



Ministry of Housing,  
Communities &  
Local Government

# Sanctuary Schemes Process Evaluation Report

Danielle Beaton, Ibrahim Ince, Felicity Kersting, Florence King, Nick Roberts, Alessandra Sciarra



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Ministry of Housing, Communities & Local Government  
Fry Building

2 Marsham Street

London

SW1P 4DF

Telephone: 030 3444 0000

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July 2026

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# Foreword

This report presents findings from a process evaluation of sanctuary schemes across England. Sanctuary schemes are widely used and an increasingly recognised component of the response to domestic abuse and homelessness prevention, enabling survivors to remain in their own homes through the provision of security measures alongside specialist support, where it is their choice and it is safe to do so. The evaluation aims to understand how sanctuary schemes are delivered and the factors shaping their effectiveness to inform policy and practice so they can more effectively respond to survivors' needs.

MHCLG commissioned the Evaluation Services Unit to undertake this work to address an evidence gap in how Sanctuary Schemes are implemented in practice. The evaluation was conducted between 2025 and 2026 and explores how schemes operate across different local contexts, the extent of variation in delivery, and the factors that enable or constrain effective implementation. It draws on evidence from in-depth case studies in eight local authorities, alongside a national survey of local housing authorities in England.

Sanctuary schemes are survivor centred initiatives designed to help households at risk of domestic abuse remain in their own homes, where it is safe to do so and reflects the survivor's choice. The report examines how sanctuary schemes are currently delivered, including referral pathways, assessment and decision-making, installation of security measures, and the role of specialist domestic abuse support. It considers the experiences of survivors and practitioners, and explores how delivery models differ across areas, including the extent to which security measures and support are delivered as a coordinated pathway.

The findings show that sanctuary schemes are widely used across England but are delivered in varied ways. Where schemes are well coordinated and combine security measures with specialist support, they can provide survivors with increased feelings of safety, stability and reassurance. However, variation in definitions, delivery models and local systems can lead to inconsistency in access and experience. The report highlights the importance of multi-agency working, clear pathways and timely delivery, as well as the need for greater clarity in how sanctuary schemes are defined and monitored. It also identifies structural constraints, including tenure and permissions, which can affect feasibility in practice.

Overall, the findings provide a more robust evidence base to inform ongoing policy development and improvements in practice. They highlight opportunities to strengthen consistency in delivery, support more integrated approaches, and improve understanding of how sanctuary schemes contribute to the wider domestic abuse and housing system, including homelessness prevention.

The authors and I would like to thank all those who contributed to this evaluation. This includes the survivors who shared their experiences, the local authorities and practitioners who participated in the research, and members of the advisory groups

that provided valuable insight throughout the study. We are also grateful to colleagues across MHCLG for their support and input. These contributions have been essential in building a clearer picture of how sanctuary schemes operate in practice and how they may be strengthened.

**Stephen Aldridge**

**Director for Analysis and Data and Chief Economist**

**Ministry of Housing, Communities and Local Government**

# Executive Summary

Sanctuary schemes sit at the intersection of domestic abuse, housing and homelessness prevention policy in England. Part 4 of the Domestic Abuse Act of 2021 introduced a statutory duty on Tier 1 local authorities to provide support for survivors and their children in safe accommodation, including sanctuary schemes. Alongside wider homelessness duties and government priorities on preventing homelessness and tackling violence against women and girls, sanctuary schemes are increasingly recognised as an important option for enabling survivors to remain safely in their own homes, where it is their choice and safe to do so.

This report presents findings from a process evaluation of sanctuary schemes across England, commissioned by the Ministry of Housing, Community and Local Government (MHCLG). The evaluation examined how sanctuary schemes are delivered in practice, how approaches vary across local authorities and what supports or constraints effective delivery. The research comprised two workstreams: in-depth case studies in eight local authorities, with fieldwork conducted between October 2025 and February 2026, and a national survey of local authorities, open between 3 September 2025 and 3 October 2025. In total, the case studies included interviews with 67 professionals and 19 survivors, while 119 local authorities responded to the survey.

## Key Findings

The evaluation found that sanctuary schemes are widely used but inconsistently defined. Most local authorities reported some form of provision, yet there is no shared definition or standard model. In some places, sanctuary schemes refer mainly to security measures, while in others it describes a broader offer combining security measures, specialist domestic abuse support and safety planning. This variation creates inconsistency in how sanctuary schemes are commissioned, delivered, monitored and understood by survivors and professionals.

Survivors value sanctuary schemes, but access is uneven. Where delivered effectively, sanctuary schemes provide clear benefits. Survivors report increased feelings of safety, reduced anxiety and greater stability from remaining in their homes. For families, avoiding relocation reduces disruption to children's education and support networks. However, access and experience vary. Some survivors are not offered sanctuary schemes despite need, while others receive security measures without sufficient support. Inconsistent access, fragmented pathways and limited professional and survivor awareness contribute to unequal access across areas.

Integration of security and support is critical. A central finding is that sanctuary schemes are most effective when security measures and support are delivered together. Security measures improve physical safety, while support, with a dedicated support worker helping with advocacy, safety planning and emotional support,

underpins confidence and longer-term stability. Where these elements are integrated, survivors experience a coherent and reassuring experience. Where they are separated, delivery can feel fragmented and less effective.

Multi-agency coordination is essential but variable. Sanctuary schemes rely on effective coordination between local authorities, domestic abuse services, police, housing providers and contractors. The evaluation identified two coherent approaches: integrated models, where support and security measures are coordinated through a single pathway, and parallel models, where separate teams deliver support and installation but work closely together. Both could work well when roles were clear, referral routes were simple and agencies shared responsibility for survivor safety. In contrast, fragmented arrangements led to delays, repeated referrals, unclear ownership and poorer survivor experiences. Fragmentation was particularly likely where housing, domestic abuse services, police, housing providers and contractors were not well coordinated.

Local context strongly shaped delivery. Geography, housing tenure, landlord consent, local housing stock, contractor capacity, funding arrangements and local authority structure all influenced how quickly and consistently sanctuary schemes could be delivered. Two-tier local authorities faced particular challenges where strategic responsibility sat with one authority and housing or installation responsibilities sat elsewhere.

The evaluation highlights the importance of treating sanctuary schemes as more than physical security measures. Effective delivery requires a clear shared definition, survivor-led decision-making, specialist domestic abuse support, timely installation, trauma-informed practice and strong multi-agency coordination. It also requires better data collection. Current monitoring is largely focused on activity rather than outcomes, making it difficult to assess longer-term safety, wellbeing, housing stability or the wider contribution of sanctuary schemes to homelessness prevention.

Overall, the findings suggest that sanctuary schemes can provide an important route to safety, stability and recovery when delivered as a joined-up offer of security and support. Strengthening consistency across local authorities, improving awareness and access, and embedding clearer expectations around support, coordination and monitoring would help ensure that survivors can make informed choices and receive a coherent, timely and safe response.

# 1. Introduction

Domestic abuse is a major driver of housing instability and homelessness in England and it is the second most common reason for households being owed a relief duty, accounting for 15.9% of households being owed a relief duty in December 2025 ([Statutory homelessness in England: October to December 2025](#)). This creates risks that require coordinated, multi-agency responses. Sanctuary schemes can form one part of the local response, enabling survivors to remain safely in their homes through the provision of home security measures delivered in tandem with specialist support. While sanctuary schemes are increasingly recognised as a key intervention at the intersection of domestic abuse and housing policy, there are still important gaps in understanding how they are implemented in practice, how local delivery models vary and what factors support effective delivery.

To address these gaps, The Ministry of Housing, Communities and Local Government (MHCLG) commissioned the Evaluation Services Unit to deliver a process evaluation of sanctuary schemes.

This report presents the findings from the evaluation. It explores variation in delivery models, the use of funding, partnership working and the lived experience of survivors. The evaluation is not designed as an impact evaluation and does not seek to assess outcomes or make causal claims about the effectiveness of sanctuary schemes. Rather, it addresses an identified evidence gap on how schemes are implemented in practice, the factors shaping delivery and how approaches vary across areas. The evaluation draws on two strands of research, combining in-depth interviews in eight case study local authorities with a national survey of local authorities in England. The survey was co-designed with MHCLG, Standing Together Against Domestic Abuse and Local Government Association (see [section 2.4](#) for more detail). The case studies provide an in-depth analysis of how sanctuary schemes are delivered within selected areas. They consider local approaches, decision-making processes, operational challenges and how delivery varies across different contexts. In contrast, the national survey offers an overview of provision across England, capturing patterns and trends in delivery.

## 1.1. Policy context

Recent policy reforms have strengthened the protections available to people experiencing domestic abuse, particularly in relation to their housing needs. Part 4 of the Domestic Abuse Act (2021) (hereby referred to as ‘Part 4’) introduced a statutory duty on Tier 1 local authorities (upper-tier authorities, including county councils and single-tier unitary authorities) in England to provide support for survivors and their children in safe accommodation. Under Part 4, local authorities must assess local need for support in safe accommodation (such as refuges, dispersed housing and sanctuary schemes) and commission the necessary support services to meet that need with cooperation from Tier 2 authorities (district and borough councils, including

London boroughs) where practicable. Grant funding is provided to enable the delivery of this new duty. This is specifically aimed at funding the provision of support to adults and children within relevant forms of safe accommodation, including sanctuary schemes.

Alongside these reforms, the government has identified homelessness prevention and Violence Against Women and Girls (VAWG) as major policy priorities. Statutory homelessness duties, set out in Part 7 of the Housing Act 1996, require local authorities to prevent and relieve homelessness. These duties were strengthened by the Homelessness Reduction Act 2017, which introduced earlier intervention, and by the Domestic Abuse Act 2021, which ensure that survivors made homeless by domestic abuse are in priority need.

The government's [National Plan to End Homelessness](#) (2025) further reinforces this approach, identifying prevention as the central strategy and recognising domestic abuse as a significant driver of homelessness. The plan emphasises the need for coordinated responses that better connect homelessness and domestic abuse services, alongside continued support for survivors in safe accommodation.

Wider government policy reinforces these commitments. The [cross-government VAWG strategy](#), published in December 2025, sets out the government's ambition to halve VAWG within a decade. It places strong emphasis on prevention, early intervention, multi-agency working and a survivor-centred approach. These aims align closely with domestic abuse and homelessness policy, and together they highlight the need for coordinated systems that prioritise survivor safety and choice.

Together, these policy developments position sanctuary schemes as one component of the wider safe accommodation and homelessness prevention system.

## 1.2. Sanctuary Schemes: overview

Sanctuary schemes are survivor-centred initiatives designed to help households at risk of domestic abuse remain in their own homes, where it is safe to do so and reflects the survivor's choice. It offers an alternative to relocating to refuge or other forms of safe accommodation by enhancing the security of a property and providing specialist support tailored to individual needs. This can include a range of security measures (sometimes referred to as target hardening) such as strengthened doors, improved locks, alarms, security lighting, fireproof letterboxes or CCTV. In line with expectations under Part 4, sanctuary schemes are intended to provide both security measures and associated support for survivors, consistent with other forms of safe accommodation, including advocacy, counselling and legal and financial advice.

The core aim of sanctuary schemes is to increase survivor safety within the home. This is achieved by reducing opportunities for perpetrator access, acting as a deterrent and where breaches do occur, increasing the time available for emergency response. Alongside these practical effects, schemes aim to enhance survivors' sense of reassurance and control. In doing so, they can help reduce disruption to

daily life and support greater stability for individuals and families where remaining at home is assessed as safe and appropriate.

