



Ministry of Housing,  
Communities &  
Local Government

# Domestic Abuse Duty Evaluation: Qualitative Comparative Analysis

July 2025





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# List of acronyms and abbreviations

LA – Local authority

QCA – Qualitative Comparative Analysis

MI – management information

ToC – Theory of Change

MHCLG – Ministry of Housing, Communities and Local Government

# Executive Summary

Qualitative Comparative Analysis (QCA) is a key component of the evaluation of the Domestic Abuse Duty (the duty) for Support in Safe Accommodation, commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) and conducted by Ipsos and Ecorys. This report provides additional information on the QCA and should be read in association with the [main evaluation report](#).

QCA is an analytical method used to trace causation by systematically comparing and analysing cases. In this evaluation, it is applied to data from the theory-based process and impact evaluation at the core of the study. Specifically, QCA has been used to identify the combination of factors that can improve **access to support in safe accommodation for adults**, including those with specific characteristics and additional needs **and children**.

For the purpose of the QCA, specific characteristics include older victim-survivors, those from Black and minority ethnic backgrounds, migrants, those with no recourse to public funds, those with a disability and those who identify as LGBTQIA+. Additional needs concerns those with mental health needs and/or drug or alcohol misuse. The widely used term 'complex' is not used due to the negative connotations this has for victim-survivors.

The QCA addressed the following key evaluation question: *How effective is the duty at increasing access to support in safe accommodation for victim-survivors?* To answer this, the evaluation explored the combinations of conditions that contribute to improved access (or to an absence of improved access) to support in safe accommodation in the 19 case study Tier 1 local authorities (LAs). This included exploring needs assessments, local strategies, commissioning practices, victim-survivor engagement, multi-agency working and the diversity of types of local safe accommodation.

## Method

The 19 case study LA areas were the defined unit of analysis for the QCA, that is, the evidence was examined at the LA level. Conditions to explore within the QCA were based on the overarching Theory of Change (ToC), findings from Phase 1 fieldwork and the wider literature on safe accommodation. These were framed in agreement with MHCLG. Two iterations of the QCA were conducted, to ensure analysis included evidence collected throughout the life of the evaluation.

Case study areas were divided between the research team and the evidence was examined by case study to develop a good understanding of each area. For each case study, management information (MI) data, needs assessments, local strategies, phase 1, 2 and 3 interviews with LA and service provider staff, strategy response data, case study documents, commissioning documents and phase 1 and 2 interviews with adult and child

victim-survivors were analysed. Once initial scoring was complete, the QCA team came together to agree on scoring for each condition for consistency and to increase inter-rater reliability. Scores were inputted into truth tables (see Annex C) which were uploaded to fsQCA software and configurations of conditions were interpreted according to consistency scores, coverage scores and the number of cases covered by the solutions. It is important to note that the exclusion of solutions was not based on coverage scores, as there is no established minimum threshold for coverage scores in QCA.

Limitations of this approach include the need for sufficient evidence to understand variation across LAs and conditions and the availability of data to produce a robust analysis. The subjective nature is a well-established limitation of QCA. However this has been mitigated by the analysis team collaborating regularly to ensure standardisation of scoring. It was also not feasible to include every possible condition that could have impacted the likelihood of the outcomes occurring within this analysis.

## **Results**

The QCA generated four robust solutions – or configurations of conditions – for adult victim-survivors. Common across the solutions was the importance of directly involving victim-survivors in needs assessments or their needs reflected in local strategies: where it doesn't happen, the QCA found access does not improve, where it does happen, access to support in safe accommodation improves for victim-survivors with specific characteristics. The other consistent theme was the importance of diversity of types of safe accommodation to meet the needs of adult victim-survivors with specific or additional needs. Where there was limited diversity of types of safe accommodation, access did not improve.

The role of effective joint working between LAs and service providers – alignment of priorities, effective Local Partnership Board (LPB) functioning, decision making and influencing service delivery (through strategy and commissioning) – is an important factor in improving access for victim-survivors with specific characteristics. However, the impact of joint working is less clear for other groups.

The role that spending all duty funding played in improving access (and the absence of improved access) is unclear. The lack of clarity stems from only having MI data on spending available at the time of the analysis.

The four solutions identified by QCA were:

1. For all adult victim-survivors, access to support in safe accommodation doesn't improve when victim-survivors are not involved in the development of needs assessments, and there is a lack of diversity of types of safe accommodation, and no by and for services are commissioned.

2. For adult victim-survivors with specific characteristics, access to support in safe accommodation improves when local strategies are developed according to identified need, and there is effective joint working between LAs and service providers, and LAs spend all duty funding. Please note, there may be other ways to improve access for this group through other combinations of conditions. However, no other combinations of conditions were identified in this QCA.
3. For adult victim-survivors with specific characteristics, access to support in safe accommodation doesn't improve when victim-survivors are not involved in the development of needs assessments, and there is a lack of diversity of types of safe accommodation, and no by and for services are commissioned.
4. For adult victim-survivors with additional needs, access to support in safe accommodation doesn't improve when victim-survivors are not involved in the development of needs assessments, and LAs spend all their funding, and there is a lack of diversity of types of safe accommodation.

The QCA generated one emerging finding for child victim-survivors. This is an emerging, rather than robust finding as only two case studies (LAs) were covered by this finding:

1. For child victim-survivors, access to support in safe accommodation doesn't 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.

## **Best practice**

As a result of thoroughly examining the evidence of the conditions that lead to improved access, or an absence of improved access to support in safe accommodation, the QCA has identified areas of best practice to be applied across all LA areas.

- Direct engagement with victim-survivors for development of needs assessment.
- Using local strategies developed according to identified need to inform effective joint working.
- Targeted commissioning based on identified needs.

Based on the available evidence, it can be assumed that if these actions were taken, then access to safe accommodation would improve.

## **Conclusion**

The qualitative comparative analysis (QCA) underscores the critical importance of incorporating adult and child victim-survivor needs into service planning to improve access to support in safe accommodation. Involvement of victim-survivors leads to a better

understanding of the nuances of their needs, which in turn leads to commissioning of services (including diverse types of safe accommodation) based on these needs, which ensures the duty funding is spent in an informed way and on the support that is needed.

The analysis identifies a consistent lack of diversity in safe accommodation as a significant barrier to improved access. Effective joint working between LAs and service providers emerged as an important element, for adult victim-survivors with specific characteristics, where local strategies informed by identified needs guided collaborative efforts and resource allocation.

For child victim-survivors, where specialist support is commissioned, if it is not designed to address gaps in provision, and it is not informed by the needs of children, then it does not improve access to support. This underlines the importance of direct engagement with children as well as adults. A first step in improving feedback processes with children is to ensure all LAs have children's representatives sitting on their local partnership boards. These insights provide a foundation for refining approaches to delivering the duty and ensuring that both adult and child victim-survivors have equitable access to safe and supportive accommodation.

# 1 Introduction

## 1.1 Qualitative Comparative Analysis

This report evaluates how well the Domestic Abuse (DA) Duty (the duty) has improved access to support services for victim-survivors of domestic abuse through use of a Qualitative Comparative Analysis (QCA) and should be read in association with the [main evaluation report](#).

QCA is an analytical method used to understand causation by systematically comparing and analysing cases. It delves into the complexities of how different factors interact and combine to produce specific outcomes and provides explanation of these interactions.

QCA assumes that a combination of factors is often involved in bringing about a particular result. It seeks to identify the unique configurations of these factors that lead to (and can explain) the observed outcomes. This approach, known as "configurational causality", allows generalisable conclusions about what works to be drawn, even with a limited number of cases.

QCA is well-suited for evaluating complex interventions like the duty because it looks at how different conditions may combine to produce outcomes, rather than isolating single variables. QCA has been implemented in this evaluation to identify the combination of factors – or conditions – that help or hinder access to support in safe accommodation for adult and child victim-survivors.

QCA is particularly effective because it can explore local variations (such as funding differences, service diversity, and community engagement) which affect access. By comparing how 19 LA case studies apply the duty, the QCA can identify the combinations of factors that improve access and where barriers remain.

## 1.2 Aims and objectives

The primary aim of the QCA is to assess what combinations of conditions have improved access to support services in safe accommodation for adult and child victim-survivors, particularly for those with specific characteristics or additional needs.

The three main objectives of the QCA and this report are to:

- Identify configurations of conditions that improve access to support in safe accommodation for adult and child victim-survivors.
- Identify what configurations of conditions lead to differences in access to support in safe accommodation amongst adults with specific characteristics and additional needs.

- Provide practical, evidence-based guidance for LAs to improve access to support in safe accommodation for victim-survivors.

The QCA addresses the following key evaluation question: **How effective is the duty at increasing access to support in safe accommodation for victim-survivors?** To answer this, the QCA explores the combinations of conditions that contribute to improved access (or an absence of improved access) to support in safe accommodation. This includes exploring needs assessments, local strategies, commissioning practices, victim-survivor engagement, multi-agency working and the diversity of the types of local available safe accommodation.

