



Ministry of Housing,
Communities &
Local Government

Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation

Part 4 of the Domestic Abuse Act (2021)

July 2025





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About

This Evaluation report was written by Ipsos and Ecorys. Ipsos: Hattie Moyes, Haley Jones, Ellis Akhurst, Jack Philips, Alice Gaskell, Isobel Martin, Ebba Marouf, Anna Beckett, Ellie Mendez-Sayer and Caroline Paskell with the additional input of Professor Bruce Edmonds. Ecorys: Catie Erskine, Shona MacLeod, Panos Deoudes and Synnove Rabbevaag. Many other Ipsos and Ecorys colleagues were involved in conducting interviews and analysis.

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Foreword

This report presents the findings of an independent, three-year evaluation commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) to assess the implementation and impact of Part 4 of the Domestic Abuse Act 2021. This legislation places a statutory duty on Tier 1 local authorities in England to provide support within safe accommodation for victims of domestic abuse and their children, and on Tier 2 local authorities to cooperate with their Tier 1 counterparts. The aim of the duty is to ensure that victims of domestic abuse, including their children, can access appropriate support in safe accommodation when they need it.

MHCLG appointed Ipsos, alongside Ecorys, to undertake the three-year evaluation of the duty between 2022 and 2025. The evaluation explores the experiences of adult and child victim-survivors, assesses whether the duty is delivering as intended, identifies factors that enhance or limit its effectiveness, and provides insights into how best practice can be sustained and extended. The report combines analysis of implementation, experiences, outcomes, and value for money, drawing on longitudinal research in 19 representative case study local authorities across England.

The report finds that support funded by the duty has significantly enhanced practical and emotional readiness for victim-survivors to re-establish their lives away from abuse, though access to safe accommodation and support remains uneven across different groups. The duty has improved recognition and provision for children's needs, increased the diversity of support services, and highlighted the importance of victim-survivor insight in decision-making. Despite capacity constraints, the duty has contributed to positive experiences of support, particularly where settings fit survivors' needs. The duty provides good value for money, though challenges with safe accommodation capacity and move-on accommodation persist. These findings underscore the importance of a diverse and flexible approach to safe accommodation and support services to effectively meet the needs of all victim-survivors of domestic abuse.

The authors and I would like to extend our heartfelt thanks to all those who contributed to this evaluation. This includes the victim-survivors who generously shared their experiences, the local authorities and service providers who participated in interviews and provided valuable data, and the members of the Expert Advisory Group, Lived Experience Panel, Practice Reference Group and Partner Consortium for their guidance and support. We are also grateful to the academic and practice consortium partners for their expertise and collaboration throughout this evaluation. I would also like to thank the analysts at MHCLG for their expertise and input into the evaluation and this report.

These contributions have been invaluable in shaping this comprehensive assessment of the Domestic Abuse Duty and in highlighting the critical importance of providing effective support to those affected by domestic abuse. Thank you for your dedication and commitment to this vital work.

Stephen Aldridge
Director for Analysis and Data and Chief Economist, MHCLG

List of acronyms and abbreviations

IDVA – Independent Domestic Violence Advisor

LA/LAs – local authority/local authorities

MARAC – Multi-Agency Risk Assessment Conference (see overview [here](#))

MHCLG – Ministry of Housing, Communities and Local Government

MI – Monitoring Information

Glossary

This section sets out the definitions of different types of safe accommodation as defined by the [Domestic Abuse Support \(Relevant Accommodation and Housing Benefit and Universal Credit Sanctuary Schemes\) \(Amendment\) Regulations 2021](#). It also defines support within safe accommodation set out in the [statutory guidance](#) for local authorities across England.

Types of safe accommodation

Refuge accommodation: Used wholly or mainly for providing accommodation to victims of domestic abuse where domestic abuse support tied to that accommodation is provided for victims.

Specialist safe accommodation: Provides dedicated specialist domestic abuse support to victims of domestic abuse who share relevant protected characteristics under the [Equality Act 2010](#) or who share one or more vulnerabilities requiring additional support.

Dispersed accommodation: Self-contained accommodation provided to a victim of domestic abuse with a similar level of domestic abuse support to that provided in refuge accommodation.

Sanctuary schemes: Operated by a local housing authority or a private registered provider of social housing, enabling victims of domestic abuse to remain in their own homes through the installation of additional security to the property or the perimeter of the property at which the victim resides.

Second stage accommodation: provided to a person who is moving on from one of the other forms of accommodation described above that provides domestic abuse support for a fixed period to enable the person to move to longer term accommodation.

Types of support within safe accommodation

Overall management of services within relevant safe accommodation – including capacity building, support and supervision of staff, payroll, financial and day to day management of services and maintaining relationships with the LA (such functions will often be undertaken by a service manager)

Support with the day-to-day running of the service – for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff).

Advice service – including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements.

Advocacy support – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers).

Domestic abuse prevention advice – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation.

Children's support – including play therapy, child advocacy or a specialist children worker (for example, a young people's violence advisor, independent domestic violence advisor, or outreach worker specialised in working with children).

Counselling and therapy – (including group support) for both adults and children, including emotional support.

Housing-related support – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently.

Specialist* support for victims: Designed specifically for victims with relevant protected characteristics (including 'By and For'), such as faith services, translators and interpreters, immigration advice, interpreters for victims identifying as deaf and/or hard of hearing, and dedicated support for LGBTQIA+ victims. *Referred to as 'specific' in this evaluation.

Specialist* support for victims: Designed specifically for victims with additional needs such as, but not limited to, mental health advice and support, drug and alcohol advice and support, including signposting accordingly. *Referred to as 'specific' in this evaluation.

Specialist / specific / dedicated support: The evaluation uses the term 'specific' instead of specialist to reference support which is designed specifically for survivors with relevant protected characteristics or additional needs. The term 'specialist' is used in the evaluation to refer to services provided by independent domestic abuse sector organisations (see for example Women's Aid (2024) [Definitions](#)). The term 'dedicated' is used to describe those services which are reserved for a particular sub-group (such as children/young people).

Note: The term 'complex needs' is not used as it was seen by the Lived Experience Panel as stigmatising, setting people apart rather than recognising the complexity of everyone's needs; others note gendered issues with the term (e.g. [Housing First 2024 report 23-24](#)).

Executive Summary

The Ministry of Housing, Communities and Local Government (MHCLG) commissioned Ipsos and Ecorys to conduct a three-year evaluation of Part 4 of the Domestic Abuse Act 2021. Part 4 places a statutory duty on Tier 1 local authorities (LAs) in England to provide support within safe accommodation for victims of domestic abuse and their children, as victims in their own right, and on Tier 2 LAs to co-operate with the Tier 1 LA. The aim of the duty is to ensure that all victim-survivors of domestic abuse, including their children, are able to access appropriate support in safe accommodation whenever they need it.

The evaluation was conducted from 2022 to 2025. It explored adult and child survivors' experiences of support to assess: whether the duty is delivering as intended; how and why delivery of the duty is proving effective; what is limiting its effectiveness; and considered ways to enhance its impact. The evaluation assessed the value for money of the duty and its findings include observations on how best practice can be sustained and extended.

In summary, while there was considerable variation in implementation, the duty had led to an expansion in the scale or range of support in safe accommodation in many authorities. MHCLG's annual LA monitoring information (MI) found the number of survivors using support increased under the duty, but the numbers of survivors who were unable to be supported also increased. Despite the overall rise in provision, therefore, access to and benefit from support in safe accommodation still varied between sub-groups of survivors.

Method

The evaluation took a mixed-method approach to analyse the implementation, experience, outcomes and value for money of the duty. At the core was an integrated theory-based process and impact evaluation, which drew on evidence from longitudinal fieldwork with 19 LA case studies in England, involving 799 research engagements (269 with adult survivors and 45 with child/young people survivors, plus 485 with LA and service provider staff). Support organisations assisted with recruitment and the findings relate predominantly to refuge and dispersed accommodation settings, with little evidence on sanctuary schemes.

This produced very rich, contextualised data that traced changes in the case study areas. To maximise insight, the core qualitative analysis was overlaid with two novel approaches (qualitative comparative analysis and agent-based modelling) that explored key conditions associated with successful delivery of the duty. This was supplemented with a quantitative analysis of data including MHCLG's annual LA MI data to map out the wider system. The value for money evaluation used the [Value for Investment](#) approach to assess how well the duty funding was being used at the local level to meet needs and drive intended outcomes. In addition, three rapid evidence assessments were commissioned from academic teams, relating to the models, outcomes and value for money of support in safe accommodation. The study's design, conduct and analysis were informed by three co-development groups: the Lived Experience Panel, the Practice Reference Group and the Academic and Practice Consortium, and by MHCLG's Expert Advisory Group and the National Expert Steering Group set up by the Conservative government and jointly led by the then minister and the Domestic Abuse Commissioner.

Key findings

Accessing support in safe accommodation

Nationally, the numbers of survivors accessing support in safe accommodation had risen under the duty but the numbers unable to access it had also increased. In case study areas, the duty had, as a minimum, secured continuity of existing support. In some areas, it had also increased the extent and range of support for survivors.

Access to support was improved by having a breadth of provision (both of support services and forms of safe accommodation), especially for those with additional needs or specific characteristics. Providing a range of options allowed for a better match between service provision and survivors' needs, with choice being a key factor in accessing support.

The fit between provision and survivors' needs was seen to be more successful where decision-making and delivery had been closely informed by input from survivors. Meaningful and broad survivor input to needs assessment, strategies, commissioning and review were found to contribute to the duty's effectiveness in providing the support survivors need. LAs are encouraged to integrate survivor voices throughout these processes to improve access and experiences.

Staff from many agencies helped survivors access safe accommodation and support. The duty reinforced professionals' ability to identify and respond to survivors' needs as local strategies drew attention to the issue and training was delivered across agencies. However, practice varied by area. Recognition of some groups' needs remained patchy, and many survivors found themselves having to route to safe accommodation alone.

Survivors' access was often constrained by limits on availability of safe accommodation. Some areas had leveraged duty funding to increase the supply of appropriate bedspaces but longer stays meant access may be limited even in areas with higher levels of provision. Professionals linked longer stays to more survivors having additional needs. The agent-based modelling also identified housing supply as a significant constraint on access.

Access remained particularly challenging for survivors with additional needs, specific requirements (e.g. disabled access), contextual issues (e.g. pets) or individual or family characteristics such as having two or more children or older sons. There was evidence that the duty was catalysing improvements in access for many, but slowly.

Meeting victim-survivors' support needs

Difficulties experienced in accessing safe accommodation could deter survivors from engaging with support. Acute needs (e.g. feeling physically safe) had to be met first before survivors could consider other forms of help. Best practice is to make information about options accessible and to remind survivors as they settle in and their needs change.

It was also important that survivors had help to navigate support in safe accommodation. A trusting, positive relationship with a named key worker helped survivors identify and take up support, as well as offering emotional and practical support.

Experiences of support were influenced by how well provision met survivors' needs, by staff skills, training and personal attributes and by setting-related factors such as how well the safe accommodation itself suited survivors' characteristics and needs.

There was an increase in support for survivors with additional needs and some underrepresented groups, although LGBTQIA+ individuals continued to face particular challenges. Although survivors in these groups often still experienced challenges with access, those with additional needs gained from having support in a setting where their experiences of domestic abuse could also be addressed, rather than overlooked where they may be a focus on other characteristics and particular needs.

By and For support proved additionally effective for survivors from minoritised groups. This provision was highly valued by survivors who had accessed it as they could find that their identity-related needs were not always met by generic or statutory providers. By and For providers had more understanding of contextual and cultural factors that could inform and assist survivors' recovery from abuse.

The duty was identified as having funded and facilitated improvements in provision and increased the scale, range and diversity of support. However, even with overall gains, the evaluation found that access and benefit remain unequal across different groups.

Outcomes from support were most evident for survivors' near and medium-term safety and wellbeing and confidence, and less clear for longer-term financial independence. Survivors reported having limited access to structured financial support and wanted guidance with budgeting and managing expenditure to improve financial literacy. The outcomes for mental health were mixed, with improvements reported for survivors who had lower needs, but less consistent for those with substantial mental health needs.

Overall, the evaluation found emerging evidence that support in safe accommodation contributed to greater day-to-day safety and stability and enhanced survivors' emotional and practical readiness to re-establish their lives after abuse.

Meeting children's and young people's needs

The Domestic Abuse Act recognises children as victims of domestic abuse in their own right, adding emphasis to the duty's requirements for LAs to provide support in safe accommodation. This meant children were increasingly being counted separately from their parents, which was reported to have improved commissioning for children, although the evidence varied.

The duty was found to have increased the overall availability of support for children in safe accommodation, but with substantial variation between areas in what was on offer and ongoing challenges for some in accessing either safe accommodation or support.

Progress under the duty varied. While some case study LAs established support before the duty came into effect, others only started commissioning support for children from mid-2024 and one had not commissioned anything by early 2025. Few areas offered dedicated support to children in sanctuary schemes, according to LA and service staff.

Each LA's approach to commissioning broadly followed from their position pre-duty. LAs with provision for children pre-duty used the duty funding to increase the capacity or scope of existing services. LAs without existing dedicated support for children typically commissioned a new service, except one which continued with its all-age provision.

Analysis of the MI data found that use of duty funding was significantly associated with more children being supported in safe accommodation. Most case study LAs expanded their provision and reported that services were better able to meet children's needs.

However, there were still challenges, particularly for families with two or more children, with older sons (13+) or whose child(ren) had additional needs (such as behavioural support needs). There was also evidence that overall demand was already exceeding service capacity and concern that support could not meet the increasing complexity of children's needs.

There was evidence of improved collaboration between safe accommodation settings, children's social care and education settings, directly or through dedicated children's support workers funded by the duty. However, this progress was not widespread, and parents reported poor experiences working with services that were not joined up.

For children, being in safe accommodation could bring some benefits – such as feeling safer, improving wellbeing and having a better relationship with their non-abusive parent. However, children also reported frustration, boredom, conflict with siblings, disrupted education, fractured friendships and missing their other parent.

Having support within safe accommodation did amplify the benefits of the setting and, to some extent, address the challenges children experienced in safe accommodation. Having dedicated staff time, attention and resources funded or facilitated by the duty, all contributed to children feeling more settled and better able to engage with school or remote learning, opportunities to play, and with group-based social activities. Duty-funded children's support workers were particularly appreciated for their direct support.

Specific support including for substantial mental health needs was not widely available. Some LAs had not commissioned it at all. Where it was provided, children and parents did appreciate this support, but it was often less extensive than children required.

Although the Domestic Abuse Act meant that children were better identified and the duty meant they were better provided for, there were still key limitations in the extent to which LAs and service providers understood children's outcomes from any support they had received.

Implementation

Introducing Local Partnership Boards created a local structure for partnership working, including across Tier 1 and Tier 2 authorities. Local Partnership Boards could overlap with existing structures, and this slowed their contribution in some areas. They also had varying levels of representation and engagement from agencies, which could reduce their impact. However, Local Partnership Boards did foster links between service providers, statutory agencies and housing associations.

Local Partnership Boards' multi-agency relevance could be improved by developing strategies to ensure meaningful participation across local geographies, including Tier 2 areas. Promoting best practice for inclusive representation on Local Partnership Boards, including adult and child survivors, would also help enhance their effectiveness.

LAs developed needs assessments and local strategies as stipulated by the legislation. Understanding needs beyond individual LA boundaries is crucial as survivors often move to seek help. However, although some case study areas used a joint-LA approach to assess cross-border needs, other areas took a single-LA approach to gain a granular picture.

Annual refreshers of needs assessments were rare, as the investment required was seen to outweigh their value. LAs were interested in guidance on how to integrate the duty with other statutory responsibilities (e.g. around violence against women and girls, serious violence, housing).

All case study areas delivered the annual MI data return, but not all used it themselves. There was particular interest in qualitative data on survivors' needs and experiences – although areas varied in the extent to which survivors inputted directly to local planning.

The duty was seen as having led to commissioning of longer contracts and facilitated stronger relationships with service providers. However, there was limited evidence that commissioning practices had been adapted to enable small or By and For services to bid.

When new services were commissioned (rather than continuing existing services) they tended to focus on specific needs, survivors with specific characteristics and children. There was less extensive commissioning of new services from By and For

The evaluation identified that LAs would appreciate learning from one another around exploring funding models or partnerships to aid creation of dispersed accommodation as demand continues to outstrip supply and highlighting successful examples of the impact of commissioning By and For services for marginalised groups.

Victim-survivor outcomes were not being monitored comprehensively by LAs, and service providers did not routinely share their outcomes data. There was a strong appetite among LA staff for guidance on shared methods for measuring adult and child survivor outcomes. Encouraging services to share their approach with LAs may elicit more comprehensive insight into the duty's impact and facilitate development of shared outcome measures.

Value for Money

Value for money was assessed using the Value for Investment approach which scored the 19 case study areas on key aspects of how they had implemented the duty and used the associated funding to achieve its objectives. The assessment focused on four key dimensions: economy, efficiency, effectiveness, and equity. The first two of these, economy and efficiency, were assessed as good, and the second two as adequate. Overall, the duty was assessed as providing good value for money, and as having strong prospects for continuing to deliver and potentially improve in terms of value for money.

The analysis suggests there was a good case for investment in the duty given the limited level of support available prior to its introduction (see [Domestic Abuse Commissioner, 2022](#)). It also identified progress in meeting quality standards and the importance of Local Partnership Boards in improving communication between relevant partners.

However, as case study areas demonstrated only adequate value for investment for effectiveness and equity, this indicates that the duty's objectives were not being achieved as fully as intended, nor reaching the needs of all relevant groups equally. More can be done to improve access and, as seen in other aspects of the evaluation, the value for money of the duty is compromised by limits on the capacity of safe accommodation and availability of move-on accommodation. Further, whilst the duty appears to have increased professional focus on survivors with additional needs and specific characteristics, such as people with disabilities, from minoritised ethnic communities and male victim survivors, some LAs need to do more to improve the equity of their support. Finally, in this subset of LAs, children had experienced less improvement in accessing safe accommodation and support than adult survivors. Children's particular support needs and provision should remain a key priority for the duty to deliver benefits and value more fully.

Conclusions and best practice observations

The findings from the evaluation have generated these insights:

1. MHCLG should encourage LAs to ensure they are enabling direct engagement with survivors (and indirectly with children) to inform all stages of Part 4 implementation.
2. LAs should implement transparent commissioning processes that are accessible to all organisations including smaller specialist providers and By and For services. This can lead to a more diverse range of provision, better meeting survivors' needs.
3. LAs should collate, disseminate and update comprehensive information setting out the range of safe accommodation available and the support within it, so survivors have options and are able to make informed choices about the support they need.
4. LAs should ensure that children's interests and needs are met on an ongoing basis by increased provision of dedicated/specific support maintaining pace with demand. In relation to dedicated provision, children's support workers should be provided for children in all safe accommodation settings. Specific support should be provided for children with additional needs, including mental health needs.

5. Given that substantial mental health needs are less well met, duty funding could be used to provide mental health first aid training for safe accommodation staff.
6. Services should be enabled to extend their support offer to include financial management, through collaboration with expert providers in the voluntary sector, to aid survivors in re-establishing themselves independently after safe accommodation.
7. MHCLG should work with LAs and sector experts to consider how best to measure the impact of support in safe accommodation. This includes considering the potential for introducing standardised outcome measurement tools to develop a comparable evidence base.
8. There is a significant knowledge gap regarding support in sanctuary schemes. A sanctuary scheme aims to make the home environment safe for survivors to remain in their own homes, where it is their choice, and the perpetrator does not live there. MHCLG should commission further research to understand how the duty is being used to support survivors in sanctuary schemes and how the support needs of both adult and child survivors are best met in this model.
9. As many victim-survivors move across areas for safety, LAs may want to consider co-ordinating with neighbouring authorities on their needs assessments, strategies, commissioning or monitoring and evaluating delivery and outcomes. Doing so can offer information and insight on a larger scale and may bring efficiencies in shared effort, although it may not have the granular detail of those focused on a single LA.

1. Introduction

This report presents the findings of an independent, three-year evaluation commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) as part of its responsibility for monitoring delivery against Part 4 of Domestic Abuse Act 2021 for support in safe accommodation. It was conducted by Ipsos and Ecorys from 2022 to 2025. Part 4 of the Domestic Abuse Act 2021, known as the DA Duty and from here referred to as the duty, was introduced in recognition that providing safe accommodation can be crucial for survivors' safety and protection but may be insufficient without appropriate support. The duty requires Tier 1 local authorities (LAs) in England to provide appropriate support within safe accommodation for victims of domestic abuse and their children, as victims in their own right, and requires Tier 2 LAs to cooperate with the Tier 1 LA in achieving this. The core aim of the duty is for victim-survivors of domestic abuse, including their children, to be able to access appropriate support in safe accommodation when they need it.

The evaluation combined analysis of the implementation, experience, outcomes and value for money of the duty. It focused on longitudinal engagement with 19 case studies of Tier 1 LAs, involving 799 interviews over three rounds of fieldwork (269 were with adult survivors, of which a third were repeat, 45 with child survivors and 485 with professionals, about half of which were repeat). The study also draws on [MHCLG's annual monitoring information](#) (MI) to set case study findings in the national context. Three rapid evidence assessments were also commissioned from academics and are published alongside.

The report explores adult and child survivors' experiences of support to assess whether and how the duty is delivering the expected impacts and outcomes. The report also covers outputs and activities, explaining how and why delivery of the duty is proving effective, what is limiting its effectiveness and what can make it more effective. The report includes an assessment of the value for money of the duty and concludes with observations on how best practice could be sustained and extended.

Overview of the duty – origin, aims and context

The Domestic Abuse Act 2021 (the DA Act) placed a statutory duty on Tier 1 LAs in England to provide support in safe accommodation for survivors of domestic abuse and their children (who are recognised as victims of domestic abuse in their own right and are a specific focus of this evaluation) and on Tier 2 LAs to cooperate with their Tier 1 LA. In order to do this, the duty (also known as Part 4 of the DA Act; [MHCLG, 2021](#)) sets out specific requirements for councils and the Secretary of State.

Under the duty, Tier 1 LAs must appoint a multi-agency Domestic Abuse Local Partnership Board and consult it in performing specific functions. Additionally, LAs must assess the need for accommodation-based domestic abuse support in their area and this needs assessment should include all victim-survivors and their children, including those who come from outside the area. LAs must develop and publish a local strategy for provision of such support, based on the needs assessment, and LAs are required to give effect to the local strategy through commissioning and decommissioning decisions. LAs must monitor

and evaluate the effectiveness of their strategy and report back to central government on their progress. The duty also states there must be cooperation from Tier 2 councils (district or borough councils, and London Boroughs) in carrying out the duty to the extent this is reasonably practicable. The Secretary of State must produce statutory guidance on implementation and this guidance should be developed in consultation with the Domestic Abuse Commissioner, LAs and other relevant parties. Finally, LAs must have regard to the statutory guidance in exercising their functions related to the duty.

The duty promotes the provision of appropriate, tailored support in safe accommodation. In addition to improving the experience of support, MHCLG proposed with two outcome measures as part of the previous government's [Violence Against Women and Girls Strategy \(2021\)](#) and the [Domestic Abuse Plan \(2022\)](#): to increase the number of survivors supported in safe accommodation and to reduce the number unable to be supported. Safe accommodation is defined in the DA Act (2021) as single-sex, secure and dedicated to supporting survivors of domestic abuse. This includes refuges that may have shared communal spaces, specialist safe accommodation for survivors with specific characteristics or additional support needs, dispersed accommodation which tends to be self-contained, second stage accommodation which provides less intense support and sanctuary schemes where survivors remain in their own home with enhanced security measures. Refuges, specialist, and dispersed accommodation are acute settings, intended to secure immediate safety, whereas second stage (also referred to as 'move-on') offers a temporary follow-on setting after living in refuge, specialist or dispersed accommodation. Sanctuary schemes are a long-term form of safe accommodation, provided that enhanced security measures remain in place (note these security measures are also referred to as 'target hardening' and this term can also be used in areas instead of 'sanctuary schemes').

Support for survivors includes a range of services from emotional and practical support, advocacy, counselling and therapy to housing, financial and legal advice. It also covers specialist support for victims with particular characteristics or additional needs (such as dedicated support for LGBTQIA+ victim-survivors, immigration advice or support for mental health needs), and for children (such as play therapists or specialist workers). This support can be provided by on-site staff (e.g. within the refuge) or visiting support workers. See Glossary for the statutory guidance list of safe accommodation and support. See also the [rapid evidence assessment](#) commissioned on models of support in safe accommodation (Allen, Crivatu and Hermolle, 2025).

The duty was introduced with the understanding that safe accommodation and support are not 'one size fits all' but should provide for diverse survivors. The statutory guidance notes that personal characteristics or additional support needs can be barriers to access. It refers to [relevant protected characteristics](#) and *additional or complex needs*. The MHCLG monitoring information collated annually from LAs refers to survivors with one or more [specialist characteristics](#), a set that combines the protected and other characteristics with additional, multiple or 'complex' needs. The evaluation refers to *particular* or *specific* characteristics and *additional, multiple* or *specific* needs. It does not use the term 'complex needs' as the LEP advised it can be problematic (see Glossary for explanatory note).

The duty was informed by an [extensive consultation](#) led by MHCLG. The context was of 'fragile funding' against a background of cuts to domestic abuse services and with the incidence and severity of domestic abuse having risen during the Covid-19 lockdowns.

Although provision of safe accommodation had been growing in some areas, the greater demand for safe accommodation and support sustained substantial levels of unmet need.

As the duty was launched, awareness, availability and access were limited for specific groups of survivors and varied with individual/family characteristics and particular needs. Overall availability and range of safe accommodation options were still limited, especially for groups of survivors such as men, LGBTQIA+ survivors, and those with additional needs or other specific characteristics. In particular, survivors with no recourse to public funds faced significant access challenges. Inadequate data and limited information-sharing hampered insight on the local profile of survivors, the extent of unmet needs, and the experience of those using support.

Pre-duty, LAs and services faced several challenges with support in safe accommodation. Insufficient funding and a reliance on short-term commissioning had created instability and hampered the effectiveness of support. Combining several funding sources could require that delivery met several sets of goals, creating difficulties for LAs and service providers designing or delivering services to meet different targets. Short-term funding and varied objectives could also hinder long-term strategic planning. Collaboration was inconsistent, particularly between housing and domestic abuse teams, leading to gaps in support.

As safe accommodation is the context within which support is provided under the duty, issues with the provision, range and availability of safe accommodation itself are relevant. When the duty was introduced in 2021, safe accommodation was unevenly distributed and approaches to multi-agency working differed (described as a 'patchwork of provision' and 'postcode lottery' in the Domestic Abuse Commissioner's comprehensive national mapping of support services). The pre-duty consultation also found that limited funding for support was seen as a key barrier to expansion of safe accommodation. While the duty is not aimed at expanding safe accommodation, the funding for support is expected to remove barriers and facilitate increased accommodation provision. The evaluation therefore considers the interactions between provision of safe accommodation and of support.

Intended implementation, outcomes and impacts

The introduction of the duty was supported by MHCLG setting out a Theory of Change showing how the duty was intended to be implemented and what it was expected to achieve for survivors, LAs and the wider response and support system. A Theory of Change sets out the inputs/resources and activities required to deliver an intervention (whether a policy, programme or legislation), what outputs should be achieved, how these are expected to achieve change, and what outcomes and impact should follow. It can be set out visually as a logic map, with the Theory of Change providing a fuller description.

This Theory of Change was adapted by the evaluation to provide a structure against which to assess the delivery and impact of the duty. As the study gathered evidence, the evaluation Theory of Change was refined. The final evaluation Theory of Change is set out in Annex A, Figure A.1. The core components are set out below, showing how the duty's inputs and activities are expected to drive outcomes at the individual survivor, local and system levels. Victim-survivors' experiences of the duty intervention can also be traced as

a journey (see section 2.2) and Chapters 2 and 3 show how the stages of the journey align with components of the Theory of Change.

Inputs are resources needed to deliver the duty. At the national level, these include introducing the legal requirement to implement the duty; providing longer-term funding; setting out guidance; and providing senior oversight and review. At the local level, these include multiple stakeholders' time for governance, planning, delivery and review, and the development of monitoring and evaluation plans and commissioning of a local evaluator.

The **activities** for each Tier 1 LA include processes to establish collaborative governance arrangements and enhance provision through: setting up a Local Partnership Board and strengthening other partnership working arrangements; consulting survivors to inform all aspects of planning and delivery; developing a local needs assessment; devising a local strategy; commissioning/decommissioning support services; and data collection and reporting for national and local monitoring, evaluation and sharing of lessons learnt.

Outputs are the near-term result of inputs and activities; they can be counted or 'ticked off' as having happened or not, rather than measured in terms of change. They include: Local Partnership Boards being set up and running; survivors being consulted; needs assessments and local strategies being developed (and later reviewed/updated); services being commissioned; services being delivered; referrals being made; and monitoring/evaluation happening.

The **key mechanisms of change** show how inputs and activities are expected to do more than deliver outputs to be counted but also create change leading to outcomes and impact. These are set out below as identified in the final Theory of Change; they are listed separately for local areas and individual survivors as causal pathways differed.

Local areas and systems: Longer-term funding supports continuity of services and staff, improving efficiencies and service quality; LA domestic abuse leads gain new insight into gaps and needs in provision; Local Partnership Boards draw on resources, expertise and perspectives across the local area/system to strengthen strategic and operational implementation; Local Partnership Board partner agencies and other stakeholders/agencies understand their shared responsibilities to domestic abuse survivors, raising awareness, identifying risks and making more appropriate referrals; LAs' and Local Partnership Boards' knowledge of the issues and solutions is challenged and enhanced through engagement with survivors.

Individuals in safe accommodation: Victim-survivors feel they are getting the support they need; survivors feel listened to and respected.

Expected **outcomes** of the duty were set out separately for survivors, for local areas and for the overall system. They are framed as initial, interim and subsequent and whilst the timeframe over which they occur may vary, they are expected to be sequential.

- **Local-level:** Improved commissioning practices due to long-term duty funding, increased and enhanced services for adults and children, more person-centred service approaches enabled through partnership working, and greater awareness across local services – leading to earlier identification of domestic abuse risk.

- **Individual-level:** Greater awareness and confidence among survivors in seeking support, ensuring more people (including those from marginalised and minoritised groups) accessed services, ultimately leading to better outcomes for those receiving support.
- **System-level:** Cross-area learning that feeds back to improve local practice, enhancing both individual outcomes and overall impact.