Monitoring information collected since the Domestic Abuse Act came into force in 2021 continues to show increasing use of sanctuary schemes nationwide. In the most recent reporting year, April 2024 to March 2025, sanctuary accommodation accounted for the largest proportion of individuals supported (35%), representing 27,200 individuals. Capacity has also expanded. In 2024-25, across England, there were 24,120 bedspaces available across forms of safe accommodation, representing an increase of 7,460 spaces (45%) compared to 2023-24. This growth was driven primarily by a sharp rise in sanctuary accommodation units, which went from 9,640 in 2023-24 to 16,590 in 2024-25, increasing by 6,950 (72%) units. However, some local authorities have indicated that sanctuary accommodation had previously been under-reported, meaning that the scale of the increase may be partially due to improved reporting rather than solely new provision (MHCLG, 2025).

To inform this evaluation, a rapid literature review was undertaken to examine existing evidence on sanctuary schemes. The full review, including the sources assessed and search approach, is presented in Annex A: Literature Review. The key findings are summarised below.

The sanctuary scheme model began in 1998 when the Crime Reduction Unit at Harrow Police Station explored ways to help people facing repeated domestic abuse or the threat of homelessness remain safely in their homes. Initially the scheme focused on offering practical security advice. It was expanded in 2002 into a more formalised model incorporating physical security measures to enable individuals at risk of domestic abuse to remain safely in their homes. The approach was subsequently adopted more widely and was promoted through the Department for Communities and Local Government guidance in the 2000s and 2010s, supporting its uptake across England. More recently, sanctuary schemes have been incorporated within the statutory framework under Part 4 of the Domestic Abuse Act 2021. Yet, to date, much guidance and publications on the use of sanctuary schemes has tended to focus on the delivery of security measures than on the support element.

There is no single national model of sanctuary schemes, with local areas developing their own approaches for delivery. Some councils deliver the scheme themselves, while others rely on, or partner with, domestic abuse services, housing providers, police or other third-sector organisations, often commissioning external providers to deliver different parts of the service. Despite variation, schemes typically include a recognisable pathway of referral, assessments, the installation of agreed security measures and in some cases, follow-up contact or ongoing support.

At an individual level, sanctuary schemes are designed to support survivors to remain safely in their own homes by reducing the risk of repeat victimisation and strengthening their sense of security. Consistent with this, early research conducted by the University of York and commissioned by the then Department for

Communities and Local Government (DCLG) found that survivors commonly reported increased feelings of safety following the installation of security measures, as well as reduced disruption to family life, particularly for children, by avoiding the need to relocate (DCLG, 2010a & 2010b). More recent research from Northern Ireland, by Clarke et al. (2023) similarly identified reductions in anxiety about safety and improvements in mental wellbeing.

Beyond the experience and wellbeing of individual survivors, sanctuary schemes are also intended to contribute to the wider domestic abuse accommodation system. As one form of safe accommodation commissioned under the Part 4 duty, they complement rather than replace refuge and other provision. Previous research commissioned by DCLG indicates that sanctuary schemes have the potential to contribute to homelessness prevention and alleviate demand for refuge provision in the short term, as well as supporting longer-term housing stability (DCLG, 2010b). In the context of wider Violence Against Women and Girls policy and the National Plan to End Homelessness, understanding the contribution of sanctuary schemes within this broader system is an important area of focus.

Despite these findings, the evidence base remains limited and uneven. Sanctuary schemes have received comparatively limited dedicated academic attention, with much of the literature focused on refuge provision or dispersed housing models. As a result, there is limited evidence on longer-term safety outcomes or how sanctuary schemes are experienced by diverse groups of survivors.

At a system level, evidence gaps relate primarily to implementation and variation. While practitioner insights suggest that factors such as gender, disability, tenancy type or specific support needs may shape suitability and uptake, there is limited empirical research examining how sanctuary schemes operate across different local contexts or how delivery approaches influence accessibility and outcomes (MHCLG, 2025).

In summary, existing research, although limited, suggests that sanctuary schemes may contribute to improved feelings of safety for survivors and play a role in homelessness prevention and alleviating pressure on housing. Addressing evidence gaps, particularly regarding how schemes are implemented across different local contexts and how delivery models influence access and outcomes, is a key focus of the present evaluation.

### 1.3. Report structure

The remainder of the report is structured as follows. Chapter 2 describes the methodology, including how evidence was gathered and analysed. The findings are then presented across a series of thematic chapters. Chapter 3 focuses on survivors' experiences and outcomes, including both those who received sanctuary schemes and those who faced barriers to access. Chapter 4 examines how sanctuary schemes are understood and delivered in practice, covering delivery models, the roles of different actors and how these shape implementation. Chapter 5 explores

delivery and implementation in more detail, including the provision of security measures, the role of support, and the core delivery processes and pathways through the scheme. Chapter 6 considers wider strategic issues, including system integration, data and monitoring, and links to legal remedies.

Across each of these chapters, practical implications for policy and practice are drawn out within the relevant sections. The report concludes by bringing together the overall insights from the evaluation.

## 2. Methods

This chapter describes the design and methods used to conduct the process evaluation which sought to understand how sanctuary schemes are implemented across England, how delivery varies between local areas and what factors shape effective practice.

The evaluation used a mixed-methods design combining qualitative and quantitative approaches. Two complementary workstreams were undertaken:

- 1) in-depth case studies in eight local authorities in England, and
- 2) a national survey of all local authorities in England. The case studies enabled detailed exploration of delivery models, partnership arrangements and survivor experiences within selected areas, while the national survey provided a broader picture of how sanctuary schemes are implemented across England.

The evaluation was supported by two advisory bodies: a Lived Experience Panel (LEP) and an Evaluation Advisory Group (EAG). The Lived Experience Panel ensured that the design and delivery of the research were informed by lived experience of domestic abuse, while the Expert Advisory Group consisted of policy experts from across government, allied agencies and the sector to ensure multi-agency policy perspective and oversight to strengthen methodological rigour and relevance. In addition, independent academic peers reviewed key outputs at critical stages of the evaluation. For more information on how these groups were used see Annex B: Technical Annex.

The evaluation design was guided by a set of objectives and research questions, which are outlined below.

### 2.1 Evaluation objectives and research questions

This evaluation aimed to:

- 1) Examine variation in implementation, support provision and survivor experiences.
- 2) Identify key barriers and enablers to providing support in sanctuary schemes.
- 3) Identify and share innovations and good practice.
- 4) Understand the potential contribution of sanctuary schemes to wider government priorities including homelessness prevention and reduction of Violence Against Women and Girls.

Research questions were developed to address the evaluation objectives and explore how sanctuary schemes are delivered, experienced and embedded within local systems. The evaluation also sought to identify what works well, where challenges arise and where practice or guidance is inconsistent.

The research questions covered the following thematic areas:

- Understanding and models of sanctuary scheme delivery and implementation
- Referral pathways, decision-making and risk assessment
- Security measures, installation and ongoing assurance
- Support provision for adults and children
- Survivor experiences and outcomes
- Barriers, enablers and innovation in local delivery
- The role of sanctuary schemes in wider government priorities, including homelessness prevention and reducing Violence Against Women and Girls

The full set of research questions and the evaluation framework are provided in [Annex B: Technical Annex](#).

## 2.2 Theory of Change

The evaluation was informed by a Theory of Change, developed at the outset of the research through a review of policy and academic literature alongside early scoping conversations with policymakers, practitioners and academic experts. The Theory of Change was used to guide the evaluation design, including the development of research questions and data collection tools. The diagram is provided in [Annex B: Technical Annex](#).

## 2.3 Workstream 1: in-depth case studies

### Sampling

Eight in-depth case studies were conducted between October 2025 and February 2026 to examine how sanctuary schemes operate across different local authorities, from referral through to the end of support. The case studies explored decision-making, delivery models and survivor experiences, capturing variation across different local contexts.

Case study sites were selected using criteria designed to maximise variation while ensuring regional coverage. The case study sample limit (8 sites) meant that it was not possible to have a site per region, owing to England covering 9 regions and so the East and West Midlands were considered together. This approach enabled exploration of how sanctuary schemes operate across different local contexts. Further detail on the sampling approach is provided in Annex B: Technical Annex.

The eight local authorities who agreed to participate include Redcar and Cleveland Borough Council (part of Tees Valley Combined Authority), Blackpool Council, Kirklees Council (part of West Yorkshire Combined Authority), Sandwell Council (part of West Midlands Combined Authority), Essex County Council (Tier 1) with a focus on Braintree District Council (Tier 2), Brent Borough Council (part of Greater

London Authority), Reading Borough Council and Devon County Council (Tier 1) with a focus on North Devon and Teignbridge (Tier 2).

Within each case study, interviews were conducted with a range of stakeholders to achieve data saturation and reflect diverse perspectives, including professionals involved in delivery, adult survivors and wider sector stakeholders. A flexible recruitment approach was adopted. Participants were recruited through a combination of direct outreach and snowballing from initial contacts within local authorities and partner organisations. The sample includes 5–8 professionals per area, including domestic abuse strategic leads/managers/coordinators, housing needs and services leads/managers/coordinators, police (including officers leading the Multi-Agency Risk Assessment Conference (MARAC), operational officers) Police and Crime Commissioners (PCCs), support providers, and 2-3 additional key stakeholders from relevant sector or support organisations, including social housing landlords directly involved with the delivery of sanctuary schemes (e.g. local authorities, housing associations, private registered providers)

The study aimed to recruit 4–5 adult survivors per case study area, primarily through local domestic abuse services, as this approach helped ensure participants were at a stage where they felt ready to speak and supported a trauma-informed recruitment process. In practice, this target was difficult to achieve, as services were often unable to support recruitment due to lack of capacity and generalised difficulty recruiting survivors (see [Section 2.5. Limitations](#) for more detail). To address this, additional survivors were recruited through the Domestic Abuse Commissioner (DAC) VOICES Network newsletter. Most of these participants resided outside the case study areas and, as such, their accounts could not be directly triangulated with professional interviews. All participating survivors received a £50 shopping voucher in appreciation of their time.

## **Fieldwork**

Interviews lasted around 60 minutes and were conducted online using Microsoft Teams or Zoom and via telephone. Topic guides, informed by the Theory of Change and refined using local domestic abuse strategies and needs assessments, were used to provide structure while allowing flexibility to explore issues raised by participants.

Topic coverage varied by participant but included sanctuary scheme delivery and decision-making, security measures and support provision, links to wider domestic abuse interventions and perceived outcomes for professionals.

Fieldwork involving survivors followed a trauma-informed approach, developed in consultation with the Lived Experience Panel and MHCLG and approved by an independent bespoke ethics board. This included informed consent, participant choice and control, safeguarding protocols and signposting to support services. With participant consent, interviews were audio-recorded and transcribed verbatim for analysis. More detail is included in Annex B: Technical Annex.

## **Engagement**

In total, 67 professionals and 19 survivors were interviewed. Six survivors were from case study areas and were referred by domestic abuse services. The remaining 13 survivors came through via the VOICES at Domestic Abuse Commissioner newsletter, a virtual platform for survivors to stay connected to relevant policy, research and practice development, which advertised the research in October 2025 and January 2026. Out of 13 from VOICES, two were from case study areas and 11 were from areas that were not case studies. Seven survivors out of 19 had not received a sanctuary scheme even though they wanted one.

While no formal quotas were set, a diverse group of survivors was recruited, including participants of different genders, ethnic backgrounds, ages, abilities and parental status. Following the interview, survivors were asked to complete a short optional questionnaire capturing key demographic characteristics. More detail on these characteristics and engagement is provided in Annex B: Technical Annex

## **Qualitative analysis**

Case study data were analysed using a framework-based thematic approach supported by NVivo (v15) and Microsoft Excel. Interviews were transcribed and coded and findings were charted into an analytic framework to enable systematic comparison within and across case study sites. The framework was informed by the research questions and Theory of Change and refined iteratively as analysis progressed. Analysis also incorporated structured team discussions to test interpretations, explore divergent perspectives and strengthen consistency across coders.

