Domestic Abuse Safe Accommodation Needs Assessment for Cumberland Council 2025

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Contents

1 Introduction

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

The Crime Survey for England and Wales for the year ending March 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 an evidence base around the needs of domestic abuse victims and their children seeking support in safe accommodation in Cumberland to inform the commissioning of Domestic Abuse Safe Accommodation (DASA) services and reviewing the strategy for the provision of accommodation-based domestic abuse support. The assessment looks at a variety of factors including:

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

The assessment draws on national and local data, statutory homelessness returns, police safeguarding records and Multi-Agency Risk Assessment Conference (MARAC) 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 Cumberland area.

It is acknowledged that there are some data gaps: some data not available at unitary authority level; there is a lack of knowledge of the needs of rural victims of domestic abuse. 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.

2 Executive Summary

On 29 April 2021 the Domestic Abuse Act 2021 was granted Royal Assent. The Act includes a duty on Tier 1 local authorities in England to provide support for victims and their children within safe accommodation. The use of funding is restricted by the Ministry of Housing, Communities and Local Government (MHCLG) 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 almost 5,000 domestic abuse-related incidents were recorded in Cumberland. Incidents, safeguarding records and referrals to support services have increased consistently over the past three years. Increases could be a result of a number of factors: 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 developed to assess current need in Cumberland, quality of delivery and to ensure that access to support for victims of domestic abuse is consistent. The assessment is based on the 249 victims of domestic abuse referred to Cumberland Council's DASA services in 2024/25 and highlights the following:

<u>Service provision and capacity</u>

- DASA services are currently provided "in-house" in Cumberland.
- 35 dedicated units of DASA accommodation are available, a mixed model of refuge and dispersed accommodation. Accommodation quality and type (eg houses / flats) vary across Cumberland.
- Vacancy rates are consistently low, demonstrating sustained demand. Clients may sometimes need to be housed further from their home area.
- Length of time supported may be influenced by the availability of move on accommodation.
- There are some DASA staffing vacancies. Delays in recruitment could impact future service provision.

<u>Access, demand and referral pathways</u>

- Demand is largely driven by self-referral; professional referrals across police, health and housing services remain relatively high.
- Despite the level of need, over half of all victims refused accommodation. Reasons highlight issues such as concerns about temporary accommodation and the impact on wellbeing, and the desire to avoid disrupting children.

- 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, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ), young victims 16-18 years and older victims (those aged 65+).
- Barriers to accessing DASA services include: rurality; perception of accommodation; 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 High or Medium risk. A large proportion have dependent children, the majority of whom are under 11 years old.
- 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.
- Complex vulnerabilities such as mental health, disability, financial hardship and deprivation intensify risk.
- Domestic abuse is one of the main causes of homelessness; homelessness affects a significant proportion of people requiring support.

Poverty, deprivation and structural barriers

- There are strong links between poverty and deprivation and domestic abuse. Significant proportions of victims originate from communities considered to be more deprived. Data show significant proportions of domestic abuse victims on low household income, claiming benefits and unemployed. Homelessness affects a significant proportion of people requiring support.
- Deprivation compounds barriers to accessing support, such as lack of transport, digital exclusion, and reduced trust in authorities.
- Geographic and demographic characteristics of Cumberland, including rurality and deprivation levels, compound barriers to accessing help.

Practice quality and service delivery

- DASH risk 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. This is being addressed via widespread, wide reaching multi-agency DASH training and the situation is improving.
- Domestic abuse may not always be identified during homelessness assessments.
- Case recording practice varies across Cumberland.
- Available case studies are limited. The lived experience of victims in DASA is not fully understood.
- There are differences across Cumberland in the approach to cover staff absence and provide out of hours support.
- The offer of support services varies across Cumberland.
- There is strong partnership working with local charities and specialist organisations.

3 Recommendations

- Cumberland's "in-house" DASA services are considered good overall. It is recommended that services continue to be provided in this way for Cumberland Council as services are in place and embedded.
- A DASA Officer should be called into all homelessness assessments where domestic abuse is disclosed. However, we are assured that all homelessness colleagues have a baseline knowledge of domestic abuse. This can be further strengthened by having a DASA Officer on duty each day as is already the practice in some areas of Cumberland. This approach avoids the service user having to tell their story twice which would cause further traumatisation. Although all Homelessness Officers in the Allerdale, Carlisle and Copeland areas are DASH trained, the quality of the DASH could vary depending on the frequency of practice.
- Learning has been rolled out across DASA teams about the importance of being trauma aware / trauma informed.
- Ensure in-reach services provide the therapeutic support required by victims of domestic abuse, taking into account the needs of those with protected characteristics as defined under the Equality Act 2010, and ensuring the system allows victims to continue accessing support beyond their stay in domestic abuse safe accommodation, for by example, the continued use of existing community groups to provide in-reach and support work within safe accommodation.
- Explore ways the Children's Independent Domestic Violence Advisor (ChIDVA) offer could be improved or seek alternatives for children's support.
- It is important to engage with those with lived experience of domestic abuse and support in DASA to inform services on an on-going basis. Engagement work has been commissioned from Women's Community Matters and it is recommended that case studies are reviewed and findings presented in the Autumn 2026 in addition to the standard quarterly contract reporting.
- Explore options for providing out of hours support in the Allerdale and Copeland areas.
- Consider options for sharing or seconding staff to cover future staff absence as good practice.
- There are variations in case recording between the former district areas. Carry out dip sampling and checking against Quality Standards to align practice.
- Funding has been used to provide managerial support and training. The use of the funding has varied across the Cumberland Council area and requires standardisation.
- There has been underspend of grant funding in 2023/24 and 2024/25. It would be beneficial to continue to use grant underspend to provide target hardening measures to those in safe space accommodation and moving into permanent accommodation to ensure accommodation is in line with grant conditions and that support can continue to be provided. There is currently delivered by Cumbria Police, implemented in 2024/25.
- It would also be beneficial to continue to use grant underspend to roll out training to practitioners and other front line staff to improve practitioner awareness and understanding and ensure standardisation of services (including domestic abuse awareness training, DASH safety planning and training, Trauma Informed training, specialised children's training, Domestic Homicide timeline).

4 Key issues

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

4.1 Data gaps

There are data gaps in some key areas.

- Some data are not available at unitary authority level. This includes:
  - National domestic abuse incident, crime and domestic homicide data (Police Force Area level only);
  - MARAC data (Cumbria only).
- Victim characteristics:
  - Ethnicity – high proportion of "unknown" or "not stated" in police safeguarding and IDVA (Independent Domestic Violence Advisor) data (up to 32%), making it difficult to assess needs of minority ethnic groups;
  - Sexual Orientation – limited data on LGBTQ+ victims, gaps in understanding unique risks and barriers;
  - Older Victims – the under reporting by people aged 65+, despite Cumberland having an older population and evidence of prolonged abuse among this group, results in less being known about these clients.
- Risk:
  - DASH Risk Assessments – less than half of DASA clients had 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 Cumberland's 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 Cumberland is patchy.

4.2 Poverty and deprivation

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

4.3 Complex needs

Drug and alcohol misuse combined with domestic abuse and mental ill health are recognised nationally as factors that increase the risk of harm to adults and children in families. Significant proportions of domestic abuse victims accessing support services in Cumberland require support services in relation to these health issues. 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 one in six needing help with substance misuse and/or alcohol misuse. Additional vulnerabilities such as disability and poverty and prior trauma can increase risk and create barriers to accessing services.

There is a need to ensure greater consistency in the support offered to individuals with complex needs. Consideration should be given to whether referrals to specialist agencies are being made routinely, and whether there is potential to contribute to partners such as Recovery Steps and mental health support provision. Upskilling DASA officers could strengthen the response, although this would require time and resources. While some officers demonstrate additional skills, a more consistent level of skill and approach is required across the service.

Therapeutic support is currently funded through SafetyNet and The Freedom Project. It will be important to confirm that this support is routinely offered to all those supported in DASA, and the offer recorded and revisited during ongoing DASA contact.

“Soft skills” provision is offered in the Water Street refuge due to the availability of suitable facilities. However, it would be beneficial to review whether the wider community-based offer (Gateway) is being fully used for those not accessing Water Street, and whether this offer is consistently recorded and revisited.

4.4 Inequalities

Domestic abuse in Cumberland 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 show the disproportionate impact on females. However, male victims appear under-represented in the local data.
- Age – Younger adults are more likely to be victims of domestic abuse. Victims in Cumberland 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 are under-represented in the local data suggesting victims are facing barriers to accessing services.

- Gender identity - Transgender individuals may be at higher risk of domestic abuse than LGB individuals.
- Sexual orientation – LGBTQ+ people are likely to experience at least equal or higher incidents of domestic abuse compared to heterosexual 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 past abuse, neglect and trauma, increasing the risk of grooming and exploitation.
- Individuals with comorbidities are more likely to experience domestic abuse.
- Thematic learning from DARDRs (Domestic Abuse Related Death Reviews) has resulted in partnership learning, covering the following key headlines: the need for professional curiosity, multi-agency information sharing, risk management, transition processes, DARVO (Deny, Attack, and Reverse Victim and Offender), DA typologies, the impact on cared-for children, substance misuse and suicide prevention, reinforcing the need for continued workforce development and alignment with the Victims' Code.
- To try to address 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 is being developed to consider issues faced by those with additional learning needs. This takes into account the different issues faced by different sections of society.

4.5 Risk

A number of 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.

4.6 Service provision

All DASA delivery is delivered “in house” in Cumberland.

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

- The Freedom Project, therapeutic intervention working with men, women and children
- SafetyNet, therapeutic intervention working with men, women and children
- Gateway for Women
- Gateway for Men

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

4.6.1 The Freedom Project

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

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

The Freedom Project works with men, women and children.

4.6.2 SafetyNet

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

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

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

4.6.3 Gateway for Women / Gateway for Men

The Gateway services offer a holistic approach, providing tailored support to every woman as outline below:

- Specific support around domestic abuse and sexual violence;
- Peer support groups;
- Developing and maintaining healthy relationships;
- Developing self-confidence and self-esteem;
- Developing skills to keep safe and secure;
- Looking after personal health needs and wellbeing;
- Improving budgeting skills and gaining confidence to deal with benefit claims;
- Managing personal paperwork and talking with professionals;
- Establishing a positive social network;

- Becoming able to access other activities in the local community;
- Successfully attending college and applying for employment;
- Engaging in voluntary work experience and seeking meaningful employment;
- Holistic groups including Yoga, Meditation and Arts and Crafts;
- Drop in session which are fun and exciting.

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

4.6.4 Children's Support

Support is available via Children's IDVAs as part of the wider contract.

The support provided by DASA colleagues in Carlisle to babies, children and young people is variable; the nature and consistency of this support require clarification. The MHCLG definition for children's support states "Including play therapy, child advocacy or a specialist children worker (for example, a young people's violence advisor, IDVA or outreach worker specialised in working with children)."

There is a need for a consistent and clearly defined offer across all areas of Cumberland. Taking into account that parents can refuse support, there is a need to evidence that the offer of support has been made and revisited during the individual's stay in DASA.

There are plans to provide this service in house via Cumberland Council's recently established Family Hubs.

4.6.5 Support for individuals with complex needs

There are plans to provide this service in house via specialists within housing teams. This will require a review of training needs within the DASA Teams. Where there are gaps in expertise, clients will be referred to alternative specialists until DASA Teams have the appropriate skills. Care will need to be taken to avoid multiple handoffs.

4.7 Under reporting

Domestic abuse in Cumberland is likely to be under-reported by groups with protected characteristics due to a mix of barriers. In particular this is thought to affect male victims, young victims of domestic abuse (16-18 years) and older victims (those aged 65+ years), LGBTQ victims and those with disabilities.

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.

The true prevalence of domestic abuse in Cumberland is likely to be higher than reported, with some victims facing substantial obstacles to seeking help.

4.8 What service users say

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. 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.

It is considered important to have a lived experience network. Referral numbers can be low. There is a need to evidence and provide assurance that the offer has been made and that offer revisited during the individual's stay in DASA.

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.

4.9 Gaps in provision

It is clear that there is a range of supported accommodation options and services that differs across the Cumberland area. Supported accommodation provision ranges from dispersed independent provision (with tailored in-reach support during office hours) to 24 hour staffed self-contained accommodation. A summary of the accommodation available by locality can be seen in Section 6.1.1 “DASA Housing”.

Cumberland currently has access to 35 units of supported accommodation specifically for use by victims of domestic abuse in addition to the wider temporary accommodation provision for homelessness. There is separate provision for women and for men. There are 8.8 FTE (full time equivalent) specialist support officers supporting these units. Accommodation quality and type vary across Cumberland.

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

8.8 FTE staff support DASA clients across Cumberland. This includes 2.0 FTE current vacancies in the Carlisle locality area which are being backfilled by other staff. A further 1.0 FTE post in the Copeland locality area became vacant during 2025. Restructuring of services following Local Government Reorganisation is slowing the recruitment process which could lead to gaps in service provision.

Staffing salaries vary across the former districts; this may have a negative impact on staff retention and service delivery. This needs to be addressed to avoid reputational risk.

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

A number of staff are on temporary contracts. Funding has been awarded for three years; contracts need to be longer term to ensure continuity and consistency.

There are differences across Cumberland in terms of access to immediate support out of hours. A plan is needed to align this across Cumberland.

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 Cumberland’s locality areas.

Support to children in DASA is inconsistent across the locality areas.

Some groups appear under-represented in the DASA referrals data, suggesting there are barriers to assessing services eg disabled victims, male victims, older people, LGBTQ+ and victims living in rural areas.

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

Not all DASA clients have a DASH assessment completed. DASH assessments vary in standards of quality. A DASH is a live document and should be updated with any change in circumstances to demonstrate the increase or decrease of risk. This message has been delivered via training. It is not clear whether a DASH is consistently received if completed by another agency. There needs to be documented evidence that regular reassessments are made to record any change in risk level. Reviewing on a three month basis is considered good practice. There are also inconsistencies in the way the DASH is used; this needs to be streamlined and paperwork consistent.

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

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

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

MoJ funding was received in December 2025 to implement the Drive Project which will take over the function of MATAC and provide enhanced support for perpetrators.

4.10 Barriers to accessing services

Findings indicate several barriers preventing victims from accessing services.

Over half the victims referred to DASA services in 2024/25 refused DASA accommodation 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 MHCLG grant

funding. However, it is unclear whether target hardening is being offered routinely to enable people to be supported under the DASA grant within their own homes. The offer of support needs to be recorded and revisited during future contact.

Rurality is a significant barrier. Services are harder to access in rural areas and societal structure makes 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 are 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. Geographical isolation and deliberate isolation by perpetrators increase vulnerability and reduce opportunities to seek help. Male victims in rural areas face additional barriers, including shame and stigma. Service provision can be fragmented. Just over half of Cumberland's population (50.3%) live within areas defined as rural by the Office of National Statistics (ONS); one in eight people in Cumberland (12.3%) live within communities that cannot reach a major town or city within 30 minutes travel by road. 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.

Mobility problems and health conditions can limit the ability of some older people to leave their home or access community services. A common barrier for older people with health and mobility issues relates to the perpetrator often also being their carer, increasing their isolation and reducing the opportunity to access help and support. Long term abuse is often normalised over decades, reducing the likelihood of self-referral.

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. The LGBTQ+ community may face specific barriers such as the threat of "outing" which can be a source of power and control for the perpetrator.

Although Cumberland is predominantly White British, ethnic minority victims can face additional barriers in seeking support such as language barriers, immigration insecurities such as limited access to public funds, cultural or family pressure to remain with the abuser, fear of the consequences or of not being believed, as well as not being aware of support available to them.

