



Ministry of Housing,
Communities &
Local Government

Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation

Methodological Annexes

July 2025





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1 Overview

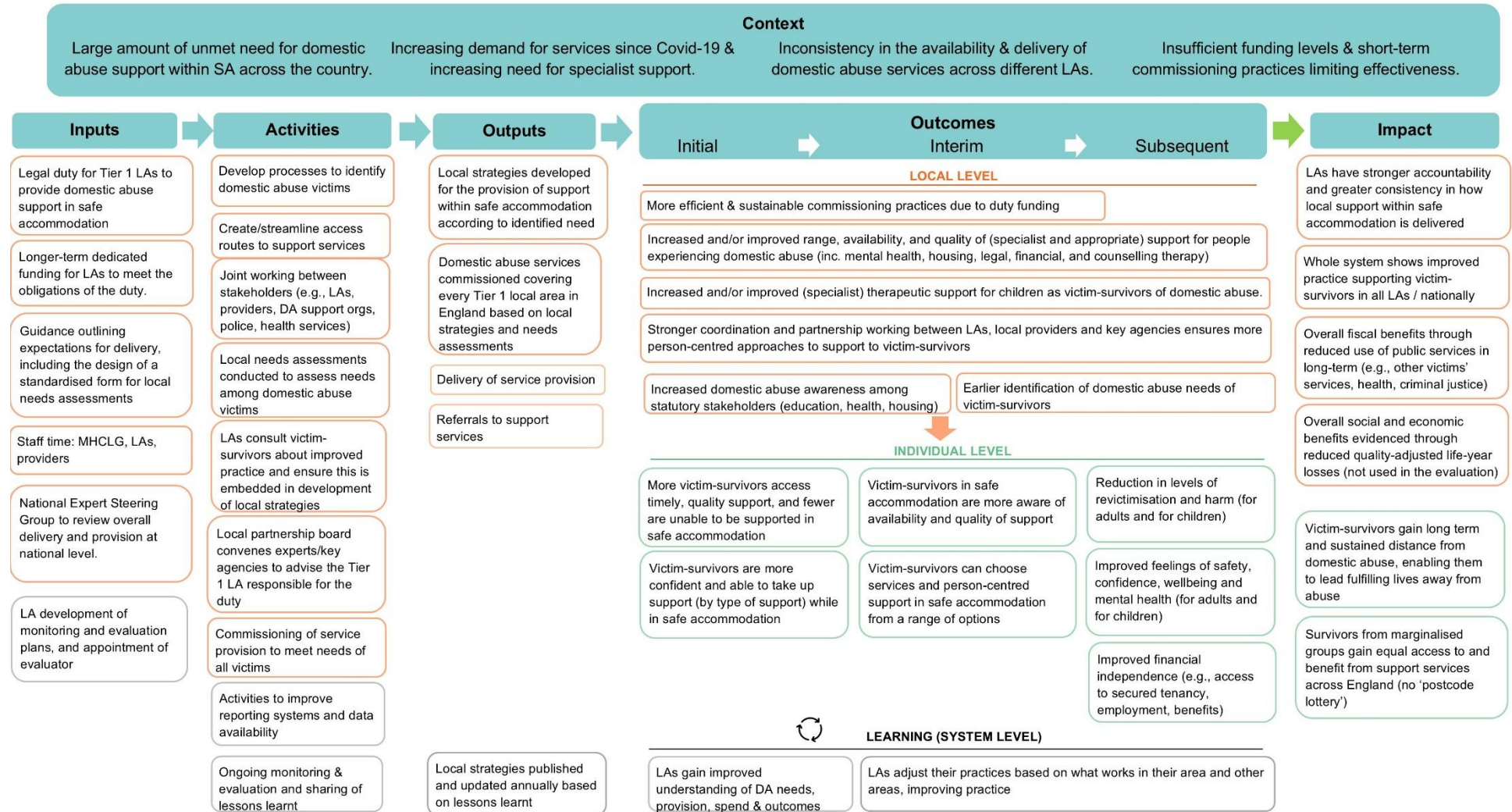
This document contains the methodological annexes for the Evaluation of the Domestic Abuse Duty for Support in Safe Accommodation and is intended to be read in conjunction with the main report.

Annex A: Methodology

A.1. Theory of Change

As part of the study, MHCLG's Theory of Change for the duty was adopted and then refined to produce a framework for the theory-based evaluation, set out in Figure A.1. The core components of the Theory of Change are set out in Chapter 1. The Theory of Change was iterated over the course of the evaluation, including with the development of a local authority-level Theory of Change for each of the 19 case study areas through workshops with key local stakeholders. The Theory of Change in Figure A.1 is the final national-level version for the evaluation.

Annex A: Figure A.1. Duty Evaluation Theory of Change



Theory of Change assumptions describe the causal connections or conditions needed for an intervention/legislation to achieve outcomes. The duty Theory of Change assumptions are split into two categories (1) duty-specific influencing factors and (2) external influencing factors set out below. Duty-specific factors are those that directly influence access, delivery and performance of services and other organisations under the core remit of the duty. However, external influencing factors are wider factors that may influence outcome realisation but are not within remit or scope of the duty.

Duty-Specific Influencing Factors

Assumptions linking inputs to activities

- LAs understand how to meet the obligations of the duty.

Assumptions linking activities to outputs

- LAs are able to meet the obligations of the duty (sufficient funding and relevant expertise available from service providers).
- Local needs assessments accurately predict victims' needs (especially unmet needs).
- LAs receive enough notice of future funding to plan support services.
- Victim-survivors are able to access safe accommodation.
- Governance and partnership arrangements between agencies and LAs are effective.
- Commissioning of specialist support services meets needs of specific groups (inc. additional support needs, protected characteristics, no recourse to public funds) in refuge support or dispersed safe accommodation.

Assumptions linking outputs to outcomes

- Services commissioned within safe accommodation are effective and reflect need.
- Triaging process for victim-survivors is effective.
- Learning is shared within and across areas to improve the commissioning of services within safe accommodation.
- Support is available for all victim-survivors who need safe accommodation (not merit or means tested) in order that they and their children can stay safe.
- Increased and/or improved housing provisions/services may include Domestic Abuse Housing Alliance accreditation, improving awareness of domestic abuse amongst social landlords, or the Sanctuary Scheme to enhance security measures.

Assumptions linking outcomes to impacts

- Services in safe accommodation meet the needs of victim-survivors, including those from specific groups, and children.
- Abuse cycle is shortened due to victim-survivors being identified and supported at earlier stage.

- Services within safe accommodation are able to expand capacity further due to improved recovery rates facilitating earlier discharge.
- Improved support services within safe accommodation results in better health outcomes for victim-survivors.
- Improvements in the accessibility and relevance of support mean improved quality of life for victim-survivors. The funding needed for the duty is less than what 'business as usual' would have looked like in terms of the costs incurred by other public services.

External Influencing Factors

Assumptions linking activities to outputs

- Services with appropriate experience and suitability for victim-survivors are available, including community-based services (although these are not in scope of the duty).
- Social care, housing, and mental health support services are sufficiently funded and resourced to meet the demand of victim-survivors.
- Increased funding or commissioning of support services for those in safe accommodation is not offset by decreases in funding for other statutory services.

Assumptions linking outputs to outcomes

- Accommodation available is sufficient to meet demand, especially for move-on accommodation.
- Outside of safe accommodation, perpetrators have access to support or specialised support, ensuring victim-survivors can remain in their home because of increased options for re-housing those perpetrating harm.

Assumptions linking outcomes to impacts

- The funding needed for the duty is less than what business as usual would have looked like in terms of the costs incurred by other public services.

A.2. Longitudinal theory-based evaluation

At the core of the evaluation is a combined theory-based process and impact evaluation. As noted in A.1, it uses an adapted version of MHCLG's Theory of Change as a framework to assess if the duty operates as intended (process) and if impacts and outcomes can be traced to it (impact).

A set of 19 local authority case studies were chosen to provide sufficient evidence on local implementation and the experiences and perspectives of victim-survivors. These 19 were selected through a comprehensive process from a LA typology set up with several criteria to ensure a broadly representative cross-section of LAs, populated and long listed, with a final short-list of 25 decided through discussion with MHCLG. Discussions were then held with short-listed LAs to discuss their interest and capacity, and the final set were selected and formally onboarded to the evaluation between July and October 2023.

Case study selection criteria:

- **Local diversity:** region, population ethnic diversity and urban vs rural classification.
- **Governance complexity:** whether the LA was top tier vs. single tier, the number of Tier 2 LAs sitting below the Tier 1 LA, and whether there was a joint Domestic Abuse Partnership Board with another Tier 1 LA.
- **Theory of Change assumptions:** included key assumptions of the duty's Theory of Change in relation to LA financial health (e.g., LAs at risk of bankruptcy were excluded), if LAs included representatives with lived experience on the Board and the Board's senior level representation.
- **Implementation of the duty.** The typology clustered local authorities by how they were implementing the initial requirement of the duty in (e.g. having a local partnership board, needs assessment and strategy in place).

The primary data collection was conducted with an initial Theory of Change workshop and two-to-three rounds of engagement. A staged approach to data collection was chosen to provide opportunity to investigate findings from previous rounds, whilst enabling emerging learning from other strands to be explored. Three rounds were conducted with LA and service provider staff (in Round 2, some participants completed questionnaires to ease research burden). Two rounds were conducted with survivors, including children, young people and adults. Ethical assurance was provided by MHCLG and ethical review by Ipsos Ethics Group, and ethical approval was requested and granted for children's engagement in one local authority.

Specifically, the data collection included:

- **Workshops with key LA staff** in each case study LA to develop a local Theory of Change and define inputs, activities, outputs and outcomes related to the duty, mechanisms that link these together and any influencing factors.

- **Interviews with ~4 LA staff per site per round**, domestic abuse teams responsible for implementing the duty, adult and children's social care, housing and homelessness, community safety, antisocial behaviour teams as well as Tier 2 LA contacts.
- **Interviews with ~6 provider staff per site per round** from safe accommodation providers or other services that support victim-survivors within safe accommodation.
- **Interviews with ~7 adult and ~3 child victim-survivors** of domestic abuse per site per round; most were currently in or recently left safe accommodation, a few adults were trying to access safe accommodation.