Survivors' accounts were analysed using a journey-based lens (from referral and installation through to support and ending involvement) with a focus on outcomes. For survivors who did not receive sanctuary schemes, the analysis focused on barriers to access and impact of not receiving the scheme. Where possible, findings were triangulated with professional perspectives to identify areas of alignment and difference. This analytical approach enabled identification of cross-cutting themes, local variation and contextual factors shaping delivery and experience.

## **2.4 Workstream 2: Survey**

### **Design and administration**

Workstream 2 comprised a national survey of all local authorities in England to provide an overview of how sanctuary schemes were being implemented. The survey complements the case studies by mapping delivery models, resourcing and variation across different local contexts. The survey was co-developed with Standing Together Against Domestic Abuse, MHCLG and the Local Government Association and administered by the Local Government Association. The survey covered: whether schemes exist and what they include (security measures and/or ongoing

support); delivery and coordination arrangements; eligibility and access; integration with wider domestic abuse and housing responses; security measures and support provision; barriers to delivery; funding sources; resourcing and perceptions of effectiveness; and future plans.

The survey ran between 3 September and 3 October 2025. It was sent to Directors of Housing in each local housing authority in England (n=296) and unitary authorities in Wales (n = 22), to be forwarded to the relevant people involved in the delivery of sanctuary schemes. This report focuses on the responses from England, which complement the qualitative findings. The complete findings of the survey are reported in a separate publication ([Local Government Association, 2025](#)).

In total, 119 local authorities in England responded providing a response rate of 40%. Of those who responded, a large majority (90%) were delivering a sanctuary scheme, whilst almost one in ten were not (9%) and 1% did not know.

## **Survey Analysis**

Survey data were analysed in R Studio using descriptive statistics to summarise the national picture. Descriptive cross-tabulations were used to explore patterns and variation (for example, relationships between perceived effectiveness and delivery models, funding sufficiency and future plans). Open-text responses were analysed thematically to capture barriers, support needs and additional learning.

The survey findings were synthesised with the qualitative case study analysis to identify areas of convergence, divergence and additional nuance across the two workstreams. This involved mapping survey questions against the key themes identified through the qualitative analysis, focusing on areas where there was substantive overlap, such as delivery models, referral routes, eligibility, funding, partnership working, support provision and barriers to implementation.

Where survey findings aligned with qualitative themes, they were used to assess how far issues identified in the case studies were reflected across a wider sample of local authorities. Where findings appeared to differ between the two workstreams, these differences were examined to understand whether they reflected variation in local context or differences in respondent perspectives.

The synthesis therefore did not treat the survey and case studies as directly interchangeable, but as complementary sources of evidence. The survey was used to identify patterns and variation at a national level, while the case studies were used to explain how and why these patterns may arise in practice. The triangulated analysis is reported thematically throughout the report. In each relevant section, survey data are presented alongside qualitative findings to highlight consistency, inconsistency and areas where one source of evidence adds further detail to the other. This approach strengthened the overall analysis by combining breadth from the survey with depth from the case studies.

## 2.5 Limitations

This evaluation has several important limitations that should be considered when interpreting the findings.

This study is a process evaluation and does not measure impact or attribute causation. The findings are designed to provide insight into how sanctuary schemes are delivered and experienced, and the conditions shaping implementation, but they do not demonstrate effectiveness in a causal sense. The evaluation also represents a snapshot in time and may not reflect longer-term trajectories in each area.

The evidence base draws on eight case studies selected to maximise variation. While this supports exploration across a range of contexts and delivery models, it remains a small sample that cannot capture all configurations of sanctuary schemes. Nevertheless, the areas chosen had a variety of practices that were a good basis for explaining variation. The national survey broadens coverage, but findings have limited granularity and present self-selection bias as the sample was non-random and the majority of respondents reported delivering a scheme.

Within case studies, participant recruitment and engagement may have shaped the evidence collected. Securing survivor participation was challenging, particularly where domestic abuse services acted as gatekeepers. As a result, those who took part may not reflect the full range of experiences, including in relation to gender and other demographic characteristics. It is unclear whether the challenges in recruiting survivors through domestic abuse services reflected survivors' limited willingness or capacity to participate, or whether services were unable to promote the research widely.

Only a small number of participants completed the optional demographic questionnaire, meaning available demographic data provide only a partial picture of the sample, and some groups may be underrepresented (for example, no participants identified as LGBT+ in the questionnaire responses). Some participants may also have limited what they disclosed, and recruitment routes (including English-language materials and online channels) may under-represent those facing language barriers or limited access to digital communication. Additionally, snowballing via domestic abuse services carries a risk of selection bias, as services may have been more likely to refer survivors who had more positive experiences. Perspectives shared by professionals may also reflect organisational roles and pressures, introducing additional potential bias. Nonetheless, the evaluation gathered a large amount of data and variety of perspectives, mitigating this risk.

Finally, children were not included directly in the study due to scope and timescales. To partially address this, interviews with parents explored children's support needs and perceived impact.

## 3. Survivor Experiences

This section explores survivors' experiences of sanctuary schemes, drawing on interviews with survivors from a range of locations across England, including both case study areas and other settings. It considers how survivors experienced sanctuary schemes in practice, recognising that accounts reflect variation in local delivery models and levels of support rather than a single, uniform offer.

It begins by examining the outcomes reported by survivors who received a sanctuary scheme, including impacts on safety, stability, wellbeing, children's experiences and the role of support alongside security measures ([Section 3.1](#)). It then turns to the experiences of survivors who did not receive a sanctuary scheme, including barriers to access, fragmented support and the consequences of not receiving the offer ([Section 3.2](#)). Finally, it draws out the implications of these findings for policy and practice ([Section 3.3](#)).

Together, these findings highlight both the value of sanctuary schemes as a route to safety and stability, and the consequences when access is inconsistent or delivery is fragmented.

### 3.1. Survivors' Outcomes

#### **Increased safety, stability and wellbeing**

Receiving security measures provided survivors with an increased sense of safety at home and reduced the need to consistently check home security. This increased sense of safety contributed to improved social and emotional stability as participants did not have to consider moving. It also supported improved physical and mental wellbeing, enabling some survivors to sleep at night and reducing their anxiety. More generally, the availability of measures from an official scheme provided a sense of support from wider services and could reinforce survivors' decision to leave the perpetrator, providing reassurance that it was the right choice.

*"It's that reassurance of having [security measures] there and having the services in place that have been able to support me. I think it's helped me be stronger in my decision [to remain in my home] as well because there's been so much involvement and so much support. [...] having the support out there, it's reassuring because there's so many people willing to help you through such a dark time."*

– Survivor

The security measures were also seen to provide peace of mind to family, friends and colleagues who were aware of the domestic abuse, including where survivors

had been staying elsewhere but moved back into their own home once security measures were installed.

### **Children's wellbeing and stability**

For survivors with children, it was noted that security measures led to increased feelings of safety for their children. In one case, a participant's neurodivergent child had been very traumatised and fearful about loud noises outside the property, but the installation of measures had reduced this. The main benefit for children, however, was ensuring stability rather than disrupting children's schooling and friendships, which was perceived to improve wellbeing for children.

*"Kids are much more important than other things. So, I said, "I'm just thinking that my kids', you know, life, friends are here, [their] school and my older [son] don't want to leave UK" [sic]. Whenever I spoke to him, I said "I have to leave. You can move to some other country" and he said "no, mama, I want to stay here only" [...] [Staff member involved with sanctuary schemes] helps me a lot. Yeah, that's because of her I'm here." – Survivor*

For children, the support provided with a sanctuary scheme was also described as beneficial for enabling them to better handle the difficult situation. This included where council staff had worked extensively with a survivor's child to build up their resilience and confidence. Another survivor noted support had improved their children's health and wellbeing throughout the course of contact with services.

*"[The abuse] really affected my eldest [child]. [...] therapy has been helping him more than anything and having that reassurance that there's cameras and there's people there that are willing to help and support and protect ours as a family. [...] I'm starting to see him get his little spark back, which is nice. So he sort of went through like a slump, you know, like a sluggish stage [...] and now he's like starting to, he's starting to see this confidence come back." – Survivor*

### **Unintended impacts: anxiety, hypervigilance and emotional effects**

Nevertheless, while security measures increased sense of safety, some survivors discussed how they also heightened awareness of potential risks outside the home, increasing anxiety about leaving the home and made them feel like a 'prisoner' in their own home (which was felt to be unfair as the perpetrator was able to live their life freely). Additionally, measures were perceived as intimidating to wider family members that did not live in the home.

Some survivors also reported increased anxiety after installation. This was particularly the case where measures such as lights or alerts were over-sensitive or where doorbells produced frequent notifications, increasing hypervigilance rather than reassurance. Anxiety could also increase when vulnerabilities were identified during a survey but fixes were not implemented quickly (for example when survey

and installation happened on separate days). In addition, where security measures were delivered without clear explanation, coaching, or links to safety planning, survivors did not always fully understand what measures could (and could not) do, or how to use them effectively. In some cases, this created a false sense of reassurance and often cause underutilisation or misuse of security measures.

Some survivors also described measures as emotionally difficult because they acted as reminders of abuse or felt visible to others, creating worries about stigma or how neighbours and friends might interpret the home.

Finally, practical issues (maintenance requirements not being explained, unclear routes for repairs, or perpetrators damaging installed measures) could create stress and, in some instances, this left survivors with out-of-pocket costs to fix or maintain equipment. In a few cases, security measures also created trade-offs with accessibility or emergency exit (for example fire safety considerations). This disproportionately affected disabled survivors who did not initially receive measures tailored to their needs, requiring them to advocate extensively for themselves. For example, after multiple requests, one deaf survivor received a metal bar on their bedroom door as they would not hear the perpetrator breaking into the property. While this increased the survivor's sense of safety, it also highlighted the importance of considering how security measures interact with wider accessibility and emergency evaluation needs, including in the event of a fire or flooding.

### **Role and impact of support alongside security measures**

Support was also found to have a range of impacts, differing from those provided by security measures. Participants valued feeling supported and having someone 'in their corner'. A dedicated support worker who was familiar with the local services was key in helping survivors navigate legal processes, improve emotional stability and access other relevant support services. Some participants noted that the emotional support provided by services was as important as the security measures. In turn, recommended tools such as the HollieGuard app, alongside general support from support workers, contributed to increased confidence. For some, this allowed them to leave the house on their own while others felt able to change careers.

*"It's taken me a good four weeks to get my confidence to go out [...] I can't stay in forever, but at least I can [...] set an alarm off or whatever. [...] it's nice to have something that gives you that bit of confidence. You know that you can make yourself seen and call for help."- Survivor*

Support delivered through group programmes or by specialists with expertise around behaviours such as stalking provided survivors with greater understanding of how domestic abuse presents, how to handle such situations and how to form healthier relationships. Effective support was seen to contribute to improving survivors' health and wellbeing while poor support experiences could have the opposite effect. The

scheme was seen to be particularly important for those without recourse to public funds as often it could be difficult for this group to access services.

## 3.2. Those who did not receive a sanctuary scheme

As part of fieldwork, seven participants both within and outside case study areas who had not been able to access sanctuary schemes were interviewed. This section outlines their experiences.

### **Barriers to access and awareness**

Access to sanctuary schemes was more difficult in areas where there was poor joint working across agencies or responses were fragmented. In these areas, survivors had to communicate with each agency separately, which re-traumatised survivors through having to explain their situation repeatedly. In some cases, survivors were involved with domestic abuse services or council staff who they expected to be aware of sanctuary schemes but were not told about the option, and instead finding the scheme through their own research. In some cases, this may have been because survivors did not meet the local eligibility criteria. However, several participants indicated that, if they had been offered a sanctuary scheme, they would have taken it up and it would have been helpful.

Survivors with particular characteristics or in certain situations felt they were disproportionately impacted by lack of access. For some, sanctuary schemes was one of few options available due to being unable to access other types of support such as refuge accommodation due to their gender, having older male children, or owning their own home. For one disabled survivor, being unable to access sanctuary schemes led to them having to move house when they were not well enough to do so.