Two iterations of QCA were conducted as part of this evaluation, to ensure that evidence collected from all phases of fieldwork were analysed. This final version of the framework and analysis is presented alongside the final report, providing a comprehensive picture of the causal relationships and configurations that contribute to the observed outcomes.

## 2 Method

### 2.1 Unit of analysis

To effectively utilise QCA, a well-defined unit of analysis is required. For this evaluation, it is the Tier 1 LA which is responsible for implementing the duty, of which we have 19 case studies. The case studies are diverse (as selected) yet share enough commonalities to allow for meaningful analysis. Additionally, the management information (MI) data the team have access to is at the Tier 1 LA level, so all analyses were conducted at this level.

### 2.2 Selection of outcomes and conditions

Outcomes for analysis were selected based on the overarching key evaluation questions and the evaluation's theory of change (ToC) outcomes and the suitability of the QCA in addressing them.

QCA cannot examine all outcomes and all contributing factors. The focus of the QCA in this evaluation is about access to and the reach of services across adult and child victim-survivors. Quality of provision is covered by the qualitative fieldwork with LAs, service providers and victim-survivors within the theory-based evaluation strand. Therefore, we further narrowed the outcomes which were to be included in the QCA. This is why the QCA assesses how the duty increases access to domestic abuse support and not how it improves outcomes.

Initial outcomes were proposed to MHCLG in the first iteration of the QCA framework and then discussed in a workshop with key representatives from MHCLG's policy and evaluation teams, Ipsos and Ecorys.

This process resulted in the selection of two outcomes for QCA, the first of which is nested:

1. Improved access to support in safe accommodation by all adult victim-survivors.
  - a. Improved access to support in safe accommodation by adult victim-survivors with specific characteristics.
  - b. Improved access to support in safe accommodation by adult victim-survivors with additional needs.
2. Improved access to support in safe accommodation by all child victim-survivors.

Improved access to support for all groups was defined as an increase in the number of victim-survivors accessing safe accommodation from 2022-23 to 2023-24. Originally,

improved access was defined as “There is an increase in the proportion of victim-survivors accessing support in safe accommodation” with the threshold set at 30%. However, upon examining the MI data, changes in proportion varied hugely due to missing data from 2022-23, or – particularly for adults with specific characteristics and additional needs – numbers being very low (0 or single digits) in 2022-23 and any increase in 2023-24 figures overly inflating the change in proportion. Therefore, while it was not ideal, it was decided to stick to increases in numbers accessing safe accommodation over this period.

These outcomes were selected because increased access can be regarded as a key measure of success for the duty, both by all victim-survivors and by underserved communities (i.e., those who have specific characteristics and/or additional needs). Scoring, benchmarks and indicators for each outcome can be found in Annex A. Separate outcomes were chosen for adults and children as children often seek and access support in different ways to adults, even in the same safe accommodation setting.

To select characteristics and additional needs – as shown in Table 2.1 – we re-examined the ToC workshop notes, interviews with Tier 1 and 2 LA staff, service provider staff (generalists and specialists), plus findings from Phase 1 fieldwork (including interviews and ToC workshops), needs assessments and scoping documents, and the following specific characteristics and additional needs were most common (present in at least 1/3 of case studies):

Chapter 2: Table 2.1. Definitions of adult victim-survivor sub-groups.

|                          |   |
|--------------------------|---|
| Specific characteristics | Ethnic minority, older adults, migrants, those without recourse to public funds, those with a disability and those who identify as LGBTQIA+ |
| Additional needs         | Drug / alcohol misuse, and mental health  |

We are using the term ‘additional needs’ instead of the widely used term ‘complex needs’, due to the negative connotations this has for victim-survivors.

In the first iteration of this QCA, we identified two underserved groups within child victim-survivors across the case study areas: child victim-survivors from families with 2+ children and male child victim-survivors aged 12+. These groups were chosen as they often do not fit the traditional refuge model and therefore may be underserved. However, due to a lack of available evidence across case study areas on these sub-groups, the decision was made to remove these from the analysis and look broadly at all child victim-survivors.

Conditions to explore within the QCA were based on the ToC, findings from phase 1 fieldwork and the wider literature on safe accommodation. These were framed in agreement with MHCLG and can be found in Appendix A.

Further changes to conditions and benchmarks were made for the second QCA iteration, as some of the initial findings warranted further exploration and refinement. Please see Appendix B for details on which conditions were adjusted.

One new condition was added in this second iteration: commissioning of by-and-for services based on identified need. Following iteration 1, MHCLG suggested that exploring commissioning of by-and-for services could provide further insights. This condition was added to explore whether there are by and for services being delivered, and if so whether these services are better able to understand and therefore meet the needs of different groups of victim-survivors. Please see Appendix B for how this condition was scored.

## 2.3 Analytical approach

Needs assessments, local strategies, commissioning documents, MI data from 2022/23 and 2023/24, interviews with staff from LAs and service providers and interviews/engagement with victim-survivors (mainly from phase 1 of fieldwork) were analysed. The 19 case study areas were split between five researchers (each responsible for between two and five areas). Each researcher examined all available evidence for each of their assigned areas as a whole. For example, for Area A, they analysed the needs assessment, local strategy, and other evidence sources together rather than analysing all needs assessments for multiple areas before moving on to the next evidence source. This approach allowed for a comprehensive understanding of each area. Once initial scoring was complete, the QCA team came together to agree on scoring for each condition for consistency and to increase inter-rater reliability.

QCA was conducted on all stated outcomes. The presence and absence of each outcome for all listed groups of adult and child victim-survivors was investigated. Truth tables (please see Annex C) were uploaded onto fsQCA software (Ragin, Charles & Davey, 2022) and solutions – configurations of conditions – interpreted according to consistency scores, coverage scores and the number of cases covered by the solutions. Exclusion of solutions was not based on coverage scores as there is no set minimum threshold for coverage scores in QCA (Schneider & Wagemann, 2012). Solutions were excluded if:

- They did not meet the minimum consistency threshold of 0.8.
- Less than four cases (LAs) were covered by the solutions.
- Thresholds for consistency and coverage scores are outlined in Annex C.

Robust solutions were then investigated to understand the role they played in the presence or absence of improving access to support in safe accommodation for all groups of adult and child victim-survivors. This involved determining whether these conditions are necessary or sufficient for achieving the outcomes of interest. This step helps to clarify the causal relationships between the identified factors and the observed outcomes.

- Necessary condition = the condition must occur for the outcome to occur. If the condition is absent, the outcome will be absent. That is, in every case where the outcome is present (or absent), x condition occurs.
- Sufficient condition = presence of the condition always leads to the outcome. But the outcome can still occur without this condition. This means that there may be more than one way to achieve an outcome, however all listed solutions in this report are the only combinations of conditions that were identified in this QCA.

## 2.4 Project Limitations

The QCA method has some limitations, against which steps have been taken to mitigate where possible.

**Need for Sufficient Evidence:** Limited evidence hampers the method in producing useful outputs for several reasons. The QCA requires cases that have been chosen for comparison and evidence from these cases that is diverse yet shares enough commonalities to allow for meaningful analysis. Without sufficient evidence it is not possible to achieve variation across the conditions meaning the analysis becomes less robust and the results less reliable.

This is because with limited diversity in scoring, the QCA may not be able to uncover the true relationships between variables, especially when trying to identify necessary or sufficient conditions for a particular outcome. Therefore, sufficient evidence is essential to provide accurate scoring across conditions to ensure QCA analysis provides an accurate representation of the relationships between variables, and therefore what conditions lead to which outcomes. The strength of evidence for each condition, and the process by which this was determined, is included in Annex D.

**Balancing consistency in qualitative scoring:** Whilst the systematic nature of analysis and set theory ensure objectivity, there are elements of the QCA method which require subjectivity. For example, the calibration of 'fuzzy sets' requires researchers to decide on additional thresholds on which to score the fulfilment of conditions, based on their understanding of the concepts and cases. To prevent potential subjectivity from limiting the validity of findings, the same five team members worked across all the scoring on this QCA and met regularly to discuss and ensure the implementation of standardised scoring. The team also met with an external advisor to address queries on scoring that required an independent perspective.

One key example was the process of dictating between 'intention' and 'action' in findings. This occurred as there were instances in which a clear intention to fulfil a condition was shown, such as gaining input from victim-survivors, however in practice there was no evidence of this being done. In these instances, the team ensured the maintenance of evidence-based scoring by not accepting 'intention' as fulfilling a condition.

**Condition selection:** Whilst the selection process for choosing the QCA conditions was evidence-based and rooted in the findings from the first round of fieldwork, the nature of the method meant not every condition that could have impacted the likelihood of the outcomes occurring was included.

# 3 Results

## 3.1 Adult outcomes

**Outcome 1: Improved access to support in safe accommodation by all adult victim-survivors; by adult victim-survivors with specific characteristics; and by adult victim-survivors with additional needs.**

The QCA generated four robust solutions, presented below by type of adult victim-survivor. One common theme across all groups of adult victim-survivors is the importance of incorporating victim-survivor needs into service planning. The analysis shows that where victim-survivors are directly involved in needs assessments or their needs are reflected in local strategies, access to safe accommodation improved from 2022-23 to 2023-24. In contrast, when this involvement doesn't happen and needs are not incorporated, access does not improve.