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

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

seeking help until they are crisis. Services are perceived as designed for women, even where technically open to men.

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

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

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.

5 Domestic abuse data: level of need and gaps

5.1 Domestic abuse incidents and homicides

5.1.1 National picture

The Crime Survey for England and Wales for the year ending March 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 commonly recorded in the crime survey affecting 18.1%, 13.9% and 11.0% of all respondents respectively. Proportions of women affected are larger 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.
- Victims of any type of domestic abuse in the 12 months to March 2025 were more likely to be female; an estimated three in five were female (59.1%) compared to two in five male (40.9%).
- 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 to 11.4% of victims of non-domestic homicide.

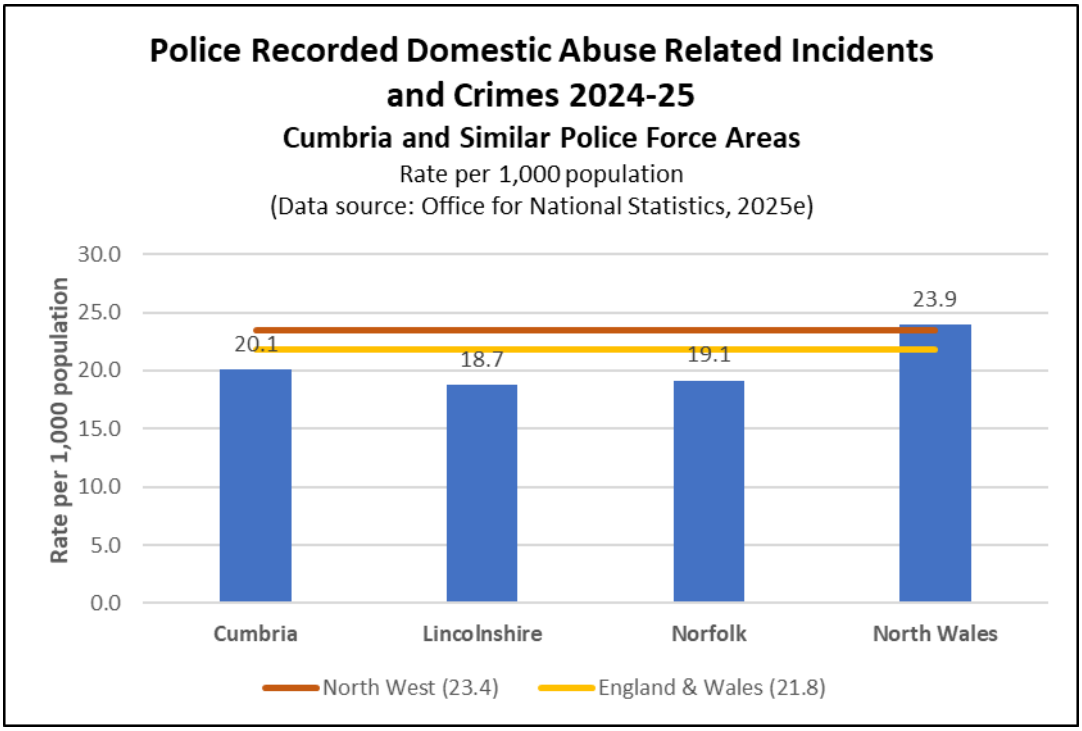
(Office for National Statistics (ONS), 2025c)

5.1.2 Incidents and crimes

Data source: ONS, 2025e

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) compared to 2023/24 and an increase of +4.7% (+461 incidents and crimes) compared to 2022/23. The increases could be a result of a number of factors: 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 to include coercive control, emotional, psychological and economic abuse; better identification by professionals and improved data sharing across agencies. Compared to 43 police force areas across England and Wales, Cumbria is ranked as having the 19th lowest rate overall of domestic abuse related incidents and crimes.

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).

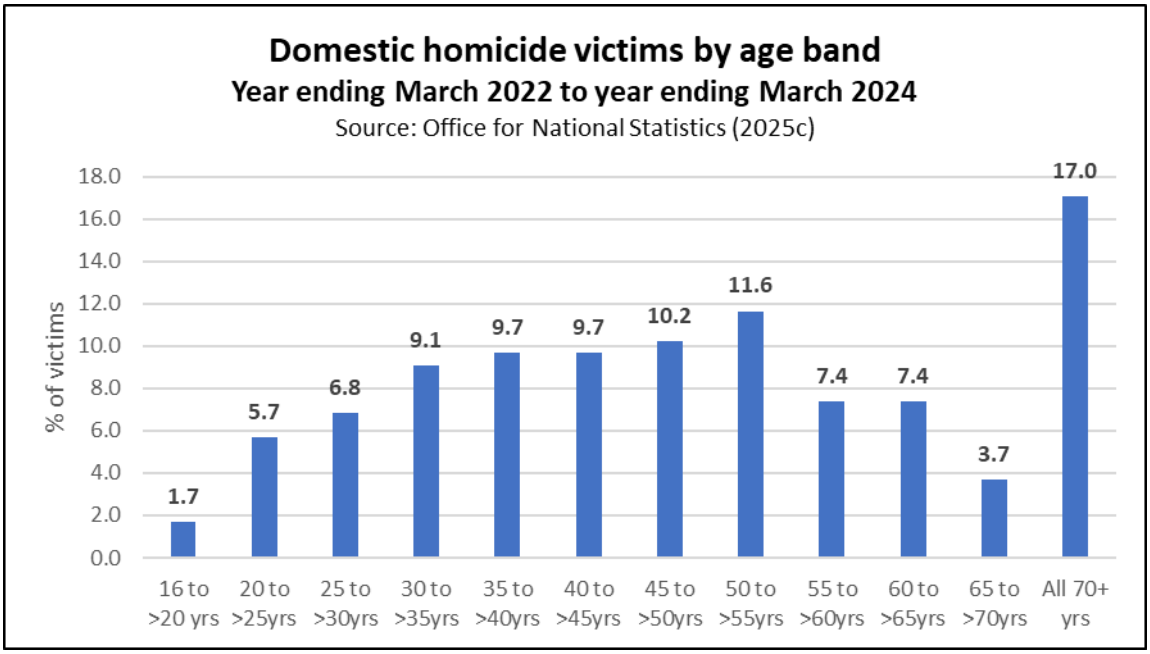


Data for the year ending March 2025 include both domestic abuse related crimes (offences recorded under National Crime Recording Standards (NCRS) that were identified as domestic abuse related) and domestic abuse incidents (domestic abuse reported to / investigated by the police that did not result in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

Data are not available at a unitary authority level.

5.1.3 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%). (ONS, 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. (ONS, 2025c). Data are not available at a unitary authority level.

At October 2025 there were 19 active Domestic Abuse Related Death Reviews (DARDRs) ongoing in Cumberland. All DARDR victims were female with ethnicity recorded as White for all, the majority White British. The most common causes of death were suicide and neglect, with suicide accounting for just under half of all active DARDRs (47.4%; 9) and neglect being the cause for three in ten (31.6%; 6). Victims were most likely to be younger, over half were aged 18-34 years (52.6%; 10/19). One in five were older, aged 65+ years (21.1%; 4/19). Suicide was the most likely cause of death for younger victims, with neglect the most common cause for older victims. All but one of the perpetrators were male. Perpetrators were most likely to be partners or former partners. Key learning from the review of DARDRs outlines the importance of early intervention and multi-agency collaboration, the need for trauma-informed practices across services, the emphasis on information sharing and risk identification and monitoring and implementation of recommendations to ensure accountability. (Cumberland Council, 2025a)

Thematic learning from DARDRs has resulted in partnership learning across Cumberland, covering the key headlines of:

- Improvement in professional curiosity/routine enquiry;

- Multi-agency involvement and information sharing;
- Risk assessment and management of risk;
- Handover and step-down;
- “Deny, Attack, and Reverse Victim and Offender” (DARVO);
- Typologies;
- The impact of children becoming Cared For;
- Suicide prevention;
- Links between domestic abuse and substance misuse;
- Working in line with the Victims’ Code 2021;
- Learning and development.

5.2 Demographic profile

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

5.2.1 Local police safeguarding profile

Source: Cumbria Constabulary, 2025

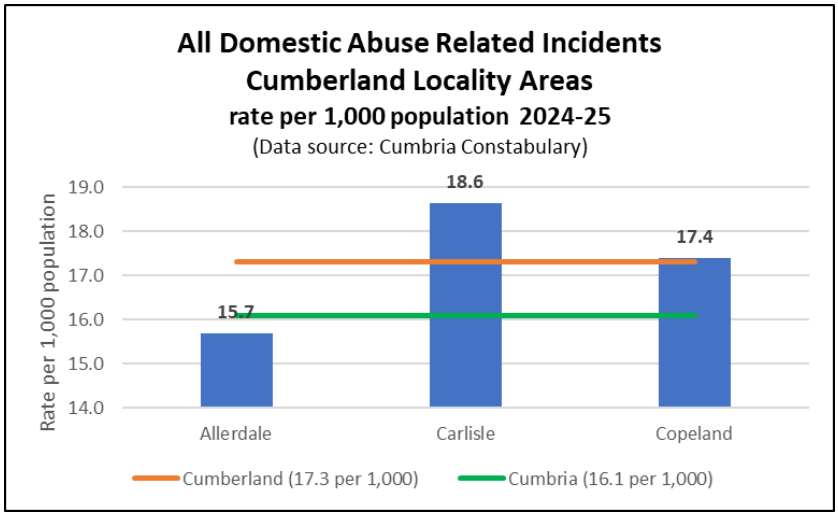
Domestic abuse related incidents

Domestic abuse related incidents in Cumbria numbered 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 across all areas in 2024/25 compared to the previous two years. The 4,854 domestic abuse related incidents in Cumberland is an increase of +5.1% (+236 incidents) compared to 2023/24 and +14.3% (+609 incidents) compared to 2022/23. An increase has been seen across all of Cumberland’s locality areas, with the largest increase in the Copeland area in 2024/25 compared to 2022/23 which shows an increase of +28.1% (+259 incidents).

The Carlisle locality continues to see the highest rate per 1,000 population for domestic abuse related incidents, 18.6 per 1,000 in 2024/25; this is higher than both the Cumberland average rate (17.3 per 1,000) and the Cumbria average rate (16.1 per 1,000).

CUMBERLAND - All Domestic Abuse Related Incidents			
COUNT	**2022-23**	**2023-24**	**2024-25**
Allerdale Locality	1,454	1,507	1,533
Carlisle Locality	1,870	1,960	2,141
Copeland Locality	921	1,151	1,180
Cumberland	**4,245**	**4,618**	**4,854**
RATE (per 1,000 population)	**2022-23**	**2023-24**	**2024-25**
Allerdale Locality	15.1	15.6	15.7
Carlisle Locality	16.8	17.3	18.6
Copeland Locality	13.7	17.0	17.4
Cumberland	**15.4**	**16.6**	**17.3**



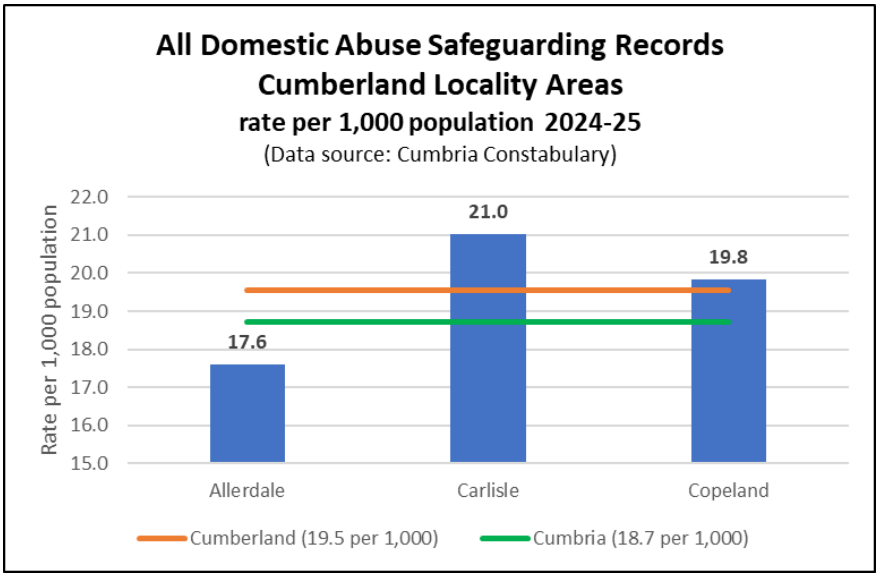
It should be noted that not all domestic abuse related incidents are progressed to a crime. These are incidents that are domestic abuse related but do not necessarily result in a crime being recorded.

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 5,483 safeguarding records in Cumberland is an increase of +6.3% (+324 records) compared to 2023/24 and +16.4% (+774 records) compared to 2022/23. While increases have been seen across all areas, the increase in the Copeland locality area is the largest, with records increasing by around one third (+32.1%; +327) in 2024/25 compared to 2022/23. The Carlisle locality continues to see the highest rate per 1,000 population in 2024/25 for domestic abuse safeguarding records, 21.0 per 1,000 population and is higher than the rate for both Cumberland (19.5 per 1,000) and Cumbria (18.7 per 1,000).

CUMBERLAND - All Domestic Abuse Safeguarding Records			
COUNT	**2022-23**	**2023-24**	**2024-25**
Allerdale Locality	1,633	1,672	1,721
Carlisle Locality	2,057	2,238	2,416
Copeland Locality	1,019	1,249	1,346
Cumberland	**4,709**	**5,159**	**5,483**
RATE (per 1,000 population)	**2022-23**	**2023-24**	**2024-25**
Allerdale Locality	16.9	17.3	17.6
Carlisle Locality	18.4	19.7	21.0
Copeland Locality	15.1	18.4	19.8
Cumberland	**17.1**	**18.6**	**19.5**



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.

5.2.2 MARAC reports

A Multi-Agency Risk Assessment Conference (MARAC) 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. MARAC data are not available at former district or unitary authority level.

Cases discussed at multi-agency risk assessment conferences (MARACs) By Police Force Area and Region, year ending March 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 LBGT+ 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

5.2.3 Local IDVA data

Source: Victim Support, 2025

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 has made successful contact and has delivered a service. Invalid cases data can also include a repeat referral to Victim Support whereby the victim already has an open case receiving support; duplicate referrals are closed to prevent duplication of support offers and/or team resources.