Research tools for each participant group were crafted to gather appropriate data from the audience. Topics covered for each group were as follows:

LA Staff: pre-duty landscape of support services and commissioning practices, local context of delivery (including shifts over the course of the evaluation), expectations of the duty, development and implementation of the needs assessment and safe accommodation strategy, commissioning practices, multi-agency working (including work on the local partnership board and working with Tier 2 authorities where relevant), reflections on implementing the duty including use of funding, and measuring progress (including anticipated outcomes).

Service Providers: pre-duty support provided, local context of delivery (including shifts over the course of the evaluation), expectations of the duty, service provision under the duty (including shifts over the course of the evaluation) multi-agency working (including work on the local partnership board), reflections on implementing the duty, and measuring progress (including anticipated outcomes).

Adult victim-survivors: understanding of support available, support needs, engagement with support services, whether needs were met, feedback and reflections on support provided, next steps and move-on plans.

Child victim-survivors: engagement with support services, perceptions of support offered, whether needs were met and impact of support. Child interviewees were not asked about their own experiences and questions were more general, and were able to choose an interview or to fill in a booklet on their own or with the interviewer as they talked.

Professional participants were recruited through contact with the domestic abuse lead for a LA and subsequent snowballing, supplemented by searches for relevant organisations. Survivors were invited to take part by local service providers sharing information about the study. In the last round of engagement, this was supplemented with information being sent out in the Domestic Abuse Commissioner's Office newsletter, inviting adults to participate.

All prospective participants were given comprehensive (age-appropriate) information about the study and data protection, supplemented by a pre-discussion with support workers or evaluator if useful. Consent forms were also tailored, with under-8s, 8-12 and 13+ versions and parent forms for children and young people. All participants could opt out or withdraw data even if they had consented or taken part. Survivors were given a thank you voucher.

Limitations: There are several limitations to consider in reading the evaluation.

- **Positive sampling bias of survivor interviewees:** Safe accommodation services informed survivors about the evaluation. There is a likelihood that in doing so, they refer survivors who have more positive experiences with the provider organisation.
- **Recall bias:** The data collection began approximately two years following the initial implementation of the duty. For the professional interviews, those who participated may not all have been involved in or aware of the duty and related activities from the start. This limits insight into the initial LA set up including commissioning and the development of the needs assessments and strategies.
- **Inconsistent and/or missing monitoring data:** The annual MI data returns have been improved substantially with MHCLG efforts but can still be of variable quality. As a result, the evaluation does not use the first year of MI data (2021/22) and there were still missing data and some anomalies in subsequent years. Inconsistencies in how LAs account for administrative costs of the duty (several reporting no duty administrative expense) indicate varied monitoring or recording of staff time.
- **Understanding unmet need:** There are challenges for areas estimating the extent of unmet need for safe accommodation and related services and support. Indicators of demand may mask the full extent of unmet need. This creates issues monitoring changes in access and uptake of service provision among all who require support.
- **Sample size of child victim survivors:** The evaluation aimed to include 120 children in the data collection, based on 3 interviews per round per case study area, however, the final sample included 45 children in total (38%). These children were engaged from half the areas (plus one adjacent LA) and from refuge and dispersed accommodation only. However, the areas were broadly representative of the sample as a whole and the children's insights are relevant to different areas and across both communal and non-communal settings. While the sample size of 45 was lower than intended, there is an ethical responsibility given the subject and participants' age-profile and vulnerabilities. not to draw in more participants than required for saturation, which was achieved.

Analysis: With participants' permission, interviews were either recorded and transcribed or detailed notes were taken, with quotes captured verbatim where possible. Interview data were extracted into data management grids and thematic analysis was undertaken following the principles of Braun and Clarke (2006) to identify core themes, divergence and commonalities within sites and across participant groups. Group briefings and analysis sessions supported consistency in coding and analysing data. Where children had opted to complete a booklet, the core information and quotes they had written were also brought into the grid.

Analysis frameworks were structured to systematically analyse each case study based on key evaluation questions and the Theory of Change. Thematic analysis was performed both deductively (based on the Theory of Change) and inductively (based on emerging themes from the data).

Table A.1 below sets out the intersection between the objectives (columns) and the data collection methods (rows).

Table A.2 sets out interviews by case study areas, with survivor characteristics set out in Table A.3

Annex A: Table A.1 Evaluation strands and objectives

Strand	Method	1. Implementation	2. Continuous learning	3. Effective approaches	4. Meeting all victim-survivors' needs	5. Children and young people	6. Value for money
1.Co-Development	Lived Experience Panel, Practice Reference Group, MHCLG advisory group and Consortium	X	X	X	X	X	
2.Context	Ongoing document & data review	X	X	X	X	X	X
	REAs on models, outcomes, VfM	X	X	X	X	X	X
3.Theory-based impact and process	Theory of change iterative review and factor analysis		X	X			X
	Interviews with LA leads and service providers (19 areas x 3 rounds)	X	X	X			X
	Interviews with adult and child/young victim-survivors (19 areas x 3)		X	X	X	X	
	Qualitative Comparative Analysis of key outcomes for V-S	X		X	X	X	
4.ABM	Modelling LA-level flows through safe accommodation	X		X	X	X	
	ABM-QCA linkage to explore how contextual factors affect outcomes	X		X	X	X	
5.Quant	Analysis of LA-level MI (MHCLG)	X	X	X	X	X	X
	Analysis of service-level outcomes			X	X	X	
6.VFM	Value for money assessment	X		X	X	X	X

Annex A: Table A.2. Victim-survivor interviews by case study area

LA Code	LA typology	Governance complexity	No. of adult interviews	No. of male interviews	No. of CYP interviews
LA1	Predominantly urban	Single tier	11		
LA2	Predominantly urban	Single tier	21	3	1
LA3	Predominantly rural	Top tier + 5 tier 2 LAs	19		3
LA4	Urban with signif. rural	Top tier + 11 tier 2 LAs	13		
LA5	Predominantly rural	Top tier + 7 tier 2 LAs	15		3
LA6	Predominantly urban	Single tier	13		4
LA7	Predominantly urban	Top tier + 7 tier 2 LAs	7		
LA8	Predominantly urban	Single tier	8		
LA9*	Urban with signif. rural	Single tier	18	1	2
LA10	Predominantly urban	Top tier + 12 tier 2 LAs	12		
LA11	Urban with signif. rural	Top tier + 5 tier 2 LAs	15	6	9
LA12*	Urban with signif. rural	Single tier			
LA13	Urban with signif. rural	Top tier + 7 tier 2 LAs	21	2	5
LA14	Predominantly rural	Top tier + 5 tier 2 LAs	17	8	11
LA15	Predominantly urban	Top tier + 11 tier 2 LAs	12	2	7
LA16	Predominantly urban	Single tier	13	1	
LA17	Predominantly rural	Single tier	4		
LA18	Predominantly urban	Top tier + 32 tier 2 LAs	47	5	
LA19	Predominantly Rural	Single tier	3	1	
LA X	Predominantly Rural	Multi-Tier	.	.	2

Notes: * LA9 and LA12 took a regional approach to interviewing, so figures are only shown for LA9. LA X is not a case study area but replied to a wider request for assistance in engaging children/young people.

Annex A: Table A.3. Characteristics of victim-survivors interviewed

Demographic characteristic	Sub-Category	Number
Total number of victim-survivors		314 (+ 2 out of area)
Adults	-	269
Children and young people	-	45 (+ 2 out of area)
Gender		
	Female	272
	Male	30
	Other	0
	Unknown	12
Ethnicity		
	White	106
	Arab	15
	Asian	39
	Black	29
	Mixed	17
	Other	6
	Unknown	102
English Additional Language (EAL)		
	All with EAL	98
Required interpretation		
	Interpretation only	32
Identified as having a disability		
	Yes	33
	No	87
	Unknown	194
Aged 60+		
	Yes	3
	No	228
	Unknown	83
Adult with child(ren)		
	Yes	136
	No	44
	Unknown	134
Nationality		
	British	78
	Non-British	101
	Unknown	135

Accommodation type (at interview)		
	Refuge	167
	Dispersed	49
	Specialist	16
	Sanctuary scheme	4
	Second stage / Move on	7
	Emergency accommodation	12
	Not in safe accommodation, including waiting or moved on	59
Area type (where living at interview)		
	Urban	170
	Rural	11
	Unknown	133

A.3. Qualitative Comparative Analysis

This section outlines the methodology for [Qualitative Comparative Analysis](#) of the duty's effectiveness in increasing access to support in safe accommodation for survivors. This is a method which provides for systematic comparison of cases using qualitative data.

The analysis focuses on the 19 Tier 1 LAs used as case studies for the evaluation. These Tier 1 LAs are responsible for implementing the duty and provide a broadly representative set of LAs. All analyses were conducted at the LA level because LAs were the unit of selection and because management information (MI) data was most readily available at this level.

Selection of Outcomes and Conditions

Two primary outcomes were selected based on the key questions and Theory of Change:

1. Improved access to support in safe accommodation by adult victim-survivors: This outcome was further nested to examine access for adults with specific characteristics (ethnic minorities, older adults, migrants, those without recourse to public funds, those with disabilities, and LGBTQIA+ individuals) and those with additional needs (drug/alcohol misuse and mental health needs).
2. Improved access to support in safe accommodation by all child victim-survivors.

Improved access was defined as an increase in the number of victim-survivors accessing safe accommodation between 2022-23 and 2023-24.

Conditions influencing these outcomes were selected based on the Theory of Change, Phase 1 fieldwork findings, rapid evidence assessments and existing literature on safe accommodation.

These conditions encompass:

- Development of local strategies based on identified needs.
- Commissioning of services informed by needs assessments and local strategies.
- Engagement with victim-survivors in needs assessments.
- Spending of allocated duty funding.
- Effective joint working between LAs and service providers.
- Availability of diverse types of safe accommodation.
- Commissioning of by and for services based on identified need.

Analytical Approach

Researchers analysed a range of data, including needs assessments, local strategies, MI from 2022-23 and 2023-24, interviews with LA and service provider staff and engagement with adult and child survivors. Each researcher was assigned a set of LAs and examined all available evidence for each area holistically. The analysis team then collaborated to ensure consistent scoring across conditions and to increase the inter-rater reliability.

Scores were inputted into truth tables and analysed using fsQCA software. Solutions (configurations of conditions) were interpreted based on consistency, coverage, and the total number of cases covered. Solutions with consistency scores below 0.8 or covering fewer than four LAs were excluded.