The other consistent theme across all groups was the link between the level of diversity of safe accommodation required to meet the needs of adult victim-survivors and the absence of improved access. If the diversity of the types of accommodation to meet the diversity of needs is not available, access does not improve. From the evidence available, this is due to demand for specialist services outweighing supply.

**1. For all adult victim-survivors, access to support in safe accommodation doesn't improve when victim-survivors are not involved in the development of needs assessments, and there is a lack of diversity of types of safe accommodation, and no by and for services are commissioned. (Consistency 0.83, raw coverage 0.33, unique coverage 0.05).**

The evidence suggests that the involvement of victim-survivors in the development of needs assessments improved understanding of the range of victim-survivor needs and contributed toward the commissioning of a diversity of services based on need. Direct involvement of victim-survivors can identify specific needs and barriers to accessing support in safe accommodation that are not otherwise captured in secondary data sources used by LAs.

One example is of commissioning a complex needs worker and a young person's support worker, as a result of hearing from victim-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.

Another example of direct involvement comes from a lived experience group being extensively involved in developing a commissioning framework and mapping existing provision. The group coordinator also sat on the commissioning panel for larger contracts.

This direct involvement likely ensured that survivor needs were central to commissioning decisions. This area has commissioned more strategically and for larger value contracts since the duty, filling gaps that existed previously, such as introducing children's support services.

Across LAs where victim-survivors were not involved in the development of needs assessments, their lack of inclusion was attributed to time and resource constraints. LAs instead relied upon management information from service providers, crime data and health data. These LAs did recognise that the lack of victim-survivor involvement was a gap in the development and implementation of needs assessments and local strategies, and they were intending to involve victim-survivors in the next refresh of the needs assessment.

It is not clear from the available evidence why some LAs had the time and resources to include victim-survivors and others did not. Different interpretations of B3.7 in the statutory guidance could also be a contributing factor, which states “*In undertaking the local needs assessment, tier one authorities should use the expertise and knowledge of local and national specialist services to support in identifying and understanding the level and types of needs, including... [lists different cohorts]. As well as listening to the voices of victims.*” Some LAs may think that by speaking to those who provide services to victim-survivors, they are meeting this requirement of the duty, whereas others interpret the need to listen to victim-survivors directly. Due to the importance of identifying needs and responding to them in improving access, where possible, the direct inclusion of victim-survivors should be encouraged, or supplementary guidance on what inclusion of victim-survivors should entail i.e., direct involvement, should be made available.

In addition to providing more clarity on directly involving victim-survivors in needs assessments, the guidance could also include factors that enable this direct engagement. For example, although LAs recognise the importance of victim-survivor involvement, they did not have the time, resources or established mechanisms to engage victim-survivors effectively in the development of needs assessments. This suggests a need for more structured approaches to victim-survivor engagement, such as dedicated survivor advisory boards or feedback forums.

Access to safe accommodation was also influenced by no commissioning of by and for services. Commissioning of these service providers was rare across the case studies. Amongst the few areas that had commissioned by and for services, there were no clear patterns or reasons as to why they had, compared to the other areas that had not commissioned them. Where these services were being commissioned, they were predominantly for victim-survivors from black and minority ethnic backgrounds, and in some cases for those who were LGBTQIA+.

Overwhelmingly, LA staff could talk about by-and-for services in interviews (e.g., they were aware of them, understood the role they could play in delivering the duty) but did not

commission them. Of the areas that did not commission these providers, only one intended to explore the by and for services in their area so they could better support them and ensure they are joined up with the work being conducted already. However, despite this intent there was no evidence of fulfilling this, nor any rationale as to why this was the case. It appears that LAs recognise the potential and consider the use of by and for services, but within the scope of this QCA, the barriers to commissioning them remain unclear.

As commissioning of by and for services (or a lack thereof) plays an influential role in access to support in safe accommodation, a better understanding of why and why not these services are being commissioned is required. One initial step would be to conduct a deep dive into areas that have commissioned by and for service providers, to understand the processes they have implemented, identify common challenges and how these have been overcome, and examine the effects of commissioning by and for services.

**2. For adult victim-survivors with specific characteristics, access to support in safe accommodation improves when local strategies are developed according to identified need, and there is effective joint working between LAs and service providers, and LAs spend all duty funding (Consistency 1, raw coverage 0.28, unique coverage 0.20).**

The analysis identifies sufficient conditions that lead to improved access to support in safe accommodation for adult victim-survivors with specific characteristics. Local strategies developed according to identified needs, combined with effective joint working between LAs and service providers and LAs spending all duty funding, lead to improved access. It is important to note that there may be other ways to improve access for this group through other combinations of conditions. However, no other combinations of conditions were identified in this QCA.

Local strategies developed according to identified local need appeared to guide 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, including LGBTQIA+, older and minoritised groups. These indicators or tools were used by all organisations to align priorities and measure progress against these, which in turn improved communication about how to meet the different identified needs within their LA. The language used by LA and service provider staff when discussing these local strategies gave an indication of how valuable they found them for their short and long-term planning and priorities.

*“Through this work we were able to identify the key gaps and areas we should focus on over the next three years to strengthen our response. The findings of the needs assessment is presented within this strategy underneath each of our priority areas*

*to help us understand where we are now, and where we would like to be in three years' time." (Tier 2 LA)*

The local strategies also shaped the functioning of Local Partnership Boards (LPBs) and operational sub-groups which fed into the LPBs. Interviewees described the 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. One LA described how they could also use the strategy to hold each other to account more in following up on actions and challenging viewpoints during the meetings.

*"Partnership board has changed. As part of new strategy developed, [the LPB] are committed to a coordinated community response and have a framework around that. Those subgroups have become more operational and more partners are involved/engaged. Work is being shared, and people are realising their responsibilities." (Tier 1 LA)*

Some specific examples were provided of needs informing strategies which then led to funding for particular cohorts of adult victim-survivors. For example:

*"Specialist support for older victim survivors – as a result of the previous needs assessment, contributory funds towards a Safer Ageing project dedicated support for older victims..." (Service provider)*

**3. For adult victim-survivors with specific characteristics, access to support in safe accommodation doesn't improve when victim-survivors are not involved in the development of needs assessments, and there is a lack of diversity of types of safe accommodation, and no by and for services are commissioned. (Consistency 0.88, raw coverage 0.70, unique coverage 0.06)**

A consistent finding is that access to support does not improve if a diverse range of safe accommodation is not available to meet the needs of adult victim-survivors with specific characteristics. That is, in every LA where there was an absence of improved access, there was not an appropriate diversity of types of safe accommodation to meet the needs of this group.

It is important to note that this finding is about the diversity of the types of safe accommodation available in LAs to meet the needs of adult victim-survivors with specific characteristics. To improve access to safe accommodation, LAs need to diversify their offer to meet locally identified needs. This analysis cannot state the magnitude to which they must increase the diversity of their offer, as it must be needs-based and would therefore vary across LAs.

The analysis did uncover that consistently, across LAs, demand for support in safe accommodation by victim-survivors with specific characteristics outweighs supply. One LA explained that despite having been able to increase the number of bed spaces available across accommodation types, they were still turning down at least two to three people per bed space. Irrespective of efforts to provide access, services across LAs are still operating at capacity whilst referrals continue to increase. LAs are aware of the need to expand the number and diversity of safe and specialist accommodation units but were facing difficulties in doing so. The two main challenges were limited capacity for expansion and staffing shortages.

In one area, plans were underway to expand the number of dispersed units, but these were difficult to implement due to a lack of available housing within the LA. Most of the refuges were built for purpose with a set number of units, which made capacity for expansion of existing sites limited. Although the needs assessment identified the gap in provision for victim-survivors with specific characteristics (and those with additional needs), the demand for support from this cohort far outweighed the available supply of specialist accommodation. LA and service provider staff reported that this has resulted in individuals not being able to access support.

As well as diversifying their safe accommodation offer, to increase access, LAs need to increase capacity within their existing offer.

In another area, the perception of the LA was that there were a limited number of providers capable of providing the diversity of support required. This meant the capacity of existing services was stretched, and although efforts to expand services were ongoing, progress was slow. Within the available evidence, there was no mention of by and for service providers, nor commissioning them. If by and for service providers had been commissioned, would this have increased the diversity of support available to victim-survivors with specific characteristics?

LA and service provider staff were unable to increase capacity of existing services due to staffing shortages in the domestic abuse sector. A lack of staff was also linked with the underutilisation of existing provision. Due to the increasing level / different types of support needed by victim-survivors with specific characteristics, if staffing levels are low/there are numerous vacant positions, then providers are likely only able to offer minimum levels of support and restrict access to their services (that is, operating bedspaces below capacity).

