered to 575 professionals (*Cumberland Council, 2023*).

Current services and assets

DASA Housing

Former district	Description	DASA support
Barrow-in-Furness	4x Refuge Accommodation 4x Dispersed Accommodation	<i>Place in temporary accommodation under homeless duty. Follow on support; outreach in the community. Counselling and therapy</i>
Eden	2x Dispersed Accommodation	<i>Community prevention support Follow on support – outreach in community Place in TA under homeless duty Specialist DA support provided to those living in accommodation.</i>
South Lakeland	7x Refuge Accommodation 4x Dispersed Accommodation 3x 'Other' Domestic Abuse Safe Accommodation*	<i>Place in temporary accommodation under homeless duty. Longer term safe accommodation (no duty)</i>
<i>*Male Safe accommodation service</i>		

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
- 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. It has been stated previously that 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 2024-25, although HAWC support can be accessed via the generic offer.

At the end of Q4 2024-25 the number of DASA specialist Full Time Equivalent (FTE) staff employed in Westmorland & Furness using Core DASA Service funding stood at 4.7 FTE. Two fifths providing support in dispersed services (41%; 1.9 FTE), just

under half in refuge services (48%; 2.3 FTE) and a small proportion in other schemes, i.e. specialist staffing available to support victims in “safe space” accommodation (11%; 0.5 FTE). It is not known whether staffing is at full capacity.

The way DASA services are delivered differs across the former district areas within Westmorland & Furness. Services are provided in-house by Westmorland & Furness council in the Eden area. In the Barrow-in-Furness area the service is provided via grant to Women’s Community Matters, and this has worked well. In the South Lakeland area, services are provided by Springfield.

Client Experience

Service user personal experience of support

Local picture

Forums run by Cumbria’s Lived Experience Network in December 2024 and June 2025 have highlighted several themes.

Many survivors said they often feel ignored or dismissed by professionals, including GPs, consultants, and some social workers. Their symptoms were sometimes played down or attributed to the wrong things, which left people feeling unsupported, doubted, and unsafe to fully share what they were going through. This sense of not being heard was made worse by inconsistent, and sometimes conflicting, responses from different services. Survivors noticed big differences in the level of domestic abuse training among NHS staff, police responses varied, and experiences with CAFCASS were mixed.

Because of this, trust in statutory services was low. Survivors spoke about No Further Action decisions, poorly timed communication such as late-night updates, and feeling that systems were biased or prone to “mother blaming.” Courts, in particular, were often seen as failing to protect survivors. But there were also positive examples. When support was trauma-informed, compassionate, and built on real human connection, survivors described much better experiences.

Safety and disclosure were major concerns throughout. Many survivors weren’t sure when or where it was genuinely safe to talk about abuse. They worried that speaking up would not lead to real action or could even put them at greater risk. Housing staff were also frequently mentioned; during times of crisis, survivors often felt misunderstood or met with a lack of empathy when trying to get help.

Across all accounts, one message came through clearly: being believed and having a say in decisions makes a huge difference. Survivors emphasised the importance of co-production and how empowering it is when their knowledge and lived experience are valued rather than dismissed. But despite pockets of good practice,

many still described the overall system as fragmented, unclear, and poorly coordinated.

National picture

National research commissioned by MHCLG and undertaken by the University of Sheffield (2025) shows that survivors of domestic abuse describe safe accommodation as somewhere they can feel physically safer, more confident, and better connected to others, particularly through shared lived experience. Many also value counselling, emotional and practical assistance, and supportive, non-judgemental environments, which were highlighted across surveys and studies as key enablers of wellbeing.

However, some individuals reported negative experiences in refuges, finding some refuge rules (such as those concerning parenting, visits from family members, or maintaining confidentiality regarding location) as disempowering. Others faced issues such as overcrowding, lack of autonomy, or difficulties adapting to communal living environments. Some individuals, particularly those with specific access or support needs, were unable to access refuge accommodation at all due to eligibility restrictions or lack of appropriate support.