There are several limitations of the QCA:

- **Need for Sufficient Evidence:** Limited evidence can hinder the robustness and reliability of the analysis, this led to a strength of evidence assessment for each condition being produced.
- **Balancing Consistency in Qualitative Scoring:** Subjectivity in calibrating ‘fuzzy sets’ requires careful team collaboration and external consultation to ensure standardized scoring. The team also met with an external advisor to address queries on scoring that required an independent perspective.
- **Data Availability:** Delays in receiving commissioning documents and limitations in Phase 1 interview guides impacted data availability for this iteration.
- **Condition Selection:** The selection process, while evidence-based, could not include every potential condition influencing outcomes.

Alongside the main evaluation report there is an additional publication with additional methodological detail on how the Qualitative Comparative Analysis was conducted.

A.4. Key evaluation questions

The evaluation set out the following questions to address the objectives:

Q1: How is the duty being implemented at national, Tier One LA and Tier Two LA levels?

Q2: How does implementation vary?

Q3. What is the impact of the duty on local multi-agency responses to support victim-survivors?

Q4. To what extent is the duty being implemented appropriately, in line with relevant quality standards?

Q5: How do different contextual factors influence the format, extent or features of implementation?

Q6: How effective is the duty at increasing access to support?

Q7: How effective is the duty at improving outcomes for victim-survivors?

Q8: To what extent does the duty effectively address the needs of adult and child victim-survivors in safe accommodation?

Q9: How has the duty influenced how adult and child victim-survivors experience support within safe accommodation?

Q10: How do the processes by which the duty achieves impact vary by type of support or accommodation [and] characteristics or circumstances?

Q11: What unintended outcomes (positive and negative) occurred in connection with the duty?

Q12: How did any unintended outcomes vary by area, type of support or accommodation, characteristics or circumstances?

Q13. What specific delivery models, approaches and factors are connected with optimal outcomes and experiences?

Q14: To what extent does the duty achieve good value for money?

Annex B: Composition of co-development groups

B.1. Evaluation consortium

The evaluation was led by Ipsos and jointly delivered by Ipsos and Ecorys. Given the complex challenges faced by people experiencing domestic abuse and the varied nature of domestic abuse support and safe accommodation, a wider consortium of partners supported the evaluation to guide and deliver the work.

For example, to ensure that the design, research tools and data collection was embedded in policy and sector knowledge and used a trauma-informed approach, several third-sector organisations were involved. These include Women's Aid, SafeLives, ADA (Addressing Domestic Abuse), Refuge, Mankind and Standing Together Against Domestic Abuse as well as Research in Practice; Imkaan held an external consultative role, engaging at points throughout the evaluation.

Three academic institutions supported the evaluation by providing methodological review, scrutiny and feedback on evaluation materials, and guidance and ethical input on research with vulnerable communities (including migrants, children, or racially minoritised communities). These included: The Connect Centre for Research on Interpersonal Violence and Harm at the University of Central Lancashire (UCLan); The Centre for Abuse Research at the University of Suffolk, and University of Sheffield's Department of Sociology and Social Work.

In addition to the consortium partners, which met on a quarterly basis, the evaluation was supported by three advisory groups.

B.2. Lived Experience Panel

Fifteen victim-survivors of domestic abuse met bi-monthly online to shape the evaluation including input into the design, delivery and analysis through discussing the approach in general as well as providing feedback on research tools and findings. Members were recruited through domestic abuse support providers and academic partners. The ten online meetings were designed and conducted using a trauma-aware approach. The LEP also met twice with the academic leading on the agent-based modelling to advise on the model's development (see Annex E for discussion). The LEP was co-facilitated by academic partner Dr Kelly Bracewell (University of Central Lancashire) and Ipsos staff.

B.3. Practice Reference Group

The Practice Reference Group brought together frontline practitioners and operational staff from local authorities and service providers who were involved in delivering the duty. They were recruited by Research in Practice with help from the other Consortium members and came from across England, not just the case study areas selected for the evaluation. The group met quarterly to ensure insights from practitioners were embedded in the evaluation design, delivery and analysis. The practice reference group met online six times in total and was managed by Dr Jess Wild from our Consortium Partner Research in Practice and co-facilitated by Ipsos staff.

B.4. Expert advisory group

The evaluation was overseen by MHCLG's expert advisory group including independent academics and analytical representatives from across government, providing analytical scrutiny and oversight to the evaluation methodology. The group met online six times throughout the course of the evaluation and was chaired by the department's Chief Analyst, Stephen Aldridge.

In addition, the evaluation approach was discussed at the March 2023 meeting of the Domestic Abuse Duty National Expert Steering Group, set up by the previous government and co-chaired by then Minister for Housing and Homelessness Felicity Buchan and by the Domestic Abuse Commissioner, Nicole Jacobs.

Annex C: Quantitative analyses of secondary data

C.1. Introduction

This technical annex outlines the findings of key quantitative analysis run by Ecorys, which aims to provide further insights into the impact of the duty. This analysis consisted of three quantitative methods: descriptive (time-trend or time series analysis); exploratory (cluster analysis); and predictive (linear regression). The methodology section below explains the data sources and indicators used in each method, provides technical background information on each method, and outlines key data and limitations. This is followed by a section with findings and insights from the three analyses.

C.2. Methodology

Data sources and indicators

This section outlines all the data sources and indicators used in this analysis, in summary:

- Publicly available data (e.g. Office for National Statistics/ONS, CSEW)
- MHCLG Local Authority Annual Returns (MI data)
- Additional/ background information and qualitative data

To understand the feasibility of any quantitative analyses, the team conducted an outcome and data-mapping exercise during the evaluation scoping phase. This included exploring the availability and accessibility of indicators from different data sources and how this could be used in the quantitative analysis methods. The two key data sources selected to be used in this analysis are outlined in detail below:

MHCLG Local Authority Annual Returns: the MHCLG monitoring information (MI) form was used to capture key data about the duty across LAs in England. This contained a range of indicators related to inputs and outputs associated with local authorities' Duty implementation, such as levels of funding, availability of different types of support services and accommodation, as well as number of supported individuals and number of individuals with specialist characteristics. Since the duty's introduction local authorities have returned the MI form in June each year and the first return was in 2022. It is worth noting that only the data return for 2023/24 was used for analysis, as it provided the best available quality funding and support data. Data from previous returns (2021/22 and 2022/23) could not be used due to limitations with certain indicators and their reliability (for example cases where LAs over / under-estimated funding allocations). A summary of the data is available [online](#).

Publicly available data: Several publicly available datasets were reviewed as part of the outcome and data mapping exercise. These datasets provided a national estimation of domestic abuse before and after the Duty was implemented. They included:

- [data tool for domestic abuse in England and Wales](#) (ONS)

- data on [multi-agency risk assessment conferences \(MARACs\) from SafeLives](#) (SafeLives)
- [Clustering local authorities against subnational indicators, England](#) dataset (ONS)
- the dataset “[Mapping income deprivation at a local authority level](#)” (ONS) which includes the Index of Multiple Deprivation.

The indicators from each data source used for each analysis (time trends analysis, cluster analysis and linear regression analysis) are outlined in more detail in the section below.

Methods of analysis

This section details the methodology for the three types of analysis in this technical annex:

- Descriptive: Time trends analysis with publicly available data.
- Exploratory: Cluster analysis with MI and publicly available data.
- Predictive: Linear regression analysis with MI and publicly available data.

Descriptive analysis: time trends

A time trends analysis is a descriptive method used to illustrate how (or if) key variables change over a defined period. This was used to provide a wider context for domestic abuse prevalence in England, including levels of overall, and of high-risk (repeat), cases of domestic abuse, from the years prior to the duty and for each year of its implementation. Whilst there is an absence of a counterfactual (i.e. what would have happened without the duty), this analysis provided a useful national perspective on domestic abuse needs and revictimisation. A general limitation of the time-trends approach is the known under-reporting and underestimation of domestic abuse in population level survey data.

Based on the outcome and data mapping exercise, the following data indicators and sources were used as they were identified to be most appropriate for a time-trend analysis:

1. *Prevalence of domestic abuse in the last year among adults aged 16-59* (ONS via the Crime Survey England and Wales). This data is available from 2006 onwards, except for the years ending March 2008 and 2021 due to questions on domestic abuse not being included in the survey and COVID-19. It should also be noted that, decreases in the years ending March 2007 and 2009, should not be interpreted as actual decrease, as it is more linked to changes in the questions regarding domestic abuse. There was also reduced data collection during 2022, which presents some limitations.
2. *Cases discussed at MARACs per 10,000 adult females* (SafeLives). This metric can be a good indication of the prevalence of high-risk domestic abuse. Available at police force level, 2018 onwards.
3. *Percentage of repeated cases discussed at MARACs* (SafeLives). This metric can be a good indication of revictimization for high-risk cases. Available at police force level, 2018 onwards.

Exploratory analysis: cluster analysis

The aim of this analysis was to identify the patterns and trends in the MHCLG Annual Return data to understand how different types of local authorities are implementing the duty. As noted above, the cluster analysis could only be conducted with data from the most recent (2023/24) returns, as data from previous years' returns could not be used due

to limitations regarding the reliability of indicators. The following indicators from the MHCLG Annual Return 2023/24 were included as local authority characteristics:

1. Amount of funding used to provide support services
2. Victim-survivors supported in safe accommodation
3. Specialist characteristics supported in safe accommodation
4. Number of instances a household was unable to be supported

Please note, the numbers of women, men, trans women, trans men or people who identify as nonbinary and children supported with specialist characteristics are only included in the 21/22 data return and therefore are excluded from this analysis.

The cluster analysis was based on [existing ONS clustering](#) of local authorities on six characteristics: economy, connectivity, education, skills, health and wellbeing. As in the ONS clustering, certain characteristics were also accounted for, namely rural / urban classification, median age, population density, deprivation indices and whether coastal towns are included. To mirror the ONS clustering, a k-means clustering method was utilised, using the software R.

It is important to note that clustering methods are highly susceptible to outliers and missing data, as occurred in some cases in the MI, as well as in publicly available data. LAs with missing data were removed from the analysis, and further tests were made to identify potential outliers. As shown below, London formed a cluster of its own in the analysis, which is somewhat expected as London areas may be very different to the rest of the country. While London may be considered an outlier, the evaluation team have chosen to include in this analysis as it is an important part of the duty and did not affect the quality of the clustering.