Finally, the intended impacts of the duty were set out for survivors and for local areas and wider systems as below:

- **Survivors** gain long-term and sustained distance from domestic abuse, enabling them to lead independent and fulfilling lives away from abuse.
- **Survivors from marginalised groups** or with additional needs gain equal access and benefit from support services across England.
- **LAs** have stronger accountability and greater consistency in how local support within safe accommodation is delivered.
- **Overall system** shows improved practice supporting survivors nationally.
- **Overall** fiscal benefits through reduced use of public services over long-term (such as other victim-survivors' services, health services and criminal justice services).
- **Overall** social and economic benefits evidenced through reduced quality-adjusted life-year losses among survivors (this was not included in the evaluation).

By setting out the components, mechanisms of change, outcomes and impacts, the Theory of Change provided a clear framework for assessing how the duty should drive meaningful change.

Evaluation objectives and key research questions

MHCLG has responsibility for monitoring delivery against the duty. It commissioned Ipsos and Ecorys to evaluate the implementation, experience, outcomes and value for money of the duty. The learning from the evaluation will support MHCLG to make informed decisions on policy and future funding by providing evidence on how best to effectively support victims of domestic abuse (adult and children) residing in safe accommodation.

Evaluation objectives: The evaluation has several objectives, to aid continuous learning and to understand how well the duty operates in relation to: implementation; effective approaches; meeting needs; children and young people; and value for money. The key evaluation questions developed to address the objectives are set out in Annex A.

1. **Continuous learning:** Provide formative feedback and learning to inform delivery of the duty at national and local level. Includes supporting MHCLG to disseminate learning to LAs, service providers and other key stakeholders in suitable ways.

2. **Implementation:** Assess how the duty is being implemented overall, across national and local levels; the extent to which it is delivered as intended and meeting aims and objectives; factors that enable/disable successful delivery.
3. **Effective approaches:** Assess the specific approaches that LAs are taking to meet the duty and how effective these are, including partnership working, commissioning and referral processes.
4. **Meeting needs:** Assess the extent to which the support in safe accommodation is meeting the needs of survivors and enabling recovery and move-on (with a range of characteristics, in different safe accommodation, across forms of support).
5. **Children and young people:** Provide evidence on the experiences of children and young people receiving support in safe accommodation and the extent to which this support is meeting their needs.
6. **Value for money:** To assess the extent to which value for money has been achieved against four categories; economy, efficiency, effectiveness and equity. This analysis can also be used to inform assessments of value for investment.

Evaluation approach

A theory-based approach to the evaluation (using the Theory of Change as a framework) was taken to explore implementation of the duty and assess how it meets the needs of adult and child survivors who access support in safe accommodation. The theory-based evaluation was designed to assess the role of the duty in the provision, uptake and outcomes of support in safe accommodation. It does not seek to quantitatively assess the duty's impact or to compare with what would have happened without the duty. As the duty was implemented in all LAs in England at once, it was not possible to compare those that implemented the duty and those that did not. Contextual differences and overlapping legislative efforts meant it was not possible to compare with areas in the devolved nations.

The evaluation was designed to take a comprehensive, robust, multi-method approach which synthesises primary and secondary evidence. The case studies were selected through a comprehensive and consultative process to be broadly representative of the diversity of local populations, governance structures and domestic abuse support levels.

At the core of the theory-based process and impact evaluation was longitudinal qualitative data collection in a representative cross-section of 19 case study LAs from all regions in England. This was combined with use of MHCLG's annual LA-level monitoring information. The evaluation amplified insights from the longitudinal data using qualitative comparative analysis. It used agent-based modelling to explore how local factors affect provision and uptake of support in safe accommodation; external factors are also key, but this modelling allowed for scrutiny of how factors such as housing supply affect safe accommodation use. It took a [Value for Investment](#) approach to assessing the value for money. Throughout, the study assessed variations in approaches, experiences and outcomes and gathered insights on what was effective and less effective. In addition, the study commissioned [three rapid evidence assessments](#) to distil and synthesise evidence on models of support (University of Suffolk: Allen, Crivatu and Hermolle, 2025), on the outcomes and impacts of support in safe accommodation (University of Sheffield and the University of Westminster/ Research in Practice: Cunningham and Wild, 2025) and on value for money of domestic abuse support (London School of Economics: Provan et al, 2025).

The different strands are outlined below in further detail. Table A.1 in Annex A maps these strands of activity to the evaluation objectives.

(1) Co-development and Advice: This strand engaged people with professional and/or personal experience to advise on the study development, conduct, analysis and reporting through four groups: the academic and practice Partner Consortium; the Practice Reference Group (PRG); and the Lived Experience Panel (LEP); plus MHCLG's Expert Advisory Group, set out in detail at Annex B. Involving those with lived, practice, academic or policy expertise in domestic abuse aligned the study with MHCLG's intention to continue improving the duty. Each of the groups made key inputs at each stage. Their advice and feedback helped inform the design and optimise engagement and insights from the data collection. Evaluation findings were presented to all groups to sense-check and enrich the analysis for insight, relevance and impact. These groups also helped to clarify unexpected findings or areas for further exploration, alongside supporting interpretation of the findings.

(2) Context Review and Rapid Evidence Assessments: This strand involved a comprehensive scoping, which included reviewing policy, practice and research/evaluation evidence (documents and data) and was sustained across the evaluation. It also involved commissioning three rapid evidence assessments relating to the Process (models of support), Impact/Outcomes (outcomes of support) and value for money (in relation to support) of support in safe accommodation. The scoping, ongoing evidence review, and rapid evidence assessments provided contextual information on the wider landscape within which the duty has been delivered and a summary of what else is known about the key components (models, outcomes and value).

(3) Theory-Based Process and Impact Evaluation with Qualitative Comparative Analysis: The core of the study was the integrated theory-based process and impact evaluation. This was structured around the duty implementation Theory of Change developed by MHCLG, adapted for the evaluation and refined over the study. The process and impact evaluation drew evidence from a representative set of 19 Tier 1 LAs. These case study areas were selected to represent a mix of demographics, geography, governance structures and pre-duty approaches. Police data on domestic abuse was used to ensure areas had a diversity of rates, but reported/recorded/estimated incidences were not used in selection given issues with measuring prevalence. Twenty case studies were planned but one was on a larger scale so the total number of LAs was reduced to reflect the additional interviews and organisations involved. The evaluation also engaged with 56 Tier 2 LAs linked to the 19 Tier 1 LAs, amounting to 75 LAs overall.

In each of the 19 Tier 1 LAs, evidence was gathered through: an initial Theory of Change workshop with strategic professionals to understand how the overall evaluation aligns to the LA; rolling document review (needs assessments, strategies, commissioning); two rounds of qualitative engagement with 10 local professionals (LA, statutory agencies, and safe accommodation support providers) per round (supplemented by questionnaires for some at Round 2) and one initial round of depth interviews with survivors then a rolling approach with around 20 engagements per area (with c.14 adults and c.6 children).

The case study data formed the foundation for tracing local implementation, understanding survivors' journeys to and through support in safe accommodation and assessing whether the intended outcomes were being achieved. The qualitative insights captured people's

experiences in their own words, while the large dataset (799 interviews) allowed for in-depth analysis. Using [qualitative comparative analysis](#) helped to identify how different implementation factors were associated with the achievement of key outcomes, providing additional scrutiny of what worked - and what did not - in different contexts.

(4) Agent-Based Modelling: The evaluation used findings from its qualitative data and the MI to develop a computational model which could be used to explore how factors interact around duty delivery at the Tier 1 LA level. Using [agent-based modelling](#) provided an additional way to interrogate how different local conditions and systems may influence the volume and profile of people moving into and through safe accommodation in an area, and how individual or household characteristics may affect access to and the duration of support. There are substantial limitations to modelling such complex interactions, not least that doing so at the LA-level treats each area as if it is self-contained, whereas in reality an area is part of wider systems, processes and flows of survivors both into and out of the area. The model was therefore not intended to be conclusive nor predictive but to explore factors that were identified as influential in the core theory-based evaluation, such as how housing limits may constrain move-on from safe accommodation and impede access to it.

To define key parameters for the model, interviews were conducted with a cross-section of key informants, including experts from academia and sector partners, LA and service staff, the Lived Experience Panel and MHCLG representatives. The agent-based modelling 'rules' were iteratively refined with insights from the longitudinal interviews, the MI data and other secondary sources. The agent-based model used a synthetic population from a household panel survey to reflect demographics of England (not of survivors). In using existing and synthetic data, the model offered an ethical approach to exploring how factors may intersect, without adding burden on participants.

(5) Quantitative: A counterfactual impact evaluation was not feasible but quantitative data played a key role in understanding how Tier 1 LAs responded to the duty and how support in safe accommodation linked to outcomes for adult and child survivors. This strand drew on MHCLG's annual LA-level monitoring information data and other quantitative data to map out the wider local system of the duty. In doing so, the evaluation gained additional insights into the constituent factors involved in different patterns of implementation and use of the duty. These findings helped paint a national picture beyond the 19 case study areas and fed into refining the Theory of Change, giving a clearer view of how local factors shaped support and key outcomes for survivors. See Annex C for overview of this strand.

(6) Value for money: Since a full cost-benefit analysis was not feasible, the evaluation took a [Value for Investment](#) approach to assessing value for money. This followed the approach developed by Oxford Policy Management, Julian King and Verian, based on the National Audit Office's 4-Es framework, to examine economy, efficiency, effectiveness and equity. The value for money analysis provided a broad assessment of how the core investment in the duty was being used at the local level to meet needs and drive intended outcomes. While it did not quantify the financial return on investment, this offered key insights to help others assess the impact and make the case for future funding decisions.

Strengths

As a large-scale longitudinal study, the evaluation produced a substantial set of detailed evidence from adult and child survivors on their experiences and views, including people who were not able to access support. This rich data was supplemented by professional perspectives, in a cross-section of LAs selected to be representative on key variables.

The case study area selection drew on public data about LAs plus specialist knowledge of what was working well and less well across areas. A long list of 40 potential areas was compiled using a typology of key factors, cross-referenced and supplemented by locations of interest suggested by a number of sector partners and by the Domestic Abuse Commissioner's office. This long list was reviewed by MHCLG to ensure there were areas at different stages of implementation, with different strengths, pressures and gaps. This was then reduced in discussion with MHCLG to a shortlist of 25 LAs, all of which were then invited to join. This approach ensured that the sampling process included areas which were already operating differently in relation to the duty, to learn from diverse experiences.

Having wide-ranging and regular review of the evaluation by groups with professional or lived experience and expertise strengthened the study's delivery, analysis and outputs.

Limitations

Victim-survivor interviews were achieved by service providers letting survivors know about the study. This referral process was designed to enhance victim-survivor safeguarding, but participants may not have been representative of the wider population and experiences in safe accommodation. Survivors with positive experiences may have been more likely to engage in the study, so presenting the findings thematically was additionally important to share the full range of views and experiences.

The qualitative data was intended to reflect diversity, not to be statistically representative, but there was some over and under-representation. Victim-survivors within refuges and dispersed accommodation were over-represented, those in specialist and second stage accommodation under-represented, and there were very few in sanctuary schemes. The victim-survivor sample included people from ethnic or culturally minoritised communities. However, a number of sub-groups were under-represented in the study, including older survivors (aged 60+) and those with physical disabilities. The sub-sample of 45 children and young people were drawn from only half the LAs plus one adjacent LA (two children in a refuge were engaged through wider recruitment) but the areas included urban and rural settings, in LAs with different structures and demographics. While it was a limitation that children were not engaged from all areas and from all types of safe accommodation, the insights provided by children appear to be relevant across different types of areas and relate to both communal (refuge) and non-communal (dispersed) settings. Although the number was smaller than intended, it achieved saturation and was also suitable given the subject and participants' age-profile and vulnerabilities.¹ This size is comparable with other similar studies (e.g. [ONS 2023 study of 40 female survivors' accommodation experiences](#)). The children were engaged in the later part of the study (early 2024-early 2025) as the duty was well-established, and their experiences could add most insight.

The study took a gender-neutral approach to assessing how the duty was implemented and having effect on survivors. Although there is a far greater burden of domestic abuse on women, and acknowledgement that domestic abuse occurs within gendered societal contexts and intimate relations, the study was commissioned to explore all experiences and engaged sector partners from male victim support organisations as well as those for women. The analysis therefore did not seek to draw out the gendered nature of survivors' experiences, except in relation to observations about limited provision for male victims and the challenge of being accommodated in a non-safe setting which is not single sex. The REAs on models and on outcomes do provide some discussion of evidence on gender. Note the evaluation was conducted before the [Supreme Court judgement](#) on the biological basis of sex and so references terms that were current at the time it was being conducted.

The study had limited insight into how the duty operates within [sanctuary schemes](#). These schemes have been around since the early 2000s and there are different models including the [Secured By Design](#) initiative led by police. Over half of the bedspaces commissioned under the duty in 2022-23 and 2023-24 were in sanctuary, similar numbers as in refuges but [a different profile](#). However, there are indications that sanctuary schemes operate in different ways in relation to the support provided under the duty. Case study areas' local strategies varied in if and how sanctuary schemes were included, and it was evident in the interviews with professionals that there was mixed knowledge (even where the schemes were in operation) and indication that sanctuary schemes are not routinely integrated with the overall landscape of support in safe accommodation. In a few areas, these schemes had been bolstered by duty funding but in most there was limited indication of interaction or changes were planned rather than being enacted. Furthermore, in the national MI, 47 LAs returned data indicating they had no survivors in sanctuary schemes and six LAs provided no data for sanctuary schemes. The rapid evidence assessment on models of support found sanctuary schemes are under-represented in the literature. Given this clear evidence gap, further research is recommended.

Some LAs were found to provide duty-funded support in settings that were not designated safe accommodation (e.g. hotels). This is [specifically excluded](#) in the legislation, so this data was included in tracing routes to safe accommodation but not the impact of support.

Structure of the report

The remainder of the report is structured as:

Chapter 2 explores the duty's role in access to safe accommodation and support;

Chapter 3 assesses the extent to which the duty meets adult survivors' support needs;

Chapter 4 details how the duty meets children and young people's needs;

Chapter 5 explores the duty's implementation;

Chapter 6 examines the value for money of the duty; and

Chapter 7 presents the conclusions and insights of the study.

Several other outputs (e.g. on the agent-based modelling findings, qualitative comparative analysis, the three rapid evidence assessments) are published alongside and available on the [gov.uk website](#).

2. Accessing support in safe accommodation

The Domestic Abuse Duty (the duty) – Part 4 of the DA Act – was introduced to ensure that safe accommodation offers not only safety but also appropriate and comprehensive support to survivors. The [Domestic Abuse Plan \(2022\)](#) introduced two key measures of success: to increase the number of survivors supported; and to reduce the number unable to access safe accommodation. The journey towards safe accommodation is found to have a substantial influence on survivors' experiences and outcomes of support within it. Therefore, before discussing experiences of support in safe accommodation, this chapter sets out how the duty has affected access to safe accommodation and support and how the journey towards safe accommodation itself affects subsequent experiences of support. It answers the key question: How effective is the duty at increasing access to support?

After the duty was introduced in 2021, the number of survivors in safe accommodation was [recorded as increasing annually](#). However, the number of survivors unable to access safe accommodation also increased. On the basis of this [MI data](#), the duty had only partly succeeded in its aims. However, the wider evaluation found that access did improve more fully in some LAs and for some subgroups of survivors. Access rose as the overall volume of support increased and also as its range diversified. Access was still heavily constrained for particular victim-survivor subgroups where provision did not match needs well. Housing constraints also suppressed availability and access for all survivors in many areas.

Key findings

- The introduction of the duty was followed by an increase in numbers of survivors in safe accommodation. However, the number of survivors unable to be supported also increased. Assessed on [this MI data](#), the duty had only partly succeeded in its aim of increasing access to support in safe accommodation.
- Within individual case study LAs, however, there was evidence that the duty had led to increased provision of support and to a greater range of support being provided. Even if it did not increase local provision, the duty funding was identified as having sustained support.
- Access to support in safe accommodation was found to operate most effectively where diverse forms of support are available across a range of safe accommodation settings. Breadth of provision (of support and safe accommodation) aids access for all survivors, at all ages, but especially those with additional needs and/or specific characteristics.
- Having a range of safe accommodation and support was found to allow for a better fit between the provision and survivors' needs. Having choices both of accommodation and support type was influential in survivors accessing support in safe accommodation.

- **Access is improved by provision being centred on needs. Having meaningful and broad victim-survivor input into needs assessments and strategies influences how closely provision is centred on need. LAs are therefore encouraged to integrate victim-survivor voices into their information-gathering, decision-making and delivery.**
- **Listening to survivors shows the importance of understanding their journey to, into and through safe accommodation. Journeys are individual, complex, and sometimes repeated.**
- **Having information and support is key when routing to safe accommodation. Survivors were signposted to safe accommodation and support by a wider range of professionals as the duty increased professional awareness of domestic abuse and support (see 4). However, despite the duty, some were still left to find safe accommodation themselves.**
- **Access was being constrained by delays in survivors leaving safe accommodation. Nationally an increasing proportion of survivors in safe accommodation were staying for 3-6 months ([MHCLG MI](#)). According to professionals in case study areas this was a result of higher proportions of survivors having additional needs. Delays in leaving safe accommodation were also linked to limited availability of housing to move on to. The agent-based modelling of example areas indicated that such limits do constrain access to safe accommodation even in areas with higher levels of provision.**
- **Access could be more challenging for survivors with additional needs, specific requirements such as disabled access, contextual issues such as pets, or personal or household characteristics, including having two or more children or older sons.**
- **Survivors' journeys towards, through and on from safe accommodation also have an influence on their experiences of, outcomes from and overall impact of the support.**

The chapter focuses on the qualitative longitudinal data from the 19 LA case studies. The analysis also includes MHCLG's annual LA monitoring information (MI). The evaluation involved 799 engagements over three rounds of fieldwork: 314 interviews with survivors (269 with adults, of which a third were longitudinal, and 45 with children and young people) and 485 interviews or questionnaires with professionals (most of which were longitudinal). By engaging so many survivors, across different ages, ethnicities, geographies and settings, the study gathered a very substantial volume of data from diverse perspectives including people who were not able to access support. However, as victim-survivor recruitment was mostly through safe accommodation providers, the study had an over-representation of participants from refuges and dispersed settings, less in second stage and few from sanctuary schemes. Therefore, findings relate mostly to survivors seeking/using safe accommodation away from their home.

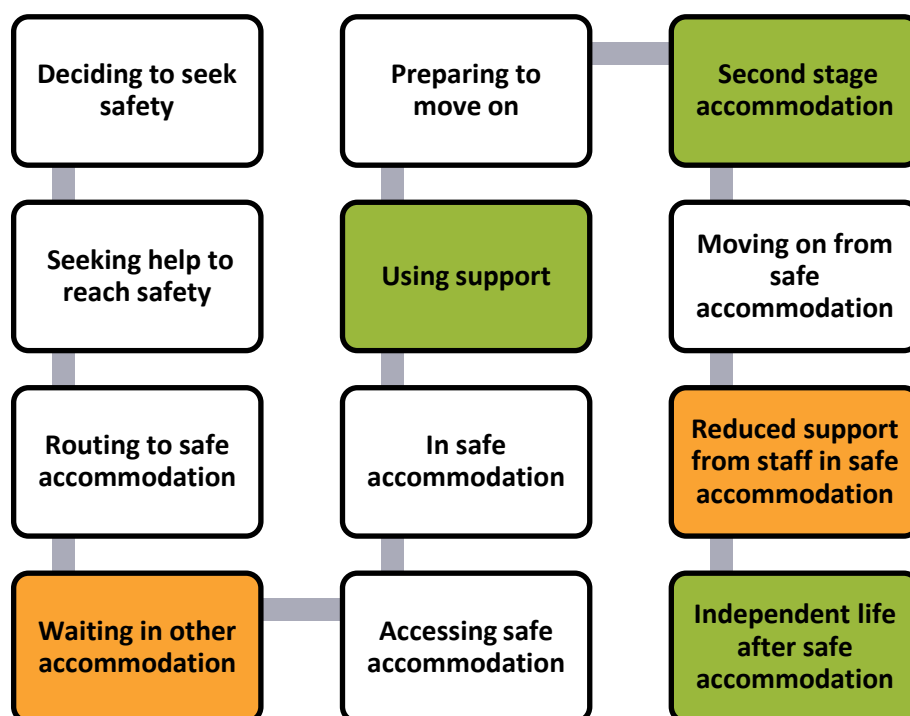
Journeys through support in safe accommodation

Domestic abuse is very common, but the exact incidence remains unknown. Surveys of residential households show high rates, with over two million people aged 16 and over in England and Wales (1.6 million women, 720,000 men) estimated to have experienced domestic abuse in the year to March 2024 (Crime Survey for England and Wales, 2024). Such survey data is likely to be an underestimate as household surveys “exclude people in insecure, institutional, and communal accommodation” (Bowstead, forthcoming) – and also as domestic abuse rates are higher still among people who are vulnerably housed and because many people who experience domestic abuse become homeless as a result.ⁱⁱ

In the context of domestic abuse, the ability to move into safe accommodation or to have their home made safe around them can become a priority for many survivors. This is not a choice but a response to the risk and realistic fear of abuse – abuse that can prove fatal.ⁱⁱⁱ Meeting these survivors’ needs for support in safe accommodation is part of their journey from abuse towards re-establishing life on their terms. In the case study areas, victim-survivor accounts of routing to, accessing, engaging with and moving on from support in safe accommodation show that each aspect of these journeys can influence experiences of and outcomes from the support. Identifying the role of the duty in survivors’ journeys links to the Theory of Change’s outline of how the duty is expected to bring positive outcomes and contribute towards overall impact for survivors. Tracing each stage of the journey is therefore key to evaluating the duty’s contribution to meeting survivors needs and achieving outcomes from support.

For many survivors the journey to safe accommodation is complex; there may be multiple periods of support in safe accommodation or attempts to access it, and the journey may be repeated. For those who have to leave their home, there may be extended and/or multiple physical journeys as survivors move, within area, to neighbouring councils, or across the country, as Bowstead’s [comprehensive analysis](#) of the Supporting People data revealed. Nevertheless, a simplified outline of journeys to and on from safe accommodation can help in tracing the role of the duty. Figure 2.1 sets out key points identified by survivors who left their home to seek safety (not including those in sanctuary schemes); it is informative for this evaluation but does not seek to represent the multiple different routes that survivors may take nor the complexity which is often experienced.^{iv}

Chapter 2: Figure 2.1: Key points of victim-survivor journeys through support in safe accommodation



The boxes show key points that typically occur in a victim-survivor journey. Those marked orange were points which survivors typically described as additionally stressful after they had made the decision to leave their home. These were when they were waiting to access safe accommodation or adjusting to less support after leaving safe accommodation (when survivors may not have support from safe accommodation staff or linked services). Boxes marked green were typically described in more positive terms (although they could still be stressful). These were using safe accommodation support or living in second stage/move-on accommodation (if available) and when having fully moved on and begun establishing an independent life after safe accommodation.

Routing to support in safe accommodation

For survivors, recognising abuse and deciding to seek safety may arise from a crisis (such as needing hospital care or police assistance) or may be a gradual process. These steps themselves are difficult and can be risky. Once people come to the decision to seek safety (either to move to another setting or to have their home made safe around them) they need to know that there are options, to have confidence some are suitable for them and to be able to approach them. It is from this early stage that the duty is expected to have a positive influence on survivors' experiences, by increasing professional awareness of safe accommodation and support so they can raise survivors' awareness, confidence in and ability to engage with support in safe accommodation. To assess if and how the duty is doing this, the evaluation reviewed the first outcomes expected for survivors: being more aware of the availability of safe accommodation and support; and understanding the value of taking up support while in safe accommodation.

Awareness, perceptions and confidence in safe accommodation and support

Survivors described having had varied levels of awareness and knowledge of safe accommodation and support when they first needed it. This initial familiarity ranged from a broad understanding of different options, through awareness of refuges and helplines, to little knowledge that safe accommodation existed. Refuges were best known of the options but not widely understood, and specific support offered in any setting was less well-known.

Some survivors had perceptions of safe accommodation that affected their confidence in it and delayed them from seeking support. These included concern at whether the individual (and children, especially older sons) would be eligible for a particular setting, or it would be suitable and safe for them. There were also wider considerations including about giving up a job, changing schools or leaving pets behind that could be barriers to accepting safe accommodation for some survivors. Migrant survivors with no visa and/or no recourse to public funds also worried that they could risk being returned to their country, in line with [prior research](#) about concerns over being reported to immigration enforcement.

Survivors sought information once they recognised their situation and if they felt it was practical and safe to do so. Some areas had used duty funding to create directories of local services, but it was unclear how useful they were for survivors who were starting to look for support, or if the information was accessible and relevant to different groups. The survivors described having had limited awareness of what might be available to them.

"I'm not sure ... whether it was [service A], whether it was [service B] ... who put me in touch with [the refuge] particularly, but it wasn't the police, let's put it that way. It wasn't the police, it wasn't the council ... It was springboarded by the people I'd spoken to at [service A] on their helpline." (Female, South American, 50+)

Participants identified a wide range of statutory and voluntary-sector staff as contributing to their awareness and confidence about accessing safe accommodation and support. Among these were social workers, police, staff from housing and homelessness teams and non-specified 'council' and 'outreach/support' workers, GPs and hospital staff, Citizens Advice staff, Independent Domestic Violence Advisors and domestic abuse services.

Although professionals were not always described as helpful, there were accounts from across the groups of survivors that professionals had helped them. These references align with professionals' accounts that the duty improved staff recognition and responsiveness to survivors' support needs. Specifically, LA staff said the duty had brought extra attention to domestic abuse through training and partnership working (see Chapter 5 for evidence).

Routing towards safe accommodation and support

Once survivors decided to seek safety, they described three main ways of routing towards safe accommodation, two with professional involvement and one self-directed:

Supported approach: Survivors were supported by staff or services to find suitable accommodation. Staff included police, NHS staff, Independent Domestic Violence Advisors, housing officers and 'council workers'. This could include a worker explaining that they needed to seek support and making them aware that safe accommodation exists

or discussing options to decide which would suit them best and support them to find a space. Survivors indicated that this was the least stressful route. As noted above, the duty has reinforced this approach by extending professionals' ability to identify and respond to survivors' needs and route them to safe accommodation and support, although local practice varies and recognition of some groups' needs remains patchy.

Responsive approach: Survivors contacted a helpline, national or local charity, which would typically signpost them to available spaces in safe accommodation. These spaces could be in another part of England or the UK. Although some could offer a free train ticket to help with the move, this took people away from their immediate networks, which felt safe and appropriate for some, but disruptive and less appropriate for others. The duty's role in facilitating this approach specifically was limited.

Self-directed: Despite the duty having been introduced so survivors could be routed to appropriate support in safe accommodation easily, some participants found themselves having to take a self-directed approach. Survivors described having rung around many refuges daily until they found a space. It was not clear why the focus was on seeking a refuge space, but they may not have been aware of other safe accommodation. The process was stressful, especially for those in temporary accommodation as they could feel very isolated, or those living with the perpetrator as many calls were unsuccessful and they were at heightened risk of the perpetrator discovering they planned to flee.

As illustrated in Figure 2.1, approaching and accessing safe accommodation could take time and had been difficult and stressful for many participants. Often survivors described staying in several different places before reaching safe accommodation. Many had spent time in a hotel, provided by the police or the council, and this meant they could not cook, did not always feel safe, and some had to be out during the day as the council booked one night at a time. Some remained living with the perpetrator and others stayed with relatives, were [vulnerably housed](#) with friends, slept in a car or had been street homeless. There were also survivors with children who took temporary accommodation in their area rather than refuge or dispersed accommodation elsewhere in the country. These parents saw moving away as too disruptive for their children, changing schools and leaving friends.

Time spent waiting varied but could be longer for survivors with specific characteristics, particular requirements or multiple needs – as set out in the next section. The wait could feel longer if the victim-survivor did not feel well-supported or felt unsafe, and quicker if a professional was helping them identify appropriate accommodation or a support worker checked in on them daily.

Recognising the needs of people who could not access safe accommodation, some LAs used duty funding to provide outreach support in temporary accommodation, although this is not designated safe accommodation and is specifically excluded in the duty legislation. The legal position is that hostels, hotels and other provision are not relevant forms of safe accommodation and MHCLG's expectation is that LAs should make efforts to increase the capacity of safe accommodation rather than provide support elsewhere. Where support was provided in temporary accommodation, it was valued by survivors and was seen as making the journey towards safe accommodation easier to endure.

Accessing support in safe accommodation

This section outlines how the duty increased access to support for survivors once in safe accommodation. These are the relevant Theory of Change outcomes: fewer survivors are unable to be supported in safe accommodation; more survivors access timely support.

Being unable to be supported in safe accommodation

Although the duty aims to connect survivors with suitable support in safe accommodation, it is important to acknowledge that not all demand can be observed. MHCLG's [MI data](#) does show the numbers of survivors who had been identified as seeking to access safe accommodation. However, demand can seem lower than it is if barriers to eligibility dissuade survivors from applying, or they are unaware of safe accommodation or anxious about using it. It is pragmatic to use 'expressed demand' as MHCLG does, but it can still be difficult for the system itself to show how many survivors are expressing demand for safe accommodation. LA staff recounted not making referrals to services they knew were full; and services said they would not advertise if they did not have capacity; as a worker said: *"When it's advertised, they can capture how many referrals are coming in and how many aren't suitable ...[but] when they're full, there's no way of measuring [demand]."*

Despite a 12% increase since 2022/23 in the national number of bedspaces available and an increase in the numbers being supported, MHCLG's [MI data](#) showed that the number of survivors unable to be supported in safe accommodation had also risen. It stated that *"26,870 households ... were referred to a safe accommodation service [April 2023-March 2024], but the service did not support the household. This is 2,290 or 9% higher than in 2022-23 and 6,250 or 30% higher than in 2021-22"*. Services' capacity constraints was the most common reason (40% of cases). The second most common reason (20% of cases) was that needs could not be met. Specific reasons for needs not being met were: 'other', mental health, no recourse to public funds (which the duty was not intended to address), drugs, alcohol, family size or children's age, and disability.

Participants who had not yet been able to be supported in safe accommodation recounted various reasons for not having been given support. A key factor was a lack of availability, as the MHCLG MI data showed at a national level. The duty had been used in some LAs to increase capacity, for example by leveraging to extend the scope of other programmes. However, many areas had understood that the funding could not be used to add capacity.

Capacity constraints were amplified by limited move-on accommodation reducing access for people waiting for safe accommodation. The MI showed the proportion of survivors in safe accommodation staying 3-6 months had increased. In this the MI aligned with findings from the longitudinal research that longer stays in safe accommodation extend the wait for others to access it. Professionals said more survivors now had additional support needs which were contributing to them staying longer. The agent-based modelling found that higher proportions of survivors with additional support needs influenced length of stay across different contextual settings, indicating that this factor will be relevant in many LAs.