*“Places of safety all full [operating below capacity] at the moment...because of staffing issues not fully utilised and had lots of people move on...” (Service provider)*

For this group of adult victim-survivors, access to safe accommodation did not improve when by and for services were not commissioned. Reasons for not commissioning these

services for victim-survivors with specific characteristics included a lack of knowledge of local by and for providers, with work still being done to develop partnerships; geographical concentration of by and for services across boroughs and regions; and the “power imbalance” between LAs and by and for services.

Knowledge and understanding of local by and for services varied across case studies. Amongst the areas that were still developing their knowledge, they were in the process of reaching to local providers to understand what is available, what non-commissioned services were currently operating and where links could be made. Whereas there were instances where LAs were clear what their next steps would be, others did not know what else they could do.

*“[On our LPB] having a representative from a by and for service such as LGBTQIA+, Black, Asian, and Racially minoritised groups where possible”. (Tier 2 LA)*

*“We need to look at our by and for services and how we can support them going forwards to make sure that we are really joined up but where can we do more?” (Tier 1 LA)*

In rural areas, a barrier to commissioning was the geographical concentration of by and for services. If no by and for service providers that could address identified need were operating locally, then it was not possible to commission them, mainly due to their proximity and transport links required. This was not exclusive to rural areas, with evidence of this also being an issue in urban areas.

*“Some boroughs have good relationships with their providers... but we are geographically divided on concentration of by and for services in boroughs.” (Tier 1 LA)*

Power imbalances between LAs and by and for services were raised as one reason for not commissioning these providers. LAs ultimately have control over the procurement process. Despite there being evidence of areas increasing access to duty-funded opportunities, not all by and for services are able to bid for them, or the same services continue to be commissioned, due to ease or to maintain existing relationships.

*“There is a huge power imbalance between commissioners and providers...limiting opportunities for grassroots or community-led organisations which would lead to more by and for services”. (Tier 1 LA)*

**4. For adult victim-survivors with additional needs, access to support in safe accommodation doesn't improve when victim-survivors are not involved in the development of needs assessments, and LAs spend all their funding, and there is a lack of diversity of types of safe accommodation. (Consistency 0.81, raw coverage 0.49, unique coverage 0.49).**

While the conditions leading to success in improving access to support in safe accommodation for adult victims and adult victims with additional needs are not yet fully understood from QCA, it has revealed insights into the conditions that prevent success.

The lack of involvement of victim-survivors in the development of needs assessments was a necessary condition for the absence of improved access to support in safe accommodation by adult victim-survivors with additional needs. That is, in every LA where there was an absence of improved access, these victim-survivors were not involved in the development of needs assessments.

From the available evidence, there was no indication as to why victim-survivors with additional needs were not involved in the development of needs assessments (beyond the reasons for all adult victim-survivors i.e., LAs misinterpreting the requirement for direct engagement with victim-survivors). There was no mention of the LAs adapting their processes or systems to make involvement in the development of the needs assessments more accessible, nor did they state that this group of victim-survivors was unwilling to engage with the process. Consistently, LAs were relying on other sources of information to understand the needs of this group of victim-survivors.

For example, in one area, the needs assessment drew on secondary data provided by partners in the form of crime, ambulance, health and housing data. The LA did recognise the lack of victim-survivor involvement as a clear gap in their process and were planning to address this when they refreshed the needs assessment.

In another area, the LA included feedback from support workers who worked with victim-survivors with additional needs, rather than from the victim-survivors themselves. The workers consulted were from housing, adult social care and other LA teams. The implication was that their perspective reflected the experiences of victim-survivors. However, without hearing directly from victim-survivors, they are unlikely to understand the full range and nuance of the needs of this group.

LAs who spent most or all of the duty funding but had not involved victim-survivors in the needs assessment reported gaps in support for different groups of adult victim-survivors. For example, one predominantly rural area spent all their allocated funding in 2023-24. The needs assessment was data-based and did not directly involve victim-survivors. There were multiple gaps in provision for many cohorts of victim-survivors, including no

accommodation for those with high support needs – substance misuse, mental health, learning disabilities and physical disabilities.

In one predominantly urban setting which spent all their allocated funding in 2023-24, the needs assessment was data-based (housing and adult social care data) and did not directly involve victim-survivors. The needs assessment also showed no evidence of including victim-survivors with additional support needs (or specific characteristics). There were several gaps in provisions for victim-survivors, particularly those with mental health needs, substance misuse, and physical disabilities. Both these examples reinforce the idea that relying solely on data, even when spending all allocated funds, may not fully capture the needs of diverse victim-survivor groups.

To improve access to safe accommodation for victim-survivors with additional needs, they need to be involved in the development of needs assessments. As recommended in the all adults finding, clarity on directly involving adults with additional needs in the development of needs assessments is required in the guidance. Due to the rarity of direct engagement with this cohort, it appears that LAs are not adapting their processes to make involvement in developing needs assessments accessible for victim-survivors with additional needs.

Therefore, supplementary guidelines and examples of best practice are needed on how to specifically engage this group of victim-survivors. LAs could link up with addiction and mental health charities / bodies / organisations to develop practical resources and processes, to meaningfully engage victim-survivors with additional needs in developing needs assessments and other processes, and ultimately, improve access to support in safe accommodation.

## 3.2 Child outcomes

### **Outcome 2: Improved access to support in safe accommodation by all child victim-survivors.**

While the conditions leading to improved access to support in safe accommodation for child victim-survivors are not yet fully understood from QCA, it has revealed one emerging finding on the conditions that lead to a lack of improved access. This is an emerging, rather than robust finding as only two case studies (LAs) were covered by this finding.

As found with adult victim-survivors, incorporating child victim-survivor needs into service planning appears to be important when it comes to accessing safe accommodation. The analysis shows that where access did not improve for child victim-survivors, all except one area had failed to sufficiently gain new insights into the gaps in provision and needs of children in their area. It was also rare for LAs to directly engage with child victim-survivors in the development of their needs assessments.

#### **1. For child victim-survivors, access to support in safe accommodation doesn't 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)**

If LAs have a diversity of types of safe accommodation, but this diversity does not address gaps and/or needs in provision, and is not informed by the needs of children, then it does not improve access to support.

There was no indication in the available evidence as to why the needs of child victim-survivors were not utilised to develop local strategies, nor of the LAs adapting their processes or systems to ensure children's needs informed this process. Where children's needs were referenced in needs assessments, this was not a result of direct engagement but rather analysing service / monitoring data or indirectly through parental feedback. As a result, needs assessments often lacked insights on the needs of children independently of families or parents, therefore limiting the ability of LAs to accurately reflect and understand the needs of children in their local strategies.

One factor which may contribute to this, is the lack of children's representatives at local partnership boards across almost all the case study areas – only two areas had one of these sitting on their boards. It was unclear why so few areas had children's representatives on their boards, especially when representatives for adult victim-survivors were widespread. This could be due to LAs prioritising adult victim-survivors first and the process of identifying children's needs and the best representation to sit on LPBs was ongoing (as evidenced by the commissioning of children's services taking – up to 12 months – longer than the commissioning of adult services in safe accommodation).

Whilst some areas did have feedback loops for gaining new insights into the gaps and needs in provision for children, they were not always accessible to children. For example, posters with QR codes requiring internet access to complete. Nor were these feedback loops always regular. There was intention from LAs to improve the regularity of gaining feedback from children, but there was no evidence of any plans being implemented. For example, one area was planning to develop a dashboard by collecting anonymised data from various service providers to map service users' journeys and time spent in differing services. However, on the whole, there seems to be a lack of focus on securing feedback from child victim-survivors.

Once identified, children's needs must then be used to inform the commissioning of types of safe accommodation that are accessible for children as victim-survivors of domestic abuse. If different types of safe accommodation are commissioned or made available, but not needs-led, then it will not improve children's access to support in safe accommodation. Although there is evidence of an increasing number of bedspaces in dispersed accommodation (8% increase from 22/23 to 23/24) – which is often more accessible by children than other types of safe accommodation, only 9% of overall bedspaces were in

dispersed accommodation. The safe accommodation available – and the support provided within it – must be needs-based to make a difference.

The analysis found that approaches to commissioning services for children varied. Across the 19 case study areas, LAs approach supporting children in safe accommodation in one of two ways: commissioning new support services focussed on children; or continuing previous contracts for children (although potentially enhancing quality of provision). Only one case study had not commissioned any child-specific support at the time of analysis and did not demonstrate any intention of doing so. One area was in the process of re-commissioning child-specific support through the duty – the existing support was funded prior to the duty.

Within LAs that commissioned new services, there was a particular focus on *specialist* services for children. The term specialist here indicates a support service that was specific to children and had a distinct support offering (as opposed to a more general “support worker” role). For example, LAs within this group commissioned services including “therapeutic support for child victim-survivors,” “children’s outreach services,” or created a “trauma informed therapeutic support group.”

In these cases, services were driven by the needs of the local area as informed by the needs assessment exercise or qualitative feedback (but not children’s needs specifically). Additionally, in these cases the support services cut across multiple safe accommodation types including refuges, dispersed accommodation, and sanctuary schemes.