The evaluation team assessed cluster quality using intrinsic methods (e.g., silhouette coefficient), which evaluated the clustering by examining how well the clusters are separated and compact and offer an indication on the appropriateness of the number of clusters (Silhouette scores closer to 1 suggest the clustering works well, as clusters are well defined and independent to each other). After running multiple iterations and models, it was identified that the ideal number of clusters were four, based on the model with the highest silhouette score (0.23). The silhouette score is considered low, suggesting data points may overlap between clusters. Therefore, clusters are not well separated, and LAs could have been assigned to neighbouring cluster instead of their correct cluster. Since the clustering algorithm is sensitive to outliers, the evaluation team also tested the model excluding London. However, the score was lower (0.21), therefore it was decided to include London in the final model.

Predictive analysis: linear regression

Regression analysis is a statistical method used to examine the relationship between one or more independent variables (also known as predictors) and a dependent variable (or outcome). It allows us to understand how changes in the independent variables are associated with changes in the dependent variable. It helps identify the strength and direction of the relationship between the variables, enabling us to estimate the effect of the intervention. Linear regressions often include *control* variables, to account for confounding factors that may influence the relationship between variables, and *moderator* variables, to

investigate the influence of other contextual factors on the findings, such as local deprivation.

Based on the outcome mapping exercise, data from the MHCLG Annual Return was used in a regression analysis **to understand relationships between different aspects of the duty, including funding, support services available, and the number of individuals supported through the duty**. All regression models included the following control or moderator variables at the LA-level: median age, proportion of female population, IMD average score, and proportion of ethnic minorities.

All regression models included in this analysis are outlined below, grouped by key themes:

1. **Individuals supported in different types of accommodation.** These regressions examined the relationship between the amount of funding used for each type of safe accommodation and the total number of instances of individuals supported in each accommodation type. Funding was selected as a predictor to explore the strength of relationship between the amount of financial resource inputted to implementing the duty and the scale of individuals supported in different types of accommodation services. Each regression model explores the relationship between funding for a specific type of accommodation and the number of individuals supported through that type of accommodation (for example, funding for refuge accommodation vs number of individuals supported in refuge accommodation, etc.).
2. **Supported individuals with specific characteristics.** These regressions aimed to understand the relationship between the amount of funding and specific characteristics including ethnic minority backgrounds, LGBTQ+, disabilities, mental health, and drugs and alcohol support needs.
3. Additional models also explored victim survivors with **specific characteristics**, by looking at the relationship between the number of services offering specialist domestic abuse support for each group and the total number of victims / survivors belonging to each supported group.
4. **Supported individuals out of area.** Regression analysis was used to understand individuals supported from out of area, by looking at the relationship between total amount of funding used to provide support services and total number of instances of individuals supported from out of area.
5. **Households unable to be supported.** Regression analysis was used to understand households that were not able to be supported, by looking at the total amount of funding used to provide support services and the total number of instances a household was unable to be supported.
6. **Child victim survivors in accommodation.** Regression analysis was used to understand child victim survivors in accommodation, by looking at the relationship between total amount of funding used to provide support services and total number of instances of children supported in safe accommodation.

Data and method limitations

This section outlines the key data and method limitations of this analysis, highlights any caveats for interpretation and any mitigation measures taken to strengthen the analysis.

Current quantitative analysis cannot provide insights about the impact or “causal effect” of the duty on certain outcomes. As part of this evaluation and building on previous work, a

detailed feasibility assessment was conducted showing that a counterfactual impact evaluation was not feasible considering the programme design and availability of data. This evaluation therefore presents findings from descriptive, exploratory, and predictive analysis, however these analyses cannot assess the impact of the duty.

Data from previous returns (2021/22 and 2022/23) could not be used due to certain limitations, as mentioned above. This meant that longitudinal analysis of certain duty-related metrics could not be conducted and that any change in those metrics, over time, could not be detected. All of the analyses using this data were therefore limited to using the most recent, published data ([2023/24](#)). It is worth noting that the published data includes suppressed data where numbers are low at the LA-level, for confidentiality and data protections reasons. This however affects only a few indicators and does not affect overall totals at the regional and national levels.

Through the wider evaluation, LA stakeholders raised concerns about key areas in the data. This feedback mainly focused on differences in how LAs interpreted the MI questions, including counting bedspaces vs. 'units' of safe accommodation differently; differences in counting those receiving 'general support' and those accessing safe accommodation, when all should receive general support by definition of safe accommodation; inconsistent counting of households vs. counting adults and children across questions; the issues comparing traditional types of safe accommodation (refuge and dispersed) vs. sanctuary schemes, when one could be vacant and the other could not. These limitations pose certain challenges with the accuracy of these metrics and in interpreting results from analysis using this data.

Lastly, it is worth noting there are known issues with publicly available data, for example how domestic abuse is recorded in population surveys about violence (e.g., domestic violence is often under reported). Therefore, any analysis using this data requires caution as there are caveats about how trends should be interpreted. Data collection for some of the population surveys was also limited during 2020 and 2021 due to the COVID-19 pandemic, which in some cases limited pre-duty trend analysis.

C.3. Quantitative Analysis findings

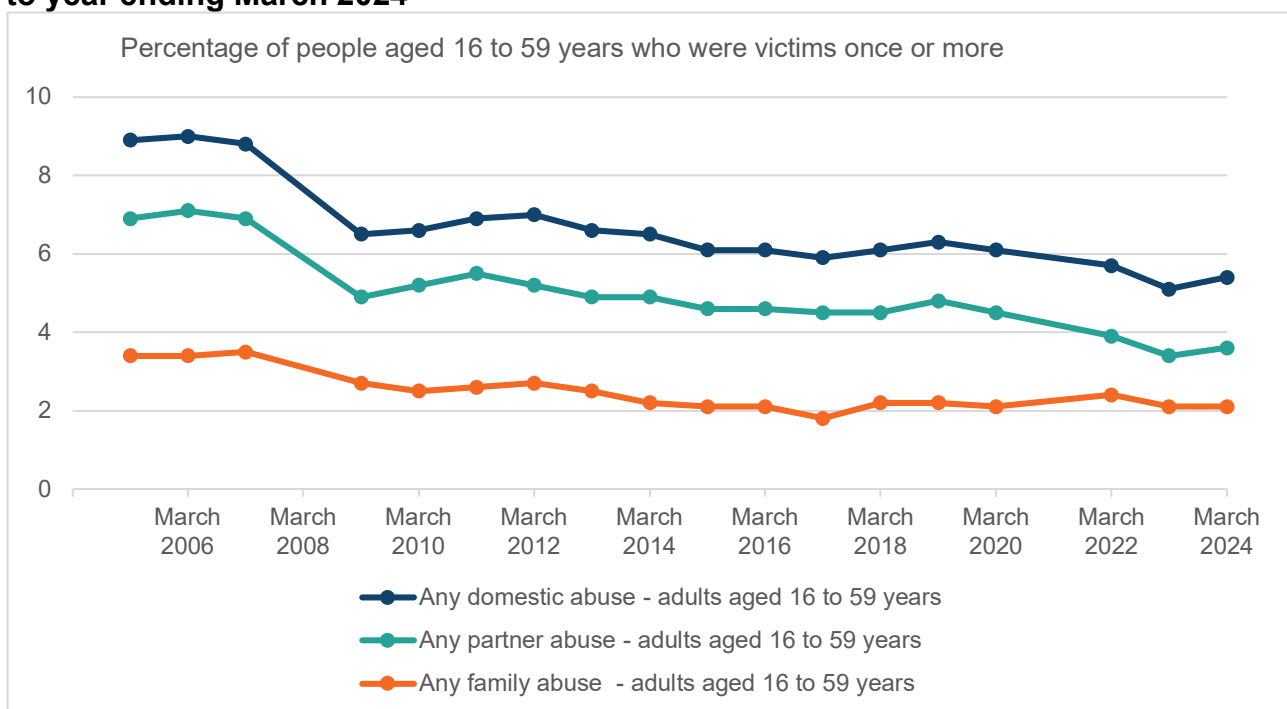
Time trend analysis

This section provides findings from the time trends analysis, illustrating the progression of certain indicators over time (e.g. estimated domestic abuse prevalence as measured by the Crime Survey of England and Wales, specific categories of domestic abuse cases discussed at MARACs), before (and after where available) the introduction of the duty.

Note: estimates of domestic abuse incidence measured by surveying settled residential households will under-represent domestic abuse across the population. The sampling will exclude non-residential settings (hospitals, prisons, etc.) and those who are vulnerably housed (e.g. staying with friends), homeless or on the move, including those who are on

the move specifically due to domestic abuse, resulting in a miscalculation of prevalence.¹ Nevertheless, the [Crime Survey of England and Wales](#) is used to assess trends over time, as these limitations remain broadly constant. The CSEW data presented in Figure C.1 indicates a gradual decrease in domestic abuse over the last 10 years. While gradually decreasing, numbers of domestic abuse remain high. It was estimated that 2.3 million people aged 16 years to 59 years (1.6 million women and 712,000 men) experienced domestic abuse in year ending March 2024. There was no statistically significant change in the estimated prevalence of domestic abuse between the year ending March 2024 and the year ending March 2023). Even these under-estimates show that domestic abuse remains a hugely significant issue, for which many victim-survivors need support.

Annex C: Figure C.1: Prevalence of domestic abuse in the last year among adults aged 16-59 (ONS via the Crime Survey England and Wales), year ending March 2005 to year ending March 2024



Source: [Crime Survey for England and Wales \(CSEW\) from the Office for National Statistics](#)

Additional analysis was conducted to examine the trends of cases discussed in MARACs as this can provide further insights relating to high-risk cases of domestic abuse. Using data on cases referred to and traced by MARACs does not provide a true measure of the actual number of high-risk cases as only a fraction of eligible cases will be in evidence to the authorities, identified as such and referred to the MARAC and follow-up may be hampered by victim-survivors moving area or withdrawing. However, using this data to explore trends shows much observed variation across different regions, as shown in the

¹ Bowstead, J. (forthcoming) Unsettled populations: Service administrative data and people outside the sampling frame.

figure below (Figure C.2), within an upward trend in the number of cases discussed at MARACs across England (per 10,000 female adults).