The increased length of stay was also seen as associated with limited places to move to, with constraints on supply of second stage accommodation and social housing, and

additional challenges for survivors looking for private housing. Including constraints on wider housing provision in the agent-based modelling showed that this would influence the volume and pace of survivors moving into and through safe accommodation in most areas.

In other cases, personal circumstances or needs were a barrier. There were four sets of people who had experienced challenges gaining access. Survivors could be in more than one set, but the sets themselves are quite distinct from one another. The first was survivors with additional needs, such as support for mental health and substance misuse, or for children with special needs. The MI and the qualitative data both showed that people with additional needs still faced challenges accessing support as services could not meet all their needs. This was corroborated by LA and service staff, and service providers explained the importance of checking family members' individual needs before accepting a referral as they may be unable to admit the family if the adult's or child's needs were too extensive, particularly for a communal setting.

The second set was those who had specific requirements such as disabled access or other health needs (e.g. severe allergies making communal spaces a challenge or a risk of substance misuse relapse meaning they needed to avoid others who misuse substances). The third set related to contextual issues that can present barriers but were not intrinsic characteristics, such as having no recourse to public funds, a criminal record or pets. The fourth set was personal or household characteristics, including their ethnic or cultural background, LGBTQIA+ identity, disability status or family size/composition. Families with two or more children or sons aged 12/13+ could find it difficult to access communal accommodation as it often did not have larger units or would not host teenage boys.

"They couldn't put us in a refuge, because my son's 15, and he couldn't go in with all the women ... so a safe house was the only option for us. It would have been that or, like, temporary things, you know, like, they put you in hotels and B&Bs and things, but you have to constantly move from day-to-day." (Female, Arab, 30-39)

Dispersed accommodation and sanctuary schemes can assist with many of these factors, indeed dispersed accommodation is listed [in the guidance](#) as an option for some of them. LAs identified that a priority under the duty was to improve access to safe accommodation for survivors with families with two or more children or with older male children (aged 12+). Monitoring information data shows that the number and proportion of households unable to be supported due to family size or children's ages reduced from 600 (11%) in 2022/23 to 360 (7%) in 2023/24. It could be that more dispersed accommodation meant family composition became less of a barrier to accessing support. However, while there was evidence that several case study LAs had increased the amount of dispersed accommodation and were able to offer more support within it, demand still far exceeded provision with many referrals of families seeking an alternative to refuge. In addition, housing market pressures meant that in many areas it was proving difficult to expand dispersed accommodation even under the duty. As a service provider explained:

"The only real barrier with the dispersed accommodation is the lack of [it] because we still get a lot of referrals and there are not a lot of spaces." (Service provider staff)

The study gained limited insight into how sanctuary schemes operate under the duty – but in discussing this option with survivors, where appropriate, it was emphasised that this

may not be practical or affordable for all. Some reported that they had not been able to afford to stay in their home once the abuser was removed or left, consistent with evidence on the impact of domestic and economic abuse on personal finance and housing choice.^v

Some LA staff saw a lack of capital funding options as hampering progress in expanding dispersed accommodation. There was also a view that the duty had led to overinvestment in refuge-based support, limiting wider safe accommodation options open to all survivors.

Increasing access to safe accommodation and support

Although numbers unable to be supported had risen, national MI data also showed that the number of survivors engaging with safe accommodation and support [rose under the duty](#). Some case study areas saw a rise in survivors being unable to be supported by services, but not all. A systematic analysis of data from the case studies was used to identify which local conditions were associated with improved access to support in safe accommodation. Conducting a [qualitative comparative analysis](#) provides for robust explanation of how specific outcomes have occurred and what contextual factors would need to exist for them to be repeated in other settings. It was conducted using the case study interview data, needs assessments, local strategies, commissioning documents and MHCLG's MI data from each areas' annual return on access and funding spend.

The qualitative comparative analysis assessed two outcomes, one for adult and one for child survivors. It found that one combination of contextual factors limited improvements in access for all adults. A separate set of factors were linked to access not improving for adults with additional needs. Setting out as causal statements, the analysis found:

- For **adult survivors**, access to support in safe accommodation did not improve when survivors were not involved in developing needs assessments, there was limited diversity of safe accommodation types and no By and For services were commissioned.
- For **adult survivors with additional needs** (e.g. more complex mental health needs), access to support in safe accommodation did not improve when survivors were not involved in developing needs assessments, the diversity of safe accommodation was limited and LAs spent all funding (so had no flexibility to meet unanticipated needs).

There is also an indicative finding that access does not improve for children more broadly, even if LAs commission specific support, if provision has not been adequately informed by children and young peoples' needs.

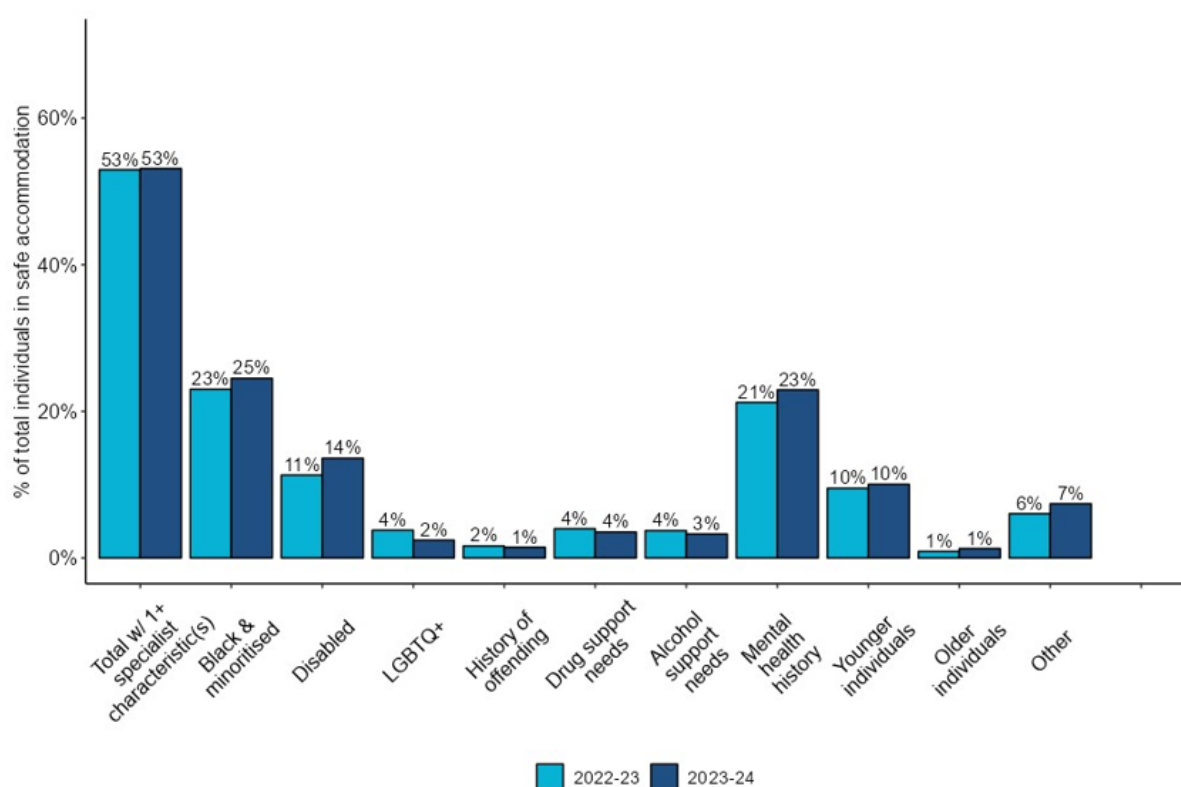
- For **children**, access to support in safe accommodation did not improve when there was a diversity of types of safe accommodation but LAs did not gain new insights into the gaps or needs in provision for children and local strategies were not developed according to children's identified needs.

The qualitative comparative analysis found access did improve for adults with specific characteristics given certain factors:

- For **adult survivors with specific characteristics** (e.g. from a minoritised ethnic group or with a disability), access to support in safe accommodation improved when local strategies are developed according to identified need, there is effective joint working between LAs and service providers, and LAs spend all their duty funding.

The national data did not show an increase for survivors with specific or multiple needs or specific characteristics but it did show that over half of survivors in safe accommodation had at least one ‘specialist characteristic’, including both needs and characteristics, as the duty was becoming established across 2022/23 and 2023/24, Figure 2.2 ([MHCLG Fig 6](#)).^{vi}

Chapter 2: Figure 2.2: Survivors with specialist characteristics in safe accommodation



The common factor across the four qualitative comparative analysis findings is how closely provision centres on need. Where survivors are not involved in needs assessments, or local strategies are not developed according to identified needs, access fails to improve but it does improve when local strategies follow identified need. The importance of broad and meaningful victim-survivor insight in contributing to the duty’s effectiveness shows across the evaluation and is a key finding for LAs to integrate into their decision-making and delivery.

There was an apparently contradictory finding on the impact of LAs spending all their duty funding. This was identified both as a factor in access not improving for all adult survivors, and as a factor in access improving for survivors with specific characteristics. The findings from the value for investment evaluation (see Chapter 6) and from the cluster analysis (below) indicate that spending the duty funding is associated with increased provision –

consistent with improvements for specific groups of survivors – but spending all the funding could be restrictive for all adult survivors if there is then no capacity to respond to shifting patterns of demand, such as arise from the fact that survivors move across LA boundaries for help. Note that the cost data is known to be of variable quality and so this finding would benefit from further exploration as the underlying data quality improves.

Using these insights and evaluation data, the study also conducted modelling simulations to explore how contextual factors influence access to safe accommodation and support.

The **agent-based modelling** created two model LA cases representing more and less comprehensive local systems of domestic abuse service provision (more ‘mature’ and less ‘mature’ in the terminology of the model). These varied in multiple respects, including (simulated) survivors’ levels of knowledge about how to contact domestic abuse services, how readily their needs were triaged by professionals, the range of services available and how widely these were spread, the range of characteristics that could be accommodated, the capacity of safe accommodation, and levels of coordination between local providers. Although this model was focused on the LA, excluding the wider context as noted before, it drew on the qualitative findings and MI and so focused on evidence-based features of an area that were identified as influencing how support was being accessed.

Early iterations of the model found that the availability of move-on housing supply dominates all other factors (e.g. coordination structures) in survivors’ access to safe accommodation. To explore this further and help reveal other factors which might be important, separate cases without constraints on move-on supply were included in the final iteration of the model. This did help identify factors that otherwise may have been hidden by the dominance of move-on housing supply. In comparing the LA scenarios without housing constraints, the model found that access to safe accommodation and support is influenced by the range of support services available and how widely these were spread across the different safe accommodation provision within the area. Having diverse support services distributed across different types of safe accommodation (e.g. dispersed and specialist accommodation) helps access for all survivors, but especially for those with specific (additional or multiple) needs and/or particular characteristics.

The agent-based modelling identified the following factors as key variables influencing the efficient movement of survivors into and out of safe accommodation that met their needs (see Annex E for outline of method and technical report for a summary of the full findings):

- Victim-survivor awareness of local provision (within the LA as the model did not include cross-LA border movement, acknowledged as a limitation of the modelling).
- Appropriate triage by professionals, typically by a central co-ordinating function but also by professionals being aware of need and matching to appropriate provision.
- Range and capacity of local safe accommodation types; and
- Range of characteristics that could be accommodated.

Lastly, **quantitative analysis** of MHCLG’s LA-level MI data gave further insight into the distribution of support in safe accommodation and contextual factors influencing survivors’ access. Cluster analysis was conducted on Tier 1 LAs and produced four clusters, accounting for 89% of LAs. Key findings are below and further information about all clusters can be found in Annex C.

Rural areas were associated with low numbers of people supported. The most rural cluster (cluster 1) had the lowest average number of survivors supported and the lowest average number supported with specific characteristics. It also had the lowest average number of survivors unable to be supported, a finding that aligns with indications in the qualitative analysis that rural areas saw low levels of engagement but more underlying hidden need.

By contrast, the most urban cluster (a regional cluster), showed the highest number of survivors supported, highest number of survivors with specific characteristics and also the highest number of households unable to be supported. There is evidence that population size and composition are among the strongest determinants of needs and help-seeking behaviour, so the scale of this regional cluster is likely to have contributed to the numbers. However, there is evidence that it has significant inward movement of survivors (see also [a visualisation](#) of these flows).

Linear regression analysis was conducted on MHCLG's spend data to provide an outline of how expenditure may relate to support provision and uptake. The data was of variable quality, and so the analysis is indicative rather than conclusive. The regression analysis indicated that expenditure on each type of safe accommodation, support services and subgroup of survivors was significantly associated with the number of survivors supported in these settings, by these services or from those groups. This held for all survivor groups with 'specialist' characteristics except for older survivors. The needs of older survivors may be less evident – wider evidence indicates older people may have high [hidden need](#) – but analysis of the qualitative research also indicated that older survivors saw their needs as being less well met. Spending on support for children was significantly associated with the number of children supported – aligning with the qualitative finding of substantial progress for children under the duty, particularly in areas investing in support for them (Chapter 4).

However, the cluster analysis also indicated that expenditure alone does not explain the number of survivors supported. While some LAs spent a lot of the funding and supported many survivors (cluster 2), other LAs supported a high number of survivors but spent far less (cluster 3). This can likely be explained by differing implementation. This indication that LAs which spent funding were associated with better outputs, could reinforce the value for money finding about the impact of LAs not spending their funding because of delays (Chapter 6).

Best practice: Ongoing, up-to-date training of frontline professionals

- **To ensure that all frontline professionals understand domestic abuse and available safe accommodation services, best practice is to provide ongoing, up-to-date training.**
- **In LAs where training was prioritised as part of the duty implementation, it contributed to improved understanding of domestic abuse across agencies (including housing, police and GPs), better identification of needs, a better understanding of barriers to and stigma around accessing services, improved relationship building skills and awareness of the services. These factors contribute to building trust with survivors and encouraging uptake of support.**

- High-quality training, alongside other multi-agency working initiatives including Local Partnership Boards, also addressed the pre-duty challenges of limited collaboration between agencies. Training enabled LAs to build better relationships with service providers as each had a better understanding of the other's roles and knowledge of domestic abuse.

Features of high-quality, ongoing training:

- At least annual delivery to reflect the latest needs assessment findings and local strategy developments so all staff and partners are aware of changes in victim-survivor needs and commissioned services. To encourage uptake, where possible, include attendance at training as part of staff performance reviews or goal setting.
- Content covers the whole of the victim-survivor journey into and out of safe accommodation. This starts with the decision to seek safety and reaching out for help, to entering safe accommodation and moving on. Training covering this journey will enable all professionals to understand the needs of adult and child survivors at different points and how best to support them at each of these stages, whether directly or by signposting to the relevant agency.
- Inclusion of trauma-informed approaches, so professionals are confident that any interactions with survivors are as safe as possible. LAs and service staff will consequently have confidence that their practice aligns with the six principles of safety, trust, choice, collaboration, empowerment and cultural consideration.
- A cultural awareness component. This will enable professionals to have a better understanding of survivors from different backgrounds and how best to support them. This could be co-delivered with local By and For services, so it is tailored to the needs of survivors accessing local services.
- A lived experience component. This could range from survivors co-delivering the training, to hearing their testimonies about aspects of safe accommodation or their journey. To ensure it covers the needs of as many survivors as possible, it should include input from adults with specific characteristics/additional needs, and children.
- [Domestic Abuse Housing Alliance training and accreditation](#) was highlighted by LA workshop participants as an aid in improving services and responses to domestic abuse. When done at a joint LA level, this can support consistency in training across LAs. Time and resources need to be dedicated to the process in order to meet the required criteria.

3 Meeting victim-survivors' support needs

The duty is intended to ensure all victim-survivors receive support while they are in safe accommodation, to meet their needs beyond safety, to aid recovery and move-on and to contribute to longer-term outcomes. This chapter considers the extent to which the duty contributed to these aims. In particular, it traces the role and contribution of the duty in survivors' accounts of how the support was meeting their near-term needs and longer-term outcomes and in how professionals saw the support operating.

Key findings

- **Uptake of support in safe accommodation was facilitated by information on options being readily available beyond survivors' arrival in safe accommodation, so they could decide and engage in their own time, by positive rapport with the support staff and by practical considerations such as location and interpreter or childcare assistance.**
- **Experiences of support were influenced by how well provision met survivors' needs; by staff skills, training and personal attributes; and by setting-related factors such as how well the safe accommodation itself suited survivors' characteristics and needs.**
- **Additionally, a positive relationship with a named key worker helped survivors get the right support, as they could identify appropriate support for survivors' needs, alongside providing informal support such as help collecting belongings or registering with a GP. Named key workers can recognise acute needs that must be met before survivors can respond to other offers of support. When survivors are ready for other types of support, they benefit from having a trusted professional to help them navigate what is available.**
- **The duty increased provision of general mental health support, which was appreciated. However, there was a widespread demand for more specific mental health support for all ages which was less consistently met. Where it was on offer, using duty funding to provide mental health support while survivors waited for NHS support helped survivors maintain their emotional wellbeing.**
- **Housing advice was important to enable move-on from safe accommodation and was highly valued by victim-survivors. Hallmarks of more effective housing-related support within safe accommodation included: having staff with housing expertise; providing practical support throughout the process; being actively supportive of victim-survivors' choices about housing; and advocating for victim-survivors.**
- **Survivors wanted substantially more access to financial literacy courses to learn how to manage finances, address debt and develop healthy spending habits. Ensuring that support extends to financial management, with expert**

providers in the third sector, is a clear opportunity to extend the duty's positive outcomes.

- Outcomes from support were most evident for survivors' near/medium-term safety, wellbeing and confidence. Survivors' general mental health was typically improved by informal support (from peers and staff) but outcomes for more substantial mental health needs were variable, depending on their complexity of need and support 'fit'. Longer-term outcomes on financial independence and employment were less clear.
- By and For support could prove additionally effective for survivors from minoritised groups. There were less consistent outcomes for people with additional needs, with support in safe accommodation better in responding to generic than complex needs.
- Survivors emphasised the significance of ongoing support from safe accommodation services after moving on, for practical reasons and to maintain their wellbeing.
- The evaluation found emerging evidence that support in safe accommodation enhanced survivors' emotional and practical readiness to re-establish their lives after abuse and helped survivors to achieve a more secure home and safer life day-to-day.
- The evaluation found that despite progress, both access and benefit remain unequal for different subgroups of survivors.

Taking up support in safe accommodation

Once in safe accommodation, survivors should have access to a range of duty funded support. Provision will vary across LAs and settings but should be tailored to survivors' needs. This section shows how support in safe accommodation was taken up by survivors. The later sections then review survivors' experiences of support, outcomes they identified from the support and how these varied between groups of survivors in relation to needs, personal characteristics and local or contextual factors.

It was evident from the case study interviews that duty funding had as a minimum secured continuity of support in all areas and in some had also increased the extent and range of provision or specificity of support (e.g. a new Independent Domestic Violence Advocate – IDVA – role to support survivors from Eastern European countries; see Chapter 5 on Implementation). The evaluation found that support was available to survivors in refuge and communal safe accommodation on-site and beyond. Survivors in dispersed accommodation could access outreach and on-site support, but this was more variable, particularly as survivors were not always clear what they could ask for.

According to the 2023-24 MI data, [over half \(58%\) of all spaces](#) commissioned under the duty were in sanctuary schemes. However, the extent to which people in these schemes were aware of or accessed duty-funded support remains unclear, as very few took part in

the study. Professionals also lacked consistent understanding of how support in sanctuary schemes was delivered. But among those who did know about the schemes, three key observations emerged about how it was operating under the duty. First, there was a view that creating a sanctuary scheme property did not necessarily connect the occupants directly to support if the scheme was managed by another agency. Second, participants at the LA workshops observed that survivors in a sanctuary scheme ‘often’ did not take up support if it was offered, because their priority was security. Third, there were indications the duty was extending support into sanctuary schemes in Tier 1 LAs with: strong multi-agency partnerships with police and housing; more responsive routes for survivors who self-referred; or close links with Tier 2 housing services.

Timely access to safe accommodation and into support

The Theory of Change sets out the importance of timely access to support, so survivors’ needs are met early on after they engage with safe accommodation. For all survivors, the journey to safe accommodation could affect how quickly and fully they settled into the safe accommodation and their receptiveness to support. For any survivor having a longer wait could make it difficult to adjust, not least because of risks and challenges they experienced while staying in temporary accommodation, with friends or family or even the perpetrator. For those with ‘specialist characteristics’ (53% of survivors in MHCLG’s 2023/24 MI data) or who faced other obstacles to access (see section 2.3), the wait could be extensive and mean it took them longer to adjust to safe accommodation and to take up support once they were in. Equally, survivors also recounted how the shock of having fled home in an emergency could also mean it took time to settle:

“I was like a deer in the headlights. I was so traumatised by the last 24 hours. And they were, just, like, ‘Are you alright? Have you eaten? Do you need to order some food?’ And I felt like I could breathe.” (Female, White British, 18-29)

In some cases, the first safe accommodation option might not be appropriate (for example too small, unsuitable as a shared space) so some survivors moved again before finding safe accommodation that suited them. Unfortunately for other victim-survivors, the setting and support did not work, and some described having gone ‘backwards’ – leaving safe accommodation and returning to emergency or temporary accommodation. There were also reports of survivors having felt they had no other choice but to return to their home even if the perpetrator was there. For most, however, the safe accommodation provided a setting in which they could start to engage with support.

Uptake of support

Several factors influenced survivors’ uptake of support, including how options were presented, the availability of a range of options, practical considerations and the manner and skills of safe accommodation staff. Where staff had a good rapport with survivors it improved trust which then meant survivors were more open to asking for and taking up support offered. A positive relationship with a named key worker was additionally beneficial, as these staff were described as identifying appropriate support for survivors’ needs alongside providing informal support themselves.

"They'd sit there and explain it and also help me do, if I wanted to go through that support, they'd sit there ... and help you do it. And explain it properly, like go through all the things with you." (Female, Arab British, 18-29)

For survivors not born in the UK, it was particularly valuable to speak to a worker from the same country as this helped overcome language difficulties and cultural differences which were barriers to accessing help. Translation support and help to learn English were perceived to be important ways to reduce access barriers in the short and longer term.

Service providers noted that introducing dedicated support for children had benefits for the parents accessing support. Previously parents had worried about negative impact of the abuse on their children and had felt guilty for disrupting their children's lives. Whereas now parents felt reassured their children's needs were being met through support, so were better able to focus on their own needs and recovery and more fully engage with the services available.

Uptake of support was higher where it was easy to find out what was on offer, as even if survivors felt confident that staff would help, it was easier to know what to ask for with a list of options. Being told they could ask for 'any help' could also be an obstacle: although this was seen as a genuine offer, it was too broad to assist survivors to identify specific needs. Some parents expressed frustration at not being aware of what was on offer for their children, including provision for children of different ages. Both for adults and for children, re-presenting options or making sure information was always available enabled survivors to link to support in their own time and as their needs changed or clarified.

For survivors who were unsure if a particular service would be helpful, having information on who it would benefit and having staff reaffirm this and encourage participation could increase uptake. Some felt discouraged asking for help if they had more specialist needs, as they felt support was not readily forthcoming (such as needing one-to-one therapy rather than group counselling).^{vii} Some areas used duty funding to create directories of the local services. The evaluation did not gain insight into whether these were well received, but it was clear that having different ways to gain information was important to survivors.

"So, I'll be honest, the support, there weren't any options. Like, if you wanted any support, you had to tell them exactly what you needed, exactly what you wanted them to do, otherwise there wasn't anything done, essentially. So, you had to be quite specific on what you wanted support with." (Male, Asian/Asian British, 18-29)

Again, parents sometimes raised this as a limitation of the support for children, noting where it could not meet the child's level of need or was unsuitable for their age. There could be frustration about limited information on what specialist support there was for children if they needed something other than general play-based provision, leisure or social activities. There was also some disappointment at such support not being available within the area. In some instances, parents and children talked of the child initially receiving specialist support in safe accommodation, but this having finished or being reduced due to staffing, other demand or funding issues. Some parents recalled having had to arrange specialist support for their child themselves, rather than it being offered in or through the safe accommodation. Parents could also be worried about limited support

for those children who were not living with them in the safe accommodation, including older children, especially sons, who might be with the perpetrator.

The distance of support from safe accommodation could influence uptake, being easier to access if it was available in or near the safe accommodation. For those living in dispersed accommodation, support may be provided in a local refuge or hub. Having support onsite or nearby felt safer, incurred no or minimal travel costs, and required less time and so was more likely to be taken up. The support services provided within the safe accommodation also appeared more available, so waiting lists could be less of a problem. Using the duty funding to provide more services directly in safe accommodation facilitated take-up – but more specific support may still need to be accessed via community services, including NHS provision of therapeutic interventions or alcohol and substance misuse treatments.

Providing a broad range of support is essential to meet the diverse and evolving needs of survivors, both individually and collectively, over time. Uptake of support was also facilitated by providing a range of ways in which individuals could engage. A one-size-fits-all approach was rarely appropriate. For example, specifying that each person could have a pre-set number of counselling sessions meant some people found that their support stopped abruptly, before they felt ready. The need to provide a range of support and ways survivors could engage was additionally important for children/young people, as providing different forms of support with a range of age appropriate formats was particularly valued.

Lastly, childcare and dedicated children's provision could be important in facilitating parent as well as child engagement with support. This could give parents practical and emotional space to engage with support. Although childcare was often quite limited, parents valued it were provided so they could attend sessions, especially if the safe accommodation was far from their support network or if others such as babysitters were not allowed in. Seeing their child better supported was also said by parents to give them more time for their own support. Parents often worried about the negative impacts on their children and felt guilty for disrupting their lives, where they had moved from their home or area. Service provider stakeholders and parents said that where their child's needs were being met, parents were able to focus on their own needs and engage more fully in the support. Additionally, where parents felt supported by social workers, or their child's school, they reported less need to take up an offer of dedicated one-to-one support through the safe accommodation as well. This is relevant in the context of the duty, as links to children's social care and education settings were found to be enhanced under the duty in some areas (see Chapter 5).

Once in safe accommodation, survivors did not recall being declined or 'turned away' from any support where it was available. Rather, survivors talked about it not being on offer or described obstacles to timely access to support, such as limited provision, long waiting lists (for mental health support in particular, across ages) or need for a permanent address which survivors did not have in safe accommodation (such as for some NHS community mental health services). For adults and for parents on behalf of their children, there could be challenges with having relevant support made available or even identified.

*"Have they introduced [me] to any organisations that can help me with therapy? No. All they do is keep talking. 'What do you want to do?' And nothing gets done."
(Female, White British, 18-29)*

Experiences of support: contributory factors

Experiences of safe accommodation support were influenced by combinations of survivor, staff and setting-related factors. Among the setting-related factors were suitability of the location (being further from home could suit some survivors and be problematic for others) and the 'fit' of the accommodation. 'Fit' related to both the accommodation type (communal or not, for example) and the provider, with By and For provision identified by survivors from minoritised communities as better meeting needs. Among the survivor-related factors were how personal/household characteristics fit with the setting, and the specificity of support needs. Among the staff-related factors were attributes that fostered positive rapport with survivors, training which enabled staff to better identify, understand and respond to trauma or specific needs, and for issues with staff capacity or continuity not to hamper practice.

Survivors were clear about the role of setting-related factors in affecting their experience of support in safe accommodation. For many, this related to the quality of its environment and their living conditions. Settings that were physically well-maintained, felt secure and calm were said to contribute to an overall sense of being supported.

"I really like it here, it's perfect for me. I have my own space and safety, it just feels right for me right now. ... they literally provide you with a bed, Wi-Fi, TV, white goods, basically everything you need to set yourself up in a home. They gave me a pair of pyjamas to wear ... as I didn't have a pair of pyjamas or barely any clothes when I fled – I had barely anything. The fact I can go out my front door and shops are close by, I can get the bus so yeah, it's quite nice". (Female, White British, 18-29)

However, survivors sometimes referred to their safe accommodation as not being well kept with examples of broken boilers, a lack of basic amenities, rundown decor and furniture, and dirty communal spaces. Loud neighbours and the perception of the property or area as unsafe were also noted. These factors could lead survivors to feel anxious or frustrated, especially for those with mental health support needs or neurodiversity. These and similar challenges with living conditions had led some survivors to leave safe accommodation, and there was a view that such difficulties may risk survivors returning to the perpetrator.

"Having to keep calling ... to get the boiler just switched back on, so that you don't have a cold bath ... especially over the winter. That was really heart-breaking, you know? I could understand why people would go back to the perpetrators if that's the environment that they have to be in." (Female, White British, 40-49)

In relation to safety, settings' security measures could enhance survivors' sense of safety – or undermine it if these measures were lacking or poorly implemented and maintained. The security measures which reassured survivors included security doors, locked external gates, locks on individual rooms or apartments, fobs for residents, alarm systems, CCTV and staffing measures such as staff on site or accessible at all times and security guards.

Safe accommodation providers also had robust safeguarding policies in place such as: clear protocols for contacting staff when security incidents occur; curfews; rules on using social media; check-in systems when residents leave overnight; no alcohol and drug use on site; no visitors allowed; and strict data protection rules. Survivors said staff were

vigilant and safeguarding policies were set out clearly, explained when people arrived and maintained through regular group meetings to discuss breaches or need for amendments. Staff also spoke with residents individually to ask about their personal sense of safety. However, there were concerns when a security or safeguarding incident occurred and the residents could not get hold of staff, or if staff did not take a breach seriously or address it effectively. Survivors spoke about this leaving them worried it could easily happen again.

For some survivors, these measures made them feel safer and therefore freer.

"Sometimes on paper it looks like a really, kind of, intense formality, but from a safety perspective it's helpful. ... Residents are allowed to get a job or go to college at the hub. It's safe, secure, but you've probably got the strongest sense of freedom that you've had, yet you've been with somebody that's coercive." (Female, White British, 18-29)

For others it was the opposite, as these safety-focused efforts made them feel trapped and therefore could be very triggering of their domestic abuse experiences. This resonates with the other evidence about the importance of choice of accommodation type.

"The [safe accommodation] rules make you feel uncomfortable sometimes, because you don't feel free." (Female, no other characteristics recorded)

Children also described challenges in adjusting to the rules and the restrictive elements, in both dispersed and refuge accommodation. This included challenges around restrictions on who they could visit and who could visit them. Young people also missed having friends to their home and sleepovers, as well as it being difficult to travel to see friends or visit relatives. Similarly, rules around internet access or an unreliable internet connection could limit the extent to which children and young people could keep in touch with friends and relatives, stream their favourite series or access materials for schoolwork. Restrictions on where residents could use digital devices, and limits on the use of social media in order to keep all residents safe could feel particularly constraining for older children/young people. Being used to accessing the internet regularly, some said this left them bored and isolated. One young person said they understood why the rules existed, but they still felt prohibitive:

"It could be a little less harsh... like you can't have people around. I can understand why. But if it's a trusted person ... should be a little more lenient." (Male, age 13)

Having the option to choose the type of safe accommodation best suited to the survivor(s) was described by participants as key to having their individual and family needs met. Until survivors felt that their basic needs for safety, security and day-to-day priorities were being met by their accommodation, they explained that it was hard to think about other needs. The evaluation evidenced the importance of increasing the variety of safe accommodation options, such as dispersed accommodation or specialist refuges, to meet survivors' needs.