As noted above, there is also a group of LAs that used the duty funding to continue contracts that were in place prior to the duty that address the needs of children. These cases are characterised by LAs choosing to either extend contracts that were already in place when the duty came into effect or renew contracts that had recently expired or been approaching expiration when the duty was put into operation. The types of commissioned or re-commissioned child support services were less specialist and more generic by contrast to the services described in the first group. Potentially a result of the services pre-existing the duty, these areas commissioned less specialised roles such as “key workers” or “specialist provision within a refuge.”

While still services for children, there were relatively few details on the type of work these services provide. Additionally, delivery of these services was largely focussed on refuges with no mention of services being re-commissioned in dispersed accommodation, temporary accommodation, or sanctuary schemes. This is not to infer that there are no support services for children on offer in these settings but rather that these settings were less likely to have support service contracts for children renewed under the duty. The evidence does not reveal whether this is due to perceived need being greater in the refuge, whether this reflects a lack of pre-existing contracts in dispersed and other

accommodation types, or whether funding for child support services in dispersed and temporary accommodation has been drawn from elsewhere.

Reasoning for extending or renewing existing child support services related to maintaining relations or “improving links with commissioned services”, yet differing stances remained in LAs with tiered governance as “stakeholders were frustrated that the LA had only used the funding to expand existing services, rather than commissioning anything new.” There was no evidence to show that LAs chose to extend or renew existing services while they conducted the needs assessment exercise or that they were considering decommissioning previous contracts but were waiting for the insights of the needs assessment.

A key challenge of this group of LAs is that by electing not to commission new services and, in many cases, continuing their existing relationships, it is more difficult to discern what the overall impact is of the duty as it’s not clear whether the support for children has actually changed from the pre-duty period.

## 4 Best practice

Despite only finding one solution that leads to improved access to support in safe accommodation, the QCA has identified areas of best practice that can be applied across all LAs.

### 4.1 Direct engagement with adult and child victim-survivors

LAs that directly involved victim-survivors in the development of needs assessments generally demonstrated a better understanding of the range of needs and were more likely to commission services or specific support that reflected those needs. Victim-survivors were engaged via interviews, focus groups and lived experience groups. Their direct involvement led to the commissioning of new workers for specific needs, support services dedicated to particular cohorts and allocating more financial resources to commission services needed to fill existing gaps. Taking knowledge of needs and gaps in provision as far as possible to commission specialist support workers or services tailored to these needs can be effective in improving access to support in safe accommodation.

### 4.2 Using local strategies developed according to identified need as a framework for effective joint working and targeted commissioning

When local strategies are developed according to identified need, they not only lead to targeted commissioning, but also act as a framework for effective joint working between LAs and service providers. They shaped the functioning of LPBs and guided how partners could work together to address different victim-survivor needs. This was found to improve access to support in safe accommodation for victim-survivors with specific characteristics.

## 5 Conclusion

In conclusion, the QCA underscores the critical importance of incorporating victim-survivor needs into service planning (and therefore delivery) to improve access to support in safe accommodation. Across diverse groups of adult victim-survivors, their direct involvement in needs assessments proved to be a pivotal factor in enhancing service provision. This engagement improved the understanding of diverse needs which in turn facilitated the commissioning of tailored services that directly address specific barriers and gaps in support.

The analysis identifies a consistent lack of diversity in safe accommodation as a significant barrier to improved access for adult victim-survivors. This is primarily due to the demand for specialist services surpassing the available supply. Although this highlights the necessity for LAs to expand and diversify accommodation options, the duty funding is intended to fund the support element, whereas the need is for capacity funding to build safe accommodation.

Effective joint working between LAs and service providers emerged as a crucial element for victim-survivors with specific characteristics, where local strategies informed by identified needs guided collaborative efforts and resource allocation.

There was one emerging finding for child victim-survivors: where there is a diversity of types of safe accommodation, but if this diversity does not address gaps in provision, and it is not informed by the needs of children, then it does not improve access to support. This corresponds with the adult victim-survivor findings and underlines the importance of direct engagement with children. More needs to be done by LAs to gain feedback from children, and they will likely need support to achieve this. A first step would be to ensure all LAs have children's representatives sitting on their LPBs.

Best practices identified through this analysis include the direct engagement of victim-survivors in needs assessments, targeted commissioning based on identified needs, and the development of local strategies that serve as frameworks for effective joint working and targeted commissioning. These practices should be integrated into LA policies to ensure that the voices of victim-survivors are not only heard but actively shape the services designed to support them. These insights provide a foundation for refining approaches and ensuring that both adult and child victim-survivors have equitable access to safe and supportive accommodation.

## 6 Appendix A – Conditions explored in outcomes

### 6.1 Conditions explored in QCA Outcome 1

Appendix A: Table A1.1

| Conditions  | A priori theory or available evidence of how the condition influences the outcome of interest   | Benchmarks or descriptors for calibration of attributes   | Coding scale                 | Data source   |
|---|---|---|------------------------------|---|
| Local strategies developed according to identified need | The first step in ensuring the needs of victim-survivors are met is identifying these needs and consequently developing strategies according to these needs.  | Whether identified need informed the development of local strategies:<br>0= identified needs did not inform the development of local strategies.<br>1= identified needs did inform the development of local strategies.   | Crisp set (0, 1)             | Interviews with LA service leads, review of needs assessments and local strategies. |
|   | The first step in ensuring the needs of underserved communities (e.g., those with specific characteristics) are met is identifying these needs and consequently developing strategies according to these needs. | Whether identified specific characteristics informed the development of local strategies:<br>0= identified specific characteristics did not inform the development of local strategies.<br>0.33= one group of identified specific characteristics informed the development of local strategies.<br>0.67= at least half of identified specific characteristics informed the development of local strategies.<br>1= all identified specific characteristics did inform the development of local strategies. | Fuzzy set (0, 0.33, 0.67, 1) |   |

|   |  |   |                              |  |
|---|--|---|------------------------------|--|
|   | The first step in ensuring the additional needs of victim-survivors are met is identifying these additional needs and consequently developing strategies according to these needs.   | Whether identified additional needs informed the development of local strategies:<br>0= identified additional needs did not inform the development of local strategies.<br>0.33= one group of identified additional needs informed the development of local strategies.<br>0.67= at least half of identified additional needs informed the development of local strategies.<br>1= all identified additional needs did inform the development of local strategies. | Fuzzy set (0, 0.33, 0.67, 1) |  |
| Services are commissioned based on local strategies and needs assessments | The needs of victim-survivors and underserved communities (those with specific characteristics, those with additional needs) can only be met if their needs are identified, and services consequently commissioned to address these needs. | Whether commissioning of new services / re-commissioning of existing services was informed by needs assessments and local strategies:<br>0= commissioning of services was not informed by needs assessments and local strategies.<br>1= commissioning of services was informed by needs assessments and local strategies.   | Crisp set (0, 1)             | Interviews with LA service leads, review of needs assessments and local strategies, document review. |
|   |  | Whether commissioning of new services / re-commissioning of existing services for victim-survivors with specific characteristics was informed by needs assessments and local strategies:<br>0= commissioning of services was not informed by needs assessments and local strategies.<br>1= commissioning of services was informed by needs assessments and local strategies.  | Crisp set (0, 1)             |  |

|                                  |  |   |                              |   |
|----------------------------------|--|---|------------------------------|---|
|                                  |  | <p>Whether commissioning of new services / re-commissioning of existing services for victim-survivors with additional needs was informed by needs assessments and local strategies:</p> <p>0= commissioning of services was not informed by needs assessments and local strategies.</p> <p>1= commissioning of services was informed by needs assessments and local strategies.</p>   | Crisp set (0, 1)             |   |
| Engagement with victim-survivors | Evidence suggests involvement of victim-survivors in needs assessments improves understanding of the range of victim-survivor needs. | <p>Whether the LA involved victim-survivors in the development of needs assessments.</p> <p>0= victim-survivors were not involved in the development of LA needs assessments.</p> <p>1= victim-survivors were involved in the development of LA needs assessments.</p>  | Crisp set (0, 1)             | Interviews with LA service leads, interviews with adult victim-survivors. |
|                                  |  | <p>Whether the LA involved victim-survivors with specific characteristics in the development of needs assessments.</p> <p>0= victim-survivors with specific characteristics were not involved in the development of LA needs assessments.</p> <p>0.33= one group of victim-survivors with specific characteristics was involved in the development of LA needs assessments.</p> <p>0.67= at least half of identified groups of victim-survivors with specific characteristics were involved in the development of LA needs assessments.</p> <p>1= all identified groups of victim-survivors with specific characteristics were involved</p> | Fuzzy set (0, 0.33, 0.67, 1) |   |