Domestic abuse support

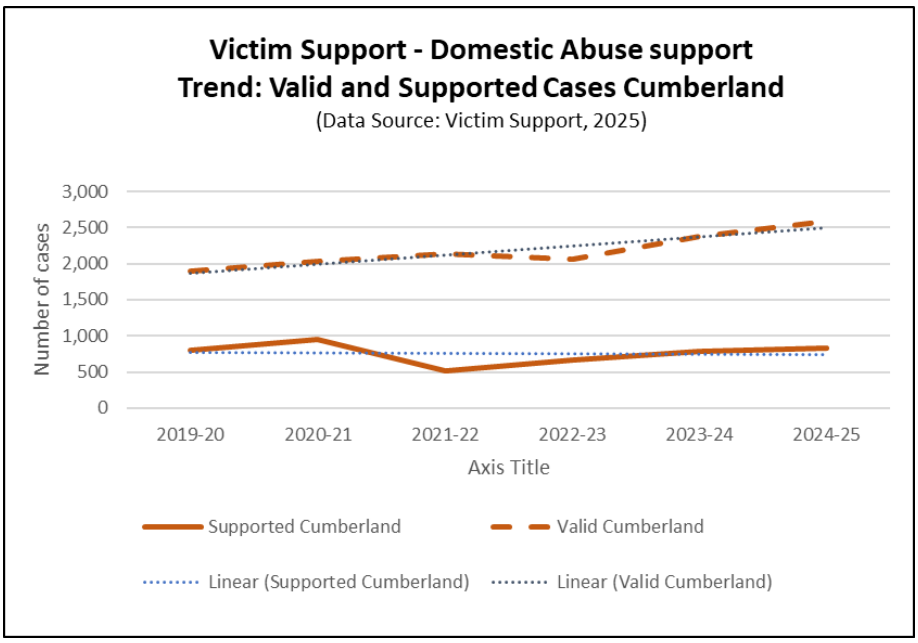
Victim Support - Domestic Abuse							
Cumberland	2022-23	2023-24	2024-25	% change 1 year	% change 2 years	Nr change 1 year	Nr change 2 years
Valid case numbers	2,061	2,370	2,591	9.3	25.7	221	530
Total receiving support	659	790	834	5.6	26.6	44	175

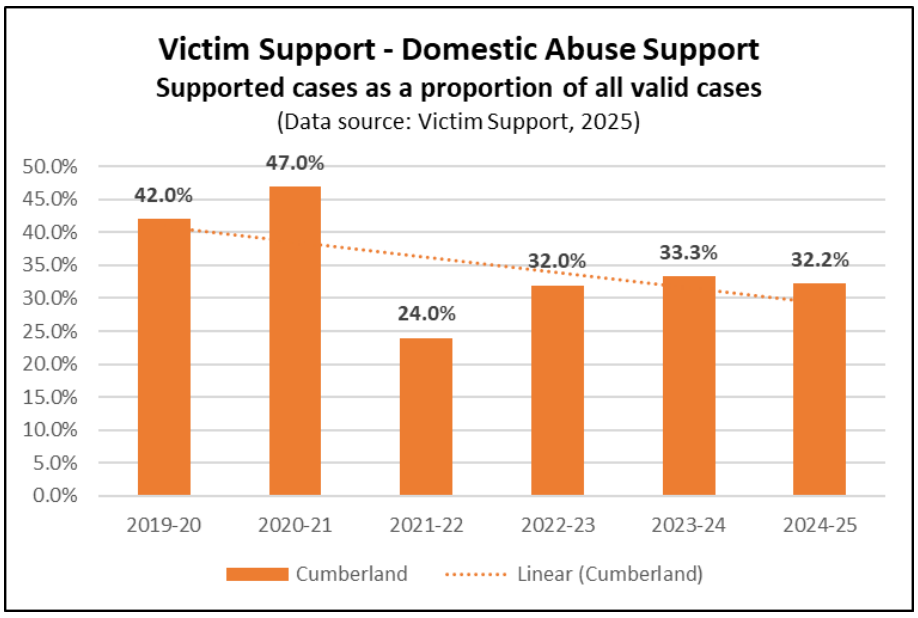
Both nationally and locally, reports of domestic abuse decreased during the COVID-19 pandemic. However, since the easing of restrictions, reports have risen again, possibly because victims may have been more able to safely disclose, report, or speak to someone about their experiences. The number of valid cases in Cumberland follows this trend. During 2024/25, Victim Support had 2,591 referred (valid) cases in Cumberland. This is an increase of +9.3% (+221 valid cases) compared to 2023/24 and an increase of +25.7% (+530 valid cases) compared to 2022/23.

Work done by Victim Support to increase social media activity and wider engagement work across the partnership may also have contributed to the increase. These activities have included raising awareness of the support offer and providing training across the partnership to increase the awareness of others regarding the support offer and enhanced risk assessment process. Additionally, IDVA referrals do not require victim consent, as high-risk domestic abuse overrides confidentiality. Many high-risk victims are unaware that an IDVA will contact them and may not always accept the support offer when contact is made with them.

The number of supported cases is also increasing. Supported cases totalled 834 in 2024/25, an increase of +5.6% (+44 supported cases) compared to 2023/24 and +26.6% (+175 supported cases) compared to 2022/23. However, there is still a large gap between the volume of valid and supported cases, with just one third of valid cases supported in 2024/25 (32.2%). This is likely to be the result of a number of 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 by definition take more time and support.

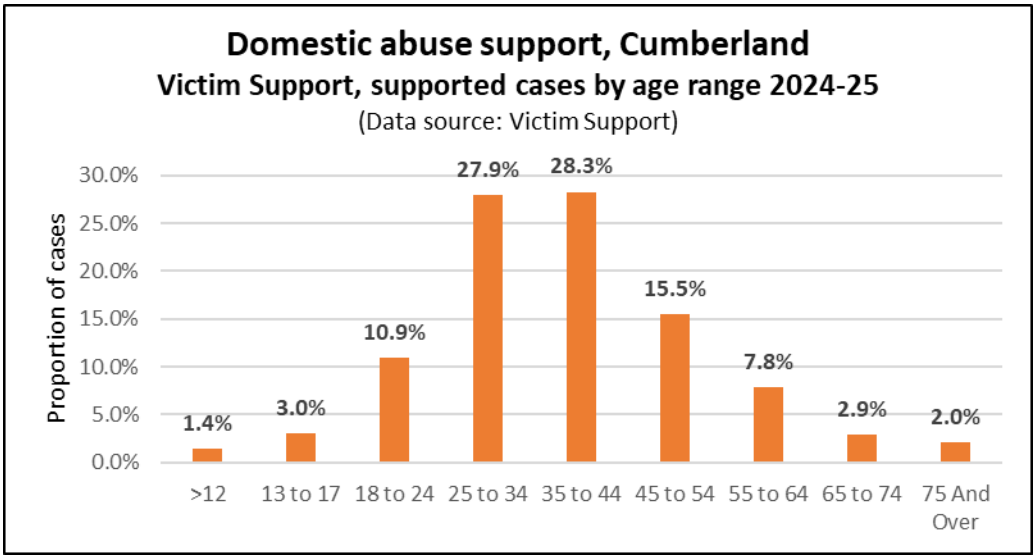
Victim Support has also been receiving a large number of dual allegations – “Deny, Attack, and Reverse Victim and Offender” (DARVO) – a manipulative tactic used by perpetrators of wrongdoing. These are referrals whereby primary aggressors pose as victims to access support services, which if not addressed correctly can effectively block the primary victim’s access to support and/or recovery work. Dual allegation assessments are used by Victim Support to filter out such referrals to ensure support is offered to the true victim and primary aggressors/coercive controllers are identified. This process will benefit the new Drive Project (launch January 2026) – an innovative domestic abuse intervention that aims to reduce the number of child and adult victims by disrupting and changing perpetrator behaviour; Victim Support is working in partnership with Cumbria Constabulary to identify and target those who cause the most harm.





The following characteristics are based on the 834 clients receiving domestic abuse support from Victim Support in 2024/25.

Three fifths (59.6%) are known to be high or medium risk cases, with one third high risk (34.1%; 284 cases) and one quarter medium risk (25.5%; 213). A small proportion are standard risk (0.7%; 6). However, risk is unknown for two fifths of all cases (39.7%; 331) and therefore the proportions of high, medium and standard risk cases are likely to be larger. Four in five are female (79.5%; 663) and one in 15 male (6.8%; 57), although gender is not available for 13.7% of victims (114) and therefore the proportion of both male and female victims could be larger. Victims are most likely to be younger, aged between 25-44 years (56.2%; 469); one in ten are aged 18-24 years (10.9%; 91). Victims are most likely to describe themselves as White (74.8%; 624) and a small proportion identify as Asian, Black or Mixed (2.3%; 19), however ethnicity is not stated for over one in five victims (22.7%; 189) so this may not reflect the actual picture.

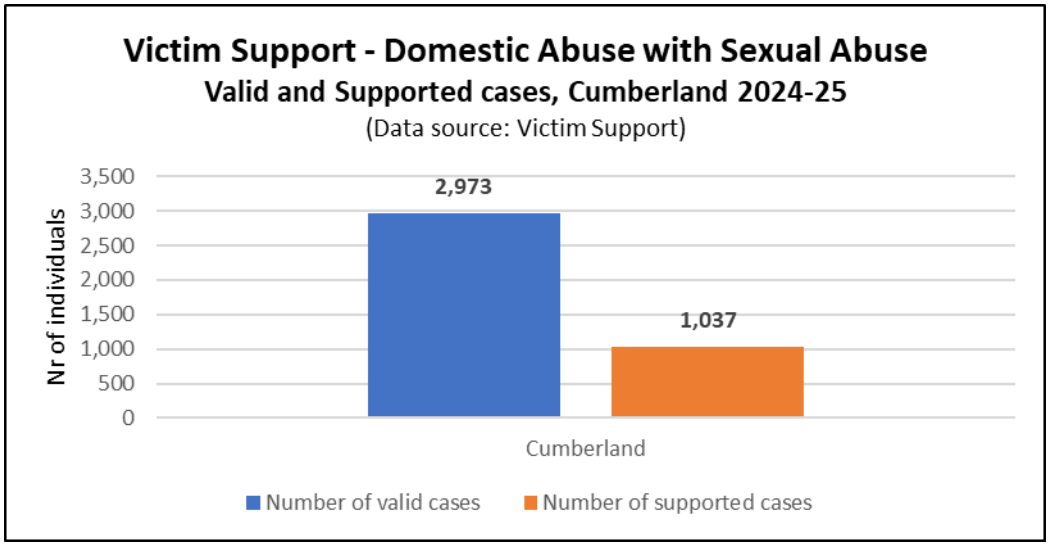


Domestic abuse with sexual abuse support

Victim Support - Domestic Abuse with Sexual Abuse							
Cumberland	2022-23	2023-24	2024-25	% change 1 year	% change 2 years	Nr change 1 year	Nr change 2 years
Valid case numbers	2,464	2,526	2,973	17.7	20.7	447	509
Total receiving support	724	831	1,037	24.8	43.2	206	313

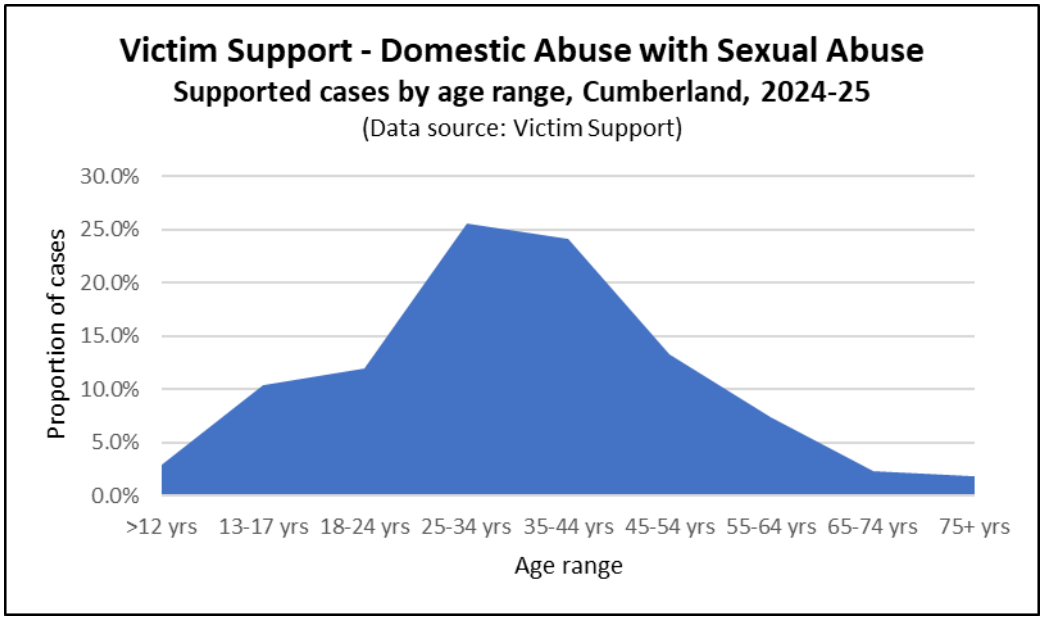
1,037 clients received support from Victim Support for domestic abuse with sexual abuse in 2024/25. This is an increase of +24.8% (+206 clients) compared to 2023/24 and a larger increase of +43.2% (+313 clients) compared to 2022/23. In total 2,973 cases were referred (valid cases), an increase of +17.7% (+447) compared to 2023/24 and +20.7% (+509 clients) compared to 2022/23. There remains a large gap between the volume of valid and supported cases, with just over one third of valid cases supported in 2024/25 (34.9%). As previously, this is likely to be the result of a number of 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 due to the backlog of cases awaiting crown court trial and client cases being open for longer periods due to the delays, which in turn increases the case/work load. 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.



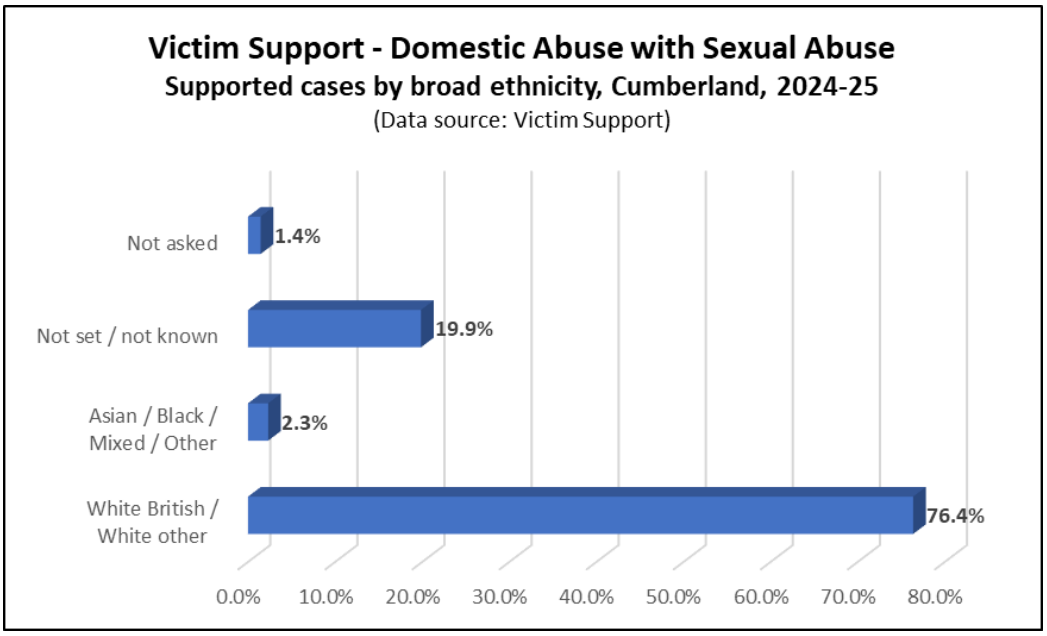
The characteristics below are based on the 1,037 clients receiving domestic abuse with sexual abuse support from Victim Support in 2024/25.

One in four clients were assessed as high risk (27.4%; 284) and one in five as medium risk (20.5%; 213), however risk is not known or not stated for half of all supported cases (51.5%; 534) and it is likely that the proportion of high and medium risk cases is larger. Victims were most likely to be aged between 25-34 years (25.6%; 265) or 35-44 years (24.1%; 250).