*“My gender [male] was a modifying factor. I was not seen as your typical victim of domestic abuse and that definitely compromised the support I got.” – Survivor*

In some cases, being unable to access sanctuary schemes led to survivors moving and hiding their name on the tenancy agreement to protect themselves. In this situation, it was felt self-referral options for the scheme were needed as the individual did not feel able to contact statutory agencies in case it put them at risk from the perpetrator.

Those who did not access sanctuary schemes described acquiring security measures through other routes. This included sourcing and installing measures themselves or asking friends or family to do so. Some survivors received security measures outside of a sanctuary scheme on a more ad-hoc basis with little consultation and consideration as to whether this would be helpful. For example, police installing an emergency phone line and panic alarm during a particularly intense period of abuse without a discussion with the survivor, only to remove them when the perpetrator was sent to prison, again without consultation. Additionally,

some security measures were available following Threat of Arson referrals and were installed by the fire service outside of sanctuary schemes. Generally, these installations took place quickly. However, some measures were not felt to be fit for purpose, such as plastic letterbox locks that broke when post was next delivered.

## **Experiences of fragmented and inadequate support**

The challenges faced by those trying to access support also reflected the experiences of those receiving sanctuary schemes. This included a fragmented approach leading to repeated signposting; time-limited services without a transition period; and eligibility requirements around gender, risk thresholds, income and recency of events. Additional challenges included domestic abuse risk assessments being conducted over the phone rather than via video-call or in person, which survivors felt was impersonal; a sense of staff blaming the survivor for the abuse; and limited or non-existent safety planning which often relied on the survivor managing on their own.

Furthermore, wider system challenges added to difficulties in receiving support for the abuse. Poor experiences with police included staff trying to get the survivor to leave the property instead of the perpetrator; a lack of follow through on promised actions; closing cases or ending perpetrator bail conditions early without informing the survivor; inadequate investigation of events; and complaints not being taken forward. This led to reduced trust in the system and difficulty in accessing necessary support, exacerbated by a perceived culture of disbelief of survivors in the police. While survivors who received sanctuary schemes sometimes reported challenges with the police, those who were unable to access sanctuary schemes tended to describe more negative experiences.

Additionally, it was felt agencies lacked a nuanced understanding of domestic abuse beyond 'typical' physical abuse. This was particularly noted for types of abuse including digital and image-based abuse, abuse through third parties, financial abuse, coercive control and emotional abuse. One survivor described being turned away from a domestic abuse service as the abuse they were experiencing was not physical.

*"I had also contact with an advocate of [support service] and. Well, she explained to me that they are skilled in domestic violence, but not domestic abuse especially when it's not physical – so kind of harassment like digital, legal, economic – so they couldn't support me." - Survivor*

## **Impacts of not receiving a sanctuary scheme**

Survivors who self-funded measures in lieu of being able to access sanctuary schemes noted that this had somewhat provided reassurance, but they still felt unsafe in their home and had an ongoing desire to relocate. In private rented accommodation, asking for permission to install measures sometimes led to relationship breakdown with the landlord, resulting in them needing to move anyway.

More broadly, fragmented services led to reduced trust in agencies, increasing stress and mental health difficulties. This had significant consequences in some cases, with one survivor attempting suicide and another having to leave their job due to stress. In contrast, when domestic abuse services provided effective support tailored for the survivor, this was described as invaluable in meeting both emotional and practical needs.

Survivors described a range of negative impacts from not receiving a sanctuary scheme. This included being expected to, or having to, move house or area even if survivors did not want to and had significant local support. This was described as a particular issue for those with children as it involved uprooting their schooling and friendships. The expectation for survivors to move house rather than the perpetrator was felt to be unfair and concerning in addition to leaving some survivors without their support networks. Additionally, it was noted that remaining at home was very stressful without a sanctuary scheme, impacting both survivors' and their children's ability to live their life. For children, the absence of a sanctuary scheme was seen to leave them living long-term in unsafe and potentially scary accommodation, impacting their wellbeing. The fact sanctuary schemes are a form of safe accommodation recognised in government guidance was valued by survivors who did not access the scheme. They described that receiving this would have legitimised their experience and made them feel like they were being taken seriously. Without the scheme, participants described feeling isolated and as if their experience was not valid.

*“I think also knowing that there was this official government scheme in place to help you with things like that in and of itself makes a difference because it legitimises your experience and makes you feel like you are being taken seriously, that this is something very serious that you're going through, that you are at risk and that there are schemes in place to help you and even cover the costs. [...] And I think would have felt quite powerful that, okay, there is this scheme in place to protect survivors like me for good reason. And it is serious and I am believed and I'm not crazy and I'm not alone.” – Survivor*

### 3.3. Implications

1. **Recognise sanctuary schemes as a route to safety, stability and recovery, where support plays a key role.** Survivors valued support and having someone “in their corner” as much as, or more than, the security measures themselves. Evidence shows that outcomes are strongest where security measures are delivered alongside specialist domestic abuse support. The evidence highlights a potential role for MHCLG in clarifying that the intended outcomes of sanctuary schemes cannot be achieved through physical measures alone and that specialist domestic abuse support should be built into the model from referral through to follow-up, with clear expectations around advocacy, emotional support, safety planning, legal signposting and support for children.

2. **Ensure survivor choice is central to decisions about whether sanctuary schemes are appropriate.** For some survivors, remaining safely at home was highly valued, while for others, security measures could feel anxiety-inducing, visible, stigmatising or restrictive. Therefore, Sanctuary schemes should not be treated as a default alternative to relocation, but as an option that is actively discussed with survivors and assessed in light of risk, survivors' preference, household needs, perpetrator behaviour and emotional safety. Survivors should be supported to make an informed choice about whether staying at home feels safe and sustainable.
3. **Recognise the role of sanctuary schemes in supporting children's safety, stability and wellbeing.** Survivors described benefits for children, including feeling safer at home, avoiding disruption to schooling and friendships and receiving support to rebuild confidence after trauma. Findings suggest that there is value in assessing and responding to children's needs as part of sanctuary schemes provision, including how security measures affect children emotionally and practically. This should include consideration of children's routines, schooling, contact arrangements, neurodivergence, sensory needs and access to therapeutic or specialist support where required.
4. **Ensure sanctuary schemes are accessible and tailored for survivors with different needs and circumstances.** Barriers related to disability, tenure, access to public funds and local eligibility criteria limit access in practice. The evidence highlights a potential role for MHCLG in encouraging local authorities to avoid one-size-fits-all approaches and ensure that sanctuary schemes consider accessibility, communication needs, tenure, household composition and financial constraints. This includes ensuring that measures installed do not create new risks, for example around fire safety, emergency escape routes, sensory distress or maintenance costs.
5. **Improve visibility and awareness of sanctuary schemes so survivors do not depend on individual professionals knowing about them.** Some survivors only accessed sanctuary schemes because they had existing personal or professional connections, while others were not told about the option despite contacting multiple agencies. Those who did not receive sanctuary schemes often described feeling invalidated, isolated and forced to self-fund measures or relocate. The findings suggest there is value in producing clearer public-facing information about sanctuary schemes, including accessible self-referral routes where safe and appropriate, so survivors can ask about the option directly rather than relying entirely on professional referral.
6. **Mitigate unintended consequences through consistent practice.** Without trauma informed installation, clear explanation of measures and reliable follow up, measures risk increasing anxiety, being underused or eroding trust in services. Ensuring predictable and supportive delivery helps prevent these impacts.

## 4. Delivery models and key actors

This section explores how sanctuary schemes are organised and delivered in practice, to set the foundation for understanding differences in implementation and therefore on survivor experiences.

It begins by examining how sanctuary schemes are understood across local areas, revealing some inconsistencies in terminology and highlighting the key challenge faced by areas of combining security with support ([Section 4.1](#)). It then goes on to explore the ways in which different local schemes are configured and the contextual factors that play some role in shaping these, laying out three types of arrangement: two of which involve different ways of coordinating delivery and one of which signal a lack of local coordination ([Section 4.2](#)). Finally, it goes on to consider the roles of different actors in delivery, across local authorities, domestic abuse services, police, housing providers and contractors, including a consideration of the importance of multi-agency working ([Section 4.3](#)).

Together, these findings set out the range of approaches currently in use and highlight the factors that shape delivery in practice, including local context, organisational arrangements and resource constraints.

### 4.1 Understanding sanctuary schemes

Across areas professionals broadly support enabling survivors to stay safely at home where it is their preference to do so. Delivery is dynamic, with many places piloting or (re)commissioning provision, catalysed in part by Part 4, with a focus on offers that combine security (physical measures) and support (specialist support provided by specialist domestic abuse services). Despite this momentum there is no shared, stable understanding of sanctuary schemes. The term is inconsistently used and can be associated with ‘security only’ models that may have been in place from prior to Part 4. The crosscutting challenge for delivery is integrating the security and support elements so that survivors experience a single, coherent offer. This section explains why the language differs across areas and how that shapes delivery and data.

Findings from the Local Government Association’s survey reflect the national variation in provision and understanding. Of the 107 respondents, over half (54%) reported that they provide a “full sanctuary scheme” (including security and domestic abuse support), while nearly a quarter (23%) only provided security measures. A further 14% of local authorities used open text to report that they delivered both security measures and domestic abuse support through separate services, 5% described a provision that fit the description of an integrated sanctuary scheme, suggesting they do provide this service but not under this title and 3% reported that the scheme is run by the Tier 1 County Council in their area.

## **Delivery is dynamic**

The importance of offering survivors of domestic abuse the opportunity to stay in their own home if this is their preference and it is safe for them to do so was recognised across case study areas. Alongside this, there was also evidence across areas of activity to develop offers aimed at allowing this, which had in part been catalysed by the interpretation and application of Part 4. Following Part 4, this recent activity tended to be centred around at-home safety integrating both security and support elements.

As such, delivery was often not fixed, but dynamic and in development, with many areas piloting, commissioning, re-commissioning or otherwise overhauling their offers to better integrate at-home safety into their wider safe accommodation offer. In some areas, this meant that multiple at-home safety offers could be running concurrently with, for example, legacy ‘target hardening’ offers delivered by housing teams running alongside newer options that integrate support.

Looking ahead, most areas expected further change to their provision. For some this was due to them still being mid-transition in commissioning or contracting. Others flagged local government reorganisation as a factor likely to influence the future structuring of teams involved in delivery. In short, whilst sanctuary schemes seem to have risen on the agenda for local authorities, what it looks like in practice is evolving, with areas working to commission, develop and establish their approaches.

## **No shared understanding of sanctuary schemes**

Despite this renewed focus on and activity to deliver at-home safety measures alongside support, there was a lack of shared language across areas and participants. Whilst the terms sanctuary scheme and sanctuary were generally recognised, they were not used consistently and did not carry a stable, single meaning across practitioners.

Although some areas did use the term sanctuary scheme to refer to their offer, others avoided the term entirely, using alternatives such as ‘Home Safety Check’, ‘Staying Put’ or ‘Safe At Home’. For these participants, ‘sanctuary scheme’ could evoke an older, security-only model, also associated with the term ‘target-hardening’ and focused on locks, alarms and sanctuary or panic rooms. Contemporary practice based around the introduction of Part 4, on the other hand, was seen to weave together security measures with specialist support, including safety planning and advocacy. For some, this view of sanctuary schemes as security-focused was reinforced by older government guidance, which included reference to sanctuary rooms, and could therefore be perceived as impractical and unaffordable. Survivors also described feeling uncertainty about what constituted a sanctuary scheme or whether they had received one, exacerbated by the variation in terminology across areas. Additionally, in some areas there were more ad-hoc approaches to installing

security measures which did not form part of the local sanctuary scheme, leading to further confusion from survivors about whether they had formally received a sanctuary scheme or another local initiative with a similar focus.