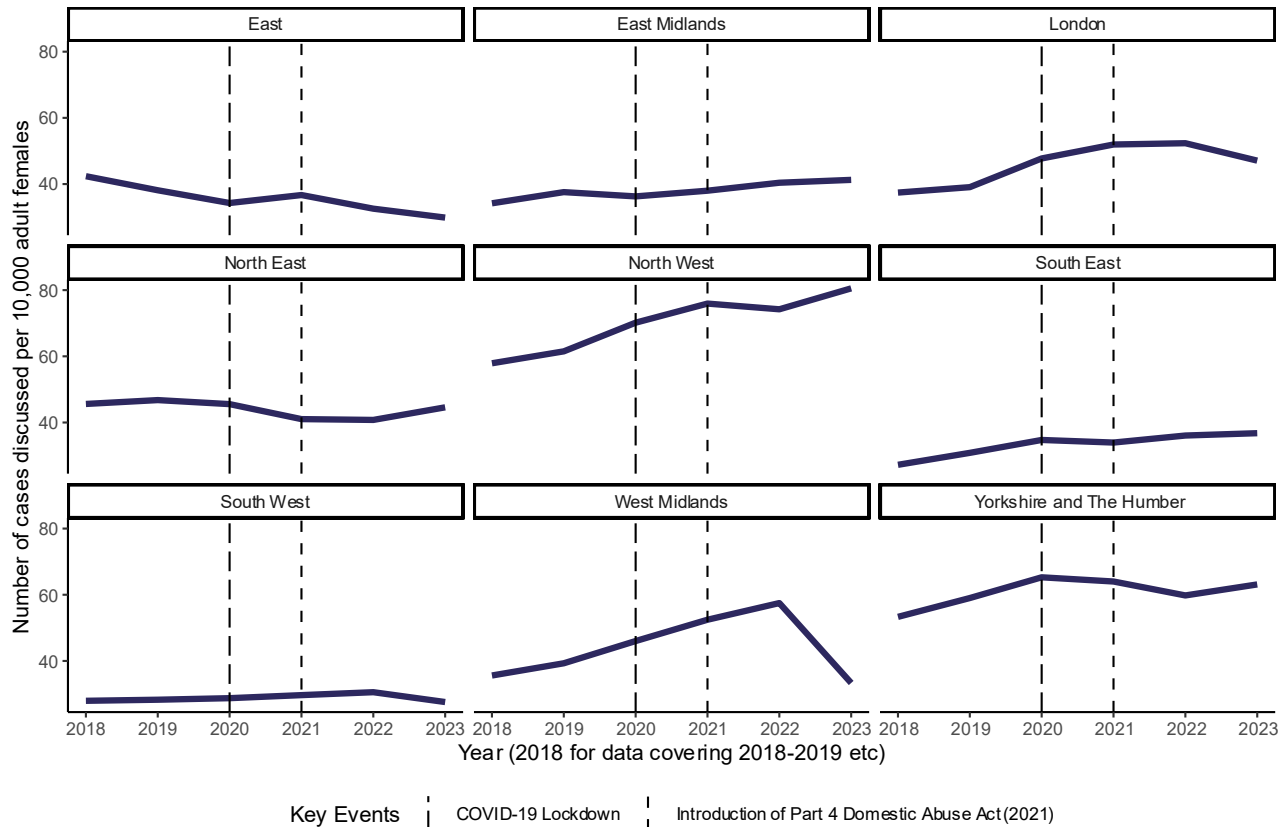
The time-trends analysis has produced the following findings.

The number of cases discussed in MARACs (per 10,000 adult females) in the North West and Yorkshire and the Humber regions are clearly higher compared to other regions.

There was a substantial increase in West Midlands 2018-2022, followed by a decrease in 2023. By further exploring the data, we believe this trend may be due to an increase in the number of MARACs held in the West Midlands, due to the increased capacity to discuss more cases. Note that an average of 16 cases are discussed at each MARAC (see the [SafeLives quarterly MARAC data](#) for more information). This allowed for more cases to be discussed and does not necessarily mean an increase in instances of domestic abuse. This was followed by a rapid decrease in the number of MARACs held in the final year, due to decreasing the capacity to discuss cases.

The South West presents with the lowest number of cases per 10,000 adult females, and trends have remained very consistent over time. There are upwards trends in the South East, London, East Midlands, West Midlands, and North West. Decreasing trends are observed in the East and North East.

Annex C: Figure C.2 Cases discussed at MARACs per 10,000 adult females

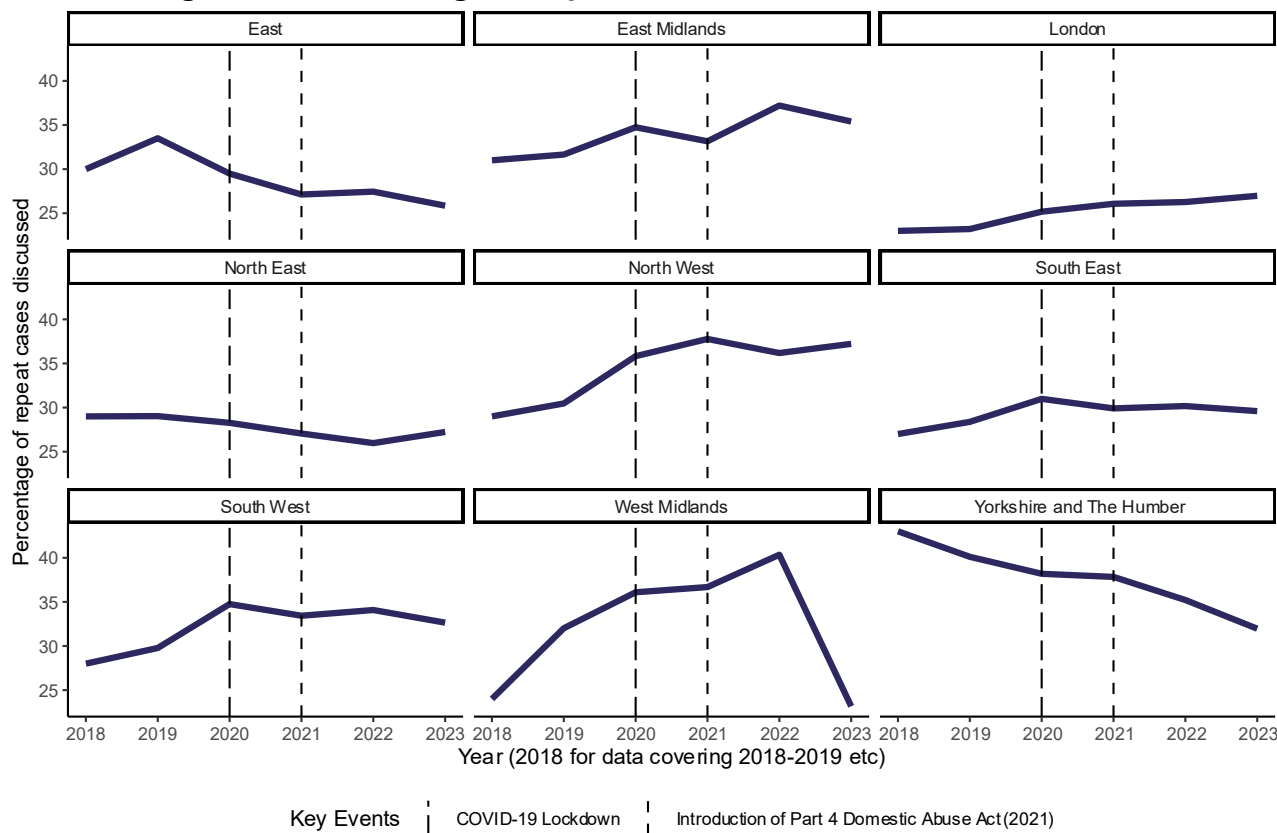


Source: Ecorys analysis of SafeLives data

As part of this analysis, the trends in the number of repeated cases discussed at MARACs were also examined (note percentage of total cases discussed), as this is an important indicator to understand the trends in revictimisation for high-risk domestic abuse cases. Similar to above findings, Figure C.3 shows that repeated cases discussed in MARACs are also following overall upwards trends in England, while there is significant variation in between regions. The findings from this analysis are summarised below.

The North West shows an upwards trend, and since 2020 trends have been steeper than other regions. Upwards trends were observed in the South East, London, East Midlands and West Midlands. West Midlands displayed the same rapid decrease again in the final year. As above, we believe this may be due to the decrease in number of MARACs held. Decreasing trends were observed in the East and Yorkshire and the Humber. Trends have remained mostly static in the South West and North East.

Annex C: Figure C.3 Percentage of repeat cases discussed at MARACs



Source: Ecorys analysis of SafeLives data

Cluster analysis

This section provides findings on the cluster analysis, exploring patterns, similarities and differences in relevant indicators (e.g., funding, number of people supported, key demographics, etc) across LAs. The aim of the cluster analysis is to showcase similar groups based on these selected characteristics (see the above methodology section for more details). As previously mentioned, this analysis is based on the ONS cluster analysis. Our analysis has produced the same number of clusters as the ONS analysis. However,

the ONS analysis achieved a higher silhouette score, suggesting that there is more dependence or overlap between the clusters in our analysis.

The cluster analysis findings are outlined below:

Cluster 1: LAs using a low amount of funding but supporting a high proportion of victims. This cluster includes LAs which are predominantly urban and have a high population density. It also has LAs with the lowest average weekly income compared to other clusters, the lowest Healthy Life Expectancy across male and female populations, and the highest average deprivation score. This cluster also has the second lowest number of households unable to be supported. However, when comparing the ratio of households unable to be supported and individuals supported, excluding the largest LA, this cluster has the lowest ratio. Also, this cluster supports the second lowest number of individuals in specialist services and has used the least amount of funding. Cluster 1 is made up of 32 LAs, all Unitary Authorities.

Cluster 2: LAs unable to support a high number of households. LAs within this cluster are the most rural, with the lowest population density, the highest median age and the highest life satisfaction, worthwhileness and happiness, and the lowest level of anxiety (based on the [ONS4 personal wellbeing](#) questions). This cluster also has the lowest average of individuals supported, lowest average of individuals supported with specialist characteristics, but also lowest average of individuals unable to be supported. However, when comparing the ratio between households unable to be supported and individuals supported, this ratio is the highest compared to the other clusters. This cluster is made up of 19 LAs; six are County Councils, the remaining 13 are Unitary Authorities. Cluster 2 also has, on average, the second lowest amount of funding used.