A large proportion were female (79.8%; 828), one in 12 victims were male (8.1%; 84). Gender is not known for one in eight (11.9%; 123) therefore proportions of both male and

female victims are likely to be larger. The majority of clients consider themselves to be White British or White Other (76.4%; 792). Just 2.3% (24) were from non-white ethnic backgrounds, however ethnicity is not known or not asked for one in five clients (21.3%; 221) so this may not accurately reflect the situation. The “not known” data may be due to missing equality, diversion and inclusion data when receiving referrals form partner agencies and/or Police.



5.2.4 Statutory homelessness

Data source: Department for Levelling up Housing and Communities (DLUHC) & Ministry of Housing, Communities & Local Government (MHCLG), 2025

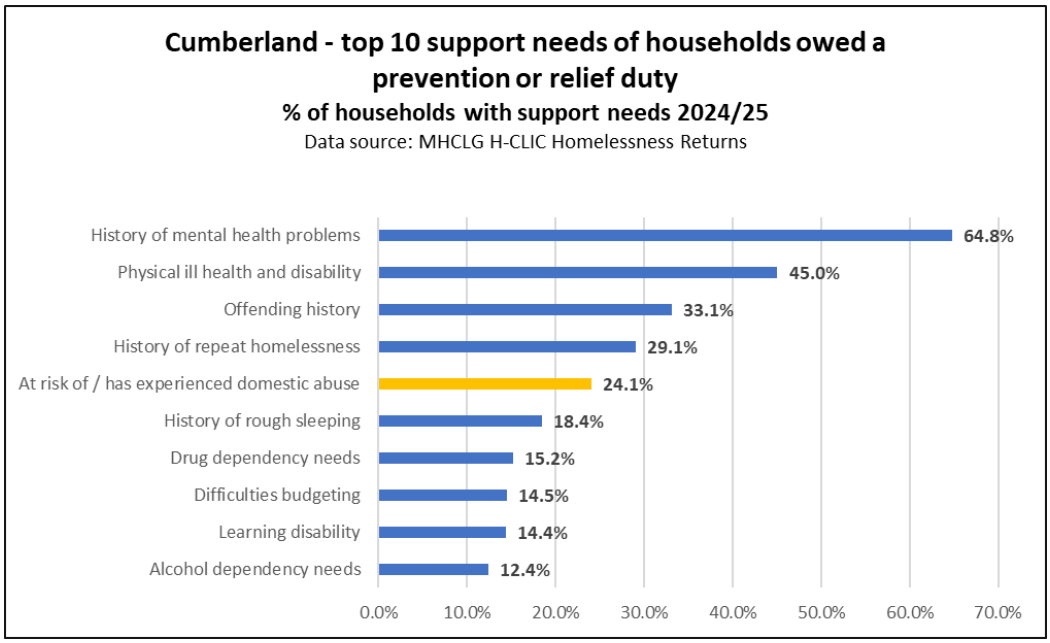
Support needs of households owed a prevention or relief duty 2024/25	**Cumberland**		**North West**	**ENGLAND**
Households with no support needs owed duty (see notes 1&2)	357		18,950	141,620
Households with unknown support needs owed duty	0		10	270
Households with one or more support needs owed duty *(see notes 1&2)*	**1,301**		**28,470**	**188,520**
Total number of support needs (see note 1)	4,314		68,880	431,190
Households with one or more support needs: % of households by support type				
	%	**Count**	**%**	**%**
% households: Young person aged 16-17 years	0.8%	10	1.3%	1.4%
% households: Young person aged 18-25 years requiring support to manage independently	10.0%	130	6.7%	6.7%
% households: Young parent requiring support to manage independently	1.8%	23	1.7%	1.9%
% households: Care leaver aged 18-20 years	2.1%	27	2.2%	2.4%
% households: Care leaver aged 21-24 *(see note 3)*	1.1%	14	1.2%	0.9%
% households: Care leaver aged 25+ *(see note 4)*	4.5%	58	1.5%	1.2%
% households: Care leaver - retired option *(see note 5)*	0.1%	1	0.2%	0.4%
% households: Physical ill health and disability	45.0%	586	35.4%	37.1%
% households: History of mental health problems	64.8%	843	49.6%	48.3%
% households: Learning disability	14.4%	187	11.7%	11.0%
% households: At risk of / has experienced sexual abuse / exploitation	6.8%	88	4.1%	4.4%
% households: At risk of / has experienced domestic abuse	**24.1%**	**313**	**20.1%**	**21.1%**
% households: At risk of / has experienced abuse (non-domestic abuse)	8.1%	105	5.0%	5.2%
% households: Drug dependency needs	15.2%	198	11.1%	10.4%
% households: Alcohol dependency needs	12.4%	161	8.9%	8.2%
% households: Offending history	33.1%	431	18.2%	14.7%
% households: History of repeat homelessness	29.1%	378	15.5%	12.4%
% households: History of rough sleeping	18.4%	240	12.0%	10.4%
% households: Former asylum seeker	5.3%	69	10.4%	6.9%
% households: Old age	4.4%	57	3.2%	3.5%
% households: Served in HM Forces	3.6%	47	1.8%	1.2%
% households: Access to education, employment or training	11.7%	152	10.0%	9.0%
% households: Victim of modern slavery	0.5%	7	0.4%	0.5%
% households: Difficulties budgeting	14.5%	189	9.8%	9.3%

Source: MHCLG H-CLIC Homelessness returns

Notes:
1) Multiple support needs can be reported per household, but each support need only once. Households can therefore be represented across multiple support needs columns. Support needs are not the same as 'priority need' (MD3) and it is possible that a household with support needs is not of priority need.
2) Totals include estimates for authorities with missing data. Data for these local authorities have been imputed, meaning that previously published data from the authority and data from similar areas are used to create estimates. These estimates are included in regional and national totals.
3) The option "Care leaver 21-24" was introduced in April 2023. This figure might not be accurate while local authorities are still reporting care leavers under the retired option "Care leaver aged 21+ years"
4) The option "Care leaver 25+" was introduced in April 2023. This figure might not be accurate while local authorities are still reporting care leavers under the retired option "Care leaver aged 21+ years"
5) The option "Care leaver aged 21+ years" has been retired for new cases (assessed on/after the 1 April 2023) and split into 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 previous table indicates that one quarter of the 1,301 households in Cumberland owed a prevention or relief duty (24.1%; 313) are at risk of, or have experienced, domestic abuse. This is a larger proportion than that in the North West (20.1%) and England (21.1%). The proportion of households with a history of mental health problems is also high affecting two thirds of households in 2024/25 (64.8%; 843), again a larger proportion than the North West (49.6%) and England (48.3%). The chart below shows the top ten support needs of households owed a prevention or relief duty in 2024/25.

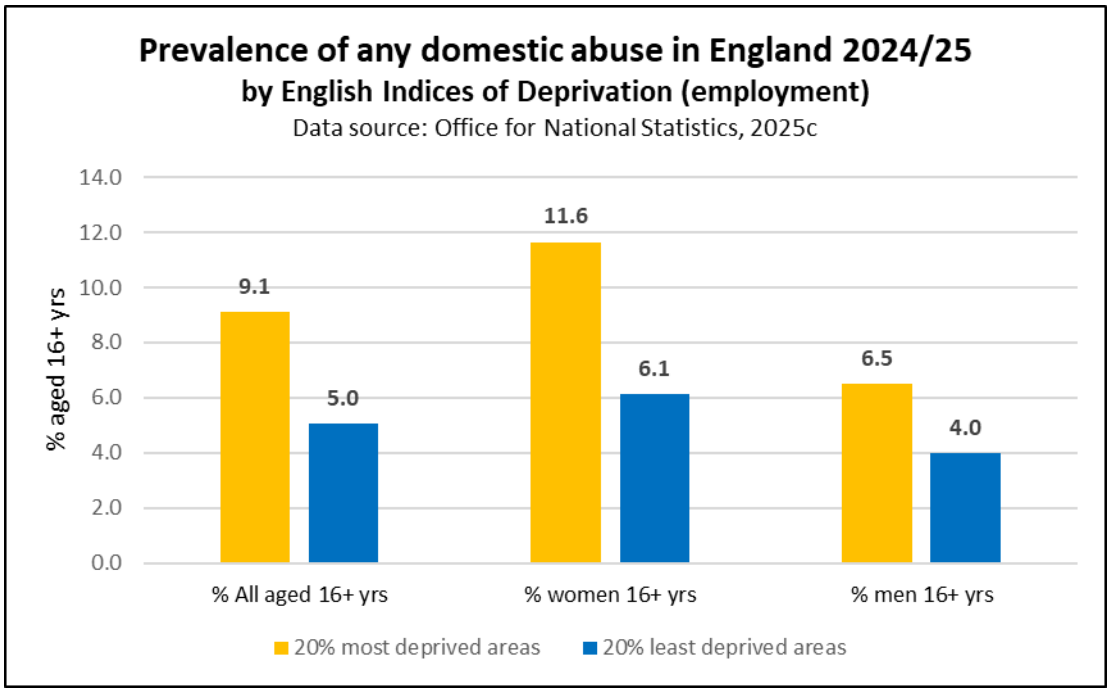


A report by SafeLives (2019) highlights there is a strong association between having mental health problems and being a victim of domestic abuse.

5.2.5 Deprivation

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 also 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.



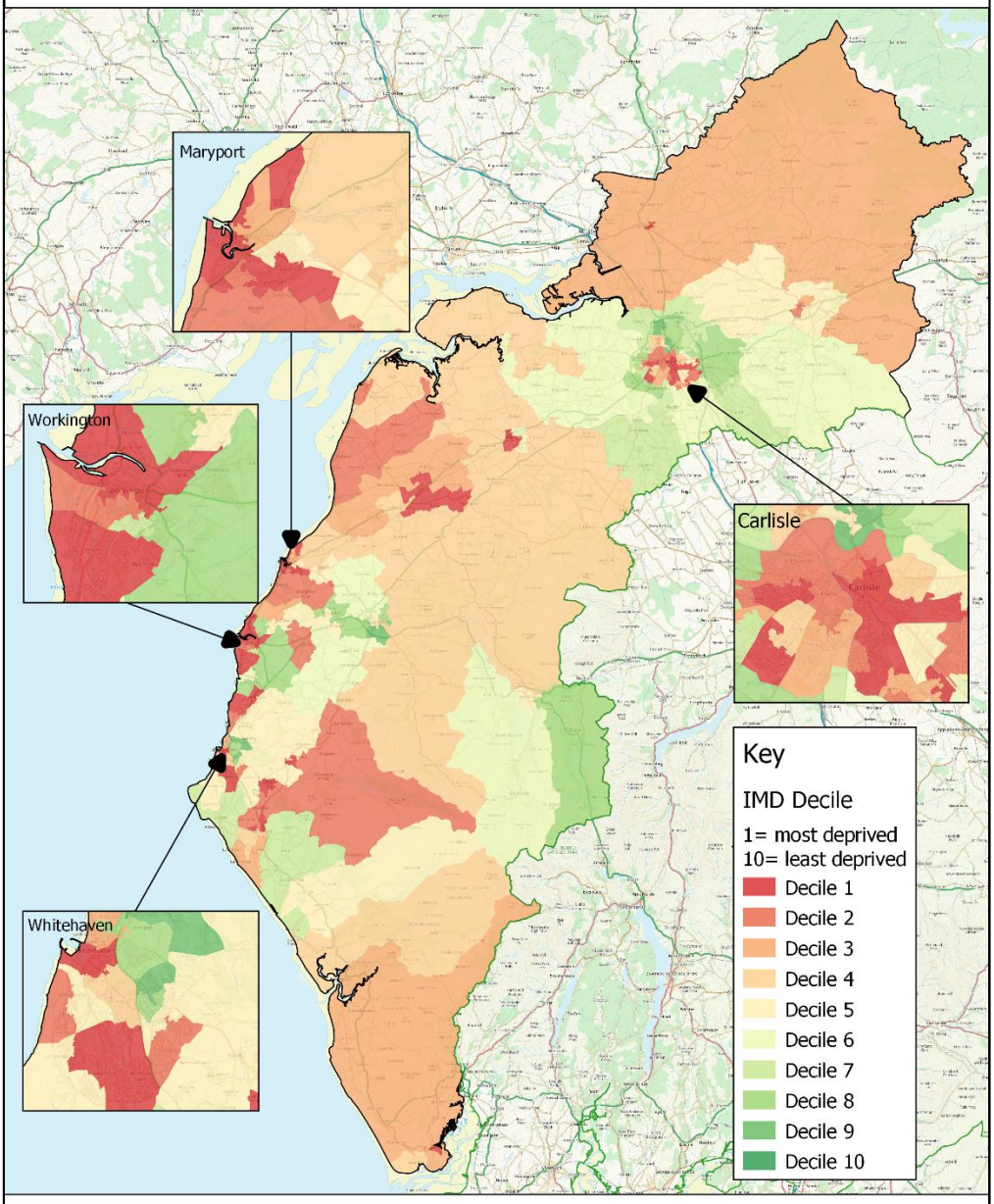
The higher prevalence of domestic abuse in deprived or low income households is likely to be a result of a variety of factors. Poverty can create stress within households, while economic strain can also limit victims' options to leave. Financial strain can increase dependence on the perpetrator. There 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.

Cumberland ranks as the 95th most deprived local authority in England (out of 296 local authorities) in the Indices of Multiple Deprivation (IoMD) 2025. Within the North of England, Cumberland ranks as the 43rd most deprived local authority (out of 62 local authorities). There are 18 neighbourhoods (LSOAs or Lower Super Output Areas) in Cumberland in the most deprived 10% in England and a further 24 in the next decile, meaning that almost one

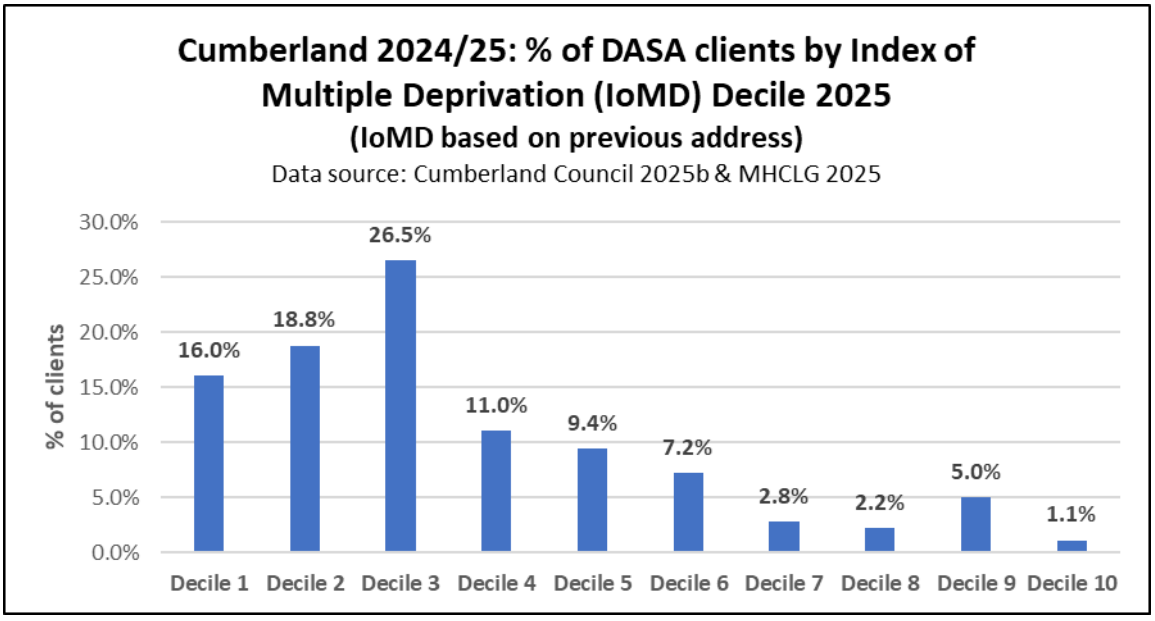
quarter (23.7%) of neighbourhoods in Cumberland are highly deprived (classified as being in the 20% most deprived in England). The number of Cumberland residents living in the 20% most deprived areas is 65,300 (28,800 in decile 1 and 36,500 in decile 2) which is 23.3% of Cumberland's residents (24,100 of these are in the Allerdale area across 15 LSOAs; 23,700 in the Carlisle area in 15 LSOAs; and 17,500 in the Copeland area in 12 LSOAs). It is important to note that this does not mean all residents in these areas are experiencing deprivation but that they live in a neighbourhood where significant levels of deprivation exist. The most deprived areas are more likely to be found within urban areas. Much of Cumbria's landscape is rural, and it is known that there are specific barriers facing rural victims of domestic abuse (see section 7.5.2 Domestic abuse in rural areas*).*

The map below shows Cumberland's Lower Super Output Areas (LSOA) by English Index of Multiple Deprivation decile 2025. More information about the Indices of Multiple Deprivation can be found in the Cumberland Indices of Deprivation 2025 Briefing on the Cumbria Intelligence Observatory website Cumbria Observatory – Welcome to the Cumbria Intelligence Observatory.