For example, families who were able to choose dispersed accommodation over refuges spoke about this allowing their older sons to continue living with them, give the family living space for children with behavioural disorders or neurodiversity, and bring their pets (which helped children settle in and feel safe). Families who moved from refuge to dispersed accommodation experienced safe accommodation more positively. As a parent explained:

"We're alone now. Now, the kids are happy, they can watch TV, they can do whatever they want. ... Like, [previously] we had to share the living room, they have to share the TV, we have to share the kitchen, we have to share all ... there was not enough room in one room to take all of us ... now we've got a whole house for ourselves, so the kids are happy." (Parent with children, dispersed accommodation)

Conversely, survivors spoke of not being given choice between different types of safe accommodation and having to move into one that was unsuitable. Cases included: being given a mother-and-baby safe accommodation unit despite their own baby having recently died; being allocated safe accommodation that was not accessible for their wheelchair-user child; and not being able to have their 15-year-old son move into the refuge with them even though the child was disabled and required full time care.

Children and parents also identified challenges related to living in shared accommodation. These included factors such as having less personal space than they were used to, children having to share a room with their parent, finding other children or adults messy or noisy, having to interact with others in shared spaces (such as kitchen and living areas), fire tests or fire alarms. One child with autism emphasised that the fire alarm was the worst thing about being in a refuge, although limits on computer access and personal space were also key challenges.

Aspects of communal accommodation could be a particular challenge for survivors of all ages with neurodiversity or other conditions that could make issues additionally stressful.

"I was heavily pregnant and worried about my health. I was constantly cleaning [the refuge] during my third trimester, and it was making me unwell." (Female, White British, 18-29)

Survivors with additional needs appreciated the option of safe accommodation which could provide specific support for these. A survivor who had challenges with substance misuse and was previously in safe accommodation, recalled feeling so grateful to have the option of safe accommodation that specialised in both domestic abuse and substance misuse. This was central to their needs being better met than in previous safe accommodation as staff were more aware of their specific combination of needs and better able to signpost and refer them to other relevant services and programmes.

Similarly, survivors with protected characteristics valued By and For safe accommodation. Having a By and For service provider could also be beneficial for survivors from specific groups as it meant that staff understood their culture, language or experience. Several LGBTQIA+ survivors in LGBTQIA+-specific safe accommodation explained that these settings offered both peer support and staff who understood their particular experiences.

"I think, maybe, this being an LGBTQIA+ accommodation makes me feel a little bit better about staying here. I'm around people who understand certain things, if that makes sense. Having each other to get through [challenging] moments has made me feel better about it all." (Female, White Irish, 30-39)

Safe accommodation for specific communities was found helpful. Sharing identity, culture and language with others in a setting left survivors feeling less alone and more supported.

"Because you speak with immigrants, you don't feel like you are alone. When we sit and play, we speak with each other. They are supporting you, [you are] supporting them back, so we speak with each other. So, you feel you are not alone... it is like family." (Female, Arab, 30-39)

Survivors placed considerable emphasis on the manner, skills, capacity and continuity of safe accommodation staff in influencing their overall experiences of support. Survivors valued having approachable, responsive support workers with a positive personal manner, who built rapport and responded in a timely way. Survivors said this contributed to their overall feelings of being supported.

In staffed forms of safe accommodation, having staff on-site or close at all times was valued, and especially reassuring as survivors settled in. Making this accessibility clear was appreciated, for example with an open office door. In other forms of safe accommodation, survivors appreciated having a number to call at all times and scheduled times to meet with no set agenda, especially if they were frequent. In relation to more specific support, survivors described the value of staff not only being able to help them identify their needs and signpost or refer them but also advocating for them with other services; for example, attending appointments or making calls on their behalf.

Having continuity of staff across their time in safe accommodation was highly valued, especially having the same support worker. Looking to the future, survivors explained that they hoped to continue having support from them after leaving the setting. Survivors were often aware of challenges staff faced with capacity and retention issues. Some observed that it was harder for support staff to deliver their roles when their workloads were too high or other staff left. Reflecting on not having enough staff in safe accommodation, some survivors spoke about feeling left on their own or like a burden on staff. This could be exacerbated in some settings and could limit survivors' ability to ask for support, especially if they had to wait for an appointment to talk to someone about their needs.

"When somebody first comes here or [to] any refuge, it is difficult because they're not in a good place. And I think that sometimes you just need somebody to talk to. And I think definitely if it's a staffed place, then you're likely to get more support that way than somebody saying, 'Oh can you fill this form out and we'll see you in a week's time.' You know?" (Female, White British, 30-39)

Staff training was identified by survivors as having an impact on the extent to which their needs were met within safe accommodation. Survivors recalled instances where staff lacked appropriate training and this affected their ability to meet the survivor's needs. In particular, survivors mentioned training on understanding and responding to trauma, additional needs and neurodiversity. In one example, a survivor who initially felt that staff did not have sufficient training, reflected on the impact of changes made during their stay in the safe accommodation. She attributed the new staff members' training and experience in neurodiversity and trauma as having led to a more understanding approach.

*"The [new] staff was specialised in working with neurodivergence and trauma and just their overall approach to working with me, it had more compassion and understanding and adaptability in how they would conduct their practice ... that gave massive credence to my feelings, which, as you can imagine, given [my] experiences ... was deeply affirming and reassuring and helped to improve my self-worth."
(Female, other ethnicity, age not recorded)*

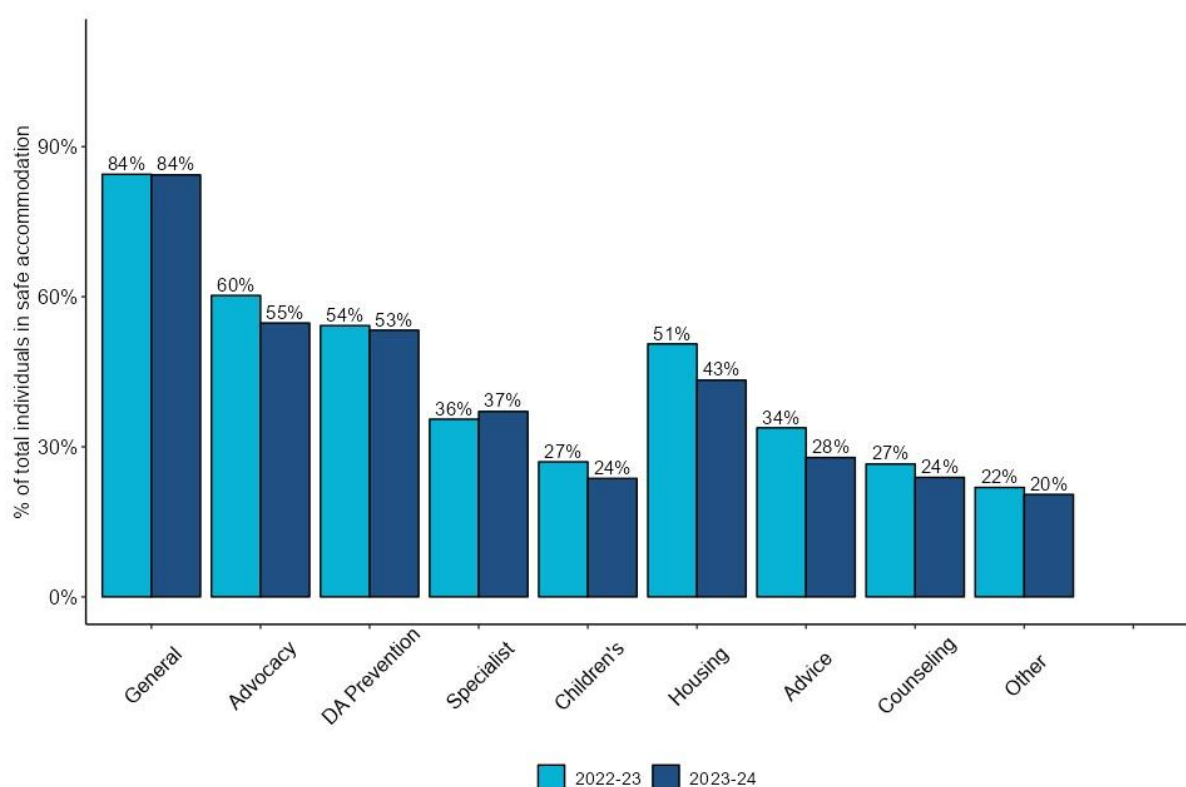
Having safe accommodation staff with lived experience of domestic abuse was seen as having an influence in helping meet survivors' overall support needs. Specifically, it helped survivors feel better understood and optimistic that they too would recover and move on. Staff with lived experience of domestic abuse were identified across different services.

"There are staff that have got lived experiences of it, that have been exactly where we have, and it makes the world of difference ... It's a light at the end of the tunnel going, 'Right, well if you're alright, if you got out of it after 20 years, this is not forever, it's a snapshot of time' ... I'd probably say that's one of the most invaluable things, really and truly." (Female, White British, 18-29)

Experiences of support: forms of support

The [duty statutory guidance](#) describes key forms of support in safe accommodation – included in italics ahead of discussing each form – but notes that this “*is not an exhaustive list and other relevant support services can be put in place (based on victims’ needs)*” (A4.8, MHCLG, 2021). The [annual MI data release](#) shows that in 2023-24, 63,950 survivors were supported, compared to 50,670 in 2022-23. Figure 3.1 is replicated from it and shows the proportionate use of each form of support. This section discusses what the evaluation found about survivors’ experiences of each form of support. As the annual data also includes the use of ‘general support’, this wider category is also included here.

Chapter 3: Figure 3.1: Types of support received in Safe Accommodation 2022-23 to 2023-24



General support provided by safe accommodation staff was highly valued by survivors where it met their needs for basic safety, wellbeing, confidence and helped with practical matters such as collecting their belongings or registering with a GP. This was further appreciated if it continued in some form after survivors moved on (see ‘Moving on’ below).

Having immediate practical support substantially affected survivors’ sense of wellbeing. Survivors described feeling immediate relief when they arrived in safe accommodation, often with no or few personal belongings, and staff made it clear the service would provide them with necessities such as food, toiletries, clothes and goods for babies and children. Some settings provided food and day-to-day necessities to survivors; others provided an interim weekly payment and food vouchers while waiting for benefits, which survivors said gave them more control and choice. However, there were survivors who had received no

financial support in safe accommodation ahead of their benefits starting and had to borrow from friends and family to make ends meet. They had found this incredibly stressful.

Survivors appreciated empowering support that focused on increasing their confidence, self-esteem and independence. Given their experiences of domestic abuse, survivors said support that made them feel more in control, capable and self-reliant was key, improving their mental health and providing a basis for engagement with other support. Empowering support involved offering advice and guidance or encouragement to do new things, rather than stating what to do. Being signposted to volunteering opportunities, when appropriate, was also seen as very helpful in giving victim-survivors a sense of purpose and self-belief.

Tailored and holistic support in safe accommodation were both described as key to having a wider range of needs met. This ranged from support workers taking a person-centred approach and exploring with survivors what their needs were to more structured sessions using a template to determine need across different domains of life. For example, one survivor referred to their key worker using an eight-part diagram to explore a wide range of survivor needs in weekly one-to-one sessions to identify what targeted support is required.

"You look at different aspects. So, you look at finances ... education, you look at eight different aspects and then you kind of rate how you're feeling about each one of them." (Female, no other characteristics recorded)

Survivors identified a need for more practical courses on conducting domestic tasks such as changing lightbulbs or checking tyre pressures. It was explained this would increase confidence for moving on from safe accommodation into longer-term accommodation.

Advocacy support: *"development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers)."* Where provided, it was seen as highly valuable. In particular, support workers advocating with other organisations, rather than simply referring survivors, was appreciated itself and as part of collaborating to identify and address specific needs. However, this support could be more limited to signposting if staff retention was an issue.

Domestic abuse prevention advice / recovery services: *"support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation."* This was not top of mind as a type of support, and reference to it as 'prevention advice' was considered victim-blaming, and not used by safe accommodation workers who preferred terms such as 'recovery services'. However, survivors who were referred to structured programmes highlighted the positive impact these had. They appreciated guidance on developing clear plans for what to do if an incident with a perpetrator occurs, and advice on identifying risk was recalled as part of structured and informal discussions with safe accommodation staff. Discussions and courses were cited as helping to build their self-belief and confidence to make their own decisions and to do things on their own, for moving-on, as well as providing information and a sense of being better equipped to avoid and deal with future incidents themselves.

Specialist support for victims with specific characteristics: “(including ‘By and For’), such as faith services, translators and interpreters, immigration advice, interpreters for victims identifying as deaf and/or hard of hearing, and dedicated support for LGBTQIA+ victims [not limited to].” The provision of support specifically for subgroups who could face additional challenges was highly valued by survivors who had accessed it. It could be practical – such as interpreters or immigration advice for survivors with insecure migrant status – or more about who provided support, if By and For organisations delivered the service. Survivors from minoritised ethnic backgrounds or who were LGBTQIA+ could find that their identity-related needs were not always met when generic or statutory providers provided support in safe accommodation, because they had less understanding of contextual and cultural factors that could inform and assist their recovery from abuse.

Insecure immigration status was a key cause of stress and anxiety, and for some survivors was all consuming. Support to secure a resident visa as quickly as possible was a priority for these survivors. Some spoke about waiting a long time to be put in contact with a lawyer or being told by staff that they were unable to even signpost them to any services. Where safe accommodation providers had existing links with solicitors, they could refer survivors quickly and reassure them that their case was being progressed, and they would secure a visa soon. When it was secured, they tended to report that their primary concerns had been alleviated. This then had a positive knock-on effect as they were able to focus on and address other needs, such as their mental health and wellbeing.

“Oh my God, it was the best day of my life [when visa was issued]. And I feel like a free bird, I can fly on my own. It was my best day. I was free. Very, very free and I don't know how to say in this language, but we were free and everything that was in my heart, now I can feel. I don't have anything [to worry about], only now have to [find a] house. Things are starting to be more good.” (Female, no other characteristics given)

Specialist support for victims with additional and/or multiple needs: “such as mental health advice and support, drug and alcohol advice and support [not limited to], including sign posting accordingly.” Provision of support for mental health needs or substance misuse was highly valued where available, but frequently survivors reported that it took time to access. Survivors said their mental health needs were best met when they were offered a choice of therapies by the safe accommodation (either directly or signposted to external support) and could choose the one that best suited them and as soon as they were ready for it. Survivors found the support even more effective when it was not timebound but provided for as long as needed. Conversely, where therapeutic support was more time limited, or took a long time to access, this was not felt to be as helpful.

“They need to understand that 6 weeks of counselling is not going to take away 50 years of abuse for some people. Six weeks of counselling, you're just starting to trust them with it. You're literally just trying to open up and tell them your name at 6 weeks because you're so shut down and you're so scared that by the 6 weeks, you've literally discussed nothing. But you're just getting that trust, that bond.” (Female, White, age not recorded)

Counselling and group therapy: “including group support for both adults and children, including emotional support.” Case study areas variously used duty funding to recruit specialist mental health workers to provide talking therapies, group therapy and

intermediate counselling support while survivors were waiting for NHS mental health support. However, survivors' need for therapeutic support often extended beyond the scope of safe accommodation and LA commissioning, which was typically designed to address issues relating to domestic abuse but not necessarily to address underlying mental health needs. Substantial demand for mental health support (both general and specialist) spanned ages but was not consistently met for either adults or children, which could have a significant impact on survivors' emotional wellbeing.

Survivors' accounts of long waits for NHS mental health support emphasised the benefit of using duty funding to provide interim mental health support in safe accommodation. This support is important as an interim measure while waiting for more in-depth NHS support. They spoke about feeling "as if life was on hold" and being unable to process their trauma "to heal and move forward". There were examples of survivors self-harming or having suicidal ideations and yet not receiving timely mental health support from the NHS. Survivors described ad hoc support provided by workers in safe accommodation as 'a lifeline', but not an adequate substitute for proper intervention.

"When I needed [the therapy] the most, I was alone and struggling. I was talking too much to my family worker, like she left her work for me many times. I know it is her work to talk to us, but it was long, long talking and she saw me many times in bad condition and everything. And I know she's not the right person. the waiting, long waiting ... is making me very upset." (Female, no other characteristics recorded)

Children's support: "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)." Chapter 5 focuses on children and young people's experiences of support in safe accommodation. In summary, support for children and young people was appreciated where it was available, additionally so where it was age appropriate. However, not all children or young people were living in the safe accommodation with their parent (for example, if they needed disabled access that could not be provided or were too old, especially sons).

Housing-related support: "providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently." Housing advice was often integral to move-on. Help navigating the social housing system or links to a housing support officer were highly valued. Whether or not second stage safe accommodation was available, survivors wanted support with identifying and securing suitable long-term accommodation. They greatly appreciated support when it was provided and expressed frustration if it was lacking, even if they acknowledged that safe accommodation had little influence on subsequent housing.

Hallmarks of more effective housing-related support in safe accommodation included: having staff with housing expertise; providing practical support throughout the process; being actively supportive of survivors' choices about housing; and advocating for survivors.

Having a dedicated housing support worker in the team was valued as survivors were concerned that safe accommodation staff did not have sufficient knowledge of social housing processes, including bidding and housing benefit or support entitlements. Survivors appreciated practical support, rather than advice or signposting, including help

with applications to housing associations, finding documentation, registering for and navigating bidding platforms, explaining social housing rules and regulations, and providing the funds needed to visit accommodation options. In addition, survivors wanted to feel that safe accommodation staff were 'on their side', helping to make victim-survivors feel understood and ensure housing meets their needs. Some survivors had felt pressured by safe accommodation staff to accept social housing that was not suitable, just to conclude the bidding process. Lastly, survivors appreciated staff's active advocacy with housing teams or housing associations, maintaining pace in the process and addressing any issues arising, such as requesting the priority banding is amended to reflect their survivor status.

Support from advice services: *"including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements."* Informal support around finances and welfare were considered useful, although there was an appetite for more structured advice or guidance in addition to practical assistance. Advice on training, entering/re-entering employment and financial management (beyond help setting up a bank account) was valued, but not routinely provided. Support on legal matters was hugely appreciated where it was provided, with participants highlighting the value of safe accommodation staff's direct practical support and referral to legal professionals for technical advice. The examples given related predominantly to civil and immigration law, such as guidance and support through the process of getting court orders for perpetrators or, where relevant, on immigration/visa issues. Support on legal advice was not routinely available, however, and could be greatly missed where it was not on offer.

Survivors' accounts of the role and limitations of advice around finances indicated that this was an underdeveloped form of support. Survivors were very grateful for rapid, proactive support to set up new bank accounts and direct debits, as well as apply for any relevant benefits, on arriving in safe accommodation. Having reassurance that this support would be provided also helped survivors to feel less anxious about their financial situation in the initial weeks of entering safe accommodation. Survivors also found it helpful to have staff help them to navigate the full range of financial support for which they might be eligible. Specific examples included free prescriptions, free school meals, school transport funds and domestic abuse 'flee funds' provided by councils or charities to support survivors. In addition, there were examples of survivors getting budgeting advice from staff in safe accommodation, but this was described as ad hoc support rather than formalised advice.

In addition to support from staff, survivors found it useful to be referred to organisations that could provide more specific financial advice and support, such as Citizens Advice. It was particularly helpful if organisations ran advice sessions in safe accommodation itself. Survivors who received this support said they felt more financially confident and less reliant on ad hoc financial support from staff.

"It was something I needed because I never really had much control over finances. So, we do budgeting plans and they've really helped me manage my money much better than I ever could." (Female, White British, 18-29)

Overall, however, survivors did not tend to receive structured financial support and wanted guidance with budgeting and managing expenditure to improve financial literacy. There

was also interest from survivors with no recourse to public funds for advice on available financial support, which staff were not routinely able to provide or signpost. For survivors who had little to no control over their finances before entering safe accommodation, the prospect of having to manage all that in the future was overwhelming. Concerns were exacerbated by knowing the financial support they received from safe accommodation would end when they moved out. There was a clear finding that survivors wanted access to more structured support, including lessons and workshops, to learn to manage finances, address debt and develop healthy spending habits.

Other forms of support: Survivors' accounts of being supported in safe accommodation included two categories that were not in the guidance: informal peer support within safe accommodation; and formal community-based support used while in safe accommodation. These are included here as they informed survivors' overall experiences of 'support' and may have influenced their outcomes from safe accommodation.

Peer support: Survivors referred to peer support within safe accommodation as key to their mental health and wellbeing, especially in refuges. Having other survivors to talk to or ask for advice reduced feelings of isolation and loneliness. Survivors sometimes described the other residents as a type of family or a support network:

"You're with the women as well and you can all relate, and you can all ask each other questions and stuff. It's. It's just. It's, it's just so helpful and so heartwarming as well. It's nice to have that little support network within the house." (Female, Black, 30-39)

Efforts made by safe accommodation settings to bring residents together to socialise were key to building a sense of community and fostering supportive peer relationships. These could involve communal walks, activities or meals together. There were accounts of funding to enable these group activities having been lost/concluded, and the negative impact this had on survivors' sense of community.

Community-based support: Survivors described engaging with community-based support they had been signposted or referred to by the safe accommodation. Predominantly, these were for mental health and wellbeing, such as group therapy, mental health coffee meetings or art and craft workshops. Whether intended specifically for mental health or not, community-based support was described as improving wellbeing. For example, when survivors were encouraged to take part in physical activities in the community, such as joining a gym or attending exercise classes, some reported this as leading to improved mental health.

When the community-based support was informal, fun and engaging and it led to meeting new people in welcoming environments, survivors noted it helped them feel less lonely and more confident. When the support was in the same area they expected to live in after safe accommodation, this also made moving on feel less overwhelming as continuity of support made victim-survivors feel more confident about their next steps and less alone.

Moving on from safe accommodation and support

The significance of continuity of support for survivors moving on from safe accommodation was emphasised by those who had moved on. Moving on from safe accommodation is a priority for all survivors to be able to re-establish their lives after abuse. However, it could be a daunting prospect and a challenging process even if survivors were keen to move on.

Survivors and professionals said the difficulties of finding suitable move-on accommodation was one of the greatest causes of anxiety for survivors in safe settings. Survivors spoke about feeling ready or even desperate to leave safe accommodation and finding it very stressful to be 'in limbo' as they waited for longer-term accommodation. By contrast, some were keen to stay in safe accommodation longer and in some instances, people felt they were being told to leave before they were ready. Other survivors reported being demoted on the priority list for local social housing because of moving into safe accommodation. These survivors stressed that they should have been informed of this risk before accepting the safe accommodation place, although this consequence is not in line with government guidance.^{viii} In any circumstance, overstaying in safe accommodation may be problematic if confidence and independence were eroded or frustration increased. Indeed, it was evident from some survivors' accounts that staying longer could even impair the overall outcome or impact of support in safe accommodation.

As described in Chapter 2, the agent-based modelling indicated that housing had a key influence on the length of stay in non-sanctuary scheme safe accommodation. The model made evident just how significant move-on housing constraints could be in how long survivors spent in safe accommodation (as well as the rate at which survivors accessed safe accommodation). The influence of housing constraints was removed in counterfactual versions of the model to analyse the role of other key factors. Survivors' accounts of preparing for and moving on emphasised the role of housing support workers in the safe accommodation team to help with navigating social housing options. Second stage accommodation with lower intensity support was not routinely available but where it was, survivors said it was good preparation for living independently while still having support.

In moving on, survivors highlighted the importance of preparatory support, to help them set up in a new area if required. Survivors emphasised this could be particularly valuable in relation to children's education when moving area. In one case, the intended school had refused to allocate a place to the child until the family moved to a local address, but the issue was resolved when the refuge staff intervened to advocate for them.

Survivors valued ongoing support from safe accommodation as they established their lives after leaving the setting, for practical reasons and to maintain their wellbeing. Losing all support could be experienced as a 'cliff-edge' that left survivors feeling overwhelmed and alone, affecting their mental health. Indeed, the only time when survivors referred to being declined or 'turned away' from support was in relation to leaving safe accommodation. However, although support could be greatly missed where it was not provided at all, it was clear that its frequency and duration should be guided by survivors' needs. The form and frequency ranged from weekly check-ins for a month, to being able to contact their support worker for "as long as needed". Survivors with long-term physical and mental health support needs and without statutory support, preferred ongoing support from safe

accommodation staff. Survivors with lower support needs or broader statutory support were more content with weekly or other check-ups over a shorter time.

Outcomes and impacts of support

The Theory of Change sets out additional outcomes and impacts which are expected to follow for survivors from successful delivery of support in safe accommodation. This final section distils the evidence presented throughout the report to summarise if each outcome showed in the evaluation and discusses if the duty was having unintended effects.

Outcomes from support

Outcomes for survivors were predominantly related to near and medium-term feelings of safety, wellbeing and confidence. These align with the expected Theory of Change outcomes but the gaps in evidence also highlight areas for attention as LAs continue to deliver the duty.

Reduced revictimisation: This outcome is a key step in survivors moving on from abuse. The survivor interviews were not intended to cover experiences of abuse before, during or after safe accommodation (for ethical reasons). Measuring revictimization can be difficult and is potentially misleading as approaches can focus on sub-sets of victim-survivors who may have quite distinct experiences that should not be generalised to wider populations. In addition, there is a challenge in tracing this across victim-survivor movement, so people's experiences of repeat abuse may be overlooked if they move out of the area or drop out of contact with support services, police etc. To provide a partial insight, quantitative analysis was conducted of repeat multi-agency risk assessment conference ([MARAC](#)) cases to explore trends in revictimization for high-risk domestic abuse cases 2018-2023 – see Annex E.^{ix} There was an upwards national trend and significant variation in regional trends but conclusions are challenging given other influences on this metric other than the duty. Beyond this, the evaluation was unable to measure revictimisation levels or rates. Future research and evaluation may consider tracing this using indicators such as police-recorded incidents, the percentage of repeat cases discussed at MARACs where safe accommodation was used, or other quantitative measures to assess this as part of a fully comprehensive set of indicators – note, as standalone metrics these can be misleading.

Improved feelings of safety: Moving into safe accommodation brought immediate safety gains for survivors in being away from the perpetrator's threat of abuse. Security measures and safeguarding policies could individually and in combination reinforce survivors' sense of both physical and psychological safety throughout their time in the safe accommodation.

"At 11 o'clock sharp, the alarm is on and it is 24-hour staffed. So I feel much safer here ... It's like a secure mental institution but in a good way, because it's reassuring for us to know that no one can get in, because there's a lot of [staff] here ... 24 hours, literally, all you have to do is press the button. And everywhere is locked, which I like." (Female, White British, 18-29)

In describing feeling safer in safe accommodation, survivors sometimes also talked of how this helped them to stop being on constant alert, to relax, sleep better and find space to

focus on identifying and addressing other needs. The survivor quoted below shows how a sense of safety intersects with and promotes overall wellbeing.

"I feel safe, I'm not worried about anything, my sleep is better. In my house, previously, my sleep was disturbed, I would keep the door locked at night-time and I was not able to sleep properly, but now I'm more relaxed, I spend quality time with my daughter without worrying about anything." (Female, Asian or Asian British, age not recorded)

While much of the evidence on feeling safer related to the safe accommodation settings, there were indications that safe accommodation support has contributed to longer-term prevention and protection. Specific forms of support were identified as helping to create a more durable sense of safety that carries beyond the safe accommodation. A component of support identified by survivors as having a longer-term effect was attending recovery services which included support to help prepare for and prevent subsequent incidents with the perpetrator.

Support from safe accommodation staff – both through direct assistance and referrals – was also seen as contributing to survivors' sense of safety, particularly when helping them obtain court orders to prevent contact with the perpetrator (e.g. restraining orders, non-molestation orders). Some safe accommodation settings connected victim survivors to the police, to gain security as they moved on. For example, to get a safe phone and log it on the police system for their immediate response or having the safe accommodation's support to get onto the police priority system. There was some indication this could extend to target hardening in victim survivors' move-on accommodation, such as installing doorbell CCTV.

Improved wellbeing and mental health: The evaluation found that safe accommodation provides multiple formal and informal types of support which are associated with improved wellbeing across groups of survivors and, in some cases, also with better mental health. Some survivors reported limited wellbeing improvement if the setting undermined their sense of comfort or did not fit their needs, including those with neurodiversity or additional mental health needs. Where safe accommodation did meet survivors' needs, it could provide a secure basis for a range of activities and regular staff-survivor engagement that helped enhance confidence, reduce loneliness and increase wellbeing.

"I had no confidence, no self-esteem, no self-worth. I'm not saying I'm there yet, I am still working on it but I've got so much more confidence, you know, I'm more outgoing. My anxiety isn't as bad as it was". (Female, White British, 60-69)

Formal and informal support from staff could also enhance mental health in general terms but survivors recounted variable experiences of how well more substantial mental health needs were met. Despite duty funding being spent in part on mental health support, there could still be delays in providing support and instances where the provision was not suitable for more substantial mental health needs or combinations of other needs.

When survivors said their mental health and wellbeing needs were being met in safe accommodation, they described feeling happier, stable, less alone and more confident. They spoke about being "better understood", no longer "feeling judged" and able to stop blaming themselves. In their terms, the support enabled them to start to heal, climb out of

depression, become more positive about the future, and have space to plan ahead. Survivors also reported feeling more capable, independent and empowered to stand up for themselves and make decisions. The positive effect that support in safe accommodation had on their mental health and wellbeing could also lead to improvements in relationships with friends and family. They spoke of being able to engage more positively with their loved ones.

"I have changed into a nicer person, like back then when I was living with my ex-partner, I just never spoke to anyone ... I was always moody, I didn't want to talk to no one. But, like now, I want to change, I want to go back to the nice person I have always been." (Female, Black British, 30-39)

Support that focused on empowerment was associated with both near-term improvements and more durable enhancement in day-to-day wellbeing. Staff could be empowering and practical courses were cited as enhancing personal confidence. Having ongoing support as survivors moved on from safe accommodation was seen as protecting and enhancing their sense of wellbeing, whether this was light-touch and short-term or more extensive. The role of ongoing support in sustaining these wellbeing gains is clear in the account of a survivor who valued being able to retain existing support from a community-based service.