Outcomes for children are less well documented, but evidence that does exist suggests that children tend to do better when they can maintain social ties, such as staying in the same school or keeping contact with friends and trusted adults. Disruption to education and social networks can undermine children's mental health and development.

Local service provision varies widely nationally in both availability and quality of services. "By and for" organisations, run by members of the communities they support, tend to offer better outcomes for some groups such as racially minoritised women, LGBTQIA+ people, disabled individuals and others often underserved by mainstream services. However, despite their effectiveness, these organisations remain vulnerable due to insecure funding and limited recognition within commissioning structures.

A lack of suitable move-on housing is a major barrier for survivors of domestic abuse, with limited supply and restrictive allocation rules often trapping people in temporary accommodation or leaving them with the impossible "choice" between homelessness and returning to an unsafe situation. Many struggle to find housing that fits their family needs – some reported being unable to find housing that could accommodate their children, especially if children were not currently in their care, or larger families, or families with boys over the age of 12 years. Additional barriers, such as the lack of pet friendly properties, or discriminatory attitudes within housing services further limit options. These challenges particularly affect those with no

recourse to public funds or with insecure immigration status, who are legally excluded from most forms of housing and welfare support.

Underserved groups or those with protected characteristics (such as older adults, LGBTQIA+ individuals, males, those with specific access needs) often face extra structural barriers to accessing safe accommodation, including a lack of tailored services, stigma or discrimination within provision, and geographical disparities in availability. A lack of published outcome data for groups such as trans and non-binary people, older adults, those with disabilities, and men means their specific support needs frequently go unmet within current service models.

Support Needs and Support Provided

The following is a summary of case studies provided by DASA service providers in the quarterly returns during 2024-25 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
- Gambling

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; Springfield; The Birchall Trust.
- Emotional support provided during completion of the homeless application during a face-to-face appointment.
- To complete risk assessments and develop safety plan to address immediate risks including provision of emergency mobile phones.
- Liaise with the homeless officer around the needs of the victim in relation to safety measures and safety planning when being placed in temporary accommodation. Or if they wish to remain in their own property with safety measures in place. May require visiting the victim in hospital if admitted.
- Support given at the time of disclosure to contact relevant agencies such as reporting to the Police and provide safety advice such as contacting schools to alert them of any risks to children.
- Set up a plan with school to safeguard on day of separation.
- Provide a plan to leave if victim cannot leave on that day.
- DASA support to all clients in eligible accommodation
- Crisis intervention
- Funding applications to charities, Victim's Trust, Buttle, BBC Children in Need.
- Use of interpreter services.
- Community in-reach support to prevent cliff edge support when transitioning from safe accommodation
- Community based support for all survivors in Westmorland who do not meet the conditions under DASA.
- Face to face, online and by telephone. Guide towards recovery and long-term safety, empowerment to make informed choices.
- Homeless officers can provide train tickets when fleeing.

- DASA conduct joint visits with agencies and Police such as DVDS disclosures
- Support to access partner organisations including setting up multi agency meetings and support with survivors at the centre.
- Delivery of accredited therapeutic recovery group work (Phoenix program, Hope to Recovery, Power to Change, You and Me mum, The Fortis Program, etc)
- Dedicated CYP Support worker who provides specialist support to the children whose parents are receiving our support.
- Rehousing support including taking clients to new areas to broaden their housing options
- Support to access food parcels
- Clothing and toiletries available from our community hub
- Access to Women's aid Flee, Future and Safety funds – applications made on behalf of survivors
- Support for clients with NRTPF
- Economical support including supporting to access benefits
- Support to regain employment or training
- Support to access medical services including registering with GP and dentist
- Client led support in areas of housing, finance, support networks, social networks, physical health, mental health, children, employment, education, substance or alcohol misuse, legal including criminal and civil
- Monthly legal clinic with a qualified solicitor
- Monthly financial clinic with a qualified financial advisor
- Holistic family support including help on how to support your family member who is experiencing DA
- Access to toys and other items for special celebrations i.e. birthdays
- Groupwork around –
- Domestic Abuse (Butterflies) / Healthy Relationships (My relationships & Me) / Personal Development & Confidence Building (Beautiful Women. Beautiful Me).
- Provide children's backpacks with essential items for client who need to flee or have fled to the area.
- Training and information sessions to the local community organisations and professional bodies on DA awareness and support they can offer