|   |   |   |                              |  |
|---|---|---|------------------------------|--|
|   |   | in the development of LA needs assessments.   |                              |  |
|   |   | <p>Whether the LA involved victim-survivors with additional needs in the development of needs assessments.</p> <p>0= victim-survivors with additional needs were not involved in the development of LA needs assessments.</p> <p>0.33= one group of victim-survivors with additional needs was involved in the development of LA needs assessments.</p> <p>0.67= at least half of identified groups of victim-survivors with additional needs were involved in the development of LA needs assessments.</p> <p>1= all identified groups of victim-survivors with additional needs were involved in the development of LA needs assessments.</p> | Fuzzy set (0, 0.33, 0.67, 1) |  |
| LAs spend all duty funding                                | Underspend of duty funding may lead to enduring gaps in service provision for victim-survivors with additional needs, larger families, males, and those from ethnic minority backgrounds. | <p>Whether LA spent all their allocated duty funding:</p> <p>0 = less than 50% of duty funding spent.</p> <p>0.33= 51% to 75% of duty funding spent.</p> <p>0.67= 76% to 99% of duty funding spent.</p> <p>1 = 100% of duty funding spent.</p>  | Fuzzy set (0, 0.33, 0.67, 1) | Duty LA MI data.   |
| Effective joint working between LAs and service providers | Alignment of priorities amongst different agencies and providers, plus effective LPB functioning can lead to more effective decision-   | <p>Whether LAs and service providers have specific working practices to meet the needs of different groups of victim-survivors:</p> <p>0 = no specific working practices in place.</p>  | Fuzzy set (0, 0.5, 1)        | Interviews with LA service leads, interviews with LPB members. |

|  |   |  |                              |   |
|--|---|--|------------------------------|---|
|  | making and efficient service delivery.  | 0.5 = specific working practices in place to meet the needs of either those with specific characteristics or additional needs.<br>1 = specific working practices in place to meet the needs of both those with specific characteristics and additional needs.  |                              |   |
| Availability of support within different types of safe accommodation | Evidence suggests a sufficient diversity of types of safe accommodation can lead to more victims (i.e. those who don't fit refuge requirements) accessing support.  | Whether LAs have appropriate diversity of types of safe accommodation to meet the needs of adult victim-survivors, including those with identified specific characteristics and additional needs.<br>0= Only refuge accommodation is available.<br>0.33= There is a diversity of safe of types of safe accommodation available but is not specific to any specific characteristics or additional needs.<br>0.67= Sufficient diversity of types of safe accommodation to meet the needs of adult victim-survivors and either those with specific characteristics <b>or</b> additional needs.<br>1= Sufficient diversity of types of safe accommodation to meet the needs of all adult victim-survivors. | Fuzzy set (0, 0.33, 0.67, 1) | Duty LA MI data, interviews with LA service leads, interviews with service providers.                           |
| Commissioning of by and for services based on identified need        | Services in safe accommodation delivered by by and for services are better able to understand and therefore meet the needs of different groups of victim-survivors. | Whether LAs commission by and for services to meet identified need:<br>0 = no by and for services commissioned<br>0.33 = by and for services commissioned, but not based on need or a continuation of existing provision<br>0.67 = by and for services commissioned to meet one identified need<br>1 = by and for services commissioned to meet multiple (2 or more) identified needs  | Fuzzy set (0, 0.33, 0.67, 1) | Commissioning documents, needs assessments, local strategies, interviews with LA service leads, interviews with |

|  |  |  |  |                       |
|--|--|--|--|-----------------------|
|  |  |  |  | service<br>providers. |
|--|--|--|--|-----------------------|

## 6.2 Conditions explored in QCA Outcome 2

Appendix A: Table A1.2

| Conditions   | A priori theory or available evidence of how the condition influences the outcome of interest   | Benchmarks or descriptors for calibration of attributes  | Coding scale                 | Data source   |
|--|---|--|------------------------------|---|
| LAs gain new insight into gaps / needs in provision for children in their areas. | Theory suggests knowledge of gaps in provision and strong understanding of need, as a result of systems in place to capture insight, leads to commissioning of more effective and person-centred services for victim-survivors in safe accommodation. | Whether the LA had regular feedback loops (e.g., representation of child victim-survivor interests on LPB, monitoring data) that informed commissioning of services:<br>0 = no or irregular feedback loops that don't inform commissioning.<br>0.33 = regular feedback loops that don't inform commissioning.<br>0.67 = irregular feedback loops that inform commissioning.<br>1 = regular feedback loops that inform commissioning. | Fuzzy set (0, 0.33, 0.67, 1) | Duty LA MI data, Child victim-survivor representative attendance at LPB meetings, number of LPB meetings per year, interviews with LA service leads, interviews with LPB members. |
| Engagement with child victim-survivors   | Evidence suggests involvement of victim-survivors in needs assessments improves understanding of the range of victim-survivor needs.  | Whether the LA involved child victim-survivors in the development of needs assessments.<br>0= child victim-survivors were not involved in the development of LA needs assessments.<br>1= child victim-survivors were involved in the development of LA needs assessments.  | Crisp set (0, 1)             | Interviews with LA service leads.   |
| LAs commission specialist (therapeutic)  | The needs of child victim-survivors are   | 0 = no specialist (therapeutic) children's services commissioned.  | Crisp set (0, 1)             | Interviews with LA service  |

|  |   |   |                              |  |
|--|---|---|------------------------------|--|
| support for children as victim-survivors of domestic abuse.  | more likely to be met if they receive services designed for children. Evidence suggests that specialist children's services can better meet their needs than general DA support services. | 1 = specialist (therapeutic) services for children commissioned.  |                              | leads, document review, interviews with CYP, commissioning documents.  |
| Local strategies developed for the provision of support within safe accommodation according to identified needs of children. | The first step in ensuring the needs of child victim-survivors are met is identifying these needs and consequently developing strategies according to these needs.                        | Whether identified need informed the development of local strategies:<br>0= identified needs did not inform the development of local strategies.<br>1= identified needs did inform the development of local strategies.   | Crisp set (0, 1)             | Interviews with LA service leads, document review.   |
| Availability of support within different types of safe accommodation   | Availability of specialist and dispersed accommodation is imperative for children from families that do not fit the refuge accommodation model.   | Whether LAs have appropriate diversity of types of safe accommodation to meet the needs of child victim-survivors.<br>0 = There is no accommodation suitable for children/families<br>0.33 = There is accommodation suitable for children/families, but with no specific support to address the needs of children, and it does not meet demand.<br>0.67 = There is accommodation suitable for children/families, with specific support to address the needs of children, and it does not meet demand.<br>1 = There is accommodation suitable for children/families, with specific support, and it does meet demand. | Fuzzy set (0, 0.33, 0.67, 1) | Duty LA MI data, interviews with LA service leads, interviews with service providers, review of needs assessments. |



## 7 Appendix B – Changes to conditions in Iteration 2

The first round of analysis yielded valuable insights into the potential causal configurations that influence access to support in safe accommodation. As highlighted in the QCA iteration 1 report, some of the findings warranted further exploration and refinement. The following conditions were consequently adjusted and added for the second iteration:

### ***Adult outcome conditions***

Chapter 2: Table 2.2. Benchmark changes to ‘effective joint working between LAs and service providers.’

|                   |   |
|-------------------|---|
| Reason for change | In iteration 1, joint working was found to play a consistent role in access to support for safe accommodation for adult victim-survivors with specific characteristics, but not for adult victim-survivors with additional needs. Therefore, the benchmark has been updated to focus on whether there are specific working practices in place for adults with specific characteristics and/or additional needs, and if these practices influenced access to support in safe accommodation for either group. |
| New benchmark     | <b>0</b> = no specific working practices in place<br><br><b>0.5</b> = specific working practices in place to meet the needs of either those with specific characteristics or additional needs<br><br><b>1</b> = specific working practices in place to meet the needs of both those with specific characteristics and additional needs  |

Chapter 2: Table 2.3. Commissioning of by-and-for services based on identified need.

|                     |  |
|---------------------|--|
| Reason for addition | Following iteration 1, MHCLG suggested that exploring commissioning of by-and-for services could provide further insights. This condition was added to explore whether there are by and for services being delivered, and if so whether these services are better able to understand and therefore meet the needs of different groups of victim-survivors.       |
| Benchmark           | <p><b>0</b> = no by and for services commissioned.</p> <p><b>0.33</b> = by and for services commissioned but not based on need or a continuation of existing provision.</p> <p><b>0.67</b> = by and for services commissioned to meet one identified need.</p> <p><b>1</b> = by and for services commissioned to meet multiple (2 or more) identified needs.</p> |

### ***Child outcome conditions***

Chapter 2: Table 2.4. Benchmark changes to 'LAs commission specialist (therapeutic) support for child victim-survivors'.

|                   |  |
|-------------------|--|
| Reason for change | In iteration 1, this condition included specifics within the scoring such as whether there were child specific targets or support contracts in the commissioning process. However, there was no evidence of specific targets or support contracts, so this has been simplified to reflect that areas either did or did not commission specialist therapeutic services. |
| New benchmark     | <p><b>0</b> = no specialist (therapeutic) children's services commissioned.</p> <p><b>1</b> = specialist (therapeutic) services for children commissioned.</p>   |

Chapter 2: Table 2.5. Benchmark changes to 'Availability of support within different types of safe accommodation.