*“I think on the website it was put down as target hardening and they [survivor] were a bit like what’s that? When I explained it to them, they were like, oh yeah, I would like if we could consider that.” - Housing Officer*

[Statutory Guidance related to the Domestic Abuse Act Part 4 \(2021\)](#) defines a sanctuary scheme primarily in terms of security:

“A sanctuary scheme is a survivor centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation. This is done by providing additional security – ‘installing a sanctuary’ – to the victims’ property or perimeter.”

In practice though, this was seen as only one component of the offer. Local practice generally treats sanctuary schemes as an intertwined pathway in which security sits alongside support, so that survivors can both be safe and feel safe at home (see [Section 5.1](#) for more detail). This view was underpinned by a general focus on support within domestic abuse practice and reinforced by statutory guidance on support within relevant accommodation within the local duties under Part 4.

### **A cross-cutting delivery challenge: combining security and support**

One consistent theme across fieldwork was that bringing together security and support is the core practical challenge of the delivery of sanctuary schemes. It requires aligning two different domains of expertise, spread across different legislative domains (tenancy/permissions and protective orders), systems and timeframes, and risk cultures (statutory homelessness and survivor centred risk). Pragmatically, it requires the working across different teams within local authorities, including commissioning (of domestic abuse services), housing options, domestic abuse specialists and repairs, alongside various other commissioned or external partners, including domestic abuse services, housing providers and police.

As such, effective delivery relies on strong coordination, good working relationships and, where possible, shared systems. It also may require those involved in delivery to step outside of established working practices, and to develop new ways of working, new partnerships or areas of expertise, such as domestic abuse awareness or trauma-informed practice. Where the two strands work together, survivors report a coherent, reassuring offer; where they do not, installation and support can feel transactional and anxiety-inducing.

## Implications

1. **Adopt a clearer operational definition of sanctuary schemes by explicitly defining a set of required components that constitute a sanctuary scheme and include in statutory guidance at the next opportunity.** The research found that the term sanctuary scheme is used inconsistently across areas and can carry legacy associations. This variation generates confusion for commissioners, providers and survivors and can lead to inconsistent delivery, misclassification and incomplete monitoring. The evidence suggests that there is a role for MHCLG in improving the definition of sanctuary schemes through clarifying the required components.

For statutory, commissioning and reporting purposes, a sanctuary scheme should be understood as an approach that includes all of the following components:

- **Security measures** to support the survivor to remain safely in their home
- **Specialist domestic abuse support**, including safety planning and ongoing support where needed
- **Survivor choice and safety assessment**, ensuring that remaining at home is safe, appropriate and led by the survivor's informed preferences

This would allow local authorities to continue using accessible, survivor-focused language, such as "safe at home" or other local service branding, while creating a consistent definition for statutory reporting, commissioning and monitoring. It would also help distinguish full sanctuary scheme provision from narrower interventions, such as security-only target hardening, which may form part of the response but should not be classified as a sanctuary scheme unless integrated with specialist support and safety assessment.

When commissioning services, local authorities should consider how providers demonstrate that they meet all core components of the sanctuary scheme approach. Where modular contracts are used, for example for security installation only, commissioners should set out how these elements will be integrated with specialist domestic abuse support and survivor-led safety assessment to deliver the full approach.

2. **Ensure the revised definition of sanctuary schemes is clearly communicated to commissioners, providers, frontline practitioners and survivors.** Once MHCLG has clarified what constitutes a sanctuary scheme for statutory, commissioning and reporting purposes, this definition will need to be actively communicated across the sector. MHCLG should work with local authorities, domestic abuse services and the sector more widely to disseminate the definition.
3. **Acknowledge sanctuary schemes as a developing intervention and support local authorities to strengthen delivery over time.** The research found that sanctuary scheme is evolving as Part 4 becomes embedded, with local

authorities at different stages of developing, piloting, recommissioning or refining their approaches. It is important to acknowledge that practice is still developing and support local authorities improve consistency, quality and confidence over time. Therefore, local authorities should not be expected to have fully resolved every aspect of delivery but should be able to demonstrate how they are working towards a coherent, survivor-centred model that includes enhanced security, specialist domestic abuse support and survivor-led safety assessment. MHCLG could support this by creating channels for local authorities and providers to share emerging practice, learning and implementation challenges. This could include communities of practice, case study examples, peer learning sessions, or a live repository of practical tools and models. These channels would help areas learn from each other and support the gradual operationalisation of the statutory definition in commissioning and monitoring systems. This would position MHCLG not only as setting expectations, but also as enabling the sector to build a stronger and more consistent sanctuary scheme offer over time.

## 4.2 Models of delivery

Across case studies, sanctuary schemes were delivered in markedly different local settings, and these contexts shaped what was possible in practice. Variation in existing multi-agency arrangements, geography and demography, housing conditions, council structures and funding/resourcing helped explain why areas are organising their offers differently. Within that context, delivery clustered along five operational dimensions: which agency leads, how security measures and support are packaged as part of the offer, how pathways are coordinated across agencies, how installations are surveyed and delivered and how eligibility is interpreted in practice. These dimensions combine in different ways to produce three descriptive model types: integrated and parallel, which represent different approaches to aligning support and security and fragmented, which represents a lack of intentional coordination of security and support. This is not an intentional model but arises when coordination and other enabling factors have not been intentionally thought through or aligned.

We will return to these dimensions and then models after setting out some general contextual factors that influence delivery.

### **The contextual settings for delivery**

#### **EXISTING MULTI-AGENCY ARRANGEMENTS**

The maturity and extent of multi-agency working arrangements was central because it governs how quickly and coherently survivors can move from disclosure to assessment, installation and follow-up. Where co-location, shared referral pathways or inboxes, routine joint forums (e.g. daily/weekly risk meetings) or Multi Agency Safeguarding Hubs and trusted relationships were present, partners described faster

triage, fewer handoffs and clearer accountability. Dedicated lead roles further reduced friction by helping to coordinate housing and domestic abuse services on an ongoing basis. Conversely, where governance was unclear, pathways undocumented or inter-agency relationships strained, referrals were more likely to be lost or duplicated, decisions were slower and practitioner confidence in the scheme was weaker. [Section 4.3](#) details the role of different actors and multi-agency working.

## **GEOGRAPHY**

Geography was seen to play a key role in shaping delivery logistics. Delivery was generally seen to be more challenging in rural areas, where geographical dispersion, long travel distances and poor travel infrastructure could make it harder to schedule assessments and installations at pace and complicated ongoing coordination, especially when it spanned multiple districts. Denser urban areas could simplify logistics, with shorter travel times and more readily available contractor capacity, though operational pressures could still arise where demand is high.

## **DEMOGRAPHY (INCLUDING PREVALENCE OF DOMESTIC ABUSE)**

Local demographic factors influence both the volume of demand and what needs to sit alongside physical measures for support to be effective. Higher levels of recorded domestic abuse (often coinciding with deprivation, crime and population churn) produced heavier referral loads and sharper time pressure to provide low-friction, safe-at-home responses where appropriate. At the same time, areas serving larger proportions of survivors with complex needs (mental health, substance use, disability, families with neurodiverse children) were more likely to emphasise the importance of trauma informed, flexible safety planning delivered alongside target hardening. Cultural and linguistic diversity increased the importance of language access and by-and-for/specialist workers. Migration and residency status also mattered: No Recourse to Public Fund policies and local eligibility rules curtailed access unless specific measures were introduced, shaping who could benefit and through which funding routes.

## **HOUSING CONTEXT (STOCK, TENURE AND MARKET CONDITIONS)**

Local housing conditions determined which levers exist for intervention, how quickly they can be used and where bottlenecks arise. Where councils retained stock and inhouse repairs capacity, teams reported more control over rapid works (such as priority lock changes) and clearer procedures around joint tenancies, enabling quicker, lawful installations when appropriate. In housing association or private rented homes, landlord consent was a recurring bottleneck; delays and refusals commonly stalled otherwise viable cases, prompting some areas to develop 'no-consent-needed' packages to maintain momentum. Wider market scarcity e.g. limited temporary/safe accommodation and constrained general supply could increase the potential value of effective in-home safety options, although this was not necessarily translating into higher levels of delivery. Furthermore, the specific qualities of any particular property can affect both its security needs and what it is physically feasible to install,

## **COUNCIL STRUCTURE (INCLUDING TWO-TIER STRUCTURE)**

Local government structures across areas conditioned who sets strategy and who can act, with material implications for consistency and speed. Unitary contexts often reported streamlined governance, clearer decision rights and faster operational cycles within a single corporate framework aligning community safety, housing and commissioning. Two-tier contexts, by contrast, frequently described a structural separation between county-level strategy/commissioning and district-level implementation, producing patchwork provision e.g. different eligibility criteria, funding pots, contractors and even working definitions across districts. Even where a countywide gateway existed, practical installation and funding typically depended on district resources and landlord arrangements, resulting in variable timeliness and quality of installation depending on levels of district buy-in. Two-tier dynamics recur across the report because they shape strategy–delivery alignment, funding routes and data visibility (see also [Sections 4.3](#) and [section 6](#)).

## **FUNDING AND RESOURCING**

Access to funding and resourcing shaped both the pace and the consistency of delivery, determining what can be commissioned, how quickly installations can be authorised and whether specialist roles can be maintained. Although access to comparable funding data across sites was not available, accounts from practitioners suggest that access to funds and the flexibility of budgets varied materially between areas, with knock-on effects for timeliness and scope. Where budgets were stable and flexible, blending Part 4 allocations, prevention funds or community safety budgets, partners described smoother pathways and the ability to include lower cost items that improve psychological safety. Where funding was fragmented, thin or sat at a different tier from delivery decisions, provision became patchier and slower, with frontline teams sometimes backfilling gaps from discretionary or charitable pots. Staffing capacity was also a limiting factor in some areas, even when money was nominally available<sup>1</sup>.

## **DEVON CASE STUDY**

*Devon’s Staying Put offer shows how sanctuary delivery is shaped by operating in a two-tier system alongside a large, dispersed and unevenly connected geography, with marked variation in local contexts (including urban centres and rural/coastal communities, and differences in deprivation and demand pressures). Staying Put was intentionally developed as a holistic “safe to stay” pathway (security, safety planning and wider support), informed by needs assessment activity, lived experience input and learning from an earlier pilot, before rolling out countywide from April 2025. The model includes ‘Security’, ensuring appropriate measures are in*

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<sup>1</sup> Fieldwork took place before the announcement funding for homelessness, rough sleeping, and the Domestic Abuse Safe Accommodation duty will be brought into a single Homelessness, Rough Sleeping and Domestic Abuse Grant with the aim of enabling councils to plan holistically across homelessness and domestic abuse services, including adopting new approaches to **preventing homelessness due to domestic abuse** while continuing to provide support to victim-survivors who need to flee. [National Plan to End Homelessness - GOV.UK](#)

place; 'Feeling Safe', acknowledging the need for victims to feel safe as well as being safe; and 'Specialist Support', with dedicated IDVA support to wrap around the victim.

Practitioners described strong strategic leadership, including a county level working group involving the Devon Domestic Abuse Alliance and district housing leads, which helped set shared purpose and provide a forum for problem solving. The model includes a 'Feeling Safe fund', a discretionary fund aimed at supporting feelings of safety, that sits alongside support and security measures. Individuals within the programme are able to access a discretionary payment of £200 to be spent at the survivors' choice, facilitated by an Independent Domestic Violence Adviser (IDVA), in ways that will help support feelings of safety. Examples of how this money has been spent include the replacement of furniture or household goods that have been destroyed by perpetrators or funding a day out for the family. Informal feedback from survivors suggest that this has been successful at supporting feelings of safety and helping to create a sense of the home as a safe place, in tandem with actual physical security measures.