Follow on support:

- Domestic abuse recovery support.
- Referral to Community Safety Team.
- Resettlement support including but not limited to setting up bills, navigating the local area including GP, supermarkets and places of worship and finding transport links
- Support to obtain essential items needed in order to move into a home
- Community out-reach support
- Peer group support
- Community safety referral for target hardening measures
- Telephone check ins on evenings and weekends where the client has requested or where it is needed due to risk levels.

Meeting needs

Drawing on the most recent national data (year ending March 2025) from the Crime Survey for England and Wales and related research specialist services remain effective in helping victims and survivors feel safer and regain control over their lives. Services addressing diverse needs – emotional, practical, and legal are crucial to support recovery and safety. Forms of support provided “by and for” minoritised communities are strongly preferred, reinforcing the importance of culturally competent and community-specific provision. Only around 34% of victims in the Northwest reported it was easy or very easy to access support once aware of available services. Minoritised and vulnerable groups continue to face greater barriers to accessing counselling, advocacy, and practical assistance, underscoring ongoing challenges around equity and independence of service provision. Independence of services is crucial to building trust, echoing prior findings. While overall violence with or without injury has slightly decreased over the past decade, domestic abuse prevalence has remained stable to 2025 relative to 2024.

By 2025, the national evidence reinforces that specialist domestic abuse services remain crucial for enabling safety among victims and survivors, but regional disparities and accessibility barriers persist. Culturally sensitive approaches, service independence, and comprehensive coverage are essential priorities to improve outcomes across all communities.

Feedback from Springfield highlights the need for survivors to have access to a space where they feel supported, safe, and truly listened to. Many survivors arrive at our community hub without a prior appointment, often in crisis and in immediate need of someone to talk to.

Access to trauma-informed spaces is therefore essential to our service delivery. These spaces enable us to provide one-to-one support sessions, facilitate larger therapeutic group work, and host specialist meetings for clients such as police statements, remote court hearings, and solicitor appointments. Without access to appropriate, confidential, and supportive environments, our ability to respond effectively to survivors’ needs would be significantly limited. (*DASA service providers, 2026*).

Women’s Community Matters advocate that giving domestic abuse victims and survivors *time* is invaluable. They need a relaxed and quiet, confidential space where they can open up to trained staff and begin to feel that they are safe, heard, valued and believed and are treated with love, care compassion and kindness. Creating this calm and supportive environment fosters trust and allows high-risk clients to be identified early, enabling timely safeguarding measures and appropriate support to be put in place. This proactive approach plays a crucial role in helping individuals on their road to recovery.

Effective information sharing between professionals is also essential, as a strong multi-agency approach enables a clear understanding of each person's situation and ensures that safeguarding is consistent and well-coordinated. Maintaining situational awareness among professionals prevents conflicting advice or actions that may compromise a victim's safety plan.

Finally, clients benefit greatly from regular communication, as keeping them informed and engaged helps them to feel supported, reduces anxiety and reinforces their trust in the services available to them. *(DASA service providers, 2026)*

Westmorland and Furness Prevention and Crisis Support (formally Eden Housing) feedback 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. *(DASA service providers, 2026)*

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 MHCLG 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.
- 6) Support good outcomes for Customers – The service is being responsive to changing demand to meet emerging needs.
- 7) Service Provider meets contract - The Service meets contract management and financial reporting requirements specified by the Authority

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, Barrow and South Lakes and the service viewed as very good.

Barriers to accessing services

Perception of refuge accommodation

Previous 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 has been 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. A video providing an explanation of the service available along with pictures has also been put together.