Cluster 3: LA with the highest average weekly wage, highest population density and the lowest median age. It is formed solely of **one metropolitan LA**. This cluster showed the highest number of individuals supported, the highest number of individuals with special characteristics and the highest number of households unable to be supported. However, it has the lowest ratio between households unable to be supported and individuals supported. This may suggest that this LA supports a higher proportion of its victims. This cluster also has spent the highest amount of funding.

Cluster 4: LAs supporting a high number of individuals, but are also unable to support a high number of households. LAs within this cluster are predominantly urban but it also contains urban LAs with significant rural areas, with the second smallest average population density. A fifth (20%) of LAs in this cluster are coastal towns, while it also has the second highest average median age, second lowest average IMD score, and the lowest unemployment rate compared to other clusters (2%). Cluster 4 shows the highest average number of individuals supported, both total and in specialist services, apart from Cluster 3. It also shows the highest average of households unable to be supported, apart from Cluster 3; however, when comparing the ratio of households unable to be supported and number of individuals supported, this ratio is similar, but slightly lower to that of Cluster 2. Average funding used in this cluster is the second highest. Cluster 4 is made up of 37 LAs; 15 are County councils, the remaining 22 are Unitary Authorities.

Cross-referencing with the duty evaluation case studies shows that each cluster includes at least one case study LA. The majority of case-study areas were found in Cluster 4. Cluster 4 supports a large number of individuals and has used the second most funding. The cluster that has the fewest case study areas is Cluster 1, which is the cluster that has received the least amount of funding but supported the second most individuals and has the lowest ratio of victims unable to be supported. Note that as a result of missing data, three case study LAs and a number of other (non-study) LAs could not be included in the cluster analysis (11% of all England LAs). Table C.1 shows the averages of all indicators used in the cluster analysis, across all clusters.

Annex C: Table C.1. Indicator averages across clusters

Indicators	Clusters			
	1	2	3	4
Individuals supported in specialist services 2023-4	208	172	10935	217
Households unable to be supported 2023-4	202	190	2376	251
Total number of individuals supported 2023-4	465	317	13987	422
Total funding used 2023-4	^	^	^	^
Predominantly Rural	0	0.8	0	0.1
Urban with significant rural	0	0.1	0	0.4
Predominantly Urban	1	0.1	1	0.5
Coastal towns	0.2	0.8	1	0.2
Population density (individuals per km ²)	2575	219	5596	744
Indices of multiple deprivation average score	30.3	19	21.3	15.6
Median age	39	47	36	42
Number of people (19 years+) in education (per 100,000)	6339	5350	5619	4600
Unemployment rate	4%	3%	3%	2%
Weekly income	£536	£556	£683	£602
Healthy Life Expectancy Female	60	64	65	65
Healthy Life Expectancy Male	60	64	64	65
ONS 4 Anxious	3.3	3	3.3	3.3
ONS 4 Happy	7.3	7.6	7.3	7.4
ONS 4 Life satisfaction	7.3	7.6	7.4	7.5
ONS 4 Worthwhileness	7.7	7.9	7.6	7.8

Note: ^ indicates where data has been suppressed due to the identifiable nature of the indicator.

Linear regression analysis

This section provides findings on the linear regression analysis. The aim of this analysis is to explore the relationship between certain predictors (funding, type of funding, and number of services offering specialist domestic abuse support) and outcomes (number of victims/survivors supported by services, by specialist characteristic, out of area, and number of instances of children supported in safe accommodation). Findings for 6 different models are included and discussed in this section. As mentioned above, all regressions have the following control variables: median age, sex, IMD scores, and proportion of ethnic minority background within each LA (for more details see above methodology section).

Models 1a-1e

The findings of the regression analysis for Model 1 are summarised below on **individuals supported in different types of accommodation**. These regressions examined the relationship between the amount of funding used for each type of safe accommodation and the total number of instances of individuals supported in each accommodation type. A very small but positive relationship was identified between spending used in the different types of safe accommodation support and the number of individuals supported in the different types of support (all statistically significant). This finding was expected and suggests that funding for each type of safe accommodation support helps to support more individuals within it. The relationship between spending and individual support in sanctuary schemes was the strongest, suggesting that increased spending in sanctuary schemes may lead to more individuals supported compared to an increase in spending in other types of safe accommodation.

Annex C: Table C.2 Models 1a-1e: Different types of accommodation

Models 1a-1e:	Estimate	std.error	p.value
1a: Refuge	0.000297***	0.00003	0.000
1b: Dispersed	0.00027***	0.00007	0.001
1c: Sanctuary schemes	0.001477***	0.00049	0.003
1d: Second stage	0.000422***	0.00012	0.001
1e: Other services	0.000192*	0.00011	0.095

► Source: Ecorys analysis of MHCLG data returns

Statistical significance markers: *p<0.1; **p<0.05; ***p<0.01

Model 2a-2j

Model 2 examines the relationship of total spend on support and the number of supported individuals with special characteristics. The findings of these regressions are outlined below and in Table C.3.

A very small but positive relationship between number of individuals supported with specialist characteristics (Black and minoritised individuals, disabled, LGBTQ+, ex-offenders, drugs and alcohol abuse, mental health needs, young victims, other needs), and total amount spent on support was found (all statistically significant). As above findings, this suggests that higher spending of funding can help more individuals who need this type of support. This is particularly evident for individuals with mental health needs and black and minoritised victim/survivors, where this relationship appears to be the strongest (i.e., the estimate is larger compared to others).

There was no relationship between the total number of older victims (+65) and total spend on support. The result was positive but not statistically significant. The overall numbers of older victims supported were low. It is worth noting that this aligns with other qualitative evidence in this evaluation, which suggests that older people are under-represented in these services and that the needs of older survivors may be less evident – wider evidence indicates older people may have high [hidden need](#) – but analysis of the qualitative research also indicated that older survivors saw their needs as being less well met.

Annex C: Table C.3 Models 2a - 2j: Individuals with specialist characteristics

Models 2a – 2j	estimate	std.error	p.value
2a: Black and minoritised victim/survivors	0.000134***	0.000018	0.000
2b: Disabled victims/survivors	0.0000007**	0.000000	0.019
2c: LGBTQ+ victims/survivors	0.0000157** *	0.000002	0.000
2d: Ex-offenders supported	0.0000076** *	0.000002	0.000
2e: Those with a drug support need supported	0.0000196** *	0.000003	0.000
2f: Those with an alcohol support need supported	0.0000146** *	0.000004	0.000
2g: Those with a mental health support need supported	0.000145***	0.000020	0.000
2h: Young victims/survivors (16-25) supported	0.0000712** *	0.000012	0.000
2i: Older victims/survivors (65+) supported	0.0000029	0.000002	0.104
2j: Those with other needs supported	0.000038***	0.000012	0.002

Source: Ecorys analysis of MHCLG data returns

Statistical significance markers: *p<0.1; **p<0.05; ***p<0.01

Model 3a – 3c

Model 3 examines the relationship between the number of individuals supported and the number of specialist services offered. In addition, we adjusted for the number of services 'by and for' each special characteristic (e.g. services offered to individuals with disabilities by people with disabilities). The analysis showed a positive relationship between the number of by and for services for Black and minoritised and the number of black and minoritised victims supported, as shown in Table C.4.

There were also positive and statistically significant relationships between the numbers of LGBTQ+ and disabled victims supported and the number of specialist services offered for those groups. It is worth noting that there is a negative relationship between by and for services for LGBTQ+ and numbers of LGBTQ+ individuals supported, however it is likely that this is an unreliable finding due to the lack of those services across most LAs. There

are very few LAs (14) that have by and for services (total of 29 unique services) for LGBTQ+ individuals, so this estimate may not be representative of all LAs.

Annex C: Table C.4 Models 3a -3c: individuals supported in specialist services

Models 3a – 3c	Estimate	std.error	p.value
3a: Black and minoritised survivors			
Specialist services for this group	-1.08146	5.05228	0.831
By and for services	27.8212***	7.99638	0.001
3b: Disabled			
Specialist services for this group	12.69146*	6.92424	0.070
By and for services	-20.9688	15.98922	0.193
3c: LGBTQ+			
Specialist services for this group	4.64500***	1.30861	0.001
By and for services	-3.70594**	1.77473	0.039

Source: Ecorys analysis of MHCLG data returns

Statistical significance markers: *p<0.1; **p<0.05; ***p<0.01

Model 4

Model 4 examines the relationship between total funding allocated in each area and the total number of out of area individuals supported. The regression analysis findings suggested a positive relationship between funding allocated and number of individuals from out of area supported (statistically significant), as shown in Table C.5, suggesting that a higher level of funding helps support more of those individuals in addition to individuals in the area.

Annex C: Table C.5. Model 4: Individuals from out of area

Model 4	estimate	std.error	p.value
Individuals from out of area	0.000081***	0.00001	0.000

Source: Ecorys analysis of MHCLG data returns

Statistical significance markers: *p<0.1; **p<0.05; ***p<0.01

Model 5

Model 5 examines the relationship between total funding allocated for each area and number of households unable to be supported. There was a very small but positive relationship between total funding allocated and number of households not able to be supported, shown in Table C.6. While this is an unexpected finding, the estimate is extremely small, and it is likely that there are other unadjusted confounding factors driving this result. It is likely that there is a form of endogeneity present, as LAs which are unable to support households may also be the ones requiring more funding.

While the available data is not detailed enough to adjust for this type of bias, there are certain potential explanations/ considerations behind this such as increases in demand for mental health services, stretched capacity of those services, as well as an increase in demand for bed spaces – while the funding has not been used to increase the number of bed spaces, more people have become aware of the offered support, leading to more people seeking support.

Annex C: Table C.6. Model 5: Households unable to be supported

Model 5	Estimate	std.error	p.value
Households unable to be supported	0.000296***	0.00004	0.000

Source: Ecorys analysis of MHCLG data returns

Statistical significance markers: *p<0.1; **p<0.05; ***p<0.01

Model 6

Lastly, Model 6 examines the relationship between the total funding allocated for each area and the number children victims/ survivors supported in accommodation. The regression analysis showed a positive relationship between the two, suggesting that a higher level of funding can lead to more children victims/ survivors being supported in safe accommodation, shown in table C.7.

Annex C: Table C.7. Model 6: Children victim/survivors in accommodation

Model 6	estimate	std.error	p.value
Children victim / survivors in accommodation	0.00023***	0.00004	0.000

Source: Ecorys analysis of MHCLG data returns

Statistical significance markers: *p<0.1; **p<0.05; ***p<0.01

Annex D: Value for Money methodology

D.1. Value for Investment framework

As set out in the [Value for Investment](#) framework, the methodology has followed an 8-step process, starting with the design phase before moving into the reporting phase.