Index of Multiple Deprivation, Cumberland, 2025
Source: Ministry of Housing, Communities and Local Government, 2025



It has not been possible to determine the previous location for one in four (27.3%) of the 249 clients referred to or supported in DASA in Cumberland during 2024/25 as postcodes were not available. However, where postcodes were available, data show that one in three (34.8%; 63) were previously living in communities (LSOAs) that are identified by IoMD 2025 as being within the 20% most deprived overall in England and a smaller proportion (6.1%; 11) within the 20% least deprived areas.



5.3 Local profile - Domestic Abuse Safe Accommodation referrals

The local profile includes clients who have been referred to Domestic Abuse Safe Accommodation (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. DASA services within Cumberland are provided in house by Cumberland Council. Information in this section is based on the 249 individual victims of domestic abuse referred to or supported within DASA services in 2024/25.

5.3.1 Demand for safe accommodation services

Data source: Cumberland Council, 2025b (DASA data returns)

The number of individual cases supported during 2024/25 totalled 249. Including adult and child dependents, 433 individuals were supported. The five main referral sources were self-referral (57.0%; 142 cases), professional referral – third party (16.5%; 41 cases); professional referral – police / criminal justice (8.0%; 20 cases); Direct Housing Options Service (7.6%; 19 cases); and professional referral – local authority (6.0%; 15 cases). The majority of clients were from within Cumberland (204, 81.9%). One in 18 referrals (5.6%; 14) came from Scotland and neighbouring authorities.

Over half of the victims refused accommodation (58.6%; 146 individuals). This was for a variety of reasons, including feeling safer staying with family and friends, not feeling able to cope with temporary accommodation due to mental health problems, wanting to secure permanent housing before moving out, consideration of children's additional needs, not wanting to unsettle child dependents and not wanting to leave family pets. Victims in these cases continued to be supported by DASA Officers although they were not able to be costed against the MHCLG DASA grant. However, it is not known if target hardening measures were offered to these victims to enable them to be supported under the DASA grant within their own homes. The offer of support needs to be recorded and revisited during future contact. It should be noted that Disability Discrimination Act (DDA) compliance is an issue in

some cases, however, it is not possible to use the DASA grant for this purpose. It is not clear whether current temporary accommodation providers allow pets in line with Renters' Rights; contributing towards an animal fostering organisation, recognising that concerns about pets can be a significant barrier to individuals leaving abusive situations, is something that could be considered.

Three fifths of victims were supported for up to three months overall (59.8%; 149/249). Three quarters of those supported in dispersed accommodation (75.8%; 47/62) were supported for up to three months. Three fifths of those supported in refuge accommodation (61.3%; 19/31) were supported for up to three months, with one third supported for up to six months (35.5%; 11/31). The length of time supported can be influenced by a number of factors including: age restriction on some property lettings making it difficult for younger DA victims with children to access accommodation; an unaffordable and inaccessible private rental sector with reduced availability and increasing rents; lack of social housing and Band A properties particularly oversubscribed; long waiting lists and lack of accommodation for other priority groups such as care leavers resulting in more people bidding for Band A properties; turnaround of social housing taking longer, older stock needing more repairs in advance of occupation; different requirements of service users, such as larger families and fewer appropriately sized properties.

Cumberland - number of DASA clients 2024/25 by accommodation type and length of time supported					
Accommodation type	**Individual cases supported**	**% of all cases**	**Total supported (victim + all dependents)**	**Average nr of days supported overall**	**Average days within safe accommodation***
Dispersed	62	24.9%	100	125.6	70.8
Refuge	31	12.4%	42	96.4	70.0
Other forms of emergency accommodation	10	4.0%	20	72.1	-
Victim refused accommodation	146	58.6%	271	77.0	-
Cumberland total 2024/25	**249**	**100.0%**	**433**	**91.3**	70.5

**Specifically refuge and dispersed accommodation services*

Vacancy rates varied across the Cumberland Council area during 2024/25 as shown in the table below. Bedspaces refers to a unit of accommodation for one victim and their children, regardless of how many beds or cots are in the unit. The average caseload of those in DASA defined accommodation (dispersed, refuge and other forms of emergency accommodation) is 11.7 cases per annum per individual DASA officer (8.8 FTE). This is an average caseload per DASA officer of 2.9 cases per quarter.

Accommodation type	Bedspaces*	% vacancies 2024/25
Refuge accommodation	13	From 0% to 15.4%
Dispersed accommodation	22	From 0% to 4.5%

**Bedspaces refers to one unit of accommodation, regardless of how many beds are within the unit*

The 13 refuge bedspaces in Cumberland are located within the Carlisle area. Reported vacancies have been consistently low during 2024/25 indicating that demand for refuge

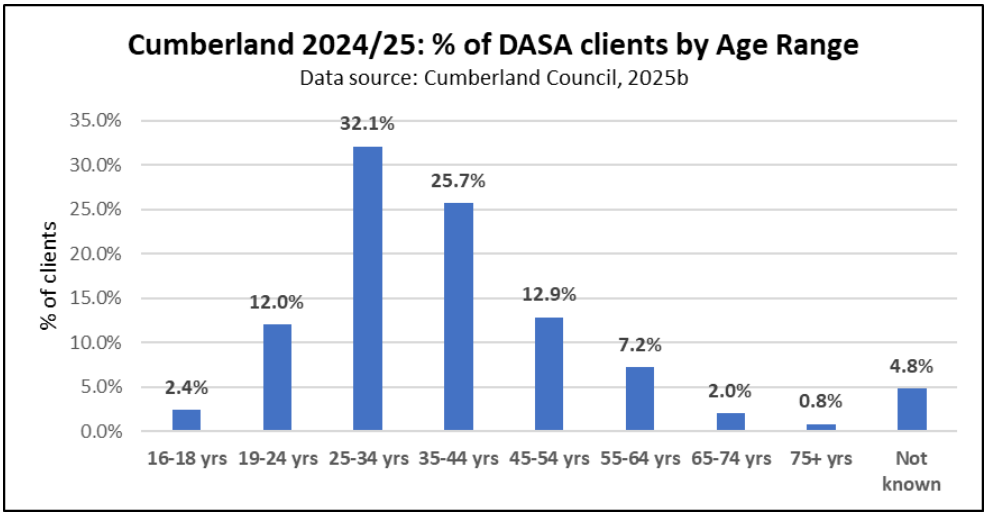
accommodation remains consistently high. However, figures for 21 months from April 2023 to December 2024 indicate that demand did not exceed 12 cases supported under grant conditions in refuge accommodation at any one time. There is potential mis-recording, as DASA accommodation is often reported as full, but figures of open cases do not correlate to accommodation capacity. It is likely that remaining bedspaces are occupied by others requiring support, but not under DASA grant conditions. Similarly for dispersed accommodation, reported vacancy levels for 2024/25 indicate that demand for dispersed accommodation is also high, although figures over 21 months between April 2023 and December 2024 indicate that demand has not exceeded 17 cases supported under grant conditions in dispersed accommodation at any one time. Again, it is likely that remaining bedspaces are occupied by others requiring support, but not under DASA grant conditions. Properties in the Copeland area are also awaiting repairs and maintenance. It should be noted that vacancy rates are fluid, and likely to change from day to day.

5.3.2 Protected characteristics

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

5.3.2.1 Age

Data source: Cumberland Council, 2025b (DASA data returns)



DASA clients in Cumberland in 2024/25 were most likely to be aged 25-34 years (32.1%; 80 clients) or 35-44 years (25.7%; 64). This is an older age range compared to the national picture of domestic abuse victims which is 16-24 years (ONS, 2025c) and may reflect that Cumberland has larger proportions of resident population aged 25 to 34 years and 35 to 44 years compared to those aged 16 to 24 years (ONS, 2025d). However, it could also reflect under reporting from younger age groups. Cumberland also has a larger proportion of people aged 65+ than nationally (England and Wales); almost one in four people in Cumberland are aged 65+ (24.0%) compared to just under one in five in England and Wales (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* 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 the long-term family dynamic that could occur as a result of seeking help, and adult children may put pressure on their parent to stay. Older people are statistically less likely to self-refer. An additional key barrier for this age group can be the issue of dependency. Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities which can exacerbate their vulnerability to harm. As people become more physically dependent, they can become isolated. Problems with physical health and subsequent isolation can present barriers to victims being able to access community services, as they may be unable to leave their home easily. Older victims of domestic abuse are twice as likely to be living with the perpetrator of their abuse. A common barrier for older people with health and mobility issues is instances where the perpetrator of the abuse is also their carer; it can consequently be difficult for the victim to access help and support.

5.3.2.2 Disability

Data provided through quarterly DASA returns in 2024/25 indicate that 11.2% (28) of all DASA clients (main applicants) have a disability; 25 of these were female, and three male. (Cumberland Council, 2025b)

The SafeLives report covering disabled people and domestic abuse (2017) highlights that disabled people are likely to experience higher rates of domestic abuse than non-disabled people, and that both women and men with a long standing illness or disability were more than twice as likely to experience some form of domestic abuse than people with no long standing illness or disability. 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 (19.8%) are considered disabled under the Equality Act, a slightly higher proportion than in England & Wales (17.5%). Given that disabled people are twice as likely to experience higher rates of domestic abuse than non-disabled people, it would be reasonable to expect a higher proportion of referrals to DASA of disabled victims and suggests that disabled victims in Cumbria are facing barriers to accessing services.

5.3.2.3 Gender reassignment

Galop (a UK based charity that supports LGBT+ people who have experienced abuse and violence) suggest via the SafeLives report "Barriers to accessing services for LGBT+ victims and survivors" (2018a) that transgender individuals may be at higher risk of domestic abuse than LGB individuals; research suggests between 28%-80% of transgender 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 transgender men (those who transitioned from female to male) had experienced domestic abuse.

Evidence suggests that transgender 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. Similarly for Cumberland, just 0.4% of DASA clients in 2024/25 identified as transgender; gender is unknown for a further 4.8%. The quarterly DASA returns provided by Cumberland Council's housing teams does not capture whether a client is proposing to undergo or is undergoing a process to reassign their sex.

5.3.2.4 Marriage and civil partnership

Of the 249 DASA clients in 2024/25 around three in ten (30.1%; 75) were married or in a civil partnership (including separated but still legally married or in a civil partnership). One in seven (15.3%; 38) were cohabiting and a very small proportion (1.2%) were divorced *(Cumberland Council, 2025b)*. 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 Cumberland 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.

5.3.2.5 Pregnancy and maternity

According to The Royal College of Midwives (2020) domestic abuse is also a maternal health issue. Pregnancy can be a trigger for domestic abuse and has significant negative health implications for pregnant women and their babies. Domestic abuse doubles the risk of preterm birth and low birth weight, and more than 40% of survivors experience mental health issues including anxiety, depression, and emotional detachment which can affect the way a mother bonds with her child. This has potentially far-reaching intergenerational effects.

In Cumberland six clients supported in 2024/25 were pregnant when the original referral was made; this is 2.4% of all main applicants supported during the year. One client also had other dependent children. (Cumberland Council, 2025b)

5.3.2.6 Race

Research carried out by Bournemouth University (2024) found that minority groups experienced a range of additional barriers in seeking support. Black and Minority Ethnic (BME) groups may have additional needs in relation to language and translation services, their immigration status and limited access to public funds. There may be cultural or family pressure for the victim to remain with their abuser which can discourage reporting abuse. There can be fear of the consequences, or of not being believed, as well as not being aware of what support is available to them.

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

Local data indicate that four out of five (81.5%; 203) clients in 2024/25 identified their ethnic group as White British; one in eight clients (12.9%; 32) were from ethnic minority groups including white minorities, while ethnicity is unknown for the remainder (5.6%; 14) *(Cumberland Council, 2025b).* The proportion of clients from ethnic minority groups is larger than may be expected based on the Cumberland proportion; this is likely to reflect the larger proportion of ethnic minority residents including white minorities in the Carlisle area (7.3%) and potentially changes in migration since the 2021 Census was carried out.

5.3.2.7 Religion or belief

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

One in six DASA clients in 2024/25 consider themselves Christian (16.9%; 42); this is a smaller proportion than the Cumberland average, however religion or belief is not known for one in four clients (22.5%; 56) and therefore proportions could be larger. A small portion are Muslim (2.0%; 5), slightly larger than the Cumberland average although it should be noted that numbers are small and therefore no firm conclusions can be drawn. A further small proportion state “other religion” (4.0%; 10). The proportion having no religion (54.6%; 136) is greater than the Cumberland average. *(Cumberland Council, 2025b)*

5.3.2.8 Gender

According to the ONS (2025b) 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.

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 show that four out of five clients in 2024/25 (82.7%; 206) identified as female; 11.6% (29) identified as male. Gender is unknown for 4.8% (12) (Cumberland Council,

2025b). As victim characteristics from the Crime Survey for England and Wales for the year ending March 2025 indicate that two in five victims of any type of domestic abuse in 2024/25 were male (ONS, 2025c), 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 reporting. Some male victims find that harmful gender stereotypes around masculinity prevent them from discussing issues of domestic abuse or seeking help until they are in crisis. *(Domestic Abuse Commissioner, 2023)*

5.3.2.9 Sexual orientation

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

Local data for 2024/25 show that the majority of clients (87.6%; 218) identified as heterosexual, 6.8% (17) identified as LGBTQ+. Sexual orientation is not known or not provided for 5.6% of clients (14). (Cumberland Council, 2025b).

Research indicates that sexual orientation can affect the risk of domestic abuse. According to Galop via SafeLives (2018a), LGBT+ people may experience domestic abuse 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. The proportion of local LGBTQ+ DASA clients (6.8%) which is larger than the general Cumbria proportion of LGBTQ+ residents, would appear to be in line with this trend.