"An absolute lifeline because they took over basically the minute the refuge stopped. So, I felt like I wasn't just abandoned or on my own. I still had somebody, and they gave me a reason as well to get up and get out of the house once a week because I'd just have hibernated ... and just isolated ... because you're scared to go out." (Female, White, age not recorded)

Improved financial independence: Alongside safety and wellbeing, re-establishing lives after abuse requires day-to-day household management and financial independence. Safe accommodation was well set up to respond to and provide for survivors' practical needs on arrival but considered less helpful in supporting survivors to prepare for longer-term needs. Support with navigating the welfare system was well received, and housing-related assistance was viewed positively, particularly where staff had relevant expertise or strong connections to external housing services. However, there was a clear gap around support with getting (back) into employment or training (other than help with specific needs such as learning English) and a considerable demand from survivors for support to develop the knowledge and skills for financial independence, beyond budgeting advice, assistance on benefits and signposting to other organisations. What survivors most often sought was financial literacy and capability, recognised as essential life skills nationally ([UK Strategy for Financial Wellbeing 2020-2030](#)) but rarely offered as an option in safe accommodation. Ensuring that support extends to include financial management, ideally in collaboration with expert voluntary sector providers, is a clear opportunity to enhance the duty's impact.

Impacts

The duty is intended to ensure that survivors have access to appropriate support in suitable safe accommodation so that they can start or continue their recovery from the abuse and re-establish their independent lives. This concluding section summarises the evaluation's findings on impacts for all survivors and for those from marginalised groups.

It is important to note that many of the impacts identified in this evaluation were already being achieved prior to the duty. The duty improved access to services for survivors and consequently contributed to an overall improvement in outcomes for those survivors who did have the opportunity to engage. However, access remains unequal for some groups and as a result the outcomes and impacts are not consistently achieved for all survivors.

Impacts for all survivors: In the Theory of Change, the key impact of support in safe accommodation is that survivors are better able to establish their own independent and fulfilling lives away from abuse over the long-term. The guidance from those with lived experience and victim-survivors' own evidence was that being away from abuse does not equate to being free of it, as post-separation abuse can continue through finances, court, housing and relatives.

The evaluation found clear indications that receiving support in safe accommodation does indeed enhance survivors' practical and emotional readiness to re-establish their lives away from abuse and can provide valuable assistance to make this happen, with help on housing, schools and welfare. It also found that receiving appropriate support stabilises children's wellbeing and assists their recovery (see Chapter 5). Evidence from survivors who had moved on into new homes showed the support provided in safe accommodation had helped prepare them to achieve a secure home and a sense of safety and wellbeing. Impacts could be still greater with more support for financial skills and employment access.

Impacts for survivors from particular groups: The Theory of Change sets out that all sub-groups of survivors should gain equal access and benefit from support services so the positive impacts of the duty reach all groups equally, even if specific outcomes vary. The evaluation found that both access and benefit remain unequal across different sub-groups.

For survivors with specific support needs, access continued to be uneven and provision often did not meet needs. However, if the safe accommodation was accessed and the support was suitable for those with specific or multiple needs, they reported benefits that were similar to those with needs that are less specific. Likewise, for those with specific characteristics, access and provision could be patchy, although some areas had increased tailored provision for specific groups – from minoritised ethnic communities and for LGBTQIA+ survivors. It was clear that By and For support in safe accommodation can be additionally effective for minoritised groups, primarily with the greater understanding staff from these services have for survivors' particular experiences, heritage and challenges.

The duty marginally increased provision for survivors with no recourse to public funds but access to safe accommodation and support was still very constrained, and impacts of the support were hampered by other issues relating to not having recourse to public funds.

Best practice – dedicated interim mental health support

- Mental health needs were identified in MHCLG’s annual LA-level MI data as one of the main reasons why victim-survivors were unable to be supported within safe accommodation. As such, best practice is to use the duty funding to provide interim mental health support for adult and child victim-survivors.
- The expectation is not for safe accommodation services to deliver mental health support equivalent to that provided by the NHS, but rather to offer support that helps survivors maintain their mental wellbeing while awaiting more formal support while in safe accommodation. Long NHS waiting lists were a common barrier to survivors having their needs met. Although interim support is not an adequate substitute for formal interventions, and survivors could find waiting very stressful, accessing interim support did help survivors cope with the trauma they experienced and engage more effectively with other types of support available in safe accommodation, addressing other needs.
- Where interim or ad hoc mental health support was provided under the duty, it could be highly valued and even described as “a lifeline” for victim-survivors. There were victim-survivors for whom interim mental health support was far too little, but for many it proved suitable. Although the limitations were still felt, adult survivors who accessed interim mental health support described feeling more empowered. Children who used interim mental health support included those who (or whose parents) described them feeling calmer, more settled, more confident, less angry, more happy and more positive about the future.

Duty funding could be used to provide key types of interim mental health support:

- Mental health first aid training by expert providers for safe accommodation staff, so they can spot signs of survivors struggling with their mental health, engage them in a safe and supportive way and signpost to suitable support.
- Developing referral pathways to community-based support including group therapy, mental health coffee meetings or art and craft workshops. Whether intended specifically for mental health or not, community-based support was described as positively contributing to victim-survivors’ mental wellbeing. For example, when victim-survivors were encouraged to take part in physical activities in the community, such as joining a gym or attending exercise classes, some reported this as leading to improved mental health.
- Specific and dedicated support for children’s mental health. Many LAs used duty funding to provide dedicated support focused on meeting children’s needs in a flexible way, through less intense mental health support. Examples were outreach workers, play therapy, art therapy and group support. A few LAs commissioned specific support through mental health experts, this included therapeutic support, specific counselling support and some group therapy.
- Specialist mental health workers within safe accommodation who can provide non-talking therapies, group therapy, or intermediate counselling support.

4 Meeting Children and Young People's support needs

This chapter explores the extent to which support in safe accommodation was meeting the needs of children and young people. It shares children's and young people's own accounts of their experiences and the perspective of parents reflecting on their children's situation. It also includes insights from LA and service provider staff about local provision for children under the duty, plus analysis of the MHCLG monitoring information (MI) data. Throughout the chapter, 'children' is used to refer to both children and young people unless there is a reason to specify age groups.

The chapter opens by describing how the duty increased specialist support for children and young people, and the variation seen between areas. It shares children's experiences of support and identifies the limitations and opportunities for improvement. It then spotlights ways the duty influenced partnership-working around children's social care and education, drawing on professionals' perspectives to provide insight into how systems were changing under the duty. The chapter concludes by setting out children's accounts of how the support in safe accommodation was affecting their sense of safety, wellbeing and other outcomes. It closes by discussing how the duty's attention to children as victims has made them visible in LA data but is yet to catalyse clear understanding of their outcomes.

Note on the sample: Forty-five children took part from half of the case study LAs. These children were aged 5 to 15 and from a range of ethnicities including Arab, Asian/Pakistani, Black, Black Caribbean, Mixed and White British. Some children were identified by parents as being neurodiverse or having a disability. All children were in either refuge or dispersed safe accommodation. Children were engaged in only half of the case study LAs and in one adjacent LA (two children in a refuge were engaged through a broader recruitment effort) but the areas included urban and more rural settings, in LAs with different structures and demographics. While it was a limitation that children were not engaged from all areas and from all types of safe accommodation, the insights provided by children do appear relevant to different types of areas and relate to both communal and individual settings. Children were engaged later in the evaluation when the duty was better established and they were most likely to have experienced it, so their insights would be most useful to the study.

Key findings

- **The Domestic Abuse Act 2021 identifies any child who “sees or hears or experiences the effects of [domestic] abuse” as a victim in their own right. This clear recognition of children and young people as victims has provided a basis for LAs to identify and address their distinct needs for support in safe accommodation under the duty.**
- **The evaluation finds that the duty enhanced the visibility of children and their distinct needs and increased the commissioning of dedicated and specific support. It was linked to improved multi-agency working around the child in some areas, with good practice more evident with education settings than with children’s social care.**
- **MHCLG’s annual LA-level MI data showed that children and young people under 18 comprised around 2 in every 5 people supported nationally in safe accommodation between 2022-23 and 2023-24 and the numbers supported increased over this time.**
- **Analysis of the annual MI data showed the allocation of duty funding was associated with more children being supported in safe accommodation. Regression analysis showed a positive relationship at the LA level between total funding and numbers of children supported. The overall number of children supported in the case study areas increased slightly (by 3%) but there was clear variation in provision across these areas, as well as nationally.**
- **Most case study LAs had used duty investment to improve their dedicated offer for children in safe accommodation. However, some LAs had only commissioned this from mid-2024 which limited the study insights into delivery and benefits for children.**
- **Examples of dedicated support for children and young people commissioned under the duty included: children’s support worker; individual and group therapy; play- and art-based therapy; and extending provision from refuge to dispersed accommodation.**
- **Children who accessed dedicated support in safe accommodation reported that they found it enjoyable and that it made a positive difference to them. Children also valued friendly interactions and practical help from safe accommodation staff day-to-day, fun activities to do in their free time, and the opportunity to meet other young people.**
- **Parents identified ways in which the dedicated support benefitted children who were able to access it, but noted various ways that provision was still limited.**
- **Where it was commissioned, LA and service provider staff said the dedicated support meant services were better able to meet children’s needs. They also**

saw clear limits to what had been commissioned and noted that more needed to be done. There were concerns that what had been commissioned under the duty did not meet the level of demand and the complexity of children's needs. Another key limit was around provision in safe accommodation other than refuge and dispersed accommodation.

- Beyond commissioning and service delivery, there are indications that the duty influenced partnership working around children. Evidence from professionals and parents was mixed, and practice was patchy across case study areas, but there was evidence of better communication and closer working with children's social care and education. Specifically, children's social care was seen as having a strategic influence on local commissioning and an increased role in referrals, and there were reports of improved liaison between safe accommodation staff, education providers and social workers.
- Children reported feeling safer, improved wellbeing and better relationships with their non-abusive parent since moving into safe accommodation. There was a particular appreciation of the role of the children's support worker where it existed. However, children also highlighted mental health issues, disrupted education and fractured friendships, indicating the importance of broader and longer-term support. Children with special educational needs or physical disabilities also faced additional challenges that were not always well met within safe accommodation settings.
- LA staff saw the duty requirements as having enabled children to 'show' more clearly in monitoring data, as children were counted separately from their parent/carer. This clarity was seen as informing decision making and improving commissioning for children. However, understanding and tracing children's outcomes was still limited.

Provision of support for children in safe accommodation

This section outlines how the availability of support for children increased under the duty, how children experienced support where they received it, and the limitations and ongoing challenges related to support for children in safe accommodation. Support is described throughout this report as 'dedicated' if it was available for survivors aged under 18 and 'specific' if it was focused on particular age groups or needs (for example, therapeutic support). The term 'specialist' is only used in this report to refer to services delivered by specialist domestic abuse services (see Glossary).

Impact of the duty on provision and access to support for children

Analysis of MHCLG's MI data 2023-24 showed a positive relationship between the total amount of duty funding allocated to an area and the number of children being supported in safe accommodation (regression model 6, annex C). This confirms that funding availability is a contributory factor in the availability of support for children, not only for adult survivors.

However, the case study analysis found that the actual use of duty funding for child-related support varied substantially between areas. The total number of children supported in the

case study areas increased slightly (by 3%) but there was clear variation in provision across these areas, as there was nationally.

Firstly, the case studies showed that LAs moved at different paces to commission support for children. While several LAs had established support before the duty came into effect, there were LAs which only commissioned any support for children from mid-2024 and one that still had not commissioned or planned anything for children by early 2025.

Secondly, each LA's approach to commissioning broadly followed from their position pre-duty. LAs that already had provision for children pre-duty used this funding to increase the capacity or scope of existing services. LAs without existing dedicated support for children typically commissioned a new service. One case study area only provided all-age support, meaning that children were engaged by staff in family-based activities that included their parents.

Thirdly, LAs varied in how they incorporated children's needs in service planning. It was rare for LAs to directly engage with child survivors in developing needs assessments, but data could be drawn from sources that were informed by children. The extent to which they did so was found to influence children's access to support under the duty. The qualitative comparative analysis indicated that children's access to support in safe accommodation increased if the needs assessments provided new insights into children's needs and gaps in provision, and strategies were then developed according to these identified needs.^x This finding was emerging, rather than robust, and conditions leading to improved access for child survivors were not fully clear in the analysis, but it indicated that (as with adults) incorporating survivors' needs into service planning is important. While the amount of available duty funding is associated with the number of children supported, the qualitative comparative analysis showed it is key that the use of the funding is informed by children's specific needs.

Where dedicated support was in place for children, this typically included a combination of one-to-one support from a children's support worker (also known in some settings as a children's advocate), play therapy and/or art therapy, and group support for children in refuges. These broad forms of provision were commissioned in LAs which used duty funding to extend the scope of existing contracts. Case study LAs which commissioned a new service under the duty had done so by adding a specific element to their provision for children. Specific elements included therapeutic counselling for children who needed this further level of intervention and services aimed at particular age groups.

From the perspective of LA staff, there were two aspects of the duty that provided a strong basis for commissioning support for children, particularly new services. One was the fact that LAs had additional funding to use for a new or expanded service, which would not otherwise have been available to them. The other was the directive in the 2021 Domestic Abuse Act to consider children as victims in their own right.^{xi} This meant that LAs were collecting data on children separately to their parents. LA staff explained that having data on children in needs assessments (such as from children's services) showed the local demand for support, which was then used to justify commissioning. This enumeration also meant LAs discussed the extent to which local services were effectively meeting children's needs as part of their strategic planning. Although children's needs were not considered

equally across all areas, as shown by the qualitative comparative analysis, greater visibility could catalyse support.

“[the duty has meant that] children and young people are identified as survivors in their own right. So, we’ve been able to increase the support that we can offer to them as well.” (LA staff, T1)

LA and service provider staff identified other ways in which the duty enhanced support for children in their area, with the particular impact related to the way in which the LA had commissioned:

- Introducing a **new dedicated service** for children meant there was now clear scope to focus on children’s needs separately from adults across safe accommodation. This meant that needs that were only relevant to children, such as the impact of changing schools, could become a priority.
- **Expanding existing dedicated support** meant there was more capacity and scope for services to go further in meeting children’s needs. This included children’s support workers being responsive to a wider range of children’s needs and interests and being able to spend more time one-to-one with children.
- Expanding existing dedicated support **from refuge settings across to children living in dispersed accommodation** meant there was now parity in the support for children in a wider range of safe accommodation – although still not in all settings.
- Expanding existing provision also gave scope for **links to be strengthened between safe accommodation staff and schools**.
- **Commissioning specific therapeutic support** was seen by LA staff (where it was provided) as enabling children in safe accommodation to access mental health support more quickly than by waiting for mainstream services. Commissioning specific therapeutic support meant these services could be provided within safe accommodation, community venues or at school – although one counselling provider had moved to offering in-school sessions only as this worked better for engaging children who could more easily attend appointments during school time.

Children’s experiences of support in safe accommodation

The evaluation heard from children and parents about their experiences of the duty-funded dedicated and specific support within refuge and dispersed accommodation. Experiences were positive across settings but there was clear interest in extending what was offered to increase the overall level of provision and better meet children’s needs. Children also provided insights into their experiences of safe accommodation as a whole and these factors are included where they can inform future delivery and implementation of the duty.

In terms of dedicated support (open to children of all ages, not for specific needs), children highlighted the importance of being seen, heard and given time and attention by dedicated support staff in a range of ways. This could take the form of activity-based sessions, where support was combined with fun activities, crafts or games. It could be less structured, with a worker engaging children in ad hoc activities such as gardening or trips to the park, providing informal support alongside. Children liked support combined with activities, and they particularly liked having someone who listened to them properly, took what they said seriously, and did not always try to solve things but did take action where appropriate.

Additionally, children described wanting to be in control of what they spoke about with staff and appreciated professionals listening without telling them what to discuss.

"Made me feel like I could talk instead of hide ... listened to me all the time and gave me activities to do and tips to try – helped by just letting me talk." (Female, 11)

"I felt like she listened to me a lot and she actually pays attention to what I say and immediately work on it, so she can support me as soon as possible." (Male, 14)

In some case study areas, duty funding had been used to appoint children's support workers and there were also roles described by parents as 'child specialists' which operated similarly. There was a clear appreciation for these roles from children and parents as they brought children's needs into focus and increased the amount of individual attention given to children. These roles were typically based at a refuge but with some reach across dispersed accommodation and possibly to other safe accommodation. Children and parents felt that there was not enough dedicated and activity-based support in dispersed accommodation, but where child-focused workers did operate in these, visiting 2-3 times a week for example, their contribution was appreciated.

Where specific support (for particular needs or age groups) was identified by children and parents, it focused on child wellbeing and confidence, or mental health needs. Group and individual sessions with a support worker, play therapist or counsellor were funded by the duty in some LAs. These were often provided weekly for a set number of weeks, and took place in a refuge playroom, at school or a community venue. Sessions could be structured or take a looser format, allowing children space to talk as they played games, for example.

This support was not available to all children and parents, and children could be frustrated by limitations on who could attend and for how long. Some children who received it felt the support was unnecessary and others saw it as insufficient, but these children still saw it as important for their siblings. Most who spoke about having this support, however, described it as helpful and even valuable:

"Got to talk to her and like I could trust her not to tell anyone. I could talk to her about everything, I could trust her like with like, personal stuff. And she didn't tell anyone." (Female, 11)

The duty funding was used to extend and add structured forms of support for children such as appointing children's support workers or therapeutic sessions. The focus on children in their own right also reinforced the importance of ensuring support in safe accommodation is suitable for children overall. Hearing from children directly about what helps to meet their needs emphasised the value both of day-to-day approaches and of occasional activities in creating a supportive setting.

Children emphasised the importance of opportunities to have fun and socialise, as these wider experiences contributed to the child feeling settled in the safe accommodation. This included children receiving tickets or going on trips to local attractions or attending social events organised by the safe accommodation (either at the refuge, or a community venue for those living in dispersed accommodation). Children liked having opportunities to make connections with other young people and some said that they enjoyed their free time more

than before. Parents also reflected on the importance of spending time as a family and for their children to have normal childhood experiences such as days out.

“We’ve been able to do things like a normal family like go to the farm and visit a theme park, allowing the kids and all of us to make new memories and forget about the abuse and trauma.” (Parent)

Parents highlighted how much younger children got from having dedicated staff attention and resources such as space to play, toys and other equipment. Parents also mentioned signposting to playgroups as helping bring routine and normality:

“Whenever it’s Monday, in the morning (child) wakes up and says, ‘It’s Monday... we’re going to the groups’ ... (child) loves that room, whenever we go there ... (child) just runs in the room and that’s really nice.” (Parent)

Children also shared positive feedback about informal support within safe accommodation, beyond organised or one-to-one time with professionals. Children gave examples of staff being kind to them, helping them understand their family’s situation or taking time to ask about or respond to their needs, such as finding activity courses aligned to their interests. Parents also commented separately on the value of staff *“taking the time to stop and have a chat with the children”*. A parent described how her children felt nervous and their behaviour was challenging when they arrived at the refuge, but they were thriving with support from staff who knew what was going on for them individually and had time to chat.

“It’s very amazing here and very fun, to some people, who are kind, and all of the child advocates are nice and helpful”. (Female, age 10)

Children valued practical support that made a material difference to their family, such as providing new clothes, equipment for school and support for their parent with finances, visas and employment. Seeing this support for their family was said by children to help them trust the service. Being aware that staff were supporting other families in similar situations was also reassuring for children and built their trust in the professionals.

“It helped me with how we live now, because my mum gets paid and so that also helps her with the visa, and then busy sorting out everything and all the financials.” (Male, 12)

Limitations and ongoing challenges around support for children

In several areas, professionals identified limitations in what was commissioned for children and felt that the duty may need to be implemented further to fully meet their needs. One area maintained only a general, all-ages provision of support in safe accommodation; although from a small sample of 19 LAs, this indicates that a subset of LAs may have made little progress in meeting children’s needs despite the statutory obligation to do so. Children and parents also identified several ways in which support for children could be extended and its impact increased by addressing limitations and ongoing challenges.

There was a clear interest among children for more personalised support, with even young children highlighting that they wanted extra 1:1 time with a children’s worker, young people

wanting groups for their ages, and children and parents wanting support sessions to last more than a few weeks. Parents and children also wanted specific support around more complex mental health needs, with frustrations shared at how little was available for those children who experienced severe trauma or intersecting mental health and learning needs.

More broadly, parents made clear that children with special educational needs, additional needs or disabilities continued to face many challenges in safe accommodation. Support staff in safe accommodation were less well equipped to help with these specific needs.

There was also a need to expand the dedicated provision already in safe accommodation. Children and parents in refuge and dispersed accommodation highlighted patchy provision for older children and young people, both in terms of activities and resources, playrooms for younger children being fully or often shut, and limited activities off site. One mother said she had signed permission forms for the children's worker to take her children to activities outside the refuge, but this had not been happening, so they had "nothing to do".

One challenge to enhancing provision further was increased demand, with LA and service provider staff reporting more children being referred for support in safe accommodation. Some thought social workers were referring more children to safe accommodation as a result of the DA Act's requirement to consider children in their own right. Others thought more referrals were following where the LA had commissioned a new children dedicated service. As demand increased, LA staff were concerned at how well commissioned services could meet children's needs, anticipating delays or restriction in the amount of support per child. In some LAs there was evidence of demand already outstripping the increased provision:

"We knew when we commissioned children and young people's service that we'd have to put more money into it and we've just put an extra £100,000 to recruit more staff because within the first six months demand was so significant that the waiting lists were too long." (Tier 1 LA staff)

Alongside an increase in overall demand, LA and service provider staff reported that the ages and needs of children in safe accommodation were changing. Service providers received more referrals for younger children and were considering lowering the age limit for specific support and adjusting their activities to better meet younger children's needs. Staff also reported a rise in children whose additional or multiple needs were hard to support without specialist provision. These needs included trauma and severe anxiety but also behaviour, with risk of violence towards adults, making it harder to offer appropriate support.

Another limitation is around continuity of support for children in move-on and other settings, once a child moved out of refuge and dispersed safe accommodation. There was evidence that some counselling services could continue to support children when they moved. However, other play-based, individual and group support were much less available. Parents shared concerns about what might happen to their child's support when they moved on, especially for older children and young people dealing with mental health difficulties. Schools and child-focused charities were identified as supportive but there is an opportunity for LAs to review how they sustain children's support beyond safe

accommodation, as the evaluation has shown how important this period is for survivors' medium and longer-term outcomes.

LA staff and local strategies and commissioning documents all reported that, to date, duty investment was focused on support for children in dispersed and refuge accommodation. The evaluation did not identify consistent plans to expand support to children in sanctuary schemes. This type of safe accommodation is less well understood, even among LAs staff, although it was being bolstered by duty funding in some areas this tended to refer to target hardening (i.e. security measures) or support for adults. In one LA, there was recognition that the duty provided a framework to increase support in these settings for children too – but although the LA highlighted the importance of making sure that children's own interests were met in sanctuary schemes (such as making sure they can stay in their school) the commissioned work was yet to start. No child-focused support was offered in other LAs.

Partnership working around the child

This section describes how the duty affected partnership working around the child between statutory services and safe accommodation providers. It draws on the LA and service staff interviews to explain how systems and structures were operating and on parents' accounts of how they experienced this joint working and how it impacted on their children. The core links were between safe accommodation, children's social care and education providers.

Service providers in some areas highlighted the flexibility of the role they were playing in connecting with other agencies around the child – as a senior staff member explained it:

“We advocate at school meetings, child protection conferences, child in need conferences. We help assessments be completed for children who might have additional support needs, and we support [by] chasing referrals.” (Service provider)

The evaluation found evidence of the duty having improved connections and collaboration, by creating a more effective framework for service providers to engage with statutory agencies, based on the expectation that all agencies had to address the needs of children.

However, this was not seen in all case study areas. Where it was reported, it was linked to how Local Partnership Boards worked to draw relevant agencies together. Professionals noted this was also enhanced by the Local Partnership Board being linked to the Local Children's Safeguarding Board. Where the duty had not influenced partnership-working around the child, this was linked to limitations in key agencies' strategic involvement and operational delivery issues.

Partnership working with Children's Social Care

Case study areas differed in how children's social care responded to the introduction of the duty. Some interpreted the duty as showing that domestic abuse was a priority issue they needed to engage with more closely, and had adapted structures, practices or processes under the duty to facilitate this, contributing to closer engagement with survivors in safe accommodation. There were indications that these areas tended to have strong pre-existing multi-agency working structures, and if children's services were not closely

involved before the duty, they were now “on board and taking responsibility”, as one senior LA staff member described it.

In areas where children’s social care had been more responsive to the duty, the service was then more involved in strategic decision making, including attending and sometimes chairing the Local Partnership Board. Children’s social care was also seen as helpful for including children’s voices in needs assessment, local strategies or service planning, and this reinforced its role in understanding children’s needs and maintaining connections with service providers.

Other areas had experienced challenges in aligning children’s social care with the duty’s focus on domestic abuse. Two sets of issues identified by LA staff could explain this. One was the overall level of demand on children’s services and problems with staffing capacity, turnover and pressures on funding which the duty did not itself resolve. The second related to cross-boundary challenges. This could be from the complexities of Tier 2 services aligning with overarching (Tier 1) priorities and structures, proving easier in some case study areas than others. It could also be about survivors moving into areas from neighbouring councils, adding to local costs in ways that may not have been planned for, given that needs assessments focus on the existing population and local strategies follow from those assessments. Anticipating these pressures could facilitate an improvement in the ability of children’s social care to respond to the duty.

In areas where children’s social care had adapted more rapidly, the service was working more closely with other agencies in recognising and addressing need. It had an increased role in making referrals to safe accommodation, both to housing teams and safe accommodation providers. LA and service provider staff saw this as following from the Domestic Abuse Act’s focus on assessing children as victims of domestic abuse in their own right. There were also cases where children’s social care had been able to assist families with no recourse to public funds to access safe accommodation. LA and service provider staff reported that social workers were successfully making a case for, or part funding, safe accommodation (and support) based on the child’s statutory right – increasing access to safe accommodation for the parent.

Professionals observed that using duty funding to appoint a dedicated children’s worker created a key liaison between statutory agencies and safe accommodation. Professionals saw children’s support workers as well-placed to support this partnership working. They had close contact with children in safe accommodation but also recognised limits to their support and therefore also valued social workers’ (and schools’) role in providing support to children.

Parents said that where alignment between children’s services and safe accommodation was good, this improved the family’s overall support and their own experience of engaging with children’s social care. However, there were examples of parents needing to instigate support from social workers and cases where communication between social workers and safe accommodation staff remained poor. For children, there could also be a lack of clarity, with children being unsure in some cases whether they still had a social worker.

LA staff differed in terms of views on how to improve partnership working with children’s social care. Some LAs wanted to co-locate the service with their housing teams, which

they thought would support referral pathways and encourage closer working on cases. Others reported that ongoing constraints and pressures on children's social care would limit opportunities for improvement. Some LAs were engaging local Family Hubs to meet family's needs, where it was appropriate, and in recognition that social work teams had limited capacity.^{xii}

Partnership working with Education Providers

Partnership working between safe accommodation and education settings was in evidence across the case study areas, and was mostly seen positively by parents and professionals. There was some variation depending on the local profile and format of education provision but typically links around the child were being made directly between safe accommodation and education settings, rather than by or through LAs.

Professionals and parents explained that effective liaison between safe accommodation and education helped families settle in a new area and minimised disruption to the child's development or education outcomes. This was often a key consideration for parents when moving into safe accommodation. Parents and staff said that effective liaison with school or nursery, to find a place and support children's transfer or to support their engagement in education while waiting for a place, was very important, particularly for secondary school.

Where the role existed, duty-funded children's support workers were key to liaising between safe accommodation and education settings, as with children's services. This created a key worker who could take on a convening role to find suitable places in education and to support children and parents with them. There were also examples of these workers and safe accommodation staff more broadly helping to support children's moves to other education settings after safe accommodation. However, this was less consistently in evidence and so could be an area in which to extend partnership working.

Parents shared how they had been supported by safe accommodation staff to identify and connect with local education provision for children of all ages, to ensure children had what they needed to start at school or nursery and with settling-in processes. This support could include being accompanied by safe accommodation staff to visit nurseries or schools and school staff visiting the safe accommodation. There were some parents who felt pressure from safe accommodation staff to put children in nursery before they felt it was suitable, or by contrast did not receive support they needed with their child's education placements. For many parents, however, the safe accommodation staff offered appropriate support.

Children who were in school spoke about receiving support from safe accommodation staff with their homework, which they appreciated and which had improved how they felt about going to school. Children also gave examples of safe accommodation staff, including children's support workers, having liaised with school to resolve bullying or other issues. There were children who were between schools, waiting for a place, or reluctant to engage with school, who spoke about children's support workers helping them occasionally with their remote education.

Beyond support provided directly to children and families in safe accommodation, the duty was also identified in some case study areas as enabling partnership working with a preventative focus – specifically by specialist services working with schools to provide

early understanding of domestic abuse, abusive behaviours and healthy relationships. As one service explained, this was being done before but often as ‘firefighting’, whereas the duty had supported them to be more preventative and gain more regular access to schools to inform young people.

Children’s outcomes and monitoring

This section firstly describes children’s feedback on changes in different areas of their lives since living in safe accommodation as they relate to feelings of safety and wellbeing, which are set out in the Theory of Change. It then outlines the extent to which data reporting and outcome monitoring processes under the duty capture their experiences and can do better.

A trauma-informed, qualitative approach was taken to gathering experiences and evidence of change from children in safe accommodation, as well as listening to parents. This included seeking children’s views on outcomes in the Theory of Change. However, as it was the child who decided what to discuss about the safe accommodation, they covered a wider set of outcomes, not only those linked to any support they received.

Children’s feedback on feelings of safety since living in safe accommodation

Overall, feeling safe was important for children and key to children feeling settled in safe accommodation. Children had positive initial views of the safe accommodation, and reported that the people were ‘welcoming’, ‘friendly’ and ‘understanding’. Factors which contributed to children feeling safe were accessing one-to-one support, the presence of physical security measures (such as having an electric gate and door codes) and an awareness of the rules in the safe accommodation (such as other people not knowing where they are). However, children also described a period of adjustment, feeling unsure after moving in and taking time for it to feel normal to live in their new accommodation. Over time, this improved, as one child explained:

“I was a bit anxious and scared at first when [I] arrived. It did get better as time went on. I’ve grown to know this as home.” (Female, age 9)

There were children who felt safe, but unsettled, because of uncertainty about the future. Children described feeling lucky to ‘have a roof over their head’, but unsure how long they would live in the area and anxious about there being more change ahead. Some felt worried because they really liked the safe accommodation and wanted to live there longer.