Adapted from: *Assessing Value for Money: the Oxford Policy Management Approach*

Step 1: Understand the programme – the existing Theory of Change sets out at a high level how the duty should operate which has been refined into a set of core objectives.

Step 2: Criteria – selected dimensions of performance that are relevant to the duty. They describe, at a broad level, the aspects of performance that must be evidenced to support an evaluative judgement about VfM. The output is context-specific definitions of economy, efficiency, effectiveness and equity. The criteria were developed in collaboration with MHCLG and were tested with a few LAs.

The criteria selected are a combination of objectives and aims of the duty taken from key documentation (for example “Improved access to support within safe accommodation for adult victim survivors”), expectations of the duty (for example “LAs complete needs assessments and publish safe accommodation strategies using the available data, within target timeframes and make effective use of the assessments) and typical value for money criteria (for example “Pre-existing gaps in support in safe accommodation).

Step 3: Standards – based on the criteria and indicators collected, the standards define what constitutes excellent, good, moderate and poor value for money. The process of developing standards was participatory and iterative. As implemented in other evaluations following the Value for Investment approach, what constitutes excellent and moderate value have been defined with good are those that fall between excellent and adequate and poor for those that do not reach the standards of adequate. This approach helps avoid situations where a local authority does not meet any of the four standards.

Step 4: Evidence needed – in order to assess the extent to which the duty has met the established criteria and standards within the VfM assessment a range of credible evidence sources are required. The assessment uses annual Management Information provided by LAs to MHCLG, in conjunction with findings from the interviews with professionals and victim survivors. The design of the interview discussion guides was informed by the criteria and standards of the value for money assessment to ensure findings supported the assessments.

Step 5: Gather evidence – evidence has been gathered to assess the criteria against the standards in line with the evidence in step 4.

Step 6: Analyse the data – quantitative and qualitative data has been collated against the criteria and standards to support the synthesis and judgement.

Step 7: Synthesis and judgement – synthesis was then undertaken on the analysis to triangulate and consider the totality of evidence collected, including any areas of corroboration or contradiction between evidence sources. Judgements were then made using the standards to assess each VfM criterion individually for each local authority and scored as excellent (3), good (2), adequate (1) or poor (0). An average (mean) was then used to come to overall assessments of each criterion and domain.

Step 8: Reporting – the evidence, synthesis and judgements with respect to economy, efficiency, effectiveness, and equity provide the structure for the final analysis included in Section 6.

Following the Value for Investment guidance, the criteria and standards were developed and fixed in advance of steps 6, with some reassessment based on the quality of available evidence and learning from the wider evaluation. Such reassessment is legitimate when delivering evaluations in complex settings and was implemented following due process and opportunity for challenge.

Step 7, the judgement of scores happened once there was consensus on what constituted excellent and good. This process ensures the approach is fit for purpose and reflects the real world as understanding of the context and evidence improves. Drawing on the wider evaluation's emerging findings contributed to this process, as well as presenting the Value for Money to the study's collaborative groups several times as it developed.

D.2. Evaluation Criteria and Standards

Economy

The 'economy' dimension of the VfM assessment focuses on the degree to which the objectives of the duty were achieved at a minimum level of cost to the taxpayer. 'Minimum' here takes into consideration the successful reaching of the objectives in terms of both quantity and quality so it may not equate to lowest cost. To be considered value for money on the 'economy' criteria therefore requires good stewardship of resources. The criteria and standards for economy are listed below.

Criteria and assessment standards for Economy

1.1 Pre-existing gaps in support in safe accommodation

- Excellent: The LA had significant existing gaps in support in safe accommodation for a range of victims which the duty funding could be used to address
- Adequate: The LA had some existing gaps in support in safe accommodation for some victims which the duty funding could be used to address

1.2 Duty funding is sufficiently set to meet obligations of the duty

- Excellent: The funding has enabled the LA to fulfil all of the administrative requirements of the duty including establishing a Local Partnership Board, conducting a needs assessment, developing a strategy and enabled LA to commission services to meet all of the identified local needs.
- Adequate: The funding has been insufficient for the LA to meet all of the administrative requirements of the duty and has not enabled LAs to commission services to meet all of the identified local needs. Alternatively, the funding exceeds what the LA required to fulfil its administrative obligations and commission to meet all of the identified local needs.

1.3 Local authorities implement appropriate commissioning practices for new services

- Excellent: Services are routinely commissioned via transparent, fair and equitable processes. LAs provide early notice for procurement opportunities and facilitate pre-market engagement exercises. LA takes actions to ensure commissioning does not exclude smaller voluntary organisations and support by and for organisations in the commissioning process. Commissioning processes may vary depending on the size and scale of the services and there is evidence that the assessment process attempts to balance quality and cost.
- Adequate: The local authority commission in ways that minimise cost and maximise quality however more could be done to make processes transparent fair and equitable.

Efficiency

The 'efficiency' dimension of the VfM assessment will explore performance of local authorities implementing the duty, or how productively the funding is used. This includes an assessment of the extent to which the administrative obligations are timely and used effectively to inform commissioning. The criteria and standards for efficiency are listed below.

Criteria and assessment standards for Efficiency

2.1 Local partnership boards (local partnership boards) engage experts and agencies to oversee and to support LAs in implementation of the duty

- **Excellent:** There is consistent engagement by partners on Local partnership boards and commissioning and strategy decisions are made in an effective and timely way. Local partnership boards play an ongoing role in monitoring, feeding back and refining future decisions.
- **Adequate:** There is some evidence of engagement with Local partnership boards, but this is inconsistent, not timely or otherwise limited. Some evidence that Local partnership boards play a role in informing decision making but this is limited.

2.2 LAs complete needs assessments and publish safe accommodation strategies using the available data, within target timeframes and make effective use of the assessments

- **Excellent:** Needs assessments reflect support needs of victim survivors and use a range of relevant information available. All Needs Assessments are referenced within the strategy and decision making. Needs assessments and strategies are consistently delivered on time.
- **Adequate:** Needs assessment are formed using some data sources. There is some evidence of needs assessments being utilised. Delays in needs assessments and safe accommodation strategies are minor.

2.3 Commissioned services are well utilised and are delivered to support victims

- **Excellent:** Services deliver at or close to capacity.
- **Adequate:** Most services are being delivered at or close to capacity.

Effectiveness

The 'effectiveness' dimension of the VfM assessment investigates the extent to which the duty achieves its core objectives:

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

- Fewer victims are unable to be supported within safe accommodation.
- Improved consistency in quality of service delivery.
- Longer term and sustained commissioning.
- Existing services for victim-survivors are safeguarded.
- Improvements in local partnership working and co-ordination between agencies.

The criteria and standards for effectiveness are listed below.

Criteria and assessment standards for Effectiveness

3.1 Improved access to safe accommodation support for adult victim survivors

- **Excellent:** There is substantial improvement in access to safe accommodation services.
- **Adequate:** There is improvement in access to safe accommodation services for most groups of adult victim-survivors.

3.2 Improved access to safe accommodation support for child victim survivors

- **Excellent:** There is substantial improvement in access to safe accommodation services for child victim-survivors.
- **Adequate:** There is improvement in access to safe accommodation services for most groups of child victim-survivors.

3.3 Fewer victims are unable to be supported within safe accommodation

- **Excellent:** There are substantial reductions in the number of victims unable to be supported by safe accommodation services.
- **Adequate:** There are minimal reductions in the number of victims unable to be supported by safe accommodation services.

3.4 Improved consistency in quality of service delivery

- **Excellent:** The quality of support is deemed of high quality and appropriate quality standards are followed.
- **Adequate:** The quality of support is deemed of sufficient quality with some area of improvement required and appropriate quality standards are followed.

3.5 Improvements in local partnership working and co-ordination between agencies

- Excellent: Evidence that collaboration is adding value to the services being delivered.
- Adequate: Evidence shows that more could be done to improve collaboration.

Equity

The 'equity' dimension of the VfM assessment considers how well the differing needs of victim-survivors are met across different groups. Specifically, whether the duty benefits particular demographic groups, including victim survivors with additional needs, such as those impacted by drug misuse, alcohol misuse and mental health needs. This analysis also considers victim survivors with specific characteristics, including trans or non-binary adults, black and minoritised individuals, disabled individuals, LGTBQ+ individuals, younger individuals (under 25) and older individuals (65+), ethnic minorities, younger adults (18-24), older adults (65+) and migrants without recourse to public funds.

The evaluation design included additional evaluation criteria "Changes to other public services induced through the Duty did not have a negative impact". This evaluation criteria were designed to understand if funding or resources had been diverted from other parts of LA budgets to support DA objectives under the duty. However, due to data limitations it was not possible to explore these criteria which has been removed from the assessment. The criteria and standards for equity are listed below.

Criteria and assessment standards for Equity

4.1 Improved access to support in safe accommodation by specific characteristics

- Excellent: There is a substantial increase in the proportion of adult victim-survivors accessing safe accommodation support across all specific characteristics.
- Adequate: There is some evidence of an increase in the proportion of adult victim-survivors accessing safe accommodation support across some specific characteristics.

4.2 Improved access to support in safe accommodation by adult victim-survivors with additional and/or multiple complex needs by, drug / alcohol misuse, mental health

- Excellent: There is a substantial increase in the proportion of adult victim-survivors with additional and/or multiple complex needs accessing support in safe accommodation.
- Adequate: There is some evidence of an increase in the proportion of adult victim-survivors with additional and/or multiple complex needs accessing support in safe accommodation.

D.3. Providing an overall assessment

A sample of 19 Local Authorities in the evaluation was assessed against the criteria included in the tables above and graded Excellent, Good, Adequate, Poor based on agreed standards. To make an assessment of the duty at an aggregated level, the assessments are assigned a score which is then averaged (using the mean) at the criteria level and for each of the 4Es. The scoring and bands are set out in Table D.1.

Annex D: Table D.1 Scoring methodology

Assessment	Score	Overall average bands
Excellent	3	>2.5
Good	2	1.5-2.5
Adequate	1	0.5-1.5
Poor	0	<0.5

The scoring approach provides a way to model the duty and its impacts that forms a framework to prompt discussion. Even when following best practice, it is unlikely that all the nuances of a complex system could be captured in the sort of simple scoring and averaging regime adopted here. The scores generated should therefore be used as a vehicle to aid understanding alongside the qualitative findings rather than being considered in isolation.