The Office for National Statistics (2024a) carried out some qualitative research on the experiences of 40 women in England who have survived domestic abuse in

different types of accommodation after leaving abusive relationships. The main points are as follows:

- Survivors reported staying in a range of accommodation types after leaving domestic abuse for varying lengths of time and with differing levels of support, including refuge accommodation, hotels, hostels and local authority-provided self-contained and shared accommodation.
- Survivors experienced barriers to accessing and moving on from accommodation, including a lack of available accommodation and suitable options, lack of information on accommodation types and available support, having to navigate complex processes and not feeling involved in decisions affecting them
- In contrast to hotels and mixed-needs hostels, survivors spoke positively about accommodation that was most like traditional home settings (for example, a self-contained flat in a refuge with a suitable number of beds and washing and cooking facilities) and with access to high quality emotional and practical support
- Survivors described the importance of both physical and emotional safety throughout their accommodation experiences; accommodation that did not feel physically safe because it lacked features such as CCTV and security systems to prevent unauthorised entry was described as having a considerable negative impact on well-being, mental health and emotional safety
- Personalised and empathetic practical and emotional support from service providers helped survivors feel that their individual needs and circumstances were taken into consideration during their accommodation journeys; this created a sense of emotional safety and aided their domestic abuse recovery.
- Survivors suggested priorities for future service provision, which included offering flexibility in recognising and addressing accommodation and support needs, better availability of accommodation with safe and appropriate facilities for day-to-day living, and better mental health provision for survivors within accommodation and after they leave

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 230,185 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 (402 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.

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 (before the Local Government reorganisation changes in Cumbria) 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](#)

SafeLives System Review

The SafeLives system review was carried out in 2024 with the purpose of looking at the effectiveness of domestic abuse support and services in Cumbria.

The SafeLives review shows that Cumbria has a committed, well-connected response to domestic abuse, supported by strong multi-agency relationships and a well-established community support offer. Professionals said MARAC generally works well, with good identification of support needs, strong attendance, and effective coordination. There is also plenty of domestic abuse training available, which is valued by practitioners. Community organisations play an important role by offering emotional and practical support. Safe accommodation levels are above national recommendations, and the new MATAC model is emerging as a strength in tackling the behaviour of high-harm perpetrators.

However, the review also highlighted some issues. In terms of Governance, the MARAC Operating Protocol and Terms of Reference were out of date and not reflective of the new post-Local Government Reorganisation (LGR) structures. MARAC processes are not always applied consistently, risk assessments are not always thorough (including missed chances to use DASH), and the voice of the victim is sometimes introduced too late in the process. There are also inconsistencies around attendance, risk analysis, admin tasks and information sharing.

The wider multi-agency response is not even across the county. Since LGR, some practitioners are unclear on pathways and responsibilities, leading to confusion and uneven practice. Support for perpetrators is limited, with long waits, patchy engagement, and no clear referral routes across agencies. Support for children was also found to be inconsistent with almost half of survivors saying their children received no support, despite being recognised in law as victims in their own right.

Survivors can face a range of barriers to getting support. Rurality makes seeking help harder because of transport issues, isolation, and local cultural factors like stigma and gender norms. Survivors also report fears of not being believed, lack of confidence in police protection, and worries about the perpetrator's reaction. Money worries, such as taking on debts or losing income also stop people from reporting. Fear of involvement from Children's Services, including concerns about losing custody of children, is another major barrier. Many survivors have to retell their traumatic experiences multiple times due to poor information sharing, which makes the whole process feel fragmented and exhausting. Marginalised groups, including disabled people, older people, Black and minoritised communities, and LGBT+ survivors are under-represented in referrals and MARAC, suggesting they may struggle to access support.

There are also cultural issues across the system. Victim-blaming language still appears in some case discussions, with survivors labelled as "non-engaging" or "chaotic" without proper context. Misidentifying victims and perpetrators, especially in counter-allegation or DARVO case, remains a concern. Although Trauma Informed Cumbria is meant to shift practice, survivors say trauma-informed approaches still aren't consistently embedded.

Service Delivery 2026-27 and Future plans

Funding allocation 2026-27

For 2026-27, the funding allocation of £717, 940 for Westmorland and Furness Council from MHCLG is now part of the Homelessness, Rough Sleeping and Domestic Abuse Grant.