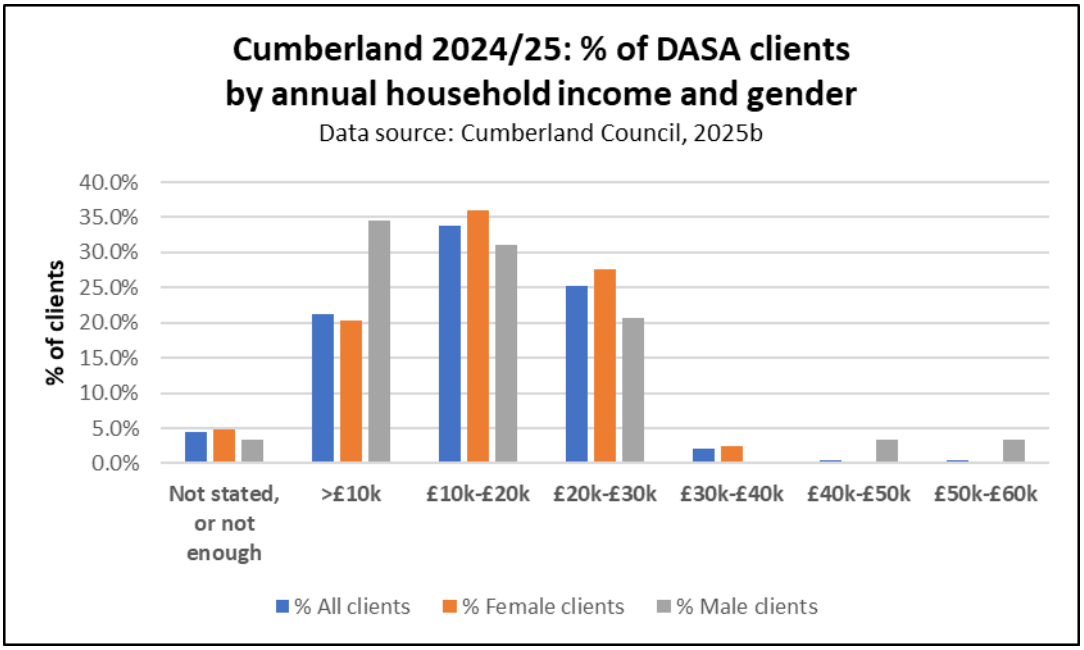
Evidence suggests that LGBT+ victims and survivors are not accessing services at the same rate as others in the population. There is variation in estimates about the size of LGB populations and even less data on transgender populations. LGBT+ people may experience unique forms of coercive control; the 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.

5.3.3 Household income, benefits and unemployment

The Crime Survey for England and Wales for the year ending March 2025 indicates that low household income increases the likelihood of being a victim of domestic abuse. The survey estimates that almost one in four women (23.0%) and one in six men (17.1%) with total annual household income of less than £20,800 had been victims of domestic abuse in the previous 12 months. (ONS, 2025c)

This seems to be reflected in Cumberland. Data from DASA service providers indicate that over half of clients (55.0%; 137) in 2024/25 were from households where total household income was less than £20k per annum. The contrast was greater between male and female clients. Two thirds of male clients were from low income households (less than £20k per

annum) (65.5%; 19/29) compared to just over half of females (56.3%; 116/206). The number of non-binary or transgender / transexual clients is too small to make any meaningful links between household income and domestic abuse (Cumberland Council, 2025b).



Three out of five DASA clients were receiving benefits in 2024/25 (61.8%; 154); benefit status was unknown for a further 9.2% (23 clients). One in three were unemployed (32.1%; 80). One in ten were economically inactive (10.4%; 26) (Cumberland Council, 2025b).

Although economic inactivity (people not in employment and who have not been looking for work) and unemployment (people capable of working and activity seeking work) are distinct classifications, both are linked to financial vulnerability, dependency and increased time at home which are risk factors for domestic abuse. Economic or financial abuse is often used by perpetrators to exert control, leaving victims financially trapped and unable to leave. (Wilson-Garwood, R. 2025)

5.3.4 Household structure

According to the Office for National Statistics, 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 four people (23.7%) in this household structure were victims of one or more types of domestic abuse in 2024/25. It should be noted that household structure may have changed as a result of the abuse. (ONS, 2025c)

Single adults with children made up one in three clients supported in 2024/25 (32.9%; 82); the majority of these (59) were in the former Carlisle district. Over half of all clients (51.8%; 129) were adults with no children (Cumberland Council, 2025b).

5.3.5 Care leavers

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

SafeLives (2025c) 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:

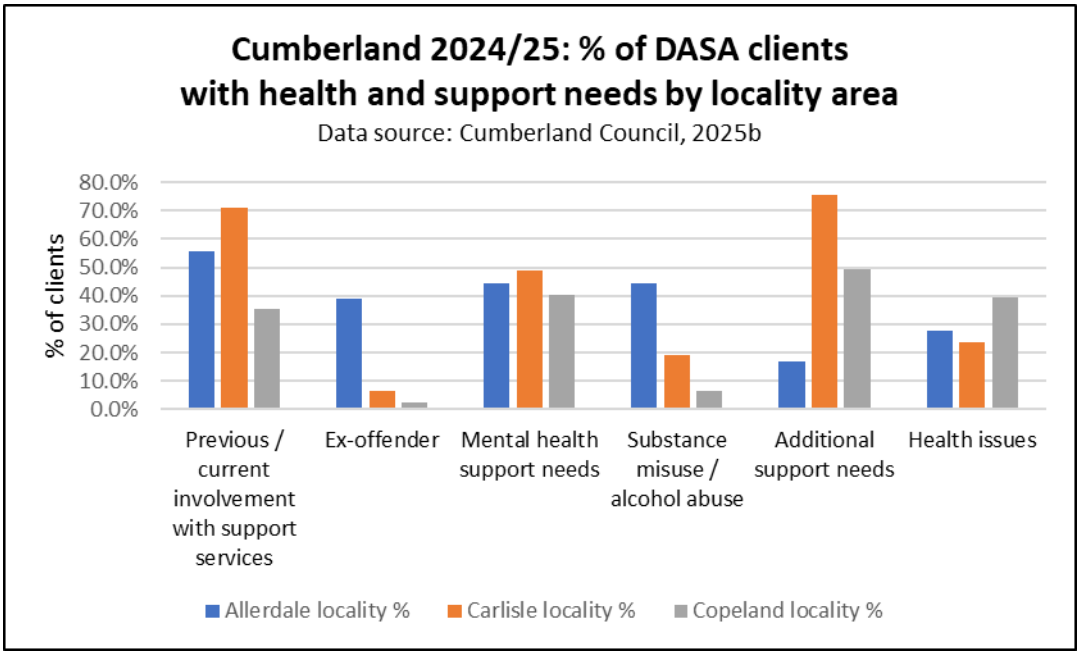
- Building positive relationships are key to the wellbeing and happiness of a looked after child or care leaver;
- There is missing data on care experienced people's experiences;
- Loneliness and mental health are key priorities for interventions for care experienced young people;
- Peer support is considered a useful tool in interventions.

Nine care leavers, one male and eight female were among the clients in contact with DASA services in 2024/25; this makes up 3.6% of the total number of clients supported. Two were care leavers under 21 years, three were care leavers under 25 years. Four clients had been in care in the past; these clients were aged between 25 and 64 years (Cumberland Council. 2025b).

5.3.6 Health and support needs of DASA clients

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

The majority of all clients in contact with DASA services in 2024/25 (85.9%; 214) had health and support needs. This ranged from two thirds of clients in the Allerdale area (66.7%; 12/18), to three in four in the Copeland area (72.2%; 57/79) to almost all in the Carlisle area (95.4%; 145/152). Overall, three in five had had previous or current involvement with support services (58.6%; 146). Two out of three (63.1%; 157) had additional support needs. Just under half required mental health support (45.8%; 114) and three in ten had health issues requiring support (28.9%; 72). One in six had substance misuse and/or alcohol support needs (16.9%; 42) and 7.6% (19) had needs relating to previous offending.

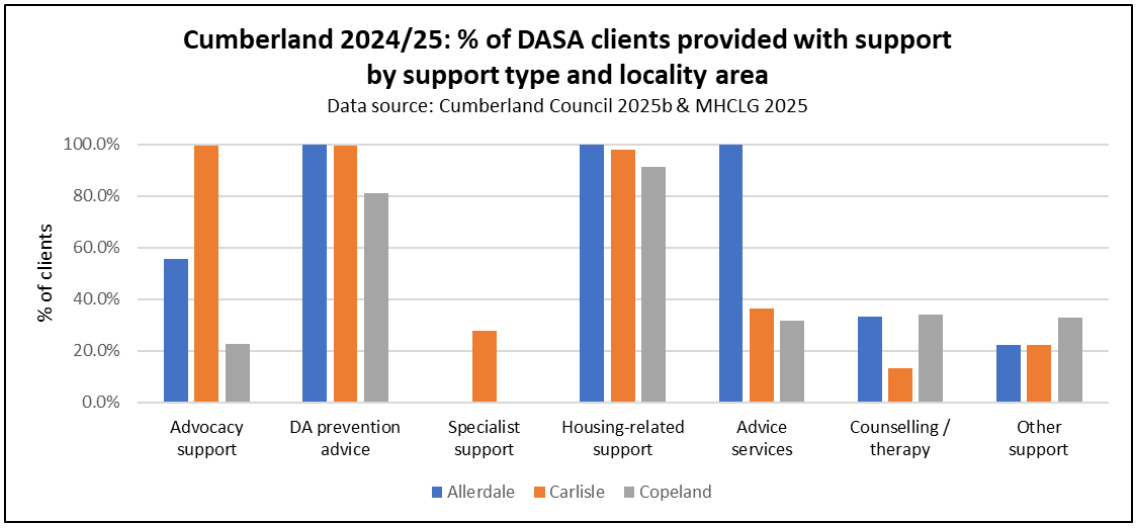


The main additional support needs as a proportion of the 157 clients with additional support needs were: homelessness (36.9%); multiple additional needs (35.7%); financial support needs (10.2%); complex needs (8.9%); and legal support needs (7.0%).

The main health issues as a proportion of the 72 clients with health issues were: multiple health issues (37.5%); other long term health issues (23.6%); physical disability and/or mobility impairment (11.1%); children with health issues (9.7%); Autism / Asperger's Syndrome (6.9%); and learning difficulties (5.6%).

5.3.7 Support provided to DASA clients

As has been shown in previous sections, clients in contact with DASA services in 2024/25 have a wide range of needs. The table below shows the proportion of clients provided with support, by support type, across Cumberland's locality areas. Children's support is covered in Section 5.3.8 Children in DASA.



Overall, the majority of the 249 clients in contact with DASA services in Cumberland in 2024/25 received housing-related support (96.0%) and domestic abuse prevention advice (93.6%). Seven in ten received advocacy support (71.9%) and two in five (39.4%) received advice services (such as financial and legal support). However, levels of other support (25.7%), counselling and therapy (21.3%) and specialist support (16.9%) were relatively low across the local authority area. No specialist support was provided in the Allerdale and Copeland areas in 2024/25; this raises questions about the adequacy and consistency of support available. Levels of counselling and therapy were particularly low in the Carlisle area (13.2%); there is a need to evidence that the offer of support has been made and revisited during the individual's stay in DASA.

908 instances of support were provided in 2024/25, averaging 3.6 instances of support per DASA client. Instances of support ranged from 4.1 per client in the Allerdale area to 2.9 per client in the Copeland area.

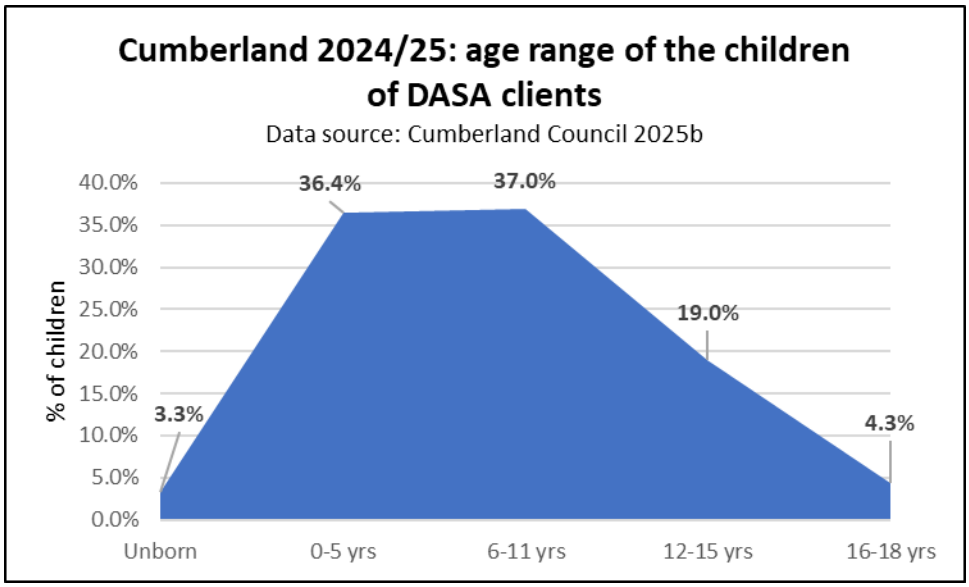
Locality area	Total clients supported (excluding dependents)	Total instances of support provided (excluding children's support)	Average instances of support provided
Allerdale	18	74	4.1
Carlisle	152	602	4.0
Copeland	79	232	2.9
Grand Total	**249**	**908**	**3.6**

Clients have been provided with support by a wide range of services and organisations:

- Cumberland Council internal services - Adult Social Care; Children's Services; Cumberland Housing Options Team; DASA Team; Early Help; Health and Wellbeing Coach (HAWC); Learning & Development; Leaving Care Team; Safeguarding; Social Worker; Youth Homelessness Team.
- Health - Community Mental Health Team; Cumbria Talking therapies; GP; Health Visitor; Midwife / substance misuse midwife; Reconnect; Recovery Steps; The Well; Vulture Club.
- Housing - Carlisle Key; Cumbria Choice; Eden Housing; Homes for Ukraine; Onwards Homes; Other Local Authorities; Riverside Housing Association; Springfield Refuge; Young Person positive housing pathway.
- Legal, benefits and finance, employment and skills – Carlisle College; Community Law Centre; Credit Union; Department for Work and Pensions; Inspira; Citizen's Advice.
- Multi-agency partnerships - MARAC; MATAC; Police Safeguarding Team.
- Third sector support - Andy's Man Club; Asian Women's Association; Family Action; Freedom Project; Gateway 4 Women; Immigration advice; Language Line; Mind; National Centre for Domestic Violence (NCDV); National DA Helpline; People First; Pride in North Cumbria; Safety Net; Victim Support / Victim Support Children & Young People; Women's Aid.

5.3.8 Children in DASA

Two fifths of all DA clients in 2024/25 (42.6%; 106 clients) had dependent children. On average, each of these clients had 1.7 children (184 dependent children in total). The majority of children were younger, aged 0-11 years (73.4%; 135/184 dependent children). One in five were aged 12-15 years (19.0%; 35/184) and small proportions were aged 16-18 years (4.3%) and unborn (3.3%).



One in three children were provided with children's support in 2024/25 (37.5%; 69/184). MHCLG set out the definition of children's support as: "Including play therapy, child advocacy or a specialist children worker (for example, a young people's violence advisor, IDVA or outreach worker specialised in working with children)". Children are defined as those under the age of 18 years who have come to a service with a parent or guardian. If a victim is under 18 but came on their own to the service, they are not included as child dependents. The support provided by DASA colleagues in Carlisle to babies, children and young people is variable; the nature and consistency of this support require clarification. There is a need for a consistent and clearly defined offer across all areas of Cumberland. Considering that parents can refuse support, there is a need to evidence that the offer has been made and revisited during the individual's stay in DASA.