Despite this strong strategic approach, delivery was described as varying substantially by district. Where relationships between domestic abuse service and housing colleagues were strongest and bridging capacity existed (including embedded Domestic Abuse specialist housing triage functions in housing team), joint working reduced friction and supported quicker decision making. Where awareness and integration were weaker, momentum stalled and implementation was less consistent. Differences in implementation across areas reflected the fact that the operational footprint of the local domestic abuse service, which had recently taken on county-wide coverage, was still concentrated in districts in and around North Devon where they had conducted an initial pilot, making it harder to provide the same intensity of coverage and responsiveness across the full county.

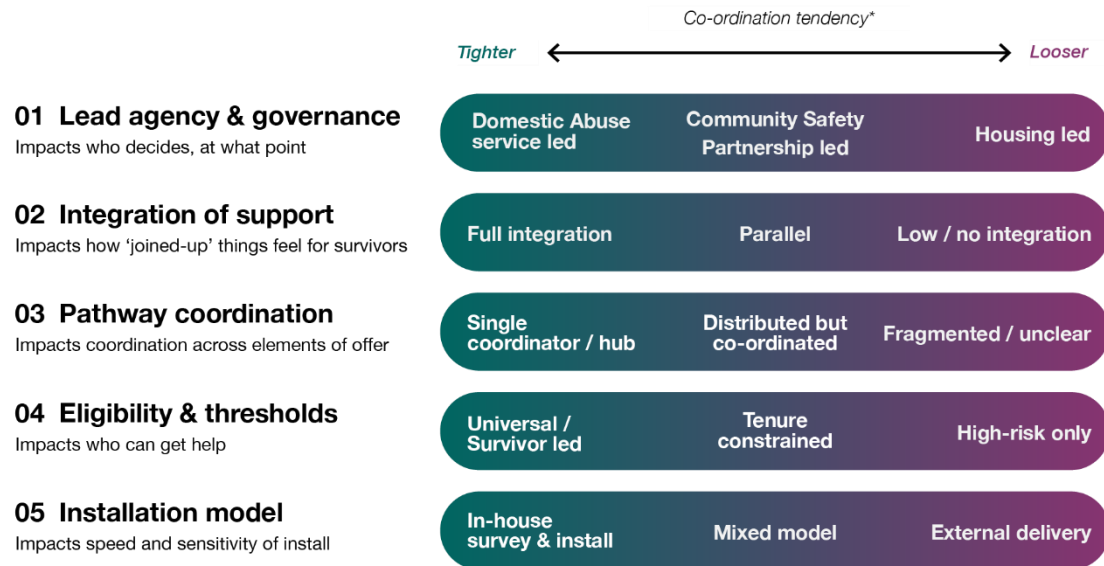
In districts without embedded bridging roles, stakeholders reported that housing teams could be more risk-averse in practice, with a tendency to default to safe accommodation options rather than recommending staying put, particularly where they felt less confident about the risks associated with survivors remaining at home. Funding arrangements also constrained scalability: support delivery was funded through Part 4, while measures were intended to draw on district Homelessness Prevention Funds that were described as slow or difficult to access in some areas, contributing to bottlenecks and unsustainable workarounds (including the provider covering costs for some security measures).

## **Dimensions around which delivery models varied**

Across case study areas, there was also wide variation in models of delivery, with implementation differing systematically across five key operational dimensions (see Figure 1). These were shaped by historic delivery choices, legacy sanctuary scheme arrangements and the role of individual local champions and decision-makers, as well as by the other local contextual factors outlined above. Together, these

dimensions describe how areas organised delivery differently to meet the same aims, including the extent of alignment between support and security measures.

**Figure 4.1: Local models differ across five dimensions**



\* Effectiveness depends on local enablers

## LEAD AGENCY – WHERE PRIMARY OPERATIONAL LEADERSHIP SITS

This dimension concerns who holds day-to-day operational control of the offer, with areas typically either domestic abuse service-led, housing-led or, more rarely, community safety-led. Lead agency matters because it shapes referral routes, day-to-day delivery practices, the integration of support with measures and how survivor-centred the offer feels in practice. For example, in those areas where the offer is housing-led, then there may be more direct linkage with local repairs teams, who install security measures. Conversely, where the offer is domestic abuse service-led, then there may be closer integration with wider support offers. Which organisation leads depends on local commissioning decisions, council structure (unitary or two-tier), and housing context (e.g. the extent to which control of stock/repairs sits within the council, with local stock-holding councils more likely to take leadership). Whatever the lead, a critical issue is how other elements of expertise that may not sit within the lead organisation are integrated. For example, domestic abuse-led offers need reliable housing and/or repairs input, whereas housing-led offers need to bring in strong advocacy/safety-planning.

### **Measures/support configuration**

This dimension concerns the degree to which measures and support are packaged and delivered as a single survivor-facing offer. At one end, areas deliver a single,

commissioned package in which measures and support are planned together, scheduled through the same pathway and recorded in a shared plan. In the middle, concurrent delivery means distinct teams install measures and provide support but do so through agreed handoffs and shared information, so the elements remain visibly connected. At the other end, low/no configuration treats measures as a standalone service with separate signposting to support that survivors must navigate themselves. Positioning on this dimension influences how joined-up the experience feels for survivors (see [Section 3](#) Survivor Experiences).

### ***Pathway coordination and multi-agency structure***

This dimension concerns how agencies organise roles, coordination and governance to move survivors into sanctuary schemes in an effective and timely way. Models varied from those anchored by a single individual or hub taking responsibility for coordination, to those with distributed responsibility across agencies but high trust, strong working relationships and shared systems, to those with unclear arrangements where roles and handoffs were not consistently defined. This dimension is closely linked to timeliness of delivery and the coherence of survivor experiences. What's feasible here is shaped by existing multi-agency working arrangements, geography (with greater distance/time burden in rural and multi-district settings), and coordination arrangements (e.g. shared referral forms). Although Part 4 requires Tier 1 authorities to convene a multi-agency Local Partnership Board (LPB) to inform strategic functions such as needs assessments, strategies, commissioning and monitoring for support in safe accommodation, they were not raised in case study interviews as forums coordinating actual day-to-day sanctuary scheme delivery.

### ***Installation model***

This dimension concerns how areas assess properties and deliver security measures, including who undertakes each step, how work is scheduled and how quality and safety are assured. In practice, installation models varied along a spectrum from in-house survey and installation provided by local authority housing teams across all tenures, through to hybrid models that combine different teams or organisations at different stages or across different cases according to tenure, to fully externalised delivery through commissioned providers or contractors. The model chosen influences both the speed and reliability of delivery and the relational experience for survivors, particularly whether visits feel trauma-informed and whether there is continuity between assessment, installation and wider safety planning.

In-house models were often described as faster and more controllable, with greater scope for consistent trauma-informed practice and for installation visits to reinforce safety planning. Hybrid models (typically involving a mix of council teams, housing associations, contractors and, in some cases, police input) can combine specialist strengths but also increase the risk of delay or inconsistency unless coordination and standards are strong. Fully externalised models can support scale and flexibility, but

place greater weight on commissioning, contractor vetting and oversight to ensure sensitive, safe practice. The installation arrangements adopted in each area reflected local housing contexts, including whether authorities retained housing stock and in-house repairs capacity, how funding routes for authorising works were structured, and the role and responsiveness of local housing associations and landlords.

Within any given area, the installation model tended to vary across cases according to tenure. Whilst in some rare cases, local authority housing teams had been set up to deliver measures even amongst survivors in the private rented or owner-occupied accommodation, more commonly delivery outside of the public sector relied on private contractors. In areas with housing association accommodation, delivery was always passed on for delivery by those organisations.

### ***Eligibility and accessibility***

Access to sanctuary schemes is shaped by two related but distinct considerations: eligibility and accessibility.

Eligibility refers to the local criteria used to determine whether sanctuary schemes is an appropriate option for a survivor (for example risk thresholds, whether the perpetrator is no longer resident and any requirements linked to police reporting or engagement with support).

Accessibility refers to whether, once a person is eligible, the sanctuary scheme offer can be delivered in practice in a timely and consistent way. This includes factors such as the availability of installers, clarity of referral pathways, the ability to secure permissions and the ability to authorise and access funding for security measures (see [Section 6.4](#) for more details on common tenure and legal barriers). Many of these accessibility constraints (for example tenure, permissions, legal context, funding routes and capacity) can arise across different delivery models. What varies across areas is how effectively these constraints are anticipated, managed and mitigated through local processes and partnership arrangements.

Survey findings (Table 4.1) suggest that sanctuary schemes are widely available, with over three quarters of 107 survey respondents (76%) indicating survivors of all risk levels can access sanctuary schemes. A smaller proportion indicated more restrictive criteria, with 8% limiting provision to high-risk survivors and 13% to only those at high or medium risk. Open-text responses provided further detail around eligibility, whereby one area considered whether individuals were 'vulnerable adults', another limited provision to 'survivors assessed as medium risk' and another was looking to expand their eligibility criteria to include those considered as medium risk rather than high risk only. The survey findings also indicate that nearly three quarters of the surveyed local authorities offer sanctuary schemes to individuals with different tenure types, including owners in their own home (65%), in privately rented accommodation (74%) and in social housing (65%).

Qualitative case studies similarly showed variation in their eligibility criteria. Some areas offered universal/all-risk approaches, where decisions were survivor-led but informed by advice from Independent Domestic Violence Advisers and other specialists. Others had only high-risk-only thresholds (often aligned to Multi-Agency Risk Assessment Conference prioritisation), with some places requiring police reporting or engagement with domestic abuse support. Although there was no evidence of areas systematically screening out high-risk cases, the extent to which an individual could be at risk from further perpetrator actions was an important part of joint-decision making between Independent Domestic Violence Advisers and survivors.

**Table 4.1: The eligibility and accessibility to sanctuary schemes grouped by the type of provision offered across surveyed local authorities.**

	Security measures and ongoing domestic abuse support (n = 57)	Security measures only (n = 24)	Other (n = 24)	Don't know (n = 2)	All provision types (n = 107)
<b>Risk Eligibility</b>					
<b>All risk levels</b>	84% (48)	63% (15)	71% (17)	50% (1)	76% (81)
<b>High risk of harm only</b>	4% (2)	17% (4)	8% (2)	0% (0)	8% (8)
<b>High and medium risk of harm only</b>	11% (6)	21% (5)	8% (2)	0% (0)	12% (13)
<b>Don't Know</b>	0% (0)	0% (0)	4% (1)	50% (1)	2% (2)
<b>No risk level selected</b>	2% (1)	0% (0)	8% (2)	0% (0)	3% (3)
<b>Tenure Accessibility</b>					
<b>Owner/ occupiers living in their own home</b>	72% (41)	58% (14)	54% (13)	1% (1)	65% (69)
<b>Private rented sector tenants</b>	70% (40)	63% (15)	58% (14)	1% (1)	74% (79)
<b>Social housing tenants</b>	72% (41)	63% (15)	50% (12)	1% (1)	65% (69)
<b>Other</b>	4% (2)	8% (2)	12% (3)	0% (0)	7% (7)
<b>Don't Know</b>	0% (0)	0% (0)	4% (1)	0% (0)	1% (1)

*Note: The survey question was multiple choice (select all that apply) and covered both risk levels and tenure types. To support the report narrative, responses are presented separately within the same table where risk levels are presented as independent categories (although "Other" could be selected in addition to these), and tenure types are presented as multiple choice options. Where multiple options were selected for risk categories, the most encompassing category was used. "Other" responses were categorised based on whether the accompanying open text referred to risk level or tenure. For the single respondent recorded as selecting 'Don't know' for risk in this table, additional selections for tenure suggest uncertainty related to risk level only.*

Separately, accessibility constraints were most evident in relation to tenure and implementation arrangements. Private rented sector cases were more likely to be delayed or not progressed due to barriers such as landlord consent, willingness to fund or action measures and legal constraints such as joint tenancy or the absence of protective orders (see [section 6.4](#)). Accessibility also depended on whether housing associations followed through consistently for their tenants, with some evidence that those going through Domestic Abuse Housing Alliance (DAHA) accreditation were likely to have embedded domestic abuse expertise, have processes in place to respond to requests from local authorities or domestic abuse services and act rapidly to install security measures, such as lock changes. In addition, some areas - particularly in two-tier structures - described barriers where responsibility and budgets for security measures sat with district councils or housing providers and were difficult or slow to access, creating bottlenecks even when support funding was available through Part 4.