|                   |   |
|-------------------|---|
| Reason for change | Due to lack of evidence to explore the sub-groups used in iteration 1 of this outcome (families with 2+ children and males aged 12+), the decision was taken to remove these from the benchmark.  |
| New benchmark     | <p><b>0</b> = There is no accommodation suitable for children/families.</p> <p><b>0.33</b> = There is accommodation suitable for children/families, but with no specific support to address the needs of children, and it does not meet demand.</p> <p><b>0.66</b> = There is accommodation suitable for children/families, with specific support to address the needs of children, and it does not meet demand.</p> <p><b>1</b> = There is accommodation suitable for children/families, with specific support, and it does meet demand.</p> |

## 8 Appendix C – Truth tables

**Victim-survivors not being involved in the development of needs assessments AND a lack of diversity of types of safe accommodation AND no commissioning of by-and-for services leads to the absence of improved access to support in safe accommodation by all adult victim-survivors. (Consistency 0.83, raw coverage 0.33, unique coverage 0.05)**

Appendix B: Table B1.1

| Local strategies developed according to identified need | Services commissioned based on local strategies and NAs | VS involved in development of NAs | LAs spend all Duty funding | Effective joint working between LAs and SPs | Availability of support within diff types of SA | Commissioning of by and for services based on ID need | number | ~Improved access to support in SA | cases | raw consist. | PRI consist. | SYM consist |
|---|---|-----------------------------------|----------------------------|---|---|---|--------|-----------------------------------|-------|--------------|--------------|-------------|
| 1   | 1   | 0                                 | 0                          | 0   | 0   | 0   | 1      | 1                                 |       | 0.943144     | 0.795181     | 1           |
| 1   | 1   | 1                                 | 0                          | 0   | 1   | 0   | 1      | 1                                 |       | 0.907104     | 0.66         | 1           |
| 1   | 1   | 0                                 | 1                          | 1   | 0   | 0   | 1      | 1                                 |       | 0.87218      | 0.795181     | 1           |
| 1   | 0   | 1                                 | 1                          | 0   | 1   | 0   | 1      | 0                                 |       | 0.62406      | 0            | 0           |
| 1   | 1   | 1                                 | 1                          | 1   | 0   | 0   | 2      | 0                                 |       | 0.597598     | 0.382488     | 0.382488    |
| 1   | 0   | 1                                 | 1                          | 0   | 0   | 1   | 1      | 0                                 |       | 0            | 0            | 0           |

**Local strategies developed according to identified need AND effective joint working between LAs and service providers AND LAs spend all Duty funding leads to improved access to support in safe accommodation by adult victim-survivors with specific characteristics. (Consistency 1, raw coverage 0.28, unique coverage 0.20)**

Appendix B: Table B1.2

| Local strategies developed according to | Services commissioned based on local strategies and NAs | VS involved in development of NAs | LAs spend all Duty funding | Effective joint working between LAs and SPs | Availability of support within diff types of SA | number | Improved access to support in SA | raw consist. | PRI consist. | SYM consist |
|---|---|-----------------------------------|----------------------------|---|---|--------|----------------------------------|--------------|--------------|-------------|
|---|---|-----------------------------------|----------------------------|---|---|--------|----------------------------------|--------------|--------------|-------------|

| identified need |   |   |   |   |   |   |   |          |          |          |   |   |
|-----------------|---|---|---|---|---|---|---|----------|----------|----------|---|---|
| 1               | 0 | 0 | 1 | 1 | 0 | 3 | 1 | 1        | 1        | 1        | 1 | 1 |
| 1               | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 1        | 1        | 1        | 1 | 1 |
| 0               | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1        | 1        | 1        | 1 | 1 |
| 0               | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 1        | 1        | 1        | 1 | 1 |
| 1               | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0.779264 | 0.507463 | 0.507463 |   |   |
| 1               | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0.744361 | 0        | 0        |   |   |
| 0               | 0 | 0 | 1 | 0 | 0 | 3 | 0 | 0.666667 | 0.404762 | 0.404762 |   |   |
| 1               | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0.665552 | 0.253731 | 0.253731 |   |   |
| 0               | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0.596386 | 0        | 0        |   |   |
| 0               | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0.496241 | 0        | 0        |   |   |
| 0               | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0.492537 | 0        | 0        |   |   |
| 1               | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0.33     | 0        | 0        |   |   |

**Victim-survivors not being involved in the development of needs assessments AND a lack of diversity of types of safe accommodation AND no commissioning of by-and-for services leads to the absence of improved access to support in safe accommodation by adult victim-survivors with specific characteristics. (Consistency 0.88, raw coverage 0.70, unique coverage 0.06)**

Appendix B: Table B1.3

| Local strategies developed according to | Services commissioned based on local strategies and NAs | VS involved in development of NAs | LAs spend all Duty funding | Effective joint working between LAs and SPs | Availability of support within diff types of SA | Commissioning of by and for services based on ID need | No . | Improved access to support in SA | cases | raw consist . | PRI consist . | SYM consist . |
|---|---|-----------------------------------|----------------------------|---|---|---|------|----------------------------------|-------|---------------|---------------|---------------|
|---|---|-----------------------------------|----------------------------|---|---|---|------|----------------------------------|-------|---------------|---------------|---------------|

| identified need |   |   |   |   |   |   |   |   |  |          |          |          |
|-----------------|---|---|---|---|---|---|---|---|--|----------|----------|----------|
| 0               | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |  | 1        | 1        | 1        |
| 1               | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 1 |  | 1        | 1        | 1        |
| 0               | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 |  | 1        | 1        | 1        |
| 1               | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |  | 0.829146 | 0.492537 | 0.492537 |
| 0               | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 |  | 0.829146 | 0.492537 | 0.492537 |
| 1               | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |  | 0.763889 | 0.392857 | 0.392757 |
| 0               | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |  | 0.492537 | 0        |          |

**Victim-survivors not being involved in the development of needs assessments AND LAs spend all Duty funding AND lack of diversity of types of safe accommodation leads to the absence of improved access to support in safe accommodation by adult victim-survivors with additional needs. (Consistency 0.81, raw coverage 0.49, unique coverage 0.49)**

Appendix B: Table B1.4

| Local strategies developed according to | Services commissioned based on local strategies and NAs | VS involved in development of NAs | LAs spend all Duty funding | Effective joint working between LAs | Availability of support within diff types of SA | Commissioning of by and for services based on ID need | number | ~Improved access to support in SA | raw consist. | PRI consist. | SYM consist |
|---|---|-----------------------------------|----------------------------|-------------------------------------|---|---|--------|-----------------------------------|--------------|--------------|-------------|
|---|---|-----------------------------------|----------------------------|-------------------------------------|---|---|--------|-----------------------------------|--------------|--------------|-------------|

| identified need |   |   |   | and SPs |   |   |   |   |          |          |          |
|-----------------|---|---|---|---------|---|---|---|---|----------|----------|----------|
| 1               | 1 | 0 | 1 | 1       | 0 | 0 | 1 | 1 | 0.921296 | 0.872181 | 1        |
| 1               | 0 | 0 | 1 | 0       | 0 | 1 | 1 | 1 | 0.886667 | 0.66     | 1        |
| 1               | 0 | 1 | 1 | 1       | 0 | 0 | 1 | 0 | 0.746269 |          |          |
| 1               | 1 | 0 | 0 | 0       | 1 | 0 | 1 | 0 | 0.715517 | 0.715517 | 0.715517 |
| 0               | 1 | 0 | 1 | 1       | 0 | 0 | 1 | 1 | 0.943144 | 0.907104 | 1        |
| 0               | 0 | 0 | 1 | 0       | 1 | 0 | 1 | 0 | 0.663317 | 0.33     | 0.33     |
| 0               | 1 | 0 | 0 | 0       | 0 | 0 | 1 | 0 | 0.568966 | 0.568966 | 0.568966 |

**LAs don't gain new insights into needs of children AND LAs commission specialist support for children AND local strategies not developed according to identified needs, AND there is a diversity of types of safe accommodation leads to the absence of improved access to support in safe accommodation by child victim-survivors (Consistency 1, raw coverage 0.2, unique coverage 0.1)**

| LAs gain new insights | Engagement with child vs | LAs commission specialist support for children | LA strategies developed according to needs assessments | Availability of support within different types of accommodation | number | ~Improved access to support in SA | raw consist. | PRI consist. | SYM consist |
|-----------------------|--------------------------|--|--|---|--------|-----------------------------------|--------------|--------------|-------------|
| 0                     | 1                        | 1  | 1  | 1   | 2      | 1                                 | 1            | 1            | 1           |
| 1                     | 1                        | 1  | 1  | 1   | 1      | 1                                 | 1            | 1            | 1           |
| 0                     | 0                        | 1  | 0  | 1   | 2      | 1                                 | 0.835        | 0.835        | 0.835       |

|          |   |   |   |   |   |   |          |          |          |
|----------|---|---|---|---|---|---|----------|----------|----------|
| <b>0</b> | 0 | 1 | 0 | 0 | 2 | 0 | 0.665    | 0.665    | 0.665    |
| <b>0</b> | 0 | 1 | 1 | 0 | 3 | 0 | 0.501253 | 0.501253 | 0.501253 |
| <b>0</b> | 0 | 1 | 1 | 1 | 5 | 0 | 0.428266 | 0.428266 | 0.428266 |
| <b>1</b> | 0 | 1 | 1 | 1 | 2 | 0 | 0.24812  | 0.24812  | 0.24812  |
| <b>0</b> | 0 | 0 | 1 | 1 | 1 | 0 | 0        | 0        | 0        |
| <b>0</b> | 1 | 0 | 1 | 1 | 1 | 0 | 0        | 0        | 0        |

## 9 Appendix D – technical thresholds

### 9.1 Consistency

Consistency indicates the proportion of causal configurations that lead to the same outcome.