The proportion of children provided with support varies across different accommodation types: one in three children in dispersed accommodation (32.4%; 12/37) were provided with support; one in two children in other accommodation type "safe space" received support (50.0%; 5/10); and nine of out ten children in refuge accommodation were supported (90.9%; 10/11). Where the client had refused DASA accommodation, support was provided for one in three children (33.3%; 42/126). Support also varied by locality area: seven out of ten children were provided with support in the Allerdale area (70.0%; 7/10); just under half in the Carlisle area (46.7%; 57/122); and one in ten in the Copeland area (9.6%; 5/52). The low volume of referrals in the Copeland area indicates a need to look at referral patterns and processes.

Accommodation type	DASA clients with dependent children	Child dependents	Children provided with children's support	% children provided with children's support
Dispersed	20	37	12	32.4%
Other forms ("safe space")	6	10	5	50.0%
Refuge	8	11	10	90.9%
Victim refused accommodation	72	126	42	33.3%
Cumberland total 2024/25	**106**	**184**	**69**	**37.5%**

One in ten (10.9%; 20/184) children had specialist characteristics as defined by MHCLG. Over half (55.0%; 11) were of black / minority ethnic origin, one quarter were disabled (25.0%; 5), one in seven had mental health issues (15.0%; 3). Specialist characteristics were not recorded for one child.

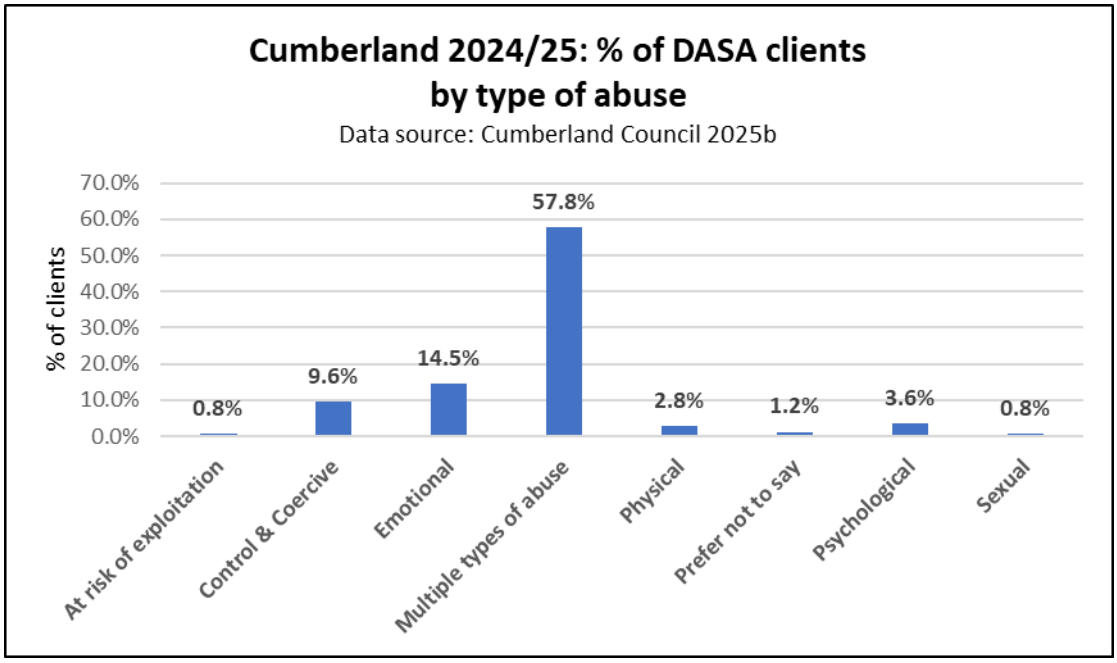
The current Children's Independent Domestic Violence Advisor (ChIDVA) offer via the wider contract with Victim Support is under used. Service users report that access to ChIDVA is "too much" whilst in DASA and having to address other issues. (Cumberland Council, 2026)

5.3.9 Adult dependents

The number of adult dependents in 2024/25 was relatively low. Four DASA clients had five adult dependents – one male, two female and gender unknown for two dependents. There is no information regarding the support needs of those adult dependents, if any.

5.3.10 Type of abuse

Multiple types of abuse, emotional abuse and controlling and coercive behaviour are the three main types of abuse suffered in 2024/25 by DASA clients in Cumberland. Over half suffered multiple types of abuse (57.8%), one in seven emotional abuse (14.5%) and one in ten controlling and coercive behaviour (9.6%). (Cumberland Council, 2025b)



5.3.11 Risk assessment and DASH

DASH stands for domestic abuse, stalking and honour-based abuse. SafeLives *(2025b)* recommend that the DASH should be used whenever a practitioner receives an initial disclosure of domestic abuse. The DASH risk checklist is used to help practitioners identify and understand the risks facing domestic abuse victims to help victims access the right help as quickly as possible and decide which cases should be referred to MARAC.

Risk in domestic abuse situations can change quickly, and SafeLives suggest it may be appropriate to review the checklist on multiple occasions. The DASH is designed for current, rather than historic, domestic abuse and ideally should be used close to the last incident of abuse that someone has suffered. While the DASH checklist is designed to identify risk to an adult victim of domestic abuse, it is very likely to identify children who are at high risk of harm. Children who witness domestic abuse are considered victims in their own right and should receive additional support. There is also a DASH risk checklist specifically for use with young people who are being harmed within a relationship. (SafeLives, 2025b)

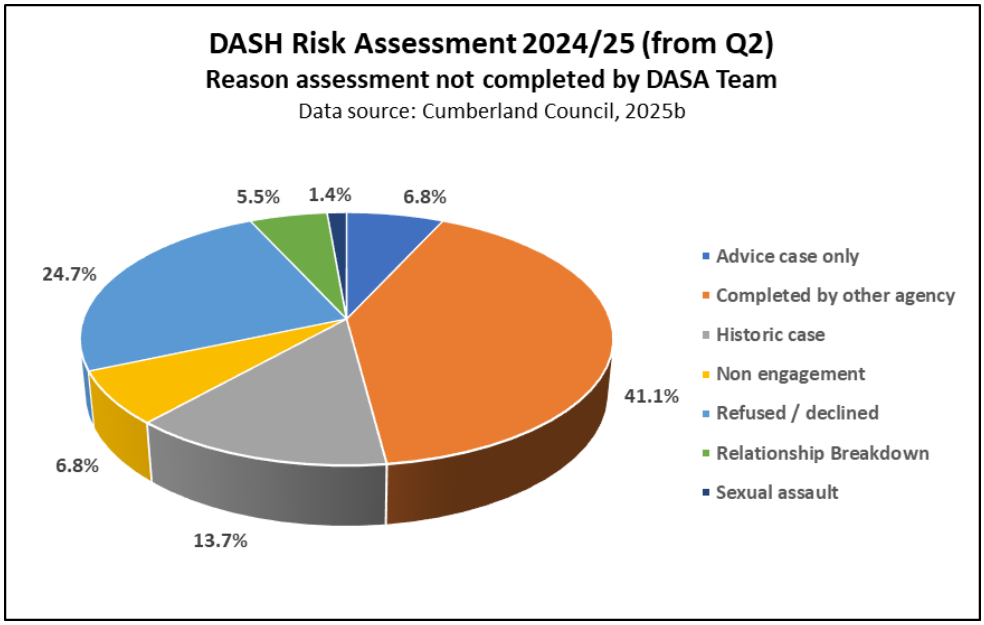
Less than half of the 249 clients in contact with DASA services in Cumberland in 2024/25 had a DASH risk assessment completed by the DASA Team (43.4%; 108). However, it should be noted that data collection regarding DASA Team completion of the risk assessments started part way through the year (from Q2) and therefore data for 2024/25 do not cover the full financial year. It is not clear whether a DASH is received if completed by another agency. There needs to be documented evidence that regular reassessments are made to record any change in risk level. Reviewing on a three month basis is considered good practice. There are also inconsistencies in the way the DASH is used; this needs to be streamlined and paperwork consistent.

Of the 108 clients with a DASH risk assessment completed by the DASA Team, one in three were assessed as high risk (29.6%; 32/108), one in four as medium risk (25.9%; 28/108) and two in five as low risk (39.8%; 43/108). Risk level is unknown for the remaining 4.6% (5 clients).

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

Cumberland 2024-25 DASH completed where DASA client ...						
	has previous / current involvement with support services	is an ex-offender	has mental health support needs	has substance misuse / alcohol abuse needs	has additional support needs	has health issues
Total with need	146	19	114	42	157	72
DASH completed (count)	69	10	50	23	73	35
DASH completed (%)	47.3%	52.6%	43.9%	54.8%	46.5%	48.6%

Of the 73 clients who did not have a risk assessment completed by the DASA Team from 2025/26 Q2, the main reasons for non-completion are the assessment being completed by other agencies (41.1%, 30/73) and the assessment being refused or declined by the client (24.7%; 18/73).



Combined DASH training had not been offered in Cumbria for a number of years, resulting in variation in standards of quality. DASH Risk Assessment and Safety Planning Training has now been delivered to around 1,500 professionals (Cumberland Council, 2026).

6 Current services and assets

6.1.1 DASA housing

Area	DASA Units	Description	DASA support
Allerdale locality	5	5x dispersed accommodation units	General: ➢ Place in temporary accommodation under homelessness duty Refuge / supported accommodation: ➢ Emergency accommodation and support to meet a range of risks and needs ➢ Properties adapted with extra security ➢ Specially chosen properties within quiet areas ➢ Responsive 24 hour staffed single sex self-contained provision (Refuge accommodation, Carlisle) ➢ Out of hours support (Carlisle only) ➢ Inclusive provision allowing for equality and diversity ➢ Follow on support, outreach in community ➢ Community prevention support Quality: As listed in grant terms and conditions.
Carlisle locality	25	13x refuge accommodation 12x dispersed accommodation	
Copeland locality	5	5x dispersed accommodation units	

(Cumberland Council, 2026)

6.1.2 DASA support services and staffing

Services are available in the Cumberland area via non-commissioned partners offering specialist domestic abuse support for victims and survivors with:

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

(Cumberland Council, 2026)

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

- The Lived Experience Network
- The Freedom Project
- SafetyNet
- Gateway for Women / Gateway for Men
- Children's Independent Domestic Violence Advisor (ChIDVA) via a wider grant with the Office of the Police, Fire and Crime Commissioner (OFPCC)
- Health and Wellbeing Coaches (HAWCs), via a wider Council service
- 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 Oak Tree Animals Charity).

(Cumberland Council, 2026)

Staffing totalled 8.8 DASA specialist FTE (full time equivalent) staff at the end of Q4 2024/25. The majority of support was in dispersed and other forms of domestic abuse safe accommodation (70.5%; 6.2 FTE) and three tenths in refuge accommodation (29.5%; 2.6 FTE). Staffing reflects the proportions of the two main DASA accommodation types used in Cumberland outlined in the previous section, with refuge bedspaces making up around one third of the total (37.1%; 13) and dispersed accommodation accounting for 62.9% (22 units). 2.0 FTE posts in the Carlisle locality area are currently vacant and are being backfilled by other staff. A further 1.0 FTE post in the Copeland locality area became vacant during 2025. Restructuring of services following Local Government Reorganisation is slowing the recruitment process which could have an impact on service delivery.

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

In the Carlisle area Out of Hours support is provided via the supported accommodation staff. There is no supported accommodation in the Allerdale and Copeland areas, and therefore no Out of Hours support in those areas. However, approaches for accommodation are offered Cumberland wide out of hours with physical contact made the following working day in Allerdale and Copeland.

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

7 Client experience

7.1 Service user personal experiences of support

Local picture

Forums run by Cumbria's Lived Experience Network in December 2024, and June 2025 have highlighted a number of themes.

Many survivors said they often felt 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. Police responses varied, and experiences with CAFCASS (Children and Family Court Advisory and Support Service) 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 transgender and non-binary people, older adults, those with disabilities, and men means their specific support needs frequently go unmet within current service models.

7.2 Additional support needs and support provided

The following is a summary of the information provided in the quarterly DASA returns during 2024/25 and indicates that the additional support needs of DASA clients, and the support provided, is wide ranging.

Additional support needs and support provided to domestic abuse victims:

- Mental health and emotional wellbeing
  - Mental health
  - Counselling
  - Health and wellbeing sessions
  - Healthy relationship training
  - Support group for males
  - Young persons support
- Substance misuse support
- Alcohol abuse support
- Practical life skills
  - Skills for Life support
  - Setting up bank account
  - Immigration advice
  - School placement support
- Financial and welfare assistance
  - Benefits / financial advice
  - Council Tax arrears
  - Rents – arrears / in advance
  - Hardship payments
  - Ways to Welfare support
- Homelessness and housing
  - Housing support
  - Rapid rehousing pathway
  - Removal service / storage payments
  - Household items including carpets, furniture, white goods
- Basic needs and emergency essentials
  - Emergency essentials (eg clothing, baby items, toiletries)
  - Foodbank referral / food assistance
  - Mobile phone
  - Christmas gifts for children

It is unclear how some support services are delivered across Cumberland.

Domestic abuse victims were referred to the following agencies and organisations for support:

- Gateway for Women (charity offering holistic support – mental health, housing, skills – in a women-only space) / Gateway for Men
- Victim Support (independent charity providing personalised support to victims of crime and abuse age 5+)
- Cumberland Council (Children's Services, Council Tax, Housing Options)

- Riverside Housing, Home Group, Castles & Coasts (registered providers of social housing)
- Police safeguarding (protecting children and vulnerable adults from harm, abuse and neglect)
- Credit Unions (for affordable loans and financial services)
- Health and Wellbeing Coach (to help improve physical and mental health)
- Recovery Steps (support service for people who use drugs and alcohol)
- Oak Tree Animals' Charity
- Carlisle Key (youth homelessness charity in Carlisle)
- National Domestic Abuse Helpline / National Centre for Domestic Violence

Follow on support for DASA clients:

- Continued support from Crisis and Prevention Officer and Rapid Rehousing Officer.
- Continued support from other agencies as appropriate, such as Victim Support and Children's Services.
- Continued visits and telephone calls.

7.3 Meeting needs

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

Feedback from Women's Community Matters Lived Experience Network highlights that giving domestic abuse victims and survivors time is invaluable. Victims need a relaxed and caring environment, a quiet confidential space to be able to open up to support staff and helped to feel, sometimes for the first time, that they are safe and important. Encouraging this calming environment of support and solidarity means that high-risk clients can be identified and have supporting factors and safeguarding put in place quickly and efficiently, helping them on the road to recovery. Information sharing between professionals is

important to be able to use a multi-agency approach to establish the reality of a situation in order the safeguard victims of abuse. Situational awareness between professionals who are working with or responding to clients can avoid errors or advice that contradicts a victim's safety plan and comprises their safety. Clients need regular communication to be kept informed and feel supported. *(Cumberland Council, 2026)*

Feedback from Cumbria Police highlights that safety and security are essential. Properties need to have had a community safety inspection and any recommendations actioned. Weekly welfare checks are essential to safeguard victims and their children. Face to face contact by the domestic abuse professional is preferred due to being able to read body language and address any issues that may place the client at risk. Victims should feel at home in a clean and safe environment and be respected when staff enter properties; for the short duration of their stay, that is their home. It is considered important to allow a degree of personal belongings to be brought into the property, this helps with mental and emotional health especially for children traumatised by conflict. The properties should be child friendly, warm and welcoming. Victims need to be prepared and supported to move on. It is difficult for victims to source and accumulate goods to move on with due to no storage, and this makes moving on a difficult stage. Funding is limited and scarce to set up a new home. Internet access is required, especially for children to continue with homework and for adults to apply for services such as benefits. *(Cumberland Council, 2026)*

Feedback from internal DASA services highlights the importance of people feeling safe and supported to provide them with an opportunity to adjust to their situation and make their own decisions and choices. (Cumberland Council, 2026).