Parents reported that making sure their children were safe, and away from abusive relationships, was a priority. Parents also reflected that it was important for children to have time to settle and that moving around was hard for them. One parent explained their child had faced a lot of challenges related to their additional needs and moving around:

“She’s scared, she’s autistic and she’s got ADHD, she’s really struggling with her emotions and everything, it’s been really difficult for her, she can’t keep moving around all the time ... it’s unsettling.” (Parent)

Children's feedback on their wellbeing since living in safe accommodation

Whilst there was evidence of positive change related to children's wellbeing following the move into safe accommodation, there were ongoing needs related to mental health. Both children and parents described a link between the child receiving dedicated support while in the safe accommodation and the child feeling calmer, more confident, less angry, happier and more positive about the future. However, children still talked about the past upsetting them and needing to seek help when 'bad' thoughts were in their head. This suggested that children's moods fluctuated and that they were experiencing a range of emotions. Children wanted to encourage others to be open to taking up support, and offered reassurance that talking with professionals would make a difference.

"If you don't tell them what's wrong then they can't help you. Be open, they are here to help you. This isn't the end; they can help you restart!" (Female, age 11)

"I want to say to them not to worry because you have support now, and you're away from the issues, from your house and get help and sort things out." (Male, age 14)

Children's feedback on other areas of change

Children described family relationships improving since moving into safe accommodation. Leaving the abusive parent meant that children were also 'no longer in scary situations' or 'afraid of being told off'. However, there were children who were less positive about being in safe accommodation and missed seeing their other parent. This was a difficult situation for their safe parent to navigate.

Education was an area where children faced ongoing challenges. Children talked about missing out on school and missing their old school. Levels of engagement in education also varied, with some children starting a new school while others were homeschooled by the parent in safe accommodation or were out of school due to the move or if their special educational needs could not be met in local schools. Parents explained that issues finding children a school place affected the child's wellbeing (and their own), with the child lacking appropriate social interaction and often becoming bored. As one parent explained:

"They always fight about nothing. ... They don't have anything to do. I tell them, 'Go out.' 'I don't want to go out.' 'Just take fresh air.' They like sport, swimming, cycling, they always play football, basketball." (Parent)

Friendship was another area in which children expressed mixed feelings and challenges. They missed seeing old friends, were struggling to make new friends and faced uncertainty about what would happen to their friendships when they moved on. A key positive was being able to meet other young people living in safe accommodation. When asked to share advice for other young people, children often mentioned the fun they had with others in the safe accommodation, or the number of other young people there, to reassure others that living in these settings would be ok:

"It's really fun and there's different things you can do and different kids you can see and play with at weekends." (Female, age 11)

Monitoring children's data and outcomes since the duty

LA and service provider staff emphasised that defining children as victims in their own right had influenced and improved data collection on children. Services may have been tracking children as service users already, but the legislation reinforced the significance of doing so. The statutory requirement meant that LAs also reported being better able to identify and count children accessing safe accommodation and support. Services shared data on their outputs and the number of children supported with LA for MHCLG's annual MI data return and for LA needs assessments. LAs said having data specific to children was key to their decision-making around investment, commissioning and service delivery. However, as the qualitative comparative analysis shows, this data was rarely supplemented by direct engagement with children, which had implications for children's access to support.

Knowledge of children's outcomes from support in safe accommodation was more limited. Even in areas which had comprehensive systems for collecting data on children's use of safe accommodation and support, LA staff were concerned they knew very little about their outcomes. LAs themselves had not developed clear outcomes frameworks for children as part of their local strategies, nor routinely linked children's outcomes to other frameworks.^{xiii} LAs could [use a range of quality standards](#) in commissioning or assessing support in safe accommodation, and MHCLG's quality standards [for children](#) related more to the services than to service users; the most relevant stated "*children are able to access support to understand their experiences and build their resilience and confidence*". The LAs also tended to gather little evidence on children's outcomes from service providers.

Service providers did often monitor service user outcomes but had varied approaches to child outcomes. Some used separate measures for children. Others used the same tools to measure adult and child outcomes. Others only collected data on adult outcomes, noting this was a gap. A particular challenge was in collecting outcome data from younger children, for whom service providers were gathering parental feedback instead.

Some support services did share information with LAs, including qualitative case studies. Where LAs had this richer set of insights, they could use them to supplement children's voices on the Local Partnership Board; however, to date they had been used in place of other approaches, including children's representatives sitting on the Local Partnership Board. One LA commissioned an external provider to collect feedback from children, with a view to using this in future to inform its understanding of child outcomes of safe accommodation. As the evaluation was reporting, the Domestic Abuse Commissioner's report on children's experiences of domestic abuse was setting out ways that data and evidence could be improved at local and national level. This study shows that establishing better outcomes monitoring could help future provision to identify variable aspects of children's experiences and so support children most effectively.

Best practice – dedicated children’s worker plus specific mental health support

Dedicated children’s worker

- **Children and young people value having the dedicated support of at least one staff member who they recognise is ‘for children’.**
- **Where a children’s worker or children’s advocate was in post, children and young people described many different ways in which they engaged with the worker – from weekly talking sessions (1:1 or with siblings) or doing homework with them to playing with them, taking them to the park or just being around and giving the child attention.**
- **For parents, and professionals, this worker could also facilitate discussions with external agencies, including children’s social care and school.**
- **Best practice would be to ensure that all communal safe accommodation settings have a dedicated children’s worker (and more than one if possible) and that children in dispersed accommodation and sanctuary schemes are connected with a worker.**

Specific mental health support

- **Many LAs used duty funding to provide flexible dedicated support to children which could provide a light touch form of mental health support. Examples of these were children’s workers who provided regular times for children to talk 1:1 or with siblings and the delivery of sessions of play-based, art-based or group-based support.**
- **A few LAs had commissioned specific support from mental health professionals. This included therapeutic support, through play, art or talking, specific counselling support and some group therapy. It provided for children whose support needs exceeded the dedicated provision, such as trauma, severe anxiety or multiple support needs.**
- **Where it was provided, children and parents valued specific mental health support but could be frustrated at the short duration of a few weeks in some settings. Best practice would be to ensure that specific support can be provided to children in all settings who need it. It should also be provided for children of all ages. Where the funding allows, it should be offered for an initial series of weeks with the option to be extended for those children and young people who still need additional support.**

5 Local authority implementation of the duty

This chapter traces how LAs were delivering on the duty's legislative purpose of "ensuring victims of domestic abuse have access to the right accommodation-based support when they need it." (MHCLG Statutory guidance, 2021). It sets out differences in implementation and identifies effective approaches to improving the range, scale and fit of support in safe accommodation. It draws on case study areas' needs assessments, local strategies, commissioning documents and contributions from LA and service provider staff plus MHCLG's annual monitoring information (MI) and input from LA learning workshops, sector experts, the Lived Experience Group, Practice Reference Group and Consortium.

The evidence on LA implementation is traced across the activities and outputs set out in the duty guidance, which the Theory of Change shows should lead to outcomes and impacts. These are discussed in sequence: understanding need and planning responses (sections 5.1 needs assessment and 5.2 local strategies), responding to needs (5.3 commissioning and 5.4 partnership working) and reviewing (5.5 monitoring implementation and measuring outcomes).

Key findings

- **Case study areas developed needs assessments and local strategies as required. Those taking a single-LA approach included granular detail on the area. Others took a joint approach to address cross-border needs. Needs assessments were refreshed but not annually as the effort was thought to outweigh the value this could provide.**
- **Survivors' involvement in developing needs assessments and local strategies aided understanding of needs and contributed to commissioning needs-based services.**
- **Having survivors' insight contributing to assessments and local strategies influenced access to support in safe accommodation. Where possible, survivors' direct inclusion should be encouraged, and guidance on how to achieve this should be clearer.**
- **The duty's introduction of the Local Partnership Board added a structure through which areas could coordinate multi-agency efforts to address needs.**
- **The requirement to include survivors' representatives on Local Partnership Board provided for victims' interests to be at the core of the duty's implementation. This proved more effective for adults than children. It was most effective where survivors contributed directly.**
- **Local Partnership Boards could be difficult to align with other structures and may be seen as duplicative. Once established, attendance varied between areas and over time, but Local Partnership Boards gained more traction where they included operational sub-groups.**

- **Local Partnership Boards could also be seen as offering a strong structure for partnership working and fostering links between agencies and across the area. Tier 2 authorities said the shared focus on safe accommodation strengthened cross-boundary relationships, providing them with a shared goal that led to more efficient joint working in assessing and managing risk and providing appropriate support.**
- **Local strategies proved effective where they were used as frameworks for the Local Partnership Board to address survivors' needs, guiding multi-agency responses in Tier 1 and Tier 2 LAs. Responses could still be uneven across Tier 2 LAs so implementation could be strengthened by reviewing local patterns of delivery.**
- **Duty funding led to commissioning longer contracts, as suggested in the guidance. It also saw more engagement in some areas of smaller organisations, including By and For organisations, although the uptake of new, smaller providers was patchy at a national level. There was no evidence of existing support being cancelled or reduced.**
- **Despite the new opportunities and funding provided by the duty, some areas only recommissioned or extended existing services. This could be because no other providers operated in the area but may indicate not all needs were identified.**
- **New services tended to focus on survivors with specific characteristics or additional needs, or on children. Duty funding was used to leverage safe accommodation units in some areas, but in others there was a view it could not be used to add capacity.**
- **All areas were engaged in monitoring implementation of the duty through their annual MI returns to MHCLG. Areas varied in how useful they found this data as it could be hard to compare with neighbouring/regional LAs. Efforts to track impact were limited but focused on qualitative measures which were seen as richer than quantitative data.**
- **There was strong interest among LA staff for guidance on how best to measure adult and child survivor outcomes. Safe accommodation service providers could monitor outcomes but frameworks, tools and metrics differed and data was rarely shared with LAs. Encouraging services to share (anonymised) individual-level outcomes data with LAs could contribute to a collaborative understanding of local trends and the duty's impact and facilitate the development of shared outcome measures.**
- **LAs recognised the value of survivors' input into the Local Partnership Board, needs assessment, local strategy and reviewing services but identified challenges in gathering this from a range of survivors, and from children in particular. There could be a need for guidance on how to gain victims' insights in age-/culturally appropriate, trauma-informed ways.**

Needs assessments

The statutory guidance on the duty stipulates that Tier 1 authorities should undertake a full local needs assessment every 3 years, as a minimum. This can be refreshed annually to ensure any change in demand or support requirements are adequately captured. LAs took different approaches to the development of these – as outlined below – but however done, the evaluation found that they were enhanced by having direct input from survivors.

Scale of needs assessment

Tier 1 LAs took either a single-LA or joint-LA approach to conducting needs assessments and developing local strategies. Most case study LAs (including those with Tier 2 LAs) adopted a single-LA approach, focusing on the landscape of domestic abuse support and safe accommodation within their own borders. These were described by staff as providing granular detail on local survivors' needs, how well they were being met and a strong understanding of local provision. However, this focused approach had little insight into the neighbouring context or potentially differing needs of survivors who cross council borders. Other areas opted for a joint approach, with two or more Tier 1 LAs working together to develop a joint needs assessment, reflecting needs and provision across the wider area. These assessments focused on cross-border patterns and collaboration opportunities.

“What we do try and do ... is working in that kind of collaborative way ... some of our services work across the three areas. And we do face similar challenges, similar kind of themes and demands ... We know that often barriers and challenges faced by victims [who] need safe accommodation are very similar and ... some of the learning [from] that needs assessment would have been very similar across the three areas. Rather than having three separate [assessments], it would make sense that we're all working towards the same gaps, working towards the same improvements and supporting each other on that as well.” (Tier 1 LA Staff)

There was no pattern as to whether a joint or single LA needs assessment was conducted. Both approaches were taken across regions, by LAs with differing governance structures and geographies. However, opting for a joint needs assessment could reflect pre-existing collaborations and shared commissioning of services. In addition, a case study area noted that having common demographics with a neighbouring LA had facilitated a joint approach.

Whether conducted as a single or joint approach, needs assessments tended to focus on the existing LA population(s), although survivors often move area for support. Survivors' movement out-of-area is well-evidenced.^{xiv} It is widely recognised by the sector, but case study LAs varied in whether they addressed this as a key consideration or not. If not addressed, needs assessments could be overlooking a substantial portion of incoming need and demand. If this movement was recognised, it meant that profiles of need and levels of demand were understood as less predictable and attention given to the local challenges that may result – such as complex patterns of cross-LA supply and demand.

Approaches to developing needs assessments

Needs assessments were developed by the LA(s) or by an external agency. An in-house needs assessment involved a team of LA staff collecting, collating and analysing data. An external needs assessment was commissioned out to a single contractor or organisation with experience in assessing domestic abuse needs (including domestic abuse charities). Both routes were able to identify the needs of survivors, but each had trade-offs.

In-house needs assessments were considered most successful with a strong LA team to conduct the research, otherwise they could be challenging to resource. An advantage was that the LA staff would already be familiar with the area, which produced a detailed report. However, it could be led by the existing perceptions, interests or awareness of the LA staff.

External needs assessments suited LAs which were low on internal resource or with a newer staff cohort less familiar with the local landscape of domestic abuse need and support. Another advantage was that its external perspective could be seen as unbiased. However, those with local experience could also view these reports as out-of-touch or less well connected.

"[the LA] were lucky regarding the needs assessment because, as they knew it was a huge piece of work, they were able to employ a consultant to help them. It had tight deadlines, and nobody had the capacity to do it efficiently otherwise." (Tier 1 LA Staff)

Needs assessment refresh

All case study LAs conducted needs assessments every three years but few had refreshed annually, as suggested. LA staff did note that the profile and needs of survivors shift over time and a few LAs found annual refresh useful in tracking changes in demographics and need. However, most case study areas considered that the investment and resource required to produce an annual refresh outweighed the insight it would provide, with a view that this significant additional effort would produce similar findings to the initial exercise. In addition, there were LAs which may have wanted to refresh but did not have the capacity:

"We are very well aware that we need to update it. ... I just don't have the resource or the capacity ... We don't expect the needs assessment to identify any new aspects or priorities. ... There's only one of me, I don't have a team around me when it comes to domestic abuse, and it's a real challenge. ... So, yes, that's one of the main reasons why it takes us that little bit longer to get to where we need to be." (Tier 1 LA Staff)

Limits on internal capacity were an influence but otherwise there were no clear contextual factors influencing which LAs had refreshed their needs assessments by late 2024. While there is no requirement to refresh a needs assessment more often than every three years, there was interest in doing so for key areas of the assessment, where there was capacity. In interviews and learning workshops LA staff requested guidance from government on the areas to prioritise to make best use of their resources in refreshing the needs assessment.

Victim-survivor involvement in developing needs assessments

The evidence suggests that involving survivors in developing needs assessments improved understanding of the range of needs and contributed toward commissioning a diversity of services based on need. The qualitative comparative analysis also indicates that where survivors were not directly engaged, access to support in safe accommodation did not improve, and this was the case for both adults as a whole and adults with additional needs.

Direct involvement of survivors provided detailed information on specific needs and barriers to accessing support in safe accommodation that were not captured so fully in the secondary sources such as management information or health data. This direct input was described as better illuminating the needs and challenges that survivors experience and identifying gaps in support – each central to the needs assessment.

“We’ve also heard from survivors directly as part of the needs assessment in regards to their experiences of accessing or not accessing services. So, we’ve looked at our referral pathways ... seeing how we can make improvements.” (Tier 1 LA Staff)

Direct engagement with survivors took different forms but mainly comprised focus groups and interviews with adults. The case study areas did not directly engage children in developing their needs assessments, but there was interest in doing so in future. However, there was an example of commissioning a young person’s support worker, following feedback from adult focus groups. This same LA commissioned a Complex Needs Worker after hearing from survivors in the development of the needs assessment through focus groups (one with women, one with men) and individual interviews. The needs assessment also included a “victim voice” section with case studies.

Meaningful engagement with survivors requires investment. Key considerations are: developing routes and resources to engage with and hear from survivors; ensuring there are suitable approaches for survivors with specific characteristics or additional needs; training staff on trauma-informed approaches to engagement; and balancing power between those implementing the duty and survivors throughout engagement. Once survivors have shared their insights, it is an advantage for any future engagement to show how these were used to inform strategies, implementation and commissioning.

All LAs used local service management information, crime data and health data to develop needs assessments but diverged in whether they also involved survivors directly. For many, direct engagement was a priority. For others, time and resource constraints had prevented direct involvement, but they saw this as a gap, and would like to engage survivors in future. The learning workshop feedback indicated that direct engagement was not needed, that it is sufficient to hear from survivors by speaking with service providers as this meets the guidance requirements. However, this evaluation shows that, where possible, direct inclusion of survivors should be encouraged and guidance could make clear that gathering survivors’ views and experiences should include direct involvement.

Local strategies

Under the duty, LAs must develop and publish a local strategy based on the needs assessment every three years. The strategy needs to be monitored for effectiveness, which includes providing an annual data return to MHCLG (see 5.5 Monitoring, below).

Approaches to developing local strategies

All LAs produced safe accommodation strategies every three years. Strategies drew on the needs assessment and were also often informed by large scale consultations and workshops. LAs engaged widely with providers, social care, health, housing and other statutory partners and typically provided ways for Tier 2 LAs to inform strategy planning. LA staff reported that this process was thorough.

Many LAs had existing domestic abuse strategies which could be used to embed the safe accommodation strategy. This was considered useful as there was little value developing a strategy only on safe accommodation without embedding it in their broader response. The maturity of existing strategies did however influence LAs' ability to adapt them to the duty. Where LAs had recently developed a domestic abuse strategy, expanding this to include a specific focus on safe accommodation was relatively smooth. However, where the strategy was mature, LAs could be unsure how to fit the new requirement into existing structures.

*"I think [the duty] made it worse here. We had a central county coordinated group, one strategy, grown-up conversations happening with the sector ... Once this duty came in, it got chopped and it's become more difficult, in my view. I think the result of that is ... less has been delivered, and I think it's created more frustration, more bureaucracy because of the way that our local authorities have interpreted that."
(Tier 1 LA Staff)*

The strategy also intersected and overlapped with existing non-domestic abuse strategies, including those on serious violence, modern slavery, violence against women and girls, social housing, homelessness, and community safety. Links between the domestic abuse duty and other statutory requirements and responsibilities are highlighted in the [guidance](#) but LAs still showed differing levels of clarity over how the duty aligned with other priorities. Although this did not hamper the development of duty strategies, and LA staff could talk of intersections between strategies, there was interest in guidance on how to align the duties most effectively. This could be a compilation of best practice examples, updated over time.

Victim-survivor involvement in developing local strategies

The evaluation found that local strategies are a key influence on survivors' access to safe accommodation, but only when the strategy is grounded in identified need. In particular, survivors' input revealed important gaps in service provision that helped to guide strategies. The most effective method of identifying need was by including survivors directly in developing needs assessments and ensuring their insights were also embedded in local strategies. Direct involvement of survivors in developing local strategies took many forms, including interviews or focus groups; good practice outlined in 5.1 also applied here.

The qualitative comparative analysis found that local strategies developed according to identified local need guided how LAs and service providers worked together. This could be in the form of key performance indicators or tools that all partners could use to respond more effectively and accurately to different needs in their area, and to align priorities and measure progress against these, which improved communication about how to meet the different identified needs within their LA. The local strategies also shaped the functioning of Local Partnership Boards and operational sub-groups which fed into these. Interviewees described the local strategies as a framework for addressing different victim-survivor needs in partnership, with each provider and LA team ensuring different aspects of the strategies were addressed.

Commissioning

The duty and its funding were intended to provide the catalyst, framing and resources to extend and improve provision of support in safe accommodation. Commissioning put this into practice to deliver what the needs assessment and strategy showed was required for survivors. The introduction of the duty and its funding had some impact on commissioning practices, specifically by promoting longer contracts and engaging a more diverse range of providers. Areas diverged in whether this commissioning was used to expand the range of support or to extend existing services. At a national level, there were also sector concerns that specialist provision was sometimes being replaced by generic services, including from housing providers and from LAs taking services ‘in house’. However, in the 19 case study areas, the introduction of the duty and its funding led both to expansion of existing services and commissioning of new, specialist services, enhancing the overall support landscape. There was no evidence of existing support being cancelled or reduced in these areas.

Commissioning practices

The duty guidance set expectations on LAs to commission services “on a long-term basis to encourage consistency and security for victims including children” ([para B5.14](#)), ideally for three years to cover the local strategy. Alongside this expectation, the funding allocated to LAs for delivering the duty was seen as contributing to longer contracts being issued, including where LAs extended or renewed contracts for support in safe accommodation. Before the duty, funding for support services often required year-on-year commissioning or contract extensions and the duty was seen as having enabled more sustainable provision by enabling commissioning for an extended period.

Under the duty, LAs were also encouraged to ensure commissioning arrangements did not “exclude smaller voluntary organisations” ([para B5.11](#)). The evaluation found that smaller organisations were being commissioned for the first time in a number of case study areas. These included local (as opposed to national) specialist support organisations and By and For providers. However, there were still indications of procurement requirements or processes limiting commissioning and the learning workshop feedback indicated the duty had not broadened all commissioning practices. Examples of issues included requirements for minimum bedspaces exceeding these providers’ capacity or commercially-focused social value commitments being applied to these not-for-profit providers, limiting the opportunity.

Although the extent of commissioning changes varied by area, where they had taken effect these duty-related changes were described by staff from both LAs and services as making procurement and contracts more effective and engaging a wider set of services to address need. Similar changes may develop in other areas over time, but this could be catalysed by sharing examples of how extended contracts and more flexible procurement enable LAs to meet survivors' needs more effectively.

Approaches to commissioning

Commissioning approaches were described as being informed by the needs assessment and strategy. This meant commissioning decisions were dependent on how well-informed the strategy and needs assessment were, replicating the breadth or limits of their insight. The quality of analysis and planning therefore influenced how effectively commissioning could deliver suitable range, scale and fit of support in safe accommodation for survivors. LA staff also indicated that decisions to expand provision or to renew contracts reflected pre-existing commissioning approaches and the availability of potential providers, rather than being guided entirely by local needs.

In areas where contracts were renewed, LA staff said decisions to continue with existing providers were informed by strong relationships and the services' thorough understanding and experience of local need. There were also areas where decisions to recommission existing services reflected limited provider availability. One LA was already working with all the available providers, which limited their options to extend the range or scale of support. Where case study areas did expand provision, this was typically by diversifying the range of support and/or type of providers. As set out in more detail below, case study areas that renewed contracts tended to provide for groups that were already accessing support, and areas that expanded provision tended to widen support and create a more inclusive offer – although some areas were starting with a very broad provision from before the duty began.

Whichever approach was taken to commissioning within an LA, it was consistent between Tier 1 and Tier 2 authorities. Tier 2 staff felt it was correct for the duty to sit with the upper-tier LA as this aided system-wide considerations, creating a collaborative commissioning approach and delivery across district and borough councils that better supported survivors. Tier 2 LA stakeholders reflected positively on the structure of the duty funding and its impact on commissioning.

Whether expanding provision or extending contracts, LAs took longer to commission child-specific than adult-specific or all-age provision. This was seen in the increasing number of children's support services operating at each of the three rounds of fieldwork (Winter 2023, Summer 2024 and Autumn 2024). By Autumn 2024, all but two of the 19 case study areas had commissioned child-specific support. Of the remaining two, one was recommissioning a child-specific contract, and one did not intend to commission any child-specific support.

Expansion of provision

Where commissioning under the duty was used to expand provision, it increased the range and number of safe accommodation options (predominantly for adult survivors but also for accompanying children) or introduced new forms of support for adults and for children and young people within existing safe accommodation.

New accommodation: In some case study areas, LAs used duty funding to leverage safe accommodation bedspaces, including more dispersed accommodation units (nationally, the number of bedspaces in dispersed accommodation increased by 8% in 2022/23 to 2023/24) and specialist safe accommodation units (nationally, these bedspaces increased by 20% in 2022/23 to 2023/24). However, LAs varied in their interpretation of duty funding parameters and so not all used funding to leverage more capacity. These inconsistencies were highlighted in the study areas and beyond; some LA staff at the learning workshops were surprised this leveraging was allowed, as duty funding was termed ‘revenue funding’. This feedback indicates that the reach and impact of funding could be extended if LAs are reminded they can explore using revenue funding for duty support alongside other capital funding (such as the Affordable Housing Programme) to invest in delivering new safe accommodation and leveraging bedspaces to meet need more comprehensively.

New adult support: Newly commissioned services were more likely to focus on specific populations, needs or characteristics. Examples included one LA funding a specialist drug and alcohol worker with domestic abuse expertise, while another LA had commissioned an Independent Domestic Violence Advisor with the language skills to support East European survivors. LAs which commissioned new services were also more likely to put duty funding towards smaller organisations that had not previously been commissioned due to budgetary constraints. This included By and For organisations, as well as local (as opposed to national) domestic abuse or specialist support organisations.

Linear regressions of the monitoring information indicate a small but positive relationship between spending on the different types of safe accommodation support and the number of adult survivors supported (models 1a-e in Annex C). This suggests that diversifying or adding new safe accommodation support does indeed help support more adult survivors.

New child support: Newly commissioned services for children and young people included two broad categories of specialist support: one addressing their overall needs or interests; and a second focused on needs for therapeutic support. Services providing broad support included children’s outreach services, funding for group-based social activities and a duty-funded ‘children’s worker’ role. Therapeutic support included one to one child therapeutic support and a trauma-informed therapeutic support group for children. Outreach, group-based or therapeutic services were commissioned to operate across safe accommodation including refuges, dispersed accommodation and sanctuary schemes, while children’s worker roles tended to be linked to a specific refuge setting.

Continuation of existing services

The case study areas which continued existing services for adults and children tended to recommission or extend core provision such as support staff in refuges or broad contracts with domestic abuse support charities. When contrasted with the specialist roles in LAs that introduced new services, areas that continued existing provision commissioned more generic roles such as ‘key workers’ or ‘specialist provision within a refuge’.

The retained/recommissioned services for adults and children were typically for refuges. It was unclear why support services were less often being recommissioned for dispersed accommodation or sanctuary schemes. It could have been due to greater identified need

in refuges, fewer pre-duty contracts having been set up for dispersed and other safe accommodation, or that other funding was used to provide support in these settings. In those areas where support was only recommissioned, it made it difficult to discern what had actually changed from the pre-duty period – beyond extending the length of contracts – and so the impact of the duty was less clear than in areas where it led to new provision.

Over time, it would be expected that updating needs assessment and strategies in these areas would catalyse a broader set of support services being commissioned to meet other needs. However, there were limits on LAs' ability to expand the scale or range of provision where all providers were already being commissioned. These areas included those where one or two large providers operated and LAs reported that other providers were not setting up or offering services, and areas where no By and For services were yet operating. Joint or collaborative commissioning across LAs may address such limits to offer broad support.

Decommissioning

There was no evidence that LAs which commissioned new services had decommissioned or reduced existing support services; nor were previous funding arrangements for staff in safe accommodation or support staff stopped. Rather, the indication was that these areas were expanding existing provision or adding new services to the local support offer. The evaluation found that any decommissioning in case study LAs was not attributable to the duty. Where mentioned in LA staff interviews, decommissioning was suggested as something that might occur in future if funding was to become uncertain, rather than expected because of specific aspects of the duty funding.

Commissioning of specialist and By and For services

Specialist services are independent domestic abuse services with specially-trained staff (see Women's Aid definitions). The duty guidance also refers to specialist services as support that is designed for particular groups of victims with specific characteristics or additional needs. By and For services are specialist providers which focus on supporting survivors with specific characteristics (e.g. with disabilities, from minoritised ethnic groups, who are LGBTQIA+ etc.) and are designed and led By and For the communities they serve.

There were concerns among domestic abuse sector organisations that the introduction of the duty and its funding had contributed to services being taken in house by councils and generic providers being commissioned in place of specialist services to deliver support. It was not evident that this had occurred in the 19 case study areas and LA staff across the areas were aware of what specialist and By and For services were and the value they bring. However, commissioning of By and For services was patchy across the case study areas – and nationally MHCLG's MI data shows that 63% of all LAs did not provide for survivors in specialist safe accommodation or through specialist services.

This is problematic as qualitative comparative analysis of the longitudinal data found that access to safe accommodation for survivors with specific characteristics did not improve if by and for services were not commissioned, and there was also limited direct involvement of survivors in needs assessments and a limited diversity of safe accommodation.

Where By and For services were commissioned, they were mostly for victim-survivors from minoritised ethnic communities and some for LGBTQIA+ survivors. Linear regressions showed a positive relationship between the number of By and For services for survivors from minoritised ethnic backgrounds and the number of survivors from minoritised ethnic backgrounds who were supported (see Annex C).

Where such services were not being commissioned, one of the main reasons given for not commissioning was geography, as By and For services tended to be concentrated in urban or predominantly urban areas. Rural areas saw the lowest average number of victims with specific characteristics supported (Cluster 1 in the cluster analysis, Annex C). Elsewhere, LA staff explained that distance from By and For services was a barrier to commissioning: *“we are geographically divided on concentration of By and For services”* (Tier 1 LA Staff).

The patchy commissioning and limited provision of By and For services also stemmed from how needs were identified and assessed. The process of needs assessment and strategy development could unintentionally replicate existing gaps in provision by overlooking need among less familiar or populous groups of survivors – or even among those who are simply less visible, such as older survivors. The rapid evidence assessments on models of support and outcomes from support show how limited the evidence is for some groups of survivors.

The duty guidance specifically addresses the importance of LAs being ready to provide for all survivors, even if not identified in the needs assessment, and recommends that LAs collaborate with neighbouring authorities to do so. The evaluation indicates that there is more to be done in recognising, preparing for and actively providing specialist support.

Acknowledging that survivors move for support, LAs should improve their knowledge both of the range of specific needs and of By and For organisations in their wider area, and actively consider how specialist and By and For services could contribute to their local response.

“We need to look at our By and For services and how we can support them ... to make sure that we are really joined up but [assess] where can we do more.” (Tier 1 LA Staff)

Multi-agency working

Multi-agency working and partnership are key to supporting domestic abuse survivors. The establishment of a Local Partnership Board and multi-agency working are requirements of the duty. In this, the duty mirrors existing arrangements and overlaps with other statutory requirements, so there were challenges for implementing this aspect of the duty efficiently.

Approaches to Local Partnership Boards

The 2023/34 MHCLG monitoring information return from 120 LAs showed that all areas had set up Local Partnership Boards (except for one LA that had missing data), and most

had complied with all requirements. Of the four LAs which reported gaps in some Local Partnership Board requirements, three related to not including survivors on their board and one to representation from the charity and voluntary sector. Among the 19 case study areas, over three quarters (77%) held Local Partnership Board meetings quarterly, around a fifth (18%) held them every other month, and one (5%) held them monthly. Only two had children's representatives on their Local Partnership Board but most had a member representing adult survivors and there was strong support for the focus on incorporating adult and child victim-survivors' voices in these meetings.