If a consistency score is 1, the configuration of conditions is fully consistent with the outcome. That is, all cases with respective membership scores (have the same configuration – or combination – of conditions) have the same outcome.

The cut-off score for consistency for fuzzy sets is 0.8. So, at least 80% of cases within a solution must have the same configuration of conditions and the same outcome.

### 9.2 Coverage

Coverage shows how much (the proportion) of an outcome that is explained by a configuration. The closer to 1, the higher the coverage. Coverage indicates the extent to which the outcome of interest is covered by the conditions.

There are two coverage scores:

- Raw coverage indicates how much of an outcome is explained by a set (group of conditions).
- Unique coverage indicates how much of an outcome is uniquely explained by a set.

Even if coverage is low, the conditions may be of theoretical importance. That is why there is no minimum threshold for coverage.

# 10 Appendix E – Strength of evidence

To measure the strength of data behind each condition, we worked out (i) how many of the sources had potential to contain relevant information for each condition, and then (ii) compared this to how many sources contained specific evidence for the conditions.

To do this, we:

- Examined our analysis table and focused on each condition individually.
- We established which sources of data at some point across all the analysis of LAs had contained information relevant to evidence a condition.
- This then gave a number that equated to the total amount of sources which had potential to contain evidence for each condition as shown in Table E1.1 below.

Appendix E: Table E1.1. Sources of data for each outcome.

| <b>Adult Outcome:<br/>Improved access<br/>to support within<br/>safe<br/>accommodation<br/>by all adult victim-<br/>survivors; by adult<br/>victim-survivors<br/>with specific<br/>characteristics;<br/>and by adult<br/>victim-survivors<br/>with additional<br/>needs.</b> |   | <b>Relevant<br/>Sources</b> | <b>Sources</b>   |
|--|---|-----------------------------|--|
|  | Access - Adults   | 1                           | MI Data  |
|  | Access - Adults with specific characteristics / additional needs  | 1                           | MI Data  |
|  | Condition 1 - Local strategies developed according to identified need   | 7                           | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study, Strategy Response                          |
|  | Condition 1 - Local strategies developed according to identified needs of those with specific characteristics and additional needs                            | 6                           | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study   |
|  | Condition 2 - Services are commissioned based on local strategies and needs assessments   | 8                           | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study, Strategy Response, Commissioning documents |
|  | Condition 2 - Services for victim-survivors with specific characteristics / additional needs are commissioned based on local strategies and needs assessments | 7                           | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study, Commissioning documents                    |
|  | Condition 3 - Engagement with victim-survivors  | 7                           | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study, V-S Interview                              |
|  | Condition 3 - Engagement with victim-survivors with specific characteristics / additional needs   | 7                           | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study, V-S Interview                              |
|  | Condition 4 – LAs spend all Duty funding  | 2                           | MI Data 22/23, MI Data 23/24   |
|  | Condition 5 – Effective joint working between LAs and service providers   | 6                           | Phase 1, Phase 2, Phase 3, Case Study, Strategy Response, Commissioning documents                                |

|   |  |   |   |
|---|--|---|---|
|   | Condition 6 - Availability of support within different types of safe accommodation   | 7 | Phase 1, Phase 2, Phase 3, LA Strategy, Needs Assessment, Case Study, Commissioning documents         |
|   | Condition 7 – Commissioning of by and for services based on identified need  | 7 | Phase 1, Phase 2, Phase 3, Commissioning documents, V-S interviews, Local Strategy, Needs assessments |
| <b>Child Outcome:<br/>Improved access to support in safe accommodation by all child victim-survivors.</b> | Access – children  | 1 | MI Data   |
|   | Condition 1 - LAs gain new insight into gaps / needs in provision for children in their areas.   | 7 | Phase 1, Phase 2, Phase 3, LA Strategy, Case Study, Needs Assessment                                  |
|   | Condition 2- Engagement with child victim-survivors  | 7 | Phase 1, Phase 2, Phase 3, LA Strategy, Case Study, Needs Assessment                                  |
|   | Condition 3 - LAs commission specialist (therapeutic) support for children as victim-survivors of domestic abuse.                          | 7 | Phase 1, Phase 2, Phase 3, LA Strategy, Case Study, Needs Assessment, Commissioning documents         |
|   | Condition 4 - Local strategies developed for the provision of support within safe accommodation according to identified needs of children. | 6 | Phase 1, Phase 2, Phase 3, Local Strategy, Needs Assessment, Case Study Doc                           |
|   | Condition 5 - Availability of support within different types of safe accommodation   | 7 | Phase 1, Phase 2, Phase 3, Strategy, Case Study, Needs Assessment                                     |

Following this, we measured how many of those relevant sources contained evidence that was inputted into our analysis grid for each LA and each condition.

This varied as, for example, in some LAs the needs assessment contained insights into child access which meant there would be evidence extracted and used in the analysis grid. Whilst in others, the needs assessment did not contain this information and therefore no evidence could be extracted. The tables below show the frequency of useful evidence in the relevant sources.

Appendix E: Table E1.2. Frequency of useful evidence in the relevant sources for outcome 1

|  |  |
|--|--|
| <b>Outcome 1</b>   | <b>Improved access to support within safe accommodation by all adult victim-survivors; by adult victim-survivors with specific characteristics; and by adult victim-survivors with additional needs.</b> |
| <b>Condition</b>   | <b>Average frequency of useful evidence in relevant sources</b>  |
| <b>Access</b>  | 100  |
| <b>Condition 1- Local strategies developed according to identified need</b>                    | 25.4   |
| <b>Condition 2 - Services are commissioned based on local strategies and needs assessments</b> | 30.5   |
| <b>Condition 3 - Engagement with victim-survivors</b>  | 20.0   |
| <b>Condition 4 - LAs spend all Duty funding</b>  | 100  |
| <b>Condition 5 - Effective joint working between LAs and service providers</b>                 | 60.5   |
| <b>Condition 6 - Availability of support within different types of safe accommodation</b>      | 66.2   |
| <b>Condition 7 – Commissioning of by and for services</b>                                      | 19.1   |

Appendix E: Table E1.3. Frequency of useful evidence in the relevant sources for outcome 2.

|   |  |
|---|--|
| <b>Outcome 2</b>  | <b>Improved access to support in safe accommodation by all child victim-survivors.</b> |
| <b>Condition</b>  | <b>Average frequency of useful evidence in relevant sources</b>                        |
| <b>Access</b>   | 100  |
| <b>Condition 1 - LAs gain new insight into gaps / needs in provision for children in their areas.</b>   | 38.81578947  |
| <b>Condition 2- Engagement with child victim-survivors</b>  | 25.65789474  |
| <b>Condition 3 - LAs commission specialist (therapeutic) support for children as victim-survivors of domestic abuse.</b>                          | 53.28947368  |
| <b>Condition 4 - Local strategies developed for the provision of support within safe accommodation according to identified needs of children.</b> | 28.94736842  |
| <b>Condition 5 - Availability of support within different types of safe accommodation</b>   | 53.28947368  |

Appendix E: Table E1.4. Key for strength of evidence.

**Colour code:**

|                |
|----------------|
| <b>100-75%</b> |
| <b>75-50%</b>  |
| <b>49-25%</b>  |
| <b>24-1%</b>   |
| <b>0%</b>      |

One key limitation of this outlook regarding the ‘strength of evidence’ is that fact that, more often than not, a source not containing relevant evidence could itself demonstrate the absence of a condition. For example, conditions such as ‘Engagement with Adults/Child victim-survivors,’ and ‘Whether specialist services for children are commissioned’ can be assumed to be absent if they are not mentioned in any of the data sources. Therefore, in some instances a high frequency of useful evidence in relevant sources does suggest strong evidence, such as the 100% frequency of MI data for measuring change in access, whilst in others a low frequency can demonstrate the near absence of a condition.



# 11 Appendix F – References

Fink, A. (2010). *Interrater Reliability - an overview* | ScienceDirect Topics. Available at: <https://www.sciencedirect.com/topics/nursing-and-health-professions/interrater-reliability>.

Ragin, C. C., & Davey, S. (2022). *Fuzzy-Set/Qualitative Comparative Analysis 4.0*. Irvine, CA: Department of Sociology, University of California.

Schneider, C. Q., & Wagemann, C. (2012). *Set-Theoretic Methods for the Social Sciences: A Guide to Qualitative Comparative Analysis*. Cambridge: Cambridge University Press.