Findings by Cumberland Council (2026) highlight some areas where needs are not being met.

- The opportunity to identify domestic abuse during homelessness assessments is sometimes missed as DASA officers are not always involved in assessments.
- The current ChIDVA (Children's Independent Domestic Violence Advisor) offer is under used. Service users report that access to ChIDVA is "too much" whilst in DASA and having to address other issues. Some in house children's support is offered in the former Carlisle area but this is not consistent across Cumberland (Cumberland Council, 2026)
- There are variations in case recording between the three areas which will be addressed via dip sampling and checking against Quality Standards to align practice. (Cumberland Council, 2026)

7.4 Quality standards

There is an 'Assumed Duty' to support victims of domestic abuse if they state they are victims. There is no assessment of burden of proof required. Anyone presenting as a victim of domestic abuse is offered safe place accommodation and support. If someone declines accommodation within the definition, support is offered in all cases as good practice but cannot be costed against the grant.

Quality Standards are built into the 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.

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 to be carried out to check adherence to these standards.

Based on Learning from DARDRs, both as a pilot area with the Domestic Abuse Commissioner which led to the Learning from Loss report and local thematic learning, the following training sessions were delivered during the "16 days of Activism Against Gender-Based Violence" campaign between 25 November and 10 December 2025:

- What is Violence Against Women and Girls and what are we doing about it? (Cumbria Constabulary)
- "Her Name was Chloe Holland" – suicide following an abusive and controlling relationship (Sharon Holland)
- Introductory webinar looking at technology facilitated abuse (Refuge)
- Suicide Alertness and the link to domestic abuse (Every Life Matters)
- An introduction to domestic abuse awareness (Westmorland & Furness Council; Assistant Safer Communities Manager)
- Essential Insights into honour based abuse and forced marriage (Karma Nirvana)
- Working with LGBTQIA+ people affected by domestic violence and abuse (Martin Training and Consultancy)
- Awareness session: domestic abuse and children (Westmorland and Furness Council; Assistant Safer Communities Manager)

- Domestic abuse and substance use: risks and response (Recovery Steps Cumbria)
- Awareness session: reducing the risk of domestic abuse for disabled young adults (Ann Craft Trust)
- The link between domestic abuse and sexual abuse (Safety Net)
- Trauma informed language (Trauma Informed Lancashire)
- Domestic abuse in later life (Hourglass)
- Controlling and coercive behaviour and the use of the power and control wheel (Cumberland Council, Strategic Lead Domestic Abuse)
- What is DARVO? Deny, Attack, Reverse Victim Offender (Victim Support)
- Awareness session: non-fatal strangulation and non-fatal suffocation
- Online misogyny (Cumberland Council, Safer Communities Manager)
- Stalking and harassment awareness (Cumbria Constabulary)
- Learning from DARDRs (Cumberland Council, Strategic Lead Domestic Abuse / Westmorland and Furness Council, Assistant Safer Communities Manager)

7.5 Barriers to accessing services

7.5.1 Perception of accommodation

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 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 similar to a traditional home setting (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 wellbeing, 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.

7.5.2 Domestic abuse in rural areas

Covering an area of 3,012 square kilometres (excluding inland water such as major rivers and lakes) and with a population of 280,495 persons, Cumberland has an average population density of 93 people per square kilometre. This is much more sparsely populated than the national (United Kingdom) average (285 people per square kilometre). Within Cumberland, just over half of the population (50.3%) live within areas defined as rural by the Office of National Statistics while 12.3% of the population, around 34,500 people, live within areas defined as "smaller rural: further from a major town or city" – these are typically small villages, hamlets, isolated dwellings or scattered rural housing that cannot reach a major town or city within 30 minutes travel by road.

There are particular barriers facing victims of domestic abuse in rural areas. A study from the University of Leeds (2022) provides insights into barriers and issues facing victims of domestic abuse in rural areas. Interviews with practitioners revealed that victims of intimate partner abuse in Cumbria face complex and often multiple barriers to seeking help. Rural isolation emerged as a critical factor (either deliberately imposed by perpetrators or due to rural living conditions), with poor transport links, limited internet connectivity, and the lack of anonymity in close-knit communities deterring victims from making disclosures and accessing services. Cultural norms and traditional gender roles within farming and rural communities were reported to perpetuate silence and normalise abuse, while the presence of firearms and machinery on farms introduces heightened safety risks. Older victims are described as particularly vulnerable, often experiencing decades of abuse and facing digital exclusion, stigma, and financial dependency that prevent them from seeking help. Practitioners also highlight the prevalence of coercive control and psychological abuse, which many victims perceived as more damaging than physical violence. Male victims, though less common, experienced significant barriers to seeking help, including being embarrassed to report abuse and also due to stereotypes "… men just shouldn't be victims of domestic abuse"; the lack of tailored services for men is also an issue. Collectively, these insights highlight the need for bespoke, multi-agency strategies that address geographic, cultural, and demographic challenges in service provision.

Following the report from the University of Leeds, domestic abuse was made a priority for Cumberland's Community Safety Partnerships. Actions include:

- Development of a Domestic Abuse strategy based on the Government's Tackling Domestic Abuse Plan. The Cumberland Domestic Abuse Strategy 2025-2030 was published in 2025. Adoption of merged DASH Tools with Professor Jane Monckton-Smith's Homicide and Suicide Timelines to give a clearer, actuarial risk of DA related Deaths which is seen as national good practice
- Adoption of Responding Well to Domestic Abuse as the baseline standard domestic abuse awareness training across Cumbria. This was written and endorsed by SafeLives and mirrors the police DA Matters endorsed by the College of Policing. Cumberland owns this on Licence jointly with Westmorland and Furness and this is again seen as national good practice.
- SafeLives were commissioned to conduct a DA System Review, and an action plan has been developed.
- Cumbria has been part of the national Domestic Abuse Commissioner (DAC) Pilot which resulted in the Learning From Loss report which can be accessed here

https://domesticabusecommissioner.uk/wp-content/uploads/2025/07/Learning-from-Loss.pdf

- Funding has been allocated for the roll out of the Drive Project (a flagship domestic abuse intervention in England and Wales designed to target high-risk, high-harm, and serial perpetrators. It is a collaborative initiative between Respect, SafeLives, and Social Finance, launched in 2015 and later expanded nationally with Home Office backing). This should go a long way towards tackling DA at source.
- Based on thematic learning and learning from Published DARDRs here https://cumberlandcsp.org.uk/domestic-abuse-related-death-reviews a number of learning sessions were commissioned during the 16 Days of Activism in November 2025.

A report from the National Rural Crime Network (2019) "Captive & Controlled – Domestic Abuse in Rural Areas" identified some 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 are 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.

Recommendations following the National Rural Crime Network report have been incorporated into the domestic abuse action plan for Cumberland.

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

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

Findings from the HASKE report:

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

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

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

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

plan with their clients and then make referrals as appropriate. The assessment process was typically described as a verbal or written conversation with the client, during which the service provider will “make observations”, “listen to the client” and “build up a relationship with trust with the victim.”

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

Conclusions and recommendations from the HASKE report:

The representation of service users and provider views

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

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

Resources and funding

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

Service coordination and working together

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

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

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

Building awareness of services

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

- **Recommendation:** Use of a standardised evaluation tool would help to map the availability and visibility of information about services. The Council may also review the accessibility of key information points on its website and materials appropriate to victims of domestic abuse (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

7.5.4 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 are still not consistently embedded.

8 Service delivery 2026/27 and future plans

8.1 Funding allocation 2026/27

MHCLG has announced the DASA budget for Cumberland Council in 2025/26, 2026/27 and 2027/28 as £841,525 per annum (£2,524,575 over the three financial years). The proposed funding allocation for 2026/27 is as follows:

DASA Funding Allocation 2026/27	
Cumberland Council Domestic Abuse Safe Accommodation Officers, 10 FTE Staff This has been allocated based on the 2025/26 allocation, plus an inflationary uplift of 3.0%. This allocation is based on a standard salary for DASA Officers. There are some variations in standard salary across the system.	**£400,560.49**
Housing Support This was formerly a direct allocation from MHCLG to Tier 2 councils. This has been allocated based on the 2025/26 allocation, plus an inflationary uplift of 3.0%.	**£110,419.15**
Housing Management Fee This will be allocated equally between the former Allerdale and Copeland locality areas given there is a fully funded manager post in the Carlisle locality which is included within the 10 FTE staff above.	**£20,673.30**
External Contracts A range of services to support victims / survivors in supported accommodation, including community in-reach services provided by community groups offering specialised support and continuity of care when the victim / survivor moves out of the supported accommodation.	**£105,342.00**
Community In-reach West: Cumbria Gateway	£16,396.00
Community In-reach North: Cumbria Gateway	£16,396.00
Therapeutic In-reach Cumberland: SafetyNet	£33,204.00
Lived Experience Network: Barrow Women's Community Matters	£11,021.00
Police Target Hardening	£28,325.00
Internal Project Support	**£56,037.77**
Performance and Intelligence	£18,781.79
50% contribution to Safer Communities Manager	£37,255.98
TOTAL SPEND	**£693,032.71**
Funded by	
MHCLG allocation 2026/27	£841,525.00
Underspend to carry forward from 2025/26	£317,930.02
Total predicted underspend 2026/27	**£466,422.31**

The underspend will be used to increase internal capacity in line with the findings of this needs assessment, with a particular focus on improving support for Babies, Children and Young People (BCYP) and adults with co-morbidities. This will include the provision of specialist BCYP officers based within the Council's Family Hubs, alongside additional

funding to Children's Services to recruit a dedicated domestic abuse support worker to work with children in supported accommodation. In addition, a full-time equivalent Adult Social Care Social Worker will be appointed to support individuals with co-morbidities, providing specialist advice on appropriate referrals in line with the Care Act 2014 and delivering direct interventions. Collectively, these measures will strengthen a more holistic and integrated approach to support within DASA, which will enable victims to remain safe, stabilise, recover and move towards settled accommodation.

8.2 Proposed options for future service

There are seven main areas that need to be considered

- Core DASA Service – the provision of domestic abuse support workers
- Housing support (formerly Tier 2 funding)
- Specialist offer for babies, children and young people
- Specialist offer for those with complex needs / comorbidities
- Provision of Community In-reach services and therapeutic services
- Lived Experience Network
- Internal support costs

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

8.3 Core DASA service including risks and benefits

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

8.4 Proposed options for in-reach services including risks and benefits

- The Freedom Project – Allerdale and Copeland Areas
- SafetyNet – Allerdale, Copeland and Carlisle Areas
- Gateway for Women / Gateway for Men – Carlisle and Allerdale areas
- Specialist offer for babies, children and young people
- Specialist offer for those with complex needs / comorbidities

Option	Risks	Benefits
Continue delivery via current model of in-reach services which provides therapeutic support, supporting those with protected characteristics as per the definition under the Equality Act 2010	Inflationary uplift may be higher than 2.5% No commissioned offer for babies, children and young people, and those with complex needs / comorbidities. Potential claw back by MHCLG.	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	No current in-house services to meet needs in relation to advocacy and therapeutic support. Pilot of in-house ChIDVA offer withdrawn due to Children's Services funding constraints. Low number of referrals to externally provided ChIDVA offer with Victim Support. In house children's support inconsistent.	Necessity to provide therapeutic, children's offer and offer for those with complex needs / comorbidities under the DA Act 2021 and the Equality Act 2010.
Cease funding in-reach services	No access to therapeutic support via The Freedom Project and SafetyNet. Cliff edge support at end of DASA stay which could result in clients 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 Cumberland.

8.5 Proposed options for Lived Experience Network including risks and benefits

It is a statutory requirement for the local authority to engage with those with current lived experience to inform services on an ongoing basis. Following a competitive bidding process in 2021, the administration of the Lived Experience Network was awarded to Barrow Women Community Matters on a Cumbria-wide footprint. This contract finishes on the 31 March 2027.

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

8.6 Proposed options for project support including risks and benefits

Currently the MHCLG grant is used to fund a full-time Project Lead post and some additional support from Cumberland Council's Performance and Insight Team and Commissioning Team.

Option	Risks	Benefits
Continue to provide in-house Project Support, Performance and Insight and Commissioning		This will allow Cumberland Council to meet its Statutory Duty to provide support within supported accommodation in line with the Domestic Abuse 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 Reorganisation (LGR) on 1st April 2023, this has been established in the Cumberland 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.	

Co-morbidities / complex needs - Consideration should be given to whether DASA Officers have the capacity and appropriate skills to support individuals with co-morbidities and complex needs, or whether this function would be delivered more effectively through commissioned community providers with specialist expertise.

Babies, children and young people - There is a need to review the consistency of the support offer for babies, children and young people.

Adult Social Care - Opportunities should be explored to strengthen the Adult Social Care offer, including consideration of a specialist domestic abuse support worker role to provide targeted support.

Benefits advice - It is unclear whether benefits advice is consistently available within housing support. This should be reviewed to determine whether DASA Officers require upskilling, or whether additional capacity is needed within housing teams to meet identified need.

Practice management and oversight - further consideration is required in relation to practice management arrangements, including reporting lines for DASA Officers. Potential contributions towards shared or dedicated management posts could be explored.

Case management systems - The current case management system should be reviewed to assess whether it is consistent across services, fit for purpose, and capable of supporting effective recording, monitoring and reporting, or whether alternative systems should be considered.

Support relating to pets and animals - Consideration could be given to contributing towards an animal fostering organisation, recognising that concerns about pets can be a significant barrier to individuals leaving abusive situations.

Target hardening - Continued contribution to Police target hardening initiatives should be maintained to enable all those who currently fall outside the DASA accommodation definition are offered a referral. This has the potential to be a “quick win” to improving access to support and ensuring victims are supported under DASA grant funding.

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

9 Acronyms

BCYP	Babies, Children and Young People
BME	Black and Minority Ethnic
CAFCASS	Children and Family Court Advisory and Support Service
ChIDVA	Children's Independent Domestic Violence Advisor
DA	Domestic Abuse
DARDR	Domestic Abuse Related Death Reviews
DARVO	Deny, Attack, and Reverse Victim and Offender
DASA	Domestic Abuse Safe Accommodation
DASH	Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment
DDA	Disability Discrimination Act 1995
DLUHC	Department for Levelling up Housing and Communities
FTE	Full time equivalent
HASKE	The University of Cumbria's Health and Society Knowledge Exchange
HAWC	Health and Wellbeing Coach
IDVA	Independent Domestic Violence Advisor
IoMD	Index of Multiple Deprivation
LGB	Lesbian, Gay, Bisexual
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual/Aromantic/Agender, with the "+" representing other diverse sexual orientations and gender identities.
LGR	Local Government Reorganisation
LSOA	Lower Super Output Area
MARAC	Multi-Agency Risk Assessment Conference
MATAC	Multi-Agency Tasking and Coordination process
MHCLG	Ministry of Housing, Communities & Local Government
MoJ	Ministry of Justice
NCRS	National Crime Recording Standards
NHS	National Health Service
ONS	Office for National Statistics
OPFCC	Office of the Police, Fire and Crime Commissioner
STAR	Science, Technology, Analysis and Research

It is acknowledged that a range of acronyms are used throughout the assessment in respect of LGBTQIA+. Although acknowledged that the universal term should be LGBTQIA+ this is not consistently used in other documents that are referenced in the assessment where the original author has been credited.

10 Resources

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