Westmorland and Furness Council Domestic Abuse Supported Accommodation Officers – 6.5 FTE Staff	£289,619.00
Barrow- DASA Support delivered by Barrow Women Community Matters	£144,988.00
Eden- DASA Service delivered in-house	£59,709.00
South Lakes delivered by Springfield.	£84,922.00

The allocation is based on a standard budget allocation for DASA Officers. There are some variations in standard salary across the system.	
Housing Support	£111,015.00
Barrow	£37,045.00
Eden	£36,477.00
SLDC	£37,493.00
Project support	£43,786.00
Strategic Lead	£7,000.00
Performance and Intelligence	£7,958.00
Community In-reach services 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	£25,304.00
Springfield	£11,486.00
Gateway4Women	£11,486.00
Children's DA Work	£68,004.00
Therapeutic Services The Birchall Trust	£36,136.00
Lived Experience Network	£10,146.00
External Grants Target Hardening - OPFCC	£32,092.00

It is expected there will be an underspend for 2025/26 this underspend will be transferred into earmarked reserves.

Earmarked Reserves	£118,840
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Potential options for future service delivery

MHCLG have announced the DASA budget for Westmorland and Furness Council in 2026/2027 as £717, 940. This has become part of the Homelessness and Rough Sleeping allocations, now known as Homelessness, Rough Sleeping and Domestic Abuse Grant. Provisional amounts have been indicated for 2027/8 and 2028/9, at £717, 940 per annum. Meaning 2026-2029 grant funding of £2, 153, 820.

There are five main areas that need to be considered in the up-coming commissioning process

- Core DASA Service – the provision of Domestic Abuse Support Workers
- Provision of Community in-reach services
- Lived Experience Network
- Therapeutic Services
- Internal support costs

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

Core DASA Service including risks and benefits

Option	Risks	Benefits
Bring all DASA Services in house	<p>Bringing this in house may have increased costs and disrupt current effective service delivery</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>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 and Springfield.</p>	Reducing handoffs.

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

Option	Risks	Benefits
<p>Contract DASA Service out on a W&F basis</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, 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.</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</p> <p>Unlikely to be interest from National/regional providers as individual contracts will be too small.</p>	<p>Community led provision, by and for services, responding to local needs to deliver, community specific provision – aligning with organisation wide ways of working and community powered approach.</p>

Community in-reach services

Currently, in-reach is provided by:

- Barrow Women Community Matters – Barrow area
- Springfield – South Lakeland Area
- Gateway for Women – Eden Area

Option	Risks	Benefits
Continue delivery via current model of in-reach services. This would be done on a 3-year grant/contract basis		All current in-reach services have a generic offer that can be accessed post DASA stay under the defined types of accommodation agreed by MHCLG, 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>Would not provide continuity of care once a victim/survivor left the statutory provision.</p>	<p>Delivery of support to children in DASA provides longevity. Dedicated DASA working hosted in the Children's DA Team is very effective with high referrals and outstanding feedback. This is effective as part of wider package, linking with providers of DASA services</p>
Cease funding in-reach services	No access to therapeutic support 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.

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 2023, the administration of the Network was awarded to Barrow Women Community Matters, on a Cumbria-Wide footprint. This contract finishes on the 31 March 2027.

Option	Risks	Benefits
Award contract on a Westmorland and Furness Footprint	Working on a Westmorland and Furness footprint may be unviable for the host agency. Tendering exercise may not attract any applications.	Lived experience will inform services moving forward. Taking the views of the Network could lead to greater customer satisfaction and support continuous improvement Voices through the lived experience can inform dip sampling and again inform improvement activity
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. Lived experience not informing continuous improvement Does not align with organisational wide ways of working and community power approach	No benefits to this approach

Project Support

Currently the MHCLG grant is used to fund a full-time project officer post, senior manager time and support for performance and intelligence.

Option	Risks	Benefits
Continue to provide in-house Project Support, Performance and Intelligence		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 st 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 MHCLG 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.

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 innovative, 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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