However, the case studies also showed that tenure barriers were not fixed, with some areas introducing measures to help reduce friction. Common enablers included having a dedicated coordinator or specialist housing role to manage permissions and keep cases moving, providers taking responsibility for contacting landlords directly (rather than relying on survivors), close working relationships with housing associations that prioritised installations as standard for their tenants and, in some instances, the use of alternative measures that did not require landlord consent or interim security options to maintain momentum while permissions were pursued (see [section 6.4](#) for more detail). Where these mechanisms were in place, broader eligibility was more likely to translate into consistent access across tenures. Where they were absent, tenure and funding constraints more often produced exclusions or delays in practice.

The survey findings further indicate that eligibility and accessibility may differ depending on whether the local authority offered a full sanctuary scheme provision (combining security measures and support) compared to security measures only (see Table 4.1). In areas that offered a full provision, a greater proportion offered sanctuary schemes to all risk levels and survivors with different tenure types.

Importantly, where specialist or multi-agency risk assessment indicated that remaining at home could not be safely supported, not progressing a sanctuary scheme reflected an appropriate safeguarding decision rather than an accessibility failure.

## **Variation in delivery approaches**

Across areas, delivery tended to cluster around three distinct 'types', each reflecting different clusters of the above dimensions. These types describe common patterns and, in some cases, fit very closely to on the ground delivery within a given area. In other areas, delivery was more mixed or changeable and could therefore sit between

models. Two of these approaches/arrangements, 'integrated' and 'parallel', represent different ways of organising the integration of support and security elements, each with their own potential strengths and tensions in relation to effective delivery. Both of these models rely on coordination for effective delivery. What differs is how coordination is managed (centralised in integrated models or distributed in parallel model) and how exposed each pathway is to delays or duplication when coordination weakens.

The third type, described here as 'fragmented', was observed in areas where there was less intentional coordination, and worse survivor experiences as a result.

This section sets out each of these types in turn, providing some examples of how it relates to each of the five dimensions, and the resulting strengths and tensions in relation to delivery. It also notes where context, for example local multi-agency working arrangements, two-tier coordination, rural coverage, landlord/tenure mix or where budgets and authority sit, amplifies or constrains achievements. Whilst these represent different potential arrangements, in reality delivery was often more complex and areas could sit somewhere between these, depending on local practice.

## **INTEGRATED TYPE**

In integrated models, sanctuary schemes run through a single, coordinated pathway so survivors experience one joined-up offer, with support as the main entry point and security measures planned alongside safety planning. When this model works well, survivors have one plan and a clear point of contact. The main pressure point is practical: timely delivery of security installations. Where installation capacity or processes are weaker, cases can be agreed quickly but installations can lag behind.

**Lead agency.** Day-to-day operational leadership sits with a single coordinating function, most commonly a commissioned domestic abuse service, though in some areas it can sit within the local authority (for example, a domestic abuse housing specialist/coordinator). The model typically has a strong focus on advocacy and trauma-informed practice. It relies on having reliable housing, repairs and installation input built into the pathway through clear agreed processes (for example named contacts, agreed authorisation routes and turnaround times), even where these functions are delivered by separate teams or providers.

**Measures/support configuration.** Security measures and specialist support are planned and scheduled as one joined-up offer. Survivors experience one coordinated conversation that covers both home security and wider safety needs, with installation visits aligned to safety planning rather than sitting apart from it.

**Pathway coordination and multi-agency structure.** Coordination is centralised, with a single hub or coordinator holding the pathway end-to-end, tracking progress and managing handoffs so cases do not stall between agencies. Multi-agency

forums (e.g. Multi Agency Risk Assessment Conference) can feed into the pathway by identifying and prioritising cases, but are not the only route in.

**Installation model.** Survey and installation may be delivered in-house by internal local authority repair staff or through a small, known set of contracted providers operating to agreed standards. This can support faster turnaround and more trauma-informed visits, though delivery can be stretched in large or dispersed geographies if installer capacity is limited (see [Section 5.2](#) for more detail on installation).

**Eligibility and accessibility.** Eligibility policies tend to be broad and survivor-choice oriented, with appropriateness determined through risk and safety assessment. Accessibility issues can still arise, but integrated models are more likely to manage them through a single end-to-end coordinating individual or agency and may be supported by service-led landlord engagement and strong working relationships with housing providers. Where these mechanisms are weaker or capacity is limited, otherwise eligible cases can still face delay or non-delivery.

## **REDCAR AND CLEVELAND CASE STUDY**

*Redcar and Cleveland provide an example of an effective integrated sanctuary scheme model. Referrals for support and/or sanctuary schemes are made to the commissioned domestic abuse service which leads on the provision of both these aspects. While Independent Domestic Violence Advisers or support workers lead on support, the sanctuary coordinator within the service takes forward the security aspect of sanctuary scheme referrals including organising the property survey by the Crime Prevention Officer in the police, coordinating with housing associations and contractors and checking in with survivors. During the property survey, the Crime Prevention Officer undertakes further safety planning with the survivor regarding their home environment particularly around issues such as exterior entry risks which may not be picked up in a phone call, complementing the safety planning conducted by support workers or Independent Domestic Violence Advisers.*

*Installation is undertaken by trusted contractors or by housing associations for their own tenants. The domestic abuse service has long-standing relationships with housing associations, leading to the prioritisation of sanctuary installations as standard by housing association staff and staff with experience of the process and interacting with survivors. Interviewees working in the council or housing associations did not mention a formalised agreement for this work. Participants working within Redcar and Cleveland frequently cited that having a dedicated sanctuary coordinator within the domestic abuse service supported effective delivery of sanctuary as the coordinator understood the whole process and had adequate capacity to ensure any challenges could be addressed.*

## **PARALLEL TYPE**

In parallel models, security measures and specialist support are delivered by separate teams but are closely coordinated so the survivor experience still feels joined up. When it works well, this allows depth and specialism on both sides, with each team focusing on what it does best. Like integrated models, effective coordination is critical. However, rather than being held mainly through a single hub, coordination relies on clear handoffs, shared tracking and strong coordination between the support and installation strands. Where these mechanisms are weak, survivors are more likely to experience duplication (for example repeated assessments), delays due to slower authorisations and uncertainty about who is responsible for the next step.

**Lead agency.** Leadership does not sit with any one agency: the support strand (typically a domestic abuse service) and the security/installation strand (often housing or community safety) each hold clear day-to-day control for their part. Coordination is achieved through close working relationships and handover/cross-referral mechanisms, ideally supported by co-working arrangements such as co-location, shared inboxes or case-tracking systems, routine joint triage and case reviews, and joint home visits.

**Measures/support configuration.** Security measures and support run as two strands that are both trauma-informed. Typically, survivor support is led by domestic abuse services, who can help integrate security measures into an overall advocacy and support plan.

**Pathway coordination and multi-agency structure.** Coordination is achieved through practical operating arrangements across separate teams rather than a single coordinating hub. In the case studies, cross-working was typically underpinned by agreed referral routes (for example a shared form and inbox), routine information-sharing through safeguarding structures (such as Multi-Agency Safeguarding Hubs and Multi-Agency Risk Assessment Conferences), and day-to-day co-working practices (co-location where possible, named contacts, shared tracking and regular joint problem-solving). These arrangements were sometimes aligned with wider domestic abuse safe accommodation strategy, but interviewees more often described them as bottom-up operational pathways built through relationships, local leadership and shared processes.

**Installation model.** Typically managed by housing or community safety partnership teams and usually delivered through internal local authority staff, with some reliance on housing providers and commissioning of external contractors (for private housing). There is generally some awareness of trauma-informed practice.

**Eligibility and accessibility.** Eligibility is often broad in principle, with availability across risk levels and tenures, but accessibility depends on how effectively the two strands can jointly manage common delivery constraints (for example, permissions and legal context). In parallel models, this is done through clear handovers, shared case tracking and agreed escalation routes so that when constraints are resolved (for example landlord consent is secured or works are authorised), the installation strand can re-engage quickly without the survivor needing to re-enter the system.

Where these coordination mechanisms are weaker, otherwise eligible cases are more likely to stall, be duplicated or drop out between strands.

## **BLACKPOOL CASE STUDY**

*Blackpool provides a strong example of a well-enabled parallel model, where security measures and wider domestic abuse support are delivered by separate teams but coordinated closely enough that the pathway is designed to feel joined up for survivors.*

*The security and installation strand sits within a community safety function through a proactive Home Safety Check offer, with in-house officers undertaking assessment and fitting measures (often in the same visit) and providing on-the-door reassurance and practical safety advice alongside installation. In parallel, specialist domestic abuse support (including Independent Domestic Violence Advisers provision) continues through the commissioned support service, providing ongoing safety planning, emotional support and advocacy, with practitioners describing strong day-to-day communication across the strands. Coordination is supported by mature multi-agency working arrangements, including co-location and routine involvement in safeguarding forums such as Multi-Agency Risk Assessment Conferences and Multi-Agency Safeguarding Hub (MASH), alongside shared information practices and a “no wrong door” culture that helps referrals move quickly from disclosure to action.*

*This combination of clear role separation and tight coordination was repeatedly associated with rapid response times, a positive and coherent survivor experience where feedback reinforces the service, feelings of elevated safety amongst survivors and strong confidence among partners in the offer, including perceived benefits in deterrence and evidence capture where video doorbells are used.*

## **FRAGMENTED TYPE**

In fragmented arrangements, different elements of provision are split and poorly connected. As a result, survivors and domestic abuse services do more chasing across agencies, assessments may be repeated and installations can feel transactional. Gaps and delays undermine safety and confidence. This is not an intentional model but arises when coordination and other enabling factors have not been intentionally thought through or aligned.

**Lead agency.** Operational control is diffused or contested with no single organisation holding responsibility for the end-to-end pathway. Responsibilities overlap or fall between teams and decisions can lack clear owners, meaning that cases are passed around the system.

**Measures/support configuration.** Security measures are delivered as a stand-alone activity, with support treated as separate and often left for survivors to pursue through onward referral. Because there is no shared plan or single case

owner linking the two strands, installation visits rarely connect to safety planning and survivors may receive inconsistent messages about what security measures or support they are eligible for and what will happen next.

**Pathway coordination and multi-agency structure.** Coordination is fragmented or unclear, featuring multiple entry points, undocumented handoffs and limited visibility of progress. Referral losses, duplication and delays may occur, especially between agencies.

**Installation model.** Delivery is uneven depending on where it lands, with ad hoc contractor use, limited oversight of landlord permissions, and variable trauma-aware practice. Scheduling and quality assurance are inconsistent, and bottlenecks or delays can occur because no single team is responsible for driving progress.

**Eligibility and accessibility.** Although eligibility may be broad in policy, fragmented arrangements are less able to turn eligibility into access in practice because constraints are not actively managed through clear ownership and coordination. This means tenure, consent and legal barriers are more likely to result in delays or non-delivery and uneven access across tenures and local areas. There was also some evidence of areas using risk-level as a reason to reject applications, despite having no specific policy around risk levels.