Annex E: Agent-based modelling

This section outlines the methodology of the agent-based modelling strand of the evaluation.

E.1. Overview

Agent-based modelling is a computational method for exploring and understanding how complex systems operate. It involves developing a computational model of the system by simulating its environment and the interactions between autonomous agents within it. In the model, these interactions take the form of messages being passed between agents, to which agents respond from the information in the messages. Applied to human behaviour, the agents in an agent-based model may be individuals, collectives (e.g. households), organisations (e.g. service providers) or larger entities (e.g. nations). Agent-based modelling replicates agents' interactions by programming micro-level behaviours of real-life actors (in this case, victim-survivors seeking domestic abuse support in safe accommodation) into the model and then repeatedly running the simulation to analyse responses of the system. In this way, agent-based modelling can explore how processes and structures influence interactions between agents and how underpinning mechanisms may be influencing the results.

In this study, the complex system being explored is the context within which the duty operates, and victim-survivors are intended to experience support in safe accommodation. The agents are diverse, including those considered significant within the system, such as victim-survivors of domestic abuse, statutory agencies involved in identifying and responding to domestic abuse, and statutory or third-sector organisations that provide safe accommodation and/or support for victim-survivors of domestic abuse. The agents within the model are outlined further below.

Agent-based modelling was chosen as an exploratory strand in the evaluation of the duty. By making use of the detailed evidence being gathered across the evaluation, it intended to supplement and refine the analysis of the longitudinal theory-based process and outcomes evaluation data.

The overall goals for the model included refining the evaluation Theory of Change, identifying data gaps, providing an additional robustness check on quantitative analyses, conducting processual risk analysis, serving as a diagnostic tool, and aiding cautious generalisation of lessons learnt. Note that the agent-based model is not intended to quantify impact nor to predict results.

E.2. Modelling approach

Given the exploratory nature of the agent-based model component of the evaluation, a staged approach to development was agreed. The process for developing the model was iterative, with input and feedback from MHCLG, the Advisory Group and others to help direct and strengthen the model. Four versions of the model were developed alongside the phases of data collection and with differing levels of consultation on each (covered further below).

The following approaches have been used to develop the agent-based modelling:

- **An evidence-led approach** – the available evidence was used to set up the model, and to identify and integrate into the model processes and strategies that agents use (i.e. drawing on agents' interactions within real-life domestic abuse support systems). Analysis helped prioritise those that are most significant and deprioritise or exclude those that are less important. This has included consultations with key stakeholders from the domestic abuse sector, MHCLG and the advisory group and engagement with the study's Lived Experience Panel (see 'evidence base' below).
- **Cross-validation** – this is where qualitative input (including from scoping interviews and the Lived Experience Panel) is used to inform the micro-level specification of the agent-based model (in particular, different behaviours that different kinds of agents might use) but where the outcomes are compared against available macro-level quantitative data (such as aggregate LA-level statistics on domestic abuse support services).
- **Use of a synthetic population** – to ensure that victim-survivor agents within the model reflect the heterogeneity of real-life victim-survivor characteristics, a synthetic population of such agents was created to replicate the English population average for comparing cases. This is based on the most detailed data set available – the UK Longitudinal Household Survey (UKLHS). The model only utilises some characteristics included within the UKLHS: sex of the adult; children's ages, and level of mental health needs.

Using the UKLHS, a two-step approach was followed: (1) using the survey to develop a synthetic population of households that represents the citizens of synthetic local authority based on the England-average; (2) then tuning this England-representative population using the national domestic abuse prevalence statistics to produce a set of unique synthetic victim-survivor agents that seek help within the model.

E.3. The evidence base

The following evidence sources have been used:

- **Ten qualitative scoping interviews** – with the aim of (a) identifying the range of strategies that each actor at each level might use and (b) to find out the range of possible issues that might affect the quality of domestic abuse provision.
- **Two sessions with the lived experience panel** – to help identify additional issues to be considered, especially those that caused the most frustration or impediments to victim-survivors.
- **Aggregate LA-level statistics from MHCLG MI 2022/23** (the latest data available at that stage of model development) – including data on a) the number, types and capacity of safe accommodation; b) number of victim-survivors helped, with which support services; c) how many victim-survivor families were unable to be supported and reasons; d) number and kind of specialist characteristics of victim-survivors helped; and e) distribution of time spent in safe accommodation receiving services.
- **The UK Longitudinal Household Survey ([UKLHS](#))** – to construct the synthetic population for each LA case (as discussed above).
- **A mapping of local providers and their services in two LA case studies** – these cases were chosen from the wider evaluation to build iterations of the model to replicate their local setup to aid testing and exploration of the model.
- **The Domestic Abuse Commissioner's 2021 report: [A Patchwork of Provision](#)** – used to design the different cases included in the final version of the model by illustrating the different levels of maturity of provision in terms of the available domestic abuse support services and accommodation for victim-survivors and how they are organised.

E.4. The model

The four versions of the model are summarised below:

- **Version 1** was an illustrative proof-of-concept, to give MHCLGs and advisors an idea of what a model might be able to do and look like. It introduced the synthetic population generation and an idealised flow of victim-survivors through the system.
- In **version 2**, the model introduced the various elements of “friction” into the provision to reflect the interviews with coordinators and managers throughout the system. The synthetic population generation was then upgraded to use more recent data from the UKHLS.
- In **version 3**, the modelling focused on investigating the following question: “How do different coordination structures affect how victim-survivors reach and access safe accommodation support?”.

An exploration of this research direction and associated early findings were presented in the version 3 interim report. However, it highlighted that coordination structures made little difference due to dominating role of the supply of move-on accommodation over all other factors (though this analysis and findings did not consider sanctuary schemes).

- In **version 4**, the focus shifted from specific coordination arrangements to exploring:
 - The contrast between more and less mature systems of domestic abuse service systems.
 - An analysis of the factors that might be most important in improving the provision of domestic abuse support services in both of these cases.
 - What other factors might emerge as important in the case where there was a sufficient supply of move-on accommodation.
 - A specific focus on provision for households with less common characteristics (males, those with mental health needs etc.) – in particular, the synthetic population was now divided so that the number of households with less common characteristics seeking help could be controlled using parameters.

The basic model structures are as follows:

- **Four kinds of agent represented within the model:** (a) victim-survivor; (b) representatives that might refer victim-survivors to domestic abuse services; (c) coordinators that may triage and/or allocate victim-survivors to providers; and (d) caseworkers from service providers who help victim-survivors access the services they need.
- **Some aspects are included to represent parts of the LAs strategy, policies and context**, including: (a) awareness by agencies in the LA on how to access domestic

abuse services; (b) the kinds and capacities of service providers; (c) whether access to domestic abuse services is through a centralised process or decentralised ones; (d) the supply of move-on accommodation; and (e) the capacity of coordinators and caseworkers in terms of caseload. This can (indirectly) help replicate LAs strategic plans for implementing the duty.

- **Kinds of accommodation included in the model:** only three types of accommodation (two forms of safe accommodation) are represented in the model. The two types of safe accommodation are refuge and dispersed accommodation. The third type is any form of accommodation (not safe accommodation) that households move on into. Sanctuary schemes and specialist accommodation are not included within the model.

There are five stages victim-survivor agents pass through in the model (which may or may not happen in reality in local domestic abuse systems):

1. *Generation* – a stream of agents representing victim-survivor households needing domestic abuse services is generated from the synthetic population for the LA (note that a household can be an individual adult).
2. *Making contact* – these agents then seek to find domestic abuse services, with varied knowledge of the national domestic abuse helpline and services available locally.
3. *Coordinator allocation* – once in contact with domestic abuse services a coordinator may look for safe accommodation and/or services for them (if no safe accommodation is available immediately). In some LAs there is a central coordinator who then may refer them on to provider coordinators.
4. *Receiving services* – Those waiting for accommodation might still get some support services in some cases but these are typically more restricted. As in the ‘making contact’ stage, knowledge about what support services exist and how to get them might be patchy. Provider caseworkers, coordinators or other victim-survivors at the accommodation might inform them about these.
5. *Moving on* – the victim-survivor agents move on from safe accommodation, ideally to independent settled accommodation, but only if and when this is available, otherwise they stay in safe accommodation.

The model captures several ‘frictions’ that may mean victim-survivor agents do not receive all the services they need and/or doing so may take longer than anticipated. These aspects are deliberately designed into the model to better reflect the complexities, tensions and trade-offs that exist in domestic abuse service allocation and provision. These are: victim-survivor agent variety, patchy service distribution, resource constraints; and imperfect knowledge by agents of various kinds of what is available and where to look.

Finally, the agent-based model aims to capture some of what is possible in the real world. It does not indicate what is *likely* to be the case in the situation being modelled or indicate *central* tendencies but is an analysis of what may happen. The value of an agent-based model is it can reveal some of the non-obvious complexity inherent in systems. Whether

such “emergent” outcomes also sometimes apply in the real-life systems it is modelling, needs careful consideration.

E.5 Limitations

The model does not include Sanctuary Schemes as there was little available evidence as to how support is provided to or experienced in them. The model is limited to focusing on one LA and has not been built to reflect the ways in which LAs may collaborate to offer support nor how victim-survivors often move between areas. The model also does not deal with the interface between the criminal justice and domestic abuse service systems.

The agents in the model are simplifications of both victim-survivors and those involved in coordinating or providing domestic abuse support services, and does not accurately reflect the knowledge, skills and intelligence of real actors. For example, this means the creativity and flexibility professionals will apply daily to help victim-survivors is not included.

The two measures chosen in the final version of the model (number of victim-survivor needs met and the time spent in safe accommodation) are just two ways of summarising the experience of all the victim-survivors who pass through the domestic abuse service system. Exploration of other measures may further enrich and deepen the findings presented.

The model does not explicitly represent the flows of victim-survivors between LAs. These flows will change the number and type of households a LA should help, as well as adding considerable stress and dislocation to those who thus have to move. In particular, the loss of personal support networks, contacts and employment are not modelled.

There was not much evidence available on several aspects of the domestic abuse support services systems as implemented within LAs, including: the range of strategies that coordinators and case workers use when faced with a household that they cannot place in safe accommodation, how and when households choose to move on when such accommodation is available, and which households need which support services.

Alongside the main evaluation report there is an additional publication with methodological detail on how the agent-based modelling was conducted.