"I think the fact we've got a specific role [victim-voice facilitator] that is dedicated to gathering this voice is something that we should be proud of and we see as a positive. I think it's working well how we can give that person some things like our strategy action plan, which we have done, and say 'Can you speak to victims about this strategy action plan and get feedback? Do you think this is the right thing?' So, it doesn't feel like we're making decisions on behalf of victims, it feels like they are fully involved and have a voice with what we do." (Tier 1 LA Staff)

While there was strong compliance with creating Local Partnership Boards, there were mixed opinions on their utility beyond victim-survivor representation. One view was that Local Partnership Boards brought a strategic vision and drive to tackling domestic abuse locally. Those who were more critical saw it as duplicating existing boards. This view was strongest for LAs with existing domestic abuse strategic boards and which had to consider adding in the domestic abuse Local Partnership Board or adjusting their existing boards to be fit for purpose. Staff in these areas also highlighted challenges with patchy attendance at the Local Partnership Board meaning that the "right people" were not "at the table".

"I think the problem that we're seeing is that people have got less capacity, so the attendance, definitely, at some of those boards is well down...and a lot of people have moved on. So, some of those relationships are still at a bit of a distance... I think if agencies are not there you've no feedback." (Tier 1 Service Provider)

Approaches to multi-agency working

Professionals across Tier 1 and Tier 2 areas described how the duty was implemented in an existing context of strong partnership working between LAs, police, social care and health with service providers. The duty strengthened these links and increased awareness and understanding of domestic abuse and survivors' needs. It was also identified as giving housing associations a clearer understanding of the issues and their role in responding.

"Before the Duty, housing associations didn't think they'd be that involved, but actually they're vital to what happens." (Local Partnership Board member)

The key pre-existing mechanisms were partnership meetings and training. For example, while in many LAs Multi-Agency Risk Assessment Conference meetings were already in place, LA staff explained that after implementation of the duty there was stronger focus on the link between safe accommodation and support services. In these cases, the influence of the duty was to strengthen existing relationships and processes.

One prominent theme voiced by Tier 2 authorities was that the focus of the duty on safe accommodation fostered stronger relationships across borough and district councils. Tier 2 authorities described how the duty created a priority on safe accommodation support services. By providing this central focal point, Tier 2 authorities described how they had a shared goal that led to more effective joint working in assessing and managing risk across and providing appropriate support services.

However, there were instances where Tier 2 LA staff said the structure of the duty created siloed working arrangements. While Tier 2 LAs felt empowered to direct their own use of funds, they also expressed a desire for a more joined up approach across Tier 2 councils. This was felt to be absent because the duty was being driven by the upper-tier authority. Underlying this theme was the opinion that some Tier 2 authorities were more 'visible' than others which made the support needs in their area feel more pressing. Local geography, structure of local government, and presence on the Local Partnership Board were all described as factors that could lead one Tier 2 LA to be more visible and receive greater attention than another.

Under the duty, there was more training for professionals about services, pathways and referral processes, as well as training for partner agencies to be better equipped and able to identify and respond to domestic abuse. This training was amplified through word-of-mouth dissemination across community and internal housing, adult social care and community safety teams. This helped to improve awareness of pathways into safe accommodation across an LA. This improved understanding of domestic abuse and each agency's roles helped Tier 2 stakeholders in particular build better relationships with service providers.

"They know what the pathways are, they know how to access them and how to refer. And that information is relayed through the training and the communication channels and it's kept up to date, it is relevant." (Service Provider Staff)

Variation in multi-agency working and Local Partnership Boards

There was variation in the extent to which LAs implemented additional working or operational groups to support the Local Partnership Board and ongoing implementation of the duty. Where these groups were in place, they included representation from key partners, service providers and Tier 2 LAs. Stakeholders viewed the split between strategic and operational arrangement as important to ensure governance was sufficiently inclusive and that multifaceted issues could be discussed at appropriate levels and with relevant parties, as well as ensuring actions were taken forward by the right people.

The operational group could act as a vehicle for a much larger number of delegates (some as many as 70) to meet or involve smaller groups with a specific purpose aligned to an area of the strategy (e.g. children, safe accommodation, data and evidence) and helped to have focused discussions with the relevant stakeholders. In LAs without operational groups, stakeholders specifically attributed their frustrations to this gap, as it was challenging to progress key actions with just the strategic group meeting.

Victim-survivor involvement in Local Partnership Boards

The duty requires Local Partnership Boards to include at least one representative of the interests of adult victims of domestic abuse and at least one representative for the interests of 'children of domestic abuse victims'.^{xv} Few had a representative for the interests of children; where they did, it was a professional speaking for children and young people. Their impact on the Local Partnership Board was considered limited. All Local Partnership Boards had a representative of the interests of adult victims, either a victim-survivor speaking for themselves or a service provider representing the interests of adult survivors. The impact of indirect representatives was varied as some were very vocal and others more passive. However, having a survivor present was considered to contribute substantially to the Local Partnership Board, and also to make boards themselves more impactful and useful. Where adult survivors were present, professionals felt the Local Partnership Board had a stronger strategic focus and that decisions were often more influenced by the survivor's input. These positive examples reinforce the importance of having a clear way for victim-survivor voices to be heard at the core of the duty's local implementation – but also highlight the ongoing challenge of ensuring that all adult and child survivors' interests can be heard through representative, consultative and engagement activities.^{xvi}

Monitoring implementation and measuring outcomes

The duty requires LAs to monitor and evaluate effectiveness of the safe accommodation strategy. While all case study areas had engaged with the statutory annual data return, not all were utilising this MI data to review and revise their implementation. Additionally, while they all engaged in monitoring processes, their use of monitoring frameworks or structures varied and there was patchy engagement with service providers' monitoring and outcomes data. As most service providers are now capturing outcomes, their data and insights could be shared with LAs more routinely. Encouraging service providers to share data could provide a more comprehensive understanding of the duty's impact and facilitate development and integration of shared outcome measures (Cunnington and Wild, 2025).

Approaches to monitoring progress

LAs must complete an annual questionnaire relating to delivery of services commissioned to provide support to survivors of domestic abuse and their children within safe accommodation, which is then published annually by MHCLG. All LAs did respond to this annual monitoring information return as it is a statutory requirement, but there were mixed perceptions on the usefulness of the data. For example, LA staff highlighted challenges with using the number of people unable to be supported in safe accommodation or the number of people moving on from safe accommodation as indicators because these metrics were more commonly tied to housing availability than to the progress of the duty in supporting survivors. While LAs were receptive to the idea of collecting information about those who benefit from the duty, there was mixed confidence that the monitoring information accurately reflected the local landscape. This may explain, at least partially, why some case study areas did not use the data they collected to inform their approach to implementing the duty.

“The questions asked in the return aren't relevant to the needs assessment work, it's just, it's bean counting.” (Tier 1 LA Staff)

Tier 2 LAs specifically highlighted challenges with the monitoring information return. While they noted that information-sharing had improved with a greater volume of data now collected and shared to the upper-tier authority, uncertainty remained as to how the data shared by Tier 2 authorities was used to monitor outcomes of survivors.

LAs supplemented their MI returns with additional data and feedback, as suggested by MHCLG. Examples included intake and exit conversations/questionnaires that asked a victim-survivor about their mental health, wellbeing, and perceptions of safety at the beginning and end of their time in safe accommodation; survivor statements given to service providers about their experience of support in safe accommodation; and QR codes around refuges for survivors to provide anonymous feedback about support services.

LA staff consistently said that qualitative findings that focused on the victim-survivor experience were the most illuminating. However, they were concerned about overwhelming survivors with questions about their experience using the service while they were in a potentially fragile state and expressed their uncertainty at when would be an appropriate time to ask about longer term outcomes.

“And it would be really good to be able to ask somebody, so, you know, 'What was the impact of our service?' But not necessarily asking them when they're on the way out of the door to move into a new house because ... they might recognise different things 6 months down the line. But it's not recommended to contact somebody 6 months down the line because, you know, we're not being trauma-informed then are we, realistically, or being fair to that victim.” (Tier 1 LA Staff)

Variation in monitoring and measurement

All LAs engaged in monitoring processes, but measuring outcomes was less widespread. A range of outcomes measurement tools were being used by service providers and some by statutory agencies and other services, but these were not commonly shared with LAs. This may explain why there was broad desire from LA staff for guidance on how best to measure victim-survivor outcomes, distinct from the MHCLG annual MI data. In some LAs, data was compiled from local commissioned services to construct a single (anonymised) database tracking outcomes and identifying trends that may need further investment. This shows that encouraging service providers to share data could facilitate the development of an integrated understanding of local outcomes, which could then also inform future action.

Outcome measurement tools which were used by service providers and LA staff included those developed by specialist domestic abuse organisations such as Women's Aid's Oasis / On Track system used to follow survivors' needs, progress and outcomes, those adapted for use with domestic abuse survivors such as Triangle's Outcomes Empowerment Star or those focused on other issues that intersect for some survivors, such as drug and alcohol use or depression. Participants noted that most of their data collection focused on adults with limited progress made on identifying or monitoring outcomes for children, even though the Domestic Abuse Act (2021) identified children as victims in their own right.

The combination of the clear value of feedback from survivors, challenges in gathering this information and limited use of outcomes, suggests a need for comprehensive guidance on how to collect information directly from survivors in a way that is trauma-informed and consistent. As with involving survivors in needs assessments, appropriate time and resources (including staff and training) are needed to effectively monitor progress, change and outcomes. These processes also need to be accessible to all survivors including those with mobility challenges or language barriers and be informed by practices that are age- and culturally sensitive to ensure maximum inclusivity.

Best practice – direct engagement with survivors

- **Implement processes for collecting and using feedback directly from survivors to understand the range of needs, how these are being met or not, and for whom. As survivors are often placed in or move to new LAs, collecting direct feedback can ensure that support in safe accommodation is informed by changes in the population.**
- **Engagement must be meaningful, safe, ethical, accessible and inclusive. Processes can be adapted as needed to involve survivors with specific characteristics and/or additional needs and child/young survivors. Key indications from the study and Lived Experience Panel are:**
- **Use interviews or focus groups with survivors at key points (e.g. development of the needs assessment) so views can be meaningfully incorporated.**
- **Compensate survivors for their time and travel expenses and other allowances (e.g. care costs) to encourage participation and recognise their contribution. The National Institute for Health and Care Research has [payment guidance resources](#).**
- **Collaborate with By and For service providers, specialist providers and other agencies or partners (e.g. mental health, substance misuse services, specialist children's services) so engagement opportunities are accessible to all.**
- **Consider how to engage child/young survivors across a wide range of ages. Adapt feedback mechanisms to suit children/young people across ages. [The principles](#) from the British Psychological Society are a useful reference. as is [understanding children's experiences in their own right](#) (Domestic Abuse Commissioner, 2025).**

6 Value for Money

This chapter shares the findings of the value for money evaluation, which used the [Value for Investment](#) framework to consider how expenditure on the duty was being used at the LA level to meet needs and deliver the intended outcomes. The value for money evaluation assessed if the money spent on the duty was being optimised, if the duty could have provided more value for the money spent on it and if the same outputs, outcomes and impact could have been delivered for less. Specifically, it explored the extent to which value for money under the duty was being achieved against four categories of spend and outcomes: economy, efficiency, effectiveness and equity. The assessment drew on MI data, interviews with professionals and survivors and financial data reported by the 19 case study LAs.

The value for investment approach taken did not aim to quantify the total costs and benefits of the duty but instead developed key insights to help assess impact and inform future funding decisions. The findings are indicative rather than conclusive as they relate specifically to the 19 case study LAs, rather than being national, and the set of value for investment assessments could be misleading if extrapolated directly from these LAs to the nation. However, the findings indicate aspects of the duty's implementation where value for money could be improved and provide explicit criteria and evidence-based insights from which wider analyses can be conducted.

Key findings

- **According to MHCLG's monitoring information data, almost all the case-study LAs were unable to support a significant proportion of survivors who were identified in the year 2021/22, when the duty began, which suggests there was a good case for government intervention.**
- **All 19 case study LAs met the core duty requirements, including publishing a needs assessment, a local strategy and setting up Local Partnership Boards.**
- **There is evidence that most of these LAs followed open and transparent procurement processes, but more could be done to improve inclusivity for smaller and By and For organisations. There are, however, examples of best practice being applied within some LAs (making efforts to include smaller and By and For organisations, transparent processes and pre-market engagement). It is recommended that LAs improve their understanding of By and For organisations operating in the local area and beyond. LAs should receive guidance on how and when to commission By and For organisations.**
- **LAs have been making effective use of Local Partnership Boards although there were views from professionals that the effectiveness of the boards could be improved with better attendance. Incorporation of lived experience within local partnership boards was found to be an important determinant of increased provision of support which was also the case for needs assessments and strategies. It is recommended that LAs incorporate adults' lived experience**

more directly and ensure that a children's representative is more present and prominent in the local partnership boards.

- Across the 19 LAs case studies there was a 57% increase in victim-survivors being supported. However, these increases were concentrated in 9 of the 19 case studies which shows the area variation in improvement. Support for child victim-survivors increased by 3% despite reports of increases in demand for these services. This suggests that there is more to do to meet the needs of child victim-survivors and that identification of needs will be critical to ensure more children are supported.
- Most of the case study LAs had made progress in improving the quality of services, as evidenced by testimonials in professional and victim-survivor interviews. 15 of the 19 the case study LAs met at least one of the identified quality standards by the later stage of the evaluation, in 2024.
- There was an increase in support across the 19 case study LAs for victim-survivors with additional needs including alcohol or substance misuse and mental health support. The number of individuals supported from minoritised ethnic backgrounds had increased. Similarly, support had also increased for disabled individuals and male adults. There was, however, relatively little change in the number of people supported from the LGBTQIA+ community. This reflects the evidence that some progress had been made, but there were a number of LAs that needed to do more to improve the equity of their support.
- Using a range of evidence, the value for investment assessment scores each of the 19 case study LAs against 13 criteria across the 4 dimensions reviewed: economy, efficiency, effectiveness and equity. The assessment found that there was good value for investment in terms of economy and efficiency while effectiveness and equity were assessed as adequate value for investment.

Overview of approach

There is a growing policy and practice interest in understanding whether efforts to support survivors are not only effective for intended beneficiaries but also provide value for money (see the [government's 2022 guidance on Value for Money](#) and the recently increasing focus on value for investment, value for investment). The Value for Money Rapid Evidence Assessment, commissioned as part of the evaluation, outlines approaches taken to assess the value for money of support in safe accommodation and support-focused responses to domestic abuse, setting out the principles, good examples, as well as gaps and issues (Provan et al, 2025).

The value for money evaluation of the duty utilises a [Value for Investment](#) approach developed by Oxford Policy Management in their [Value for Money Framework](#) with Julian King and Verian. The Value for Investment approach is an extension of guidance from the National Audit Office's (NAO) [framework for assessing value for money of public sector programmes](#). The Value for Investment approach involves a synthesis of qualitative and quantitative evaluation evidence to make judgements in relation to how far programmes, policies or legislation have delivered value for money in terms of four criteria:

Economy: how far objectives were achieved at minimum cost to the public sector.

Efficiency: how efficiently relevant inputs were converted into the intended outputs.

Effectiveness: the degree to which objectives were achieved.

Equity: the extent to which the intervention met the needs of all relevant groups.

This approach is based on making judgements on the value of the duty in a way that provides transparency on both the reasoning process and the evidence used. The value for investment framework achieves these aims by:

- Using explicit criteria (aspects of performance) and standards (performance levels) to provide a transparent basis for making sound judgements about performance and value.
- Combining quantitative and qualitative forms of evidence to support a richer and more nuanced understanding than can be gained from the use of indicators alone.
- Incorporating and building on an approach to value for money evaluation which is familiar to decision makers.
- Using a transparent scoring system as a way of aggregating assessments by themes and generating deeper insight.

Developing the Value for Money approach

Following the guidance, the criteria and standards were developed before the assessment with some revisiting based on the quality of available evidence and learning from the wider evaluation. Reassessment is legitimate when delivering evaluations in complex settings and was implemented following due process and opportunity for challenge from academic experts and government staff. This process ensures the approach is fit for purpose and reflects the real world as understanding of the context and evidence improves. Drawing on

the wider evaluation's emerging findings contributed to this process, as well as presenting the value for money to the study's collaborative groups several times as it developed.

The scoring approach provides a way to model the duty and its impacts that provides a framework to prompt discussion. By creating a set of criteria for each of the 4Es (economy, efficiency, effectiveness and equity), particular elements of value for money can be interrogated individually as well as supporting the overall assessment. However, even when following best practice, it is unlikely that all the nuances of a complex system could be captured in this type of simple scoring and averaging. Therefore, the scores generated should be used with the qualitative findings to aid understanding rather than being considered in isolation.

A more detailed overview of the methodology including the criteria, standards, evaluation design process and the approach to scoring assessments can be found in Annex D.

Assessments

The assessments for each criterion and each of the 4Es is set out below. Care should be taken when interpreting the findings given the assessment uses information from the 19 case study LAs.

Each LA is assessed against each criterion based on the standards set out in Annex D. To aid interpretation and overall assessment of value, every case study LA was scored for each criterion on a scale of 0 for poor, 1 for adequate, 2 for good and 3 for excellent. An average score is then used to come to an overall assessment of each criterion and overall.

Findings across the domains and sub-criteria

Economy (E1): How far the duty's objectives were achieved at minimum cost to the public sector

E1.1: Pre-existing gaps in support in safe accommodation

The duty was introduced in part because LAs across England were unable to support a substantial proportion of survivors. The issue was highlighted in the Domestic Abuse Commissioner's 2022 report on the patchwork of support provision, which [mapped the differing levels of support](#) across local areas; and reflected in MHCLG's MI data for 2021/22. According to the MI, almost all case study LAs were unable to support a significant proportion of survivors in 2021/22, as the duty began.^{xvii} More specifically, LAs were unable to support as many as 18% of survivors because they were unable to meet their needs. This evidence that a high proportion of survivors could not be supported over the time when the duty was being brought in (2021/22) suggests there was a good case for government intervention.

E1.2: Duty funding is sufficiently set to meet its statutory requirements and objectives

For duty funding to be value for money, it must be appropriate to the requirements and objectives of the duty. If funding is set too low, this could block fulfilment of the duty requirements and prevent its objectives from being met. If funding is set too high, it may be used for purposes outside these objectives and so would represent poor value for money.

The case study LAs fulfilled the essential administrative requirements of the duty including: publishing a needs assessment, producing and updating a local strategy and setting up Local Partnership Boards. Many of these LAs reported substantial underspend of the allocated duty funding, typically as a result of the time needed to appropriately use the funding, delays in the procurement processes and challenges in hiring skilled personnel. Among service providers, there was concern about the sustainability of duty funding. Many said that having early confirmation about funding would be an advantage by enabling longer-term contracts which is a specific recommendation in the statutory guidance. Additionally, inflation and the cost of living were making some LA staff concerned that having fixed rather than rising funding over the years could reduce their ability to meet survivors' needs in the future.

Overall, the evidence suggests that the duty funding was set appropriately for LAs to meet the requirements of the duty. However, an underspend of duty funding by LAs does limit the overall value for money of the duty.

E1.3 LAs implement appropriate commissioning practices for new services

There is no one right way to design a procurement process, which means that the choice of procurement process for a LA should be based on the local objectives and its context. For example, competitive processes help to keep costs down but can also make it difficult for smaller organisations to bid successfully. Case study LAs had implemented a range of commissioning practices aimed at promoting competition and enhancing value for money. Key themes include the use of open and transparent invitation to tender (ITT) processes, flexible procurement mechanisms such as dividing services into smaller lots, and simplified financial assessments to encourage participation from smaller or by-and-for organisations.

Challenges persist in ensuring that smaller organisations can compete effectively, as larger entities may still have advantages due to financial stability and experience. Some LAs described how duty funding was put towards new and typically smaller organisations that were not previously bidding or commissioned due to budgetary constraints. Some progress was made to support smaller organisations, but it was patchy across the areas.

Key areas for improvement included a noted lack of market engagement and support for smaller organisations, and limited knowledge and understanding of local By and For services. The evidence suggests there is also room for improvement in pre-market engagement and tailored support mechanisms. A recommendation is therefore that LAs should aim to improve their understanding of By and For organisations – those operating in the LA area and beyond – and should receive guidance on how and when to commission By and For organisations.

Assessment of the 19 case study LAs shows adequate value for money in commissioning processes. There is evidence that LAs are following open and transparent processes, but more could be done to improve inclusivity around the duty funding. Examples of what can be done include making efforts to include smaller or By and For providers, transparent processes and pre-market engagement.

E1: Economy Assessment - Good

The Economy assessment considered the following three criteria for each case study LA:

1. Pre-existing gaps in support in safe accommodation: Good value for money

2. Duty funding is sufficiently set to meet obligations of the duty: Good value for money
3. LAs implement appropriate commissioning practices for new services: Adequate value for money

Note that evidence of pre-existing gaps in support in safe accommodation would indicate good value for money, as the funding could be used to address gaps – whereas if there was no evidence of gaps having existed, this would undermine the purpose of the funding. Grades for each LA on the criteria are shown in Table 6.1. The Economy assessment, which considers to what extent the objectives of the duty were achieved at a minimum level of cost to the taxpayer, is assessed as Good. On average there has been good stewardship of resources across the case study LAs. However, this does mask variation and there are areas where practice could be improved to enhance the value for money.

Chapter 6: Table 6.1: Assessment of the Economy criteria

LA	E1.1 Pre-existing gaps in support in safe accommodation	E1.2 Duty funding is sufficiently set to meet obligations of the duty	E1.3 LAs implement appropriate commissioning practice for new services
1	Good	Adequate	Excellent
2	Good	Good	Good
3	Adequate	Adequate	Excellent
4	Adequate	Adequate	Poor
5	Adequate	Adequate	Good
6	Adequate	Excellent	Poor
7	Excellent	Adequate	Good
8	Poor	Excellent	Adequate
9	Excellent	Adequate	Poor
10	Excellent	Adequate	Adequate
11	Good	Excellent	Adequate
12	Excellent	Adequate	Poor
13	Good	Adequate	Good
14	Adequate	Adequate	Adequate
15	Excellent	Adequate	Good
16	Good	Good	Adequate
17	Adequate	Adequate	Adequate
18	Adequate	Excellent	Adequate
19	Good	Excellent	Adequate
Criteria assessment	Good	Good	Adequate
4E assessment	Good		

Efficiency (E2): How efficiently relevant inputs were converted into the intended outputs

E2.1 Local Partnership Boards engage experts and agencies to oversee and to support LAs in implementing the duty

While there was strong compliance with the creation of Local Partnership Boards, there were mixed opinions on the utility of these boards. A positive view was that the creation and operation of Local Partnership Boards had brought a better strategic vision to drive the domestic abuse agenda across the LA. One aspect of Local Partnership Boards which had strong support was the increased focus on incorporating adult and child victim-survivors' voices in these meetings. A critical view was that the Local Partnership Board could appear duplicative of existing boards. This view was strongest in LAs that had domestic abuse strategic boards in place prior to the duty and had to consider whether to create a separate Local Partnership Board or adjust the existing boards to be fit for purpose. One negative aspect seen in some areas was challenges with attendance, with staff reporting that the 'right people' were not 'at the table' or insufficiently engaged. Another was that the input from representatives varied greatly, with some representatives very vocal and involved, while others were not as actively represented.

On average, the overall assessment for the criteria is "adequate". LAs were utilising Local Partnership Boards but duplication with existing boards and under-attendance impacted on their value for money. It is recommended that LAs incorporate adults' lived experience more directly and ensure that a children's representative is more present and prominent in the Local Partnership Boards.

E2.2 LAs complete needs assessments and publish local strategies using the available data, within target timeframes and make effective use of the assessments

All case study LAs were updating their needs assessment at least every three years as required by legislation. Few were refreshing their needs assessment more often, although this is recommended as good practice; some found it useful in tracking demographics and need; and many LA staff thought the investment and resource required for the refresh was not equal to the quality or value it provided. Needs assessments were informed by data from various sources (e.g. police records, service provider management information and national statistics) but inclusion of lived experience was weaker, with many LAs lacking direct input from survivors (often citing limitations on the time and resource required to organise this input). The qualitative comparative analysis of the longitudinal data found that directly involving victim-survivors yields richer insights into their needs and barriers, compared to secondary data. This enabled strategies to be more focused on identified needs. It was also noted that guidance and resources would be helpful to support this process of including insights from victim-survivors.

All case study LAs produced local strategies. However, LAs varied in the extent to which the needs assessment was integrated into the strategy, with some strategies including detailed findings from the needs assessment and others doing more light touch analysis. Strategies were often informed by large scale consultations and workshops. Almost all of the 19 case studies LAs engaged widely with providers, social care, health, housing and other statutory partners. In almost all cases, LAs provided opportunities for Tier 2 LAs to

be involved in informing strategy planning. LA staff consistently reported that the process for developing the strategy was thorough. The evaluation finds that the local strategy is a key factor that influences access to safe accommodation, but only when it is informed by identified need.

The findings show that all LAs conducted needs assessments and produced local strategies using the available data. There was variation across the LAs in the quality of evidence used in the Needs Assessment and use of lived experience which was found to be particularly important to informing the strategy's identification and provision of suitable support. However, considered overall the LAs made good use of the needs assessments. This has led to a value for money assessment of Good.

E2.3 Commissioned services are well utilised and delivered to support victims

Of the 19 case study LAs, 14 were operating at or near full capacity in terms of the usage of safe accommodation bedspaces, suggesting that services are being well utilised. High demand often outstrips capacity, especially in areas with high levels of specific needs. Many areas had increased their capacity. For some, this appears to have provided a sustainable level of support which is able to cope with periods of high demand. The remaining 5 of 19 LAs had utilisation below expectation, which indicates potential inefficiencies or barriers to access.

E2: Efficiency Assessment – Good

The Efficiency assessment has considered the following three criteria:

1. Local Partnership Boards engage experts and agencies to oversee and to support LAs in the implementation of the duty: Adequate value for money
2. LAs complete needs assessments and publish safe accommodation strategies using the available data, within target timeframes and make effective use of the assessments: Good value for money
3. Commissioned services are well utilised and are delivered to support victim-survivors: Good value for money

Overall, the efficiency assessment, which considers the performance of LAs in implementing the duty, or how productively the duty funding and opportunity are used, is assessed as Good. On average, for these areas there has been good use of duty inputs.

Chapter 6: Table 6.2: Assessment of the Efficiency criteria

LA	2.1 Local Partnership Boards engage experts and agencies to oversee and to support LAs in implementation of the duty	2.2 LAs complete needs assessments and publish safe accommodation strategies using the available data, within target timeframes and make effective use of the assessments	2.3 Commissioned services are well utilised and are delivered to support victims
1	Good	Excellent	Excellent
2	Good	Excellent	Adequate
3	Good	Good	Poor
4	Good	Adequate	Excellent
5	Good	Adequate	Excellent
6	Good	Good	Excellent
7	x	X	Poor
8	Good	Excellent	Poor
9	Poor	Adequate	Excellent
10	Adequate	X	Excellent
11	Good	Adequate	Excellent
12	Poor	Good	Excellent
13	Good	Good	Poor
14	Adequate	Adequate	Excellent
15	Good	Good	Excellent
16	Adequate	Adequate	Excellent
17	Adequate	Good	Excellent
18	Poor	Excellent	Excellent
19	Poor	Good	Excellent
Criteria assessment	Adequate	Good	Good
4E assessment	Good		

Note: x represents assessments with insufficient information to make an assessment

Effectiveness (E3): The degree to which objectives were achieved

E3.1 Improved access to safe accommodation support for adult victim-survivors

The MI for the 19 case study LA areas combined showed a 52% increase in the number of adult victim-survivors supported between 2022/23 and 2023/24. This is more than double the increase of all LAs in England, which was a 23% increase from 2022/23 to 2023/24. The difference indicates that the case study subset was more positive overall but masks considerable variation between the 19 LAs. This variation is reflected in the assessments with 10 areas rated poor and 4 rated excellent. Many LAs had challenges meeting demand, particularly for victim-survivors with additional needs. Insufficient housing stock limited survivors' ability to move-on from safe accommodation; and barriers faced by those with no recourse to public funds to access safe accommodation are also common issues which although are not part of the Duty do impact on its overall value for money. Professionals said that growing proportions of survivors were identified as having additional support needs, and that this was contributing to an increase in the average length of stay in safe accommodation.

Despite the majority of the 19 LA areas being assessed as poor in terms of the change in access to support in safe accommodation since the start of the duty, because of some good and excellent improvement elsewhere the overall assessment is Adequate.

E3.2 Improved access to safe accommodation support for child victim-survivors

While the overall number of children being supported across the 19 case study LAs increased slightly (3% increase), the situation is highly variable between LAs. In several areas, professionals identified limitations in the services commissioned for children and expressed their view that the duty may need to go further in some areas to fully meet children's needs.

Demand for children's support was seen to be rising. There was a widespread concern among professionals that the currently commissioned services may not be able to continue to meet children's needs, as they anticipated delays in children receiving support or how much one-to-one support a child could access. LA and service provider staff reported that the ages and types of needs amongst children seeking support were changing which was creating further challenges in providing support to meet victim-survivor needs. Professionals also identified that children's services had been more difficult to commission, which contributed to slower improvements in provision compared to services for adults.

LA stakeholders felt the lack of capital funding options hampered opportunities to expand dispersed accommodation provision. Stakeholders thought there had been overinvestment in refuge-based support, limiting the safe accommodation options open for all children.

Overall, this results in an Adequate assessment of the improvement for access to support within safe accommodation for child victim-survivors. The feedback suggests that support for children will continue to be a complex area and therefore identification of needs will be critical to ensure more children are supported.

E3.3 Fewer victims are unable to be supported by safe accommodation services

Several LA case study areas report being able to support greater number of victim-survivors because of investment in additional resources made possible by the duty. However, the prevailing picture is that the demand for services outweighs the number of bed spaces and resources available to deliver accommodated-based support services.

Once in safe accommodation, victim-survivors did not recall having been actively denied of or 'unable to be supported' by any available forms of support. Rather, the victim-survivors talked about it not being on offer or described obstacles to timely access to support, such as limited provision, long waiting lists (for mental health support in particular, across ages) or the need for a permanent address that victim-survivors did not have while living in safe accommodation (such as for some NHS mental health services provided in the community). For adults and for parents on behalf of their children, there could be challenges with having relevant support made available or even identified.

Overall, the assessment for reducing the number of victims unable to be supported from support services is Adequate. This assessment acknowledges the growing demand for services which feedback suggests was at least partly due to better knowledge of services which made it increasingly difficult for LAs to meet the needs of all victim-survivors.

E3.4: Improved consistency in the quality of service delivery

Case study LAs were engaged with improving the quality of support services within safe accommodation but some reported struggling to maintain quality amid funding constraints. Where LAs were seeking to improve quality, they were responsive to the need for learning and adaptation and were seeking to deliver more appropriate support for additional needs and diverse characteristics such as substance abuse, mental health issues or disabilities.

As part of the duty, all support providers must meet at least one of the recognised quality standards: MHCLG Quality Standards, Women's Aid National Quality Standards, Imkaan Accredited Quality Standards, Male Domestic Abuse Network Service Standards and / or DAHA Accreditation Framework for Housing Providers. Management information suggests that almost all LAs followed at least one of the specified quality standards and were therefore assessed to have achieved at least adequate value for money.

The assessment of the quality of services provided across the LA case studies is therefore of Good value for money. This reflects progress in improving service quality and the following of quality standards across the vast majority of LAs.

E3.5: Improved local partnership working and agency co-ordination

Under the duty, communication and collaboration among agencies is reported to have improved. One view among LA staff was that it brought a clear structure for partnership working through the introduction of Local Partnership Boards and contributed to the creation of new inter-agency links or the strengthening of established relationships between agencies. However, while the duty fostered collaboration, variations in approaches to multi-agency working and across Tier 1 and 2 LAs indicate that this could be strengthened further in most areas.

Since the implementation of the duty, there had been more training for professionals about available services, pathways, and referral processes, as well as training to support partner agencies to be better equipped and confident to identify and respond to domestic abuse. Professionals identified the duty as having increased the focus on collaboration between organisations and helped in raising awareness of and response to survivors' needs. However, challenges with communication persisted, particularly on data sharing between agencies and the provision and use of information to inform commissioning decisions. The role of local partnership boards in addressing these inter-agency challenges was mixed, influenced largely by attendance at the meetings – how many and which services attended.

Overall, the duty had fostered a more cohesive approach to addressing victim-survivor needs. However, improvements in communication infrastructure and strategic alignment would help overcome existing barriers and ensure effective service delivery. That there is opportunity for improvement is reflected in assessment of the case studies as good value for money.

E3: Effectiveness assessment – Adequate

The Effectiveness assessment considered the following five criteria:

1. Improved access to safe accommodation support for adult victim-survivors:
Adequate value for money
2. Improved access to safe accommodation support for child victim-survivors:
Adequate value for money
3. Fewer victims are unable to be supported by safe accommodation services:
Adequate value for money
4. Improved consistency in the quality of service delivery: Good value for money
5. Improved local partnership working and co-ordination: Good value for money

Overall, the effectiveness assessment, which considered the extent to which the duty achieved its core objectives, is assessed as Adequate. We can therefore say on average there has been progress towards the objectives. However, this progress was limited in a proportion of the LAs.

Chapter 6: Table 6.3: Assessment of the Effectiveness criteria

LA	Improved access to support within safe accommodation for adult victim-survivors	Improved access to support within safe accommodation for child victim-survivors	Fewer victims are unable to be supported by safe accommodation	Improved consistency in the quality of service delivery	Improved local partnership working and co-ordination
1	Poor	Poor	Good	Good	Adequate
2	Poor	Poor	Good	Excellent	Good
3	Poor	Excellent	Poor	Adequate	Good
4	Adequate	Poor	Poor	Excellent	Good
5	Excellent	Excellent	Poor	Good	Adequate
6	Good	Poor	Excellent	Good	Good
7	Poor	Poor	Good	Poor	Good
8	Good	Good	Adequate	Excellent	Good
9	Poor	Poor	Excellent	Poor	Adequate
10	Poor	Poor	Poor	Good	Good
11	Good	Excellent	Adequate	Excellent	Good
12	Poor	Poor	Excellent	Poor	Good
13	Good	Poor	Good	Excellent	Adequate
14	Poor	Poor	Excellent	Excellent	Poor
15	Excellent	Adequate	Poor	Poor	Good
16	Poor	Poor	Adequate	Excellent	Good
17	Excellent	Excellent	Poor	Adequate	Good
18	Excellent	Poor	Poor	Excellent	Poor
19	Poor	Poor	Good	Good	Adequate
Criteria assessment	Adequate	Adequate	Adequate	Good	Good
4E assessment	Adequate				

Equity (E4): Extent to which the duty met the needs of all relevant groups

E4.1 Improved access to support in safe accommodation by victim-survivors with specific characteristics

This assessment criterion considers changes in access for victim-survivors with specific characteristics including those from minoritised ethnic backgrounds, with disabilities, male adults, trans or non-binary adults, LGBTQ+ individuals, younger adults (under 25) and older adults (65+). Overall, the number of survivors being supported increased for those with all specific characteristics identified in the MI data except for LGBTQIA+ victim-survivors for whom support was not recorded as changing significantly from 2022/23 to 2023/24. While there was indication that support specifically for trans and non-binary survivors had increased, the overall numbers of LGBTQIA+ survivors (including trans and non-binary) did not rise in 2023/24 in the MI data.

The greatest increases were for black and minoritised individuals and disabled individuals. However, these changes are not consistent across the 19 LA case studies. There were several areas that saw a decrease for all groups. Some saw a big increase for one specific group and others saw increases in access for victim-survivors across multiple characteristics. No LAs received an excellent assessment. The overall assessment for improved access to support in safe accommodation by specific characteristics is Adequate.

E4.2 Improved access to support in safe accommodation for victim-survivors with additional needs

This analysis considers changes in access to safe accommodation for survivors with specific needs including alcohol or substance misuse and mental health support. Overall, there was an increase in access to support for these groups from 2022/23 to 2023/24. The increase in support for survivors with mental health needs was greatest. These increases are despite many case study LAs identifying in interviews that victims with mental health needs or substance misuse issues, face significant barriers to accessing support due to a lack of enough specialised services capable of meeting the high level of demand. The assessments vary between poor and excellent with an overall assessment of Adequate.

E4: Equity Assessment – Adequate

The Equity assessment considered the following two criteria:

1. Improved access to support in safe accommodation by specific characteristics:
Adequate
2. Improved access to support in safe accommodation by additional needs:
Adequate

Overall, the equity assessment, which considers how well the differing needs of victim-survivors are met across individuals with specific characteristics and additional needs, is assessed as Adequate value for money. This reflects that some progress had been made, however some LAs needed to do more to improve the equity of their support. There were improvements in access to support for individuals with specific characteristics such as those people from minoritised ethnic backgrounds, younger adults (18-24), older adults

(65+) and migrants without recourse to public funds, as well as for individuals with specific support needs such as drug and alcohol misuse and mental health issues.

Chapter 6: Table 6.4: Assessment of the Equity criteria

LA	Improved access to support in safe accommodation by specific characteristics	Improved access to support in safe accommodation for additional needs
1	Poor	Excellent
2	Poor	Poor
3	Good	Good
4	Good	Excellent
5	Good	Poor
6	Poor	Good
7	Poor	Poor
8	Poor	Poor
9	Poor	Good
10	Poor	Poor
11	Poor	Good
12	Poor	Excellent
13	Adequate	Adequate
14	Poor	Poor
15	Good	Excellent
16	Good	Poor
17	Good	Excellent
18	Good	Excellent
19	Poor	Poor
Criteria assessment	Adequate	Adequate
4E assessment	Adequate	

Reflections on the value for money of the duty

The value for money assessment adopted a comprehensive approach, examining various facets of the duty's implementation. This included reviewing the case for investment, stewardship of resources, and progress made towards achieving the objectives of the duty since its inception.

A clear case for intervention and investment was evident from the high proportion of survivors who were unable to be supported as the duty was starting (MHCLG MI for 2021/22). While funding was set at a level sufficient to meet the duty's key requirements, underspending by LAs limited the overall value for money of the duty.

Progress was made on several objectives of the duty, including collaboration, identification of needs and quality of services. These objectives were intended to ultimately improve the provision of support to victim-survivors by better identifying and meeting their needs.

Using MHCLG's MI data and the longitudinal interviews, the evaluation found that greater numbers of survivors were being supported under the duty than before its introduction. However, there is still more that can be done to improve access. Capacity limits on safe accommodation can restrict the ability to support more survivors – both in terms of overall bedspaces and in terms of composition. While some areas had been able to leverage new capacity with duty funding, in many areas professionals had a sense of frustration that the limits on capacity were making it still more difficult to meet increasing levels of demand.

The number of [child survivors](#) receiving support nationally has increased under the duty, from 21,170 (2022/23) to 24,940 (2023/24), but fallen as a proportion of all survivors from 42% to 39%. This fits with trends observed across the case study areas, where increases in children's use of support could be less substantial than expected. Professionals said that commissioning was slower for children's support than for adult services.

The duty appears to have increased professional focus on survivors with additional needs or with specific characteristics, such as survivors with disabilities, from minoritised ethnic backgrounds and male victim-survivors. However, while some progress has been made under the duty, there are LAs that need to do more to improve the equity of their support.

Best practice – Survivor input to needs assessments and accessible procurement

The Value for Money / Value for Investment assessment identifies similar priorities for improving the duty's delivery and impact as in the wider evaluation. However, some factors that reduce the value for money of the duty are outside its direct responsibilities and are therefore not within scope of this best practice. Those that are within scope include:

Survivor input to needs assessments

- Direct engagement with survivors was missing or limited in much LA decision-making. There was evidence in the qualitative comparative analysis and from the LA documentation (needs assessments and local strategies) that including survivor's experience would lead to better identification of needs, which should in turn inform strategies and lead to better support for survivors. It was evident that direct engagement could be additionally impactful for survivors who have specific characteristics or additional needs.
- MHCLG could advocate with LAs to adopt more survivor engagement to inform needs assessments, strategies and Local Partnership Boards.

Accessible procurement

- The assessment found that procurement processes often made it difficult for smaller organisations and By and For providers to participate. By making the process more accessible, LAs could encourage a wider range of providers to bid for contracts, and in turn enable LAs to commission the most suitable organisation.
- Steps for making procurement more accessible include adapting processes to:
 - Offer pre-market engagement events to allow potential bidders to ask questions and understand the commissioning process.
 - Consider dividing services into smaller lots to make it easier for all types of organisations to bid.
 - Simplify, assess and adjust financial assessment procedures and offer support to smaller organisations to develop their financial management capacity.
 - Inefficiencies and delays in procurement were also identified as barriers to utilising funding and therefore resolving these issues would enable funding to be used more readily to meet user needs.

7 Conclusions and best practice

The evaluation was commissioned to understand how Part 4 of the Domestic Abuse Act – the duty to provide support in safe accommodation – was being implemented, how it was being experienced by survivors who need support in safe accommodation, what influence it was having on key outcomes for survivors, areas and local systems, and whether it was delivering value for money. The study used mixed methods to explore the factors affecting delivery and experiences of support. It was comprehensively supported by insight from co-development groups with lived, professional or academic expertise. In addition, three rapid evidence assessments were commissioned to synthesise evidence on models, outcomes and value for money of support in safe accommodation.

This report details findings on the duty's role in survivors' experiences of accessing and using support in safe accommodation, all aspects of implementation and key elements of value for money. It outlines how the duty is used to support children and young people and how it intersects with all survivors' needs, including those with additional needs or specific characteristics. The report also highlights key components of best practice and identifies ways in which the duty could be enhanced. In this closing chapter, the conclusions to the key evaluation questions are set out in brief alongside observations on how best practice could be sustained and extended.

Conclusions

The key evaluation questions cover four topics: implementation; support; outcomes; and value for money.

Implementation

The key evaluation questions around implementation were addressed by the process evaluation and included: how is the duty implemented at national, Tier 1 and Tier 2 LA levels; how does implementation vary by area; to what extent is the duty implemented appropriately in line with quality standards; and how do contextual factors influence the format, extent or features of implementation?

The duty has been implemented in compliance with the core requirements, such as setting up a Local Partnership Board, but the study highlighted the diversity of ways in which LAs have interpreted and approached the duty. The variation shows across the requirements as each area develops its own evidence base, understanding and response through the process of developing the needs assessment, devising and refreshing the local strategy, conducting commissioning processes and monitoring engagement and demand to inform future delivery. Key differences are seen in whether LAs centre the local strategy on need, whether LAs take a single or a joint approach (with neighbouring LAs) to developing their needs assessment and local strategy, how consistently or fully Tier 2 LAs have aligned with the Tier 1 LA's delivery of the duty and senior staff understanding of what was considered to be eligible expenditure under the duty funding allocation. The structure and prominence of the Local Partnership Board was a factor in multi-agency partnership working, providing a strong framework for new and old relationships where it was well-

attended but seen as duplicating existing arrangements in some areas. The Local Partnership Board was identified as influencing how children's social care had responded to the duty in engaging with safe accommodation to support children.

The role of the wider housing market is identified as a key influence on how effectively LAs can facilitate access to and move-on from support in safe accommodation. However, if this factor can be set aside (as is possible in the agent-based modelling), several other factors that can be more readily affected are apparent. These include professional awareness of need, available support, and ability to connect survivors with suitable support – all of which can be enhanced with training. There is also a need to continue to diversify and increase the volume of provision of safe accommodation and range of support services within it, including By and For services. This can be enhanced with commissioning processes that are attentive to the needs of survivors and inclusive of smaller organisations.

Using the 19 case studies as a broadly representative sample of LAs, the evaluation finds that the duty has been implemented in substantially different ways beyond meeting the key requirements set out in the guidance. There are areas where little changed under the duty. Features of these areas include: existing support having been recommissioned/extended, but no additional provision being delivered; low attendance at the Local Partnership Board; and the profile of those receiving support in safe accommodation staying broadly the same, as wider demand was not well-identified through the needs assessment or responded to in the local strategy or delivery. In other areas, change was underway but slowed by commissioning processes not having adapted to enable smaller and By and For providers to bid; challenges with onward housing supply limiting other survivors' access to safe accommodation; or issues in consistent delivering across Tier 2 LAs. In other case study areas, change was quicker or more comprehensive. Features of these areas included: survivors had been central to understanding need and planning responses; the Local Partnership Board had operational subgroups as well as strategic oversight; local procurement proactively engaged By and For or smaller providers; and commissioning led to greater volume and breadth of provision, enabling a wider range of survivors to access and use support in safe accommodation.

The evaluation shows that the duty is already being implemented in some areas in ways that allow for substantial progress in the near-term – but there are multiple local challenges limiting other areas from moving as quickly. Professionals across the areas who attended a LA workshop asserted that MHCLG maintaining clear expectations and sufficient funding, plus collaborative discussions between LAs themselves, will reinforce and broaden progress.

Support

The key questions under this cluster were related to the process and theory-based impact evaluations: what is the impact of the duty on local multi-agency responses to support victim-survivors; how effective is the duty at increasing access to support; to what extent does the duty effectively address the needs of adult and child victim-survivors in safe accommodation; and how has the duty influenced how adult and child victim-survivors experience support within safe accommodation?

The evaluation found that the duty's implementation has highlighted awareness of, and responses to, domestic abuse for professionals across a wide range of agencies and roles. While the duty is seen variously as sustaining, reinforcing or sometimes replicating existing local processes of multi-agency working, both professional and survivor accounts indicate that a broader cross-section of professionals – in housing, homelessness, health and outreach services – now recognise and assist in helping victim-survivors access safe accommodation.

The report has traced the role of the duty in shaping access to safe accommodation and use of support, for adults and children. The duty's overall impact on increasing access is still unclear, as seen in the monitoring information where both the numbers accessing support and the numbers unable to be supported had risen year on year under the duty. However, at a minimum the duty had secured continuity of support and in many areas it is identified as having broadened the range of support on offer. It is clear that the duty has the capacity to boost access by helping to identify and respond to local challenges on an ongoing basis. Access has increased for some groups and particularly so in some areas, although others still experienced substantial challenges in accessing and using support.

The qualitative comparative analysis and agent-based modelling show the significance of key factors in combination in catalysing and sustaining these improvements in access. In summary, these are: engaging lived experience perspectives to improve understanding of challenges and need; drawing on this insight directly to devise local needs assessments and strategies to inform commissioning of appropriate services; ensuring there is suitable diversity of provision both in terms of safe accommodation type and support type; commissioning By and For and specialist services; and expanding capacity so survivors wait less time to access safe accommodation and support, and can move on readily.

The evaluation found that these factors are also associated with positive experiences of support in safe accommodation; experiences are best where settings themselves 'fit' survivors' needs or characteristics. Increased provision of dispersed accommodation is important for some groups who experience challenges accessing or using other settings, for example larger families or those with older sons. However, although some areas had increased supply, demand still means there is not enough dispersed accommodation.

The duty was found to have enhanced children and young people's experiences of safe accommodation and support through better recognition of and provision for their needs. Following from the Domestic Abuse Act acknowledging children as victims in their own right, the duty funding in turn led to the introduction of children's workers and an increase in dedicated support in many areas. However, there is substantial variation between areas in how fully (if at all) they had improved provision under the duty – with one area still yet to commission any service for children and young people. There is scope for more progress on meeting the needs of children and young people using the good practice seen in areas.

Outcomes

The key evaluation questions under this cluster were addressed by the theory-based impact evaluation: how effective is the duty at improving outcomes for victim-survivors; what specific delivery models, approaches and factors are connected with optimal outcomes and experiences; how do the processes by which the duty achieves impact vary

by characteristics; what unintended outcomes (positive and negative) occurred with the duty; how did any unintended outcomes vary by area, type of support or accommodation, characteristics or circumstances?

Although it is too early to assess longer-term impact from the duty, the evaluation provides clear evidence of the near-term outcomes that survivors experienced under the provision. Key among these are improved safety and feelings of safety for both adults and children; greater confidence among adults with a sense of empowerment resulting from much of the support, with improved wellbeing among many who do not need additional formal support.

Longer term follow-up research would be valuable to understand if these outcomes are sustained. Challenges remain for those who need additional support or who have multiple needs, especially if the right provision is less readily available within safe accommodation. There is widespread recognition among providers that addressing additional needs are important and efforts have been made to provide interim mental health support while survivors are on waiting lists for formal care (for instance mental health first aid for people on waiting lists for NHS mental health services) or to collaborate with specialist providers to offer appropriate support. The duty also has more to do in helping survivors prepare for their independent living after the intense support of the safe accommodation setting, whether this is with more guidance on household finances and budgeting, in navigating the housing systems or supporting survivors with connecting (back) into work or education.

Nevertheless, the evaluation found that the duty funded and facilitated support in safe accommodation does enhance survivors' practical and emotional readiness to re-establish their lives away from the threat of abuse. Survivors of all ages identified the support they received as helping prepare them to achieve a more secure home and safer day-to-day life. Although not a requirement for safe accommodation services, having ongoing support from their safe accommodation can be highly valuable (even invaluable) for a period as survivors adjust after leaving.

Value for Money

The key evaluation questions around value for money were: to what extent does the duty achieve good value for money; and to what extent is the duty being implemented in line with quality standards?

Using the 19 case study LAs as a sample to understand the wider picture, the evaluation conducted a value for investment assessment of the duty, assessing its value for money on four domains of economy, efficiency, effectiveness and equity. The first two of these – economy and efficiency – were assessed as good, and the second two as adequate. Overall, the duty was assessed as providing good value for money, and as having strong prospects for continuing to deliver and potentially improve in terms of value for money. This is premised in part on the fact that local areas have been making progress in meeting quality standards and improving data collection and communication of local expectations. The review of evidence also suggests there was a good case for investment in the duty given the limited level of support available prior to its introduction (see [Domestic Abuse Commissioner, 2022](#)).

As seen in other aspects of the evaluation, the positive impact of the duty in terms of value for money is compromised by limits on the capacity of safe accommodation and availability of move-on and long-term accommodation. These limits are identified as a critical issue impacting on value for money, as much as they are factors affecting individual survivors' experiences and for service providers.

In addition, although there has been an overall increase in children and young people's access to support in safe accommodation, this has been more limited than for adults and therefore should remain a priority, for the interests of the children and young people and for value for money.

Insights and Opportunities to Improve Best Practice

MHCLG should encourage direct engagement with survivors

MHCLG should work to encourage engagement with victim-survivors in all stages of the duty's implementation. This can be done by communicating and promoting best practice to enable LAs to maximise the opportunities the duty funding offers and improve support across all types of safe accommodation.

The evaluation consistently demonstrated that direct engagement with victim-survivors, including those with specific characteristics and additional needs, leads to more accurate needs assessments, more relevant local strategies, and ultimately, improved access to support. MHCLG requiring direct engagement of adult survivors, alongside providing a best practice guide or toolkit, will ensure that victim-survivor voices are central to the duty's implementation.

The evaluation found that some LAs were unclear as to how they could use the funding flexibly in other areas beyond investment in support. For example, investing in safe accommodation buildings or physical measures related to sanctuary schemes. Even though funding could be used at each LA's discretion – with some using the funding alongside other capital funding schemes to invest in dispersed accommodation; some investing in innovative, locally relevant solutions that address specific gaps identified through needs assessments; and some funding smaller organisations – not all LAs realised that funding could be used in these ways, leading to variation in commissioning.

Direct engagement with victim-survivors will ensure that services are designed in a way that is responsive to their lived experiences and priorities. This will lead to more effective support and better outcomes for survivors.

LAs should implement transparent commissioning processes that are accessible to all

The evaluation found that smaller organisations, including By and For providers and other specialist services, often face barriers to participating in procurement for support in safe accommodation. By making the processes more transparent and accessible, LAs can

encourage a wider range of providers to bid for contracts, enabling LAs to commission the most suitable organisation, leading to a more diverse and responsive service landscape.

Case study areas have taken different combinations of practical steps set out below (which are not exhaustive) to increase the transparency and accessibility of their commissioning processes:

- Offer pre-market engagement events to allow potential bidders to ask questions and understand the commissioning process.
- Consider dividing services into smaller lots to make it easier for all types of organisations to bid.
- Simplify, assess and adjust financial assessment procedures and offer support to smaller organisations to develop their financial management capacity.

LAs should produce information guides and directories on local support services

LAs should develop and disseminate comprehensive information guides and directories that clearly outline the range of support services available to victim-survivors. The evaluation found that victim-survivors often struggle to find information about available local support services and safe accommodation, and the take-up of support within safe accommodation was influenced by what victim-survivors knew about the options available to them. Clear and accessible information can empower victim-survivors to make informed choices about the support they need and increase their confidence in seeking help. It can also improve awareness of what support is available amongst professionals who may encounter victim-survivors on their journey into safe accommodation.

User-friendly information guides and directories are those that clearly outline the range of support services available, including contact details, eligibility criteria, and service descriptions. These need to be available in multiple formats (e.g. print, online, audio) and languages to ensure accessibility. To ensure as many victim-survivors as possible have access to these resources on their journey into safe accommodation, they should be disseminated through a variety of channels, including GP surgeries, schools, community centres, online platforms and all types of safe accommodation.

Ensure children's interests and needs are identified and met

LAs should ensure that the attention given to children's interests and needs under the duty is sustained across all duty-related efforts, including from the outset of needs assessment, local strategy development and throughout commissioning. LAs should establish reliable data on children's individual experiences of support, distinct from their household/parent.

Children's needs should be met on an ongoing basis by increased provision of dedicated and specific support, ensuring that these maintain pace with demand wherever possible. For parents, and professionals, this support can also facilitate discussions with external agencies, including children's social care and school, and aid parent's own support use.

In relation to dedicated support, children's support workers should be provided for children in all safe accommodation settings. Best practice would be to ensure that all communal

safe accommodation settings have a dedicated children's worker (and more than one if possible to allow for coverage throughout the week and weekend) and that children in dispersed accommodation and sanctuary schemes are connected with a named worker.

Specific support should be provided for children with additional needs, including mental health needs. Best practice would be to ensure that specific support can be provided to children in all settings who need it. It should also be provided for children of all ages and in different formats: play-based, art-based, 1:1 or group-based support. Where the funding allows, it should be offered for an initial series of weeks with the option to be extended for those children and young people who still need additional support.

Mental health first aid training for safe accommodation staff

It is recommended that as a minimum, duty funding is used to provide mental health first aid training (delivered by specialist providers) for safe accommodation staff, so that they can spot the signs of victim-survivors struggling with their mental health, speak to them in a safe and supportive way and know how to signpost to appropriate support (whether within safe accommodation or not). It is expected that at the very least, this could lead to better short-term emotional wellbeing for victim-survivors struggling with their mental health.

Mental health was one of the main reasons for victim-survivors to be unable to be supported in safe accommodation, and there was a substantial demand for mental health support that was not consistently met for adults or children, which could have a significant impact on victim-survivors' emotional wellbeing. There were examples from the evaluation of victim-survivors self-harming or having suicidal ideation in the absence of timely mental health support. While not an adequate substitute for formal mental health interventions, victim-survivors described ad hoc support provided by workers in safe accommodation as a 'lifeline'.

Services should extend their support to provide financial management

Services should be enabled to extend their support offer to include financial management, through collaboration with expert providers in the voluntary sector, to aid survivors in re-establishing themselves independently after safe accommodation.

MHCLG should work with LAs to consider how to measure the impact of support

MHCLG should work with LAs and sector experts to consider how best to measure the impact of support in safe accommodation. This includes considering options for standardised outcome measurement tools to develop a comparable evidence base.

MHCLG should commission research to understand sanctuary schemes

Limited data was available on how funding is being used for these schemes, how they are being accessed and experienced by victim-survivors, and what their impact is on safety and wellbeing, resulting in a significant knowledge gap for LAs and MHCLG. Sanctuary schemes represent a distinct approach to safe accommodation, enabling survivors to remain in their own homes when is safe to do so. Understanding their effectiveness and how they compare to other safe accommodation options is crucial for informing policy and funding decisions.

Therefore, further research should aim to map sanctuary schemes nationally for a more complete picture on how this type of safe accommodation is used, how it operates, how it is funded, including the support and physical safety measures involved (sometimes referred to as target hardening), as well as victim-survivors' experiences of accessing and using support. It should also aim to understand the extent, nature and regularity of any data and information sharing which takes place between partners.

LAs should explore ways to work with neighbouring LAs

LAs should consider collaborating with neighbouring LAs to develop joint approaches to delivering the duty. Victim-survivors often move between LA areas; a joint approach recognises the needs of victim-survivors from across borders (not just within the local area) and could reduce the likelihood of victim-survivors being disadvantaged by administrative boundaries.

A joint approach can help standardise service provision and quality across a wider geographical area, reducing the postcode lottery effect and ensuring that victim-survivors have access to a consistent level of support across a wider area. Collaboration can enable LAs to pool resources and commission specialist services, such as By and For services or support for specific needs, that may not be feasible for individual authorities to provide. Ultimately, joint approaches could increase the reach and impact of the duty within each LA by ensuring areas are better able to anticipate and respond to a wider set of needs, so more survivors receive the help they need as they seek safety within or beyond their own area.

ⁱ See for example [Hennink and Kaiser \(2022\)](#) for discussion of saturation in qualitative sampling, and also see [Women who have survived domestic abuse and their accommodation experiences in England - Office for National Statistics](#) for which 40 women were interviewed.

ⁱⁱ For information on the intersection of homelessness and domestic abuse, see data on support needs [Dashboards on homelessness](#) which shows 21% of all households owed a homelessness duty in 2023-24 were at risk of or had experienced domestic abuse and data on differential incidence by ethnicity and other factors [Statutory homelessness: Domestic abuse cohort data 2022-23](#)

ⁱⁱⁱ For data on the incidence and profile of domestic homicide and domestic abuse-related suicide, see [Domestic Homicide Project](#)

^{iv} Detailed accounts of survivors' journeys to safety and support, including showing how they vary and ways they could be improved are available elsewhere. See for example Tracy's Journey, [Women's Aid \(2025\)](#) and the [Journeyscapes](#) mapped by Janet Bowstead

^v This is highlighted in work by charities (for example [Women's Aid's 2024 work with Shelter and CPAG, Surviving Economic Abuse's housing-related evidence and survey 2024](#)), recognised in [DAHA's Whole Housing Approach guidance](#) and evidenced in research on economic aspects of domestic abuse prior to and post-separation (for example [Garner & Kelly 2023](#), [Howard & Sharp-Jeffs 2024](#))

^{vi} Except if quoting the monitoring information or statutory guidance, 'specialist characteristics' are referred to in the report as specific characteristics to distinguish from other references to 'specialist' services which is the term used for sector-led provision and services.

^{vii} The terms 'therapy' and 'counselling' can be used interchangeably but can also be seen as referring to somewhat different forms of provision and addressing somewhat different categories of need; where they are distinguished, 'therapy' is identified as being longer-term, more intense and for deeper, longer-standing or more complex issues whereas 'counselling' is identified as being shorter-term and potentially for more specific issues. For example, see discussion of these understandings provided by the UK [Counselling Directory](#).

^{viii} Social housing allocation policies vary by LA but the central [allocations guidance](#) encourages LAs to give extra priority to people who are homeless and require urgent rehousing because of domestic abuse. LAs are also strongly encouraged to give priority for social housing to victims and their families who have escaped abuse and are being accommodated in a refuge or temporary accommodation under the 'medical and welfare' and 'homelessness' reasonable preference categories.

^{ix} A Marac (multi-agency risk assessment conference) is a meeting where information is shared on the highest risk domestic abuse cases. They are attended by representatives from police, health, child protection, housing, independent domestic violence advisors (IDVAS), probation and other specialists from the statutory or voluntary sectors. The primary focus of the Marac is to safeguard the adult victim survivor. Taken from <https://safelives.org.uk/about-domestic-abuse/domestic-abuse-response-in-the-uk/what-is-a-marac/>

^x For child victim-survivors, access to support in safe accommodation does not improve when there is a diversity of types of safe accommodation, but LAs don't gain new insights into gaps / needs in provision for children in their area, and local strategies are not developed according to identified needs of children. (Consistency 1, raw coverage 0.2, unique coverage 0.1)

^{xi} Section 3 of the Domestic Abuse Act 2021 specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim.

^{xii} See [Evaluation of family hubs - GOV.UK](#) / <https://educationhub.blog.gov.uk/2024/01/family-hubs-everything-you-need-to-know/>

^{xiii} Such as the 2023 [Children's social care national framework](#) or [Outcomes for children in need](#)

^{xiv} Evidence includes Bowstead's collected research under the Journeyscapes project – see <https://www.womensjourneyscapes.net/> - which explores the range of physical journeys taken by women (and accompanying children) in seeking safety.

^{xv} This term includes both children who are recognised as victims and children of victims who were not exposed in any way to the domestic abuse itself, a provision in the DA Act intended to ensure that no child was excluded from attention where it was relevant.

^{xvi} See the Domestic Abuse Commissioner's 2025 research on children's experiences of domestic abuse and recommendation 6 "ensuring each LA capture the views and experiences of children in safe accommodation within their needs assessments, data monitoring forms and strategies, and commits to ensuring children's voices are represented" [Domestic Abuse Commissioner bcyp executive-summary.pdf](#)

^{xvii} The Duty formally came into force on 1 October 2021, and MHCLG encouraged LAs to act as if it started from 1 April 2021