## Implications

1. **Recognise and communicate that delivery approaches are shaped by local context and set expectations accordingly.** Geography, housing tenure mix and landlord consent, existing multi-agency maturity, council structure (unitary vs two-tier) and funding/staffing capacity all materially influence what areas can deliver and how quickly. This should be reflected in guidance and communications by setting outcome-focused expectations (e.g. coherent survivor experience; timely delivery; joined-up support and security) while avoiding “one size fits all” prescriptions about organisational form.
2. **Position integrated and parallel as two legitimate approaches and articulate the enabling conditions for each.** Integrated models can deliver a more seamless, trauma-informed experience but depend on reliably embedding housing repairs and installer capacity alongside specialist domestic abuse support. Parallel models preserve specialist depth but rely on strong coordination so survivors experience a coherent offer. Neither is a universal gold standard. The key determinant of effectiveness is whether support and security operate as a joined-up pathway from the survivor’s perspective.
3. **Frame fragmented arrangements as a delivery risk that areas should identify and address.** Where coordination is weak, gaps and delays undermine safety and confidence and place the burden on survivors (and Independent Domestic Violence Advisers) to chase progress. The evidence suggests that there is a role for MHCLG in encouraging areas to identify and

leverage signs of fragmentation (e.g. unclear ownership, stalled handoffs, repeated referrals, inconsistent follow-up) as prompts for improvement, and to describe in strategies and protocols how they will maintain coherence across agencies and teams.

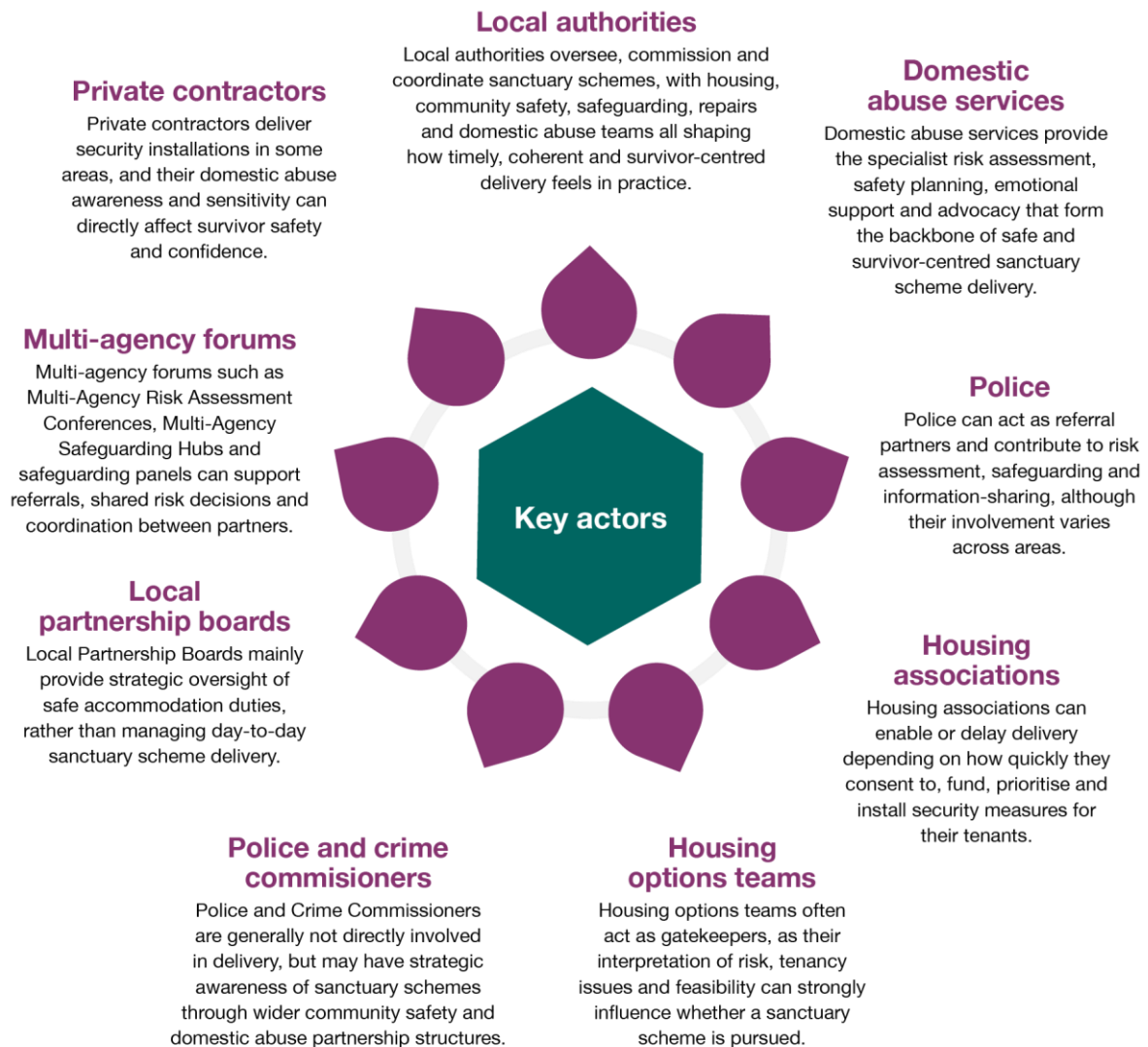
4. **Coherent delivery depends on a small set of minimum features, regardless of approaches.** Stronger arrangements typically include: a named operational owner (with escalation routes), deliberate partnership between housing and domestic abuse services, and defined coordination mechanisms (clear handoffs and shared visibility of case progress). These should be reflected as minimum expectations in guidance so areas can self-assess approach strength.
5. **Encourage areas to align funding responsibilities with their delivery approach so that support and security are experienced as a single offer in practice.** Findings highlight that support and security are often funded through different routes, which can create delays and uneven offers if not actively managed. The evidence highlights a role for MHCLG in supporting clearer local articulation of how funding routes will be coordinated to deliver a coherent survivor experience regardless of the local approach.
6. **Acknowledge and address the heightened coordination challenge in two-tier systems.** The report shows that when strategy and commissioning sit at county level while installation decisions and landlord relationships sit with districts, patchwork practice and variable timeliness can result. The importance of joint protocols and agreed decision-making across tiers should be emphasised, including how consistency will be maintained across districts.
7. **Eligibility and accessibility are distinct: eligibility defines who is in scope, while accessibility determines who can actually receive the offer in practice.** Even where eligibility is broad, accessibility can be constrained by tenure and landlord consent, local thresholds (e.g. risk, recency, income, No Recourse to Public Funds status), capacity bottlenecks, gatekeeping and inconsistent application by staff. The findings suggest that there is a potential role for MHCLG in encouraging areas to identify where accessibility gaps emerge (including by tenure and, in two-tier systems, by district) and to actively mitigate them through strengthened housing provider and landlord routes, clear escalation for blocked cases, and survivor-facing coordination/advocacy so eligible survivors are not excluded in practice.

### 4.3 The role of different actors and multi-agency working

This section describes how different actors shaped sanctuary scheme delivery. Across all case study areas, the roles of individual agencies differ depending on the delivery model, local history and partnership culture. However clear patterns emerge in how different agencies shape referrals, assessments, installation, support and survivor experience. Local authorities generally hold commissioning and day-to-day operational responsibilities; domestic abuse services

provide the specialist, trauma-informed core of support; police are involved in referrals and risk management; housing associations and private contractors impact how well and quickly measures are installed; while multi-agency panels such as Multi-Agency Risk Assessment Conference can act as central hubs to facilitate multi-agency coordination. This is summarised in Figure 3.

**Figure 4.2: Roles of different actors involved in the delivery of sanctuary schemes**



## Local authorities

The survey findings presented in Table 4.2 indicate that, although it was most common that the council’s housing department (33%) or a specialist domestic abuse service (21%) was responsible for delivering sanctuary schemes, there was diversity across local authorities. Where survey respondents selected “other”, it was commonly reported that either the county council, an external commissioned

provider or multiple agencies working together (including police, county council, housing associations and external agencies) were responsible for delivering the sanctuary scheme.

**Table 4.2: Survey results indicating who, within the local authority, is perceived as responsible for delivering the sanctuary scheme.**

Who is responsible for delivering the sanctuary scheme?	Percent of Local authorities (n = 107)
The council's housing department	33% (35)
The council's community safety department	12% (13)
The council's adult social care department	1% (1)
Another department at the council	8% (9)
Specialist domestic abuse service	21% (22)
Registered social landlords	2% (2)
Police	3% (3)
Other, please specify	19% (22)

Across the case studies, multiple teams within local authorities were involved in delivering or facilitating sanctuary schemes, often with different roles, priorities and levels of coordination. This included domestic abuse commissioning teams, housing options/homelessness prevention officers, safeguarding teams, community safety partnerships, domestic abuse strategic leads, repairs/maintenance teams, tenancy teams and wider corporate services. This internal complexity was a major factor shaping how coherent, timely and survivor-centred sanctuary schemes felt in practice.

Commissioning responsibilities sat with local authorities in all areas, though the extent of active oversight varied depending on the strength of leadership (see [Section 6.1 Leadership and organisational culture](#) for more detail).

Housing option teams often acted as gatekeepers for those approaching the council to request housing assistance in relation to domestic abuse. Their interpretations of risk, tenancy issues and feasibility can strongly influence whether a sanctuary scheme was pursued. Some teams had a tendency to 'default' to refuge or temporary accommodation rather than use sanctuary schemes, particularly where housing teams led the scheme. This reflected both workload pressures and a statutory homelessness lens rather than a "safe to stay at home" approach. While sanctuary schemes were considered, some housing officers believed that there was inadequate staff capacity for them to visit individual houses to complete property surveys. They also noted a lack of expertise in whether someone would be safe at home or what measures would be helpful, leading to a risk-averse approach to sanctuary scheme referrals. Another consideration was that, by the time survivors contacted housing teams, they were sometimes already hoping to move meaning a sanctuary scheme was no longer appropriate.

*"Housing officers would not feel comfortable making referrals to [sanctuary schemes], I don't think any of the housing officers here would feel comfortable enough to sort of say yes, it's safe for them to stay [...] we'd need that from the police." - Housing officer*

In some cases, reliance on police or domestic abuse services to determine if a sanctuary scheme was appropriate could lead to delays or overly cautious decision-making if such staff were not available when initially in contact with the survivor. Relationships with services varied considerably from collaborative to strained, shaping how the housing option teams engages with sanctuary schemes.

Housing repairs or maintenance teams sometimes played a role in delivering security measures, with their responsiveness and sensitivity directly affecting survivor experiences (see [Section 5.2](#)).

In two-tier local authorities, Tier 1 authorities held statutory responsibility under Part 4, including undertaking the needs assessment; developing the domestic abuse safe accommodation strategy; and commissioning domestic abuse support. Meanwhile, Tier 2 authorities delivered housing functions, including homelessness prevention, housing options and, in some cases, installation of security measures. This created a gap between strategy and operations (see [Section 4.2](#)). Districts with strong joint relationships with services tended to have increased understanding of domestic abuse risk and buy-in to sanctuary schemes. In some cases, county commissioners established coordination structures to bridge the gap, however these mechanisms did not always resolve inconsistencies in district decision-making or capacity. Overall, two-tier dynamics contributed to a fragmented delivery landscape, where survivors' experiences depended heavily on the district they approach, the strength of their local domestic abuse infrastructure and whether mechanisms exist to translate Tier 1 strategy into Tier 2 operational practice.

## **Domestic abuse services**

Domestic abuse services played a central role across all areas, providing risk assessments, safety planning, emotional support and advocacy that shaped how safe and supported survivors felt when receiving sanctuary schemes. However, the service's formal role varied by model. In fragmented systems, domestic abuse services often played a compensatory role, chasing referrals or advocating where local authority processes were unclear. Regardless of their role, services often acted as the key point of continuity for survivors, supporting them to understand what a sanctuary scheme could offer and how to use security measures, navigate housing or police processes and manage digital and community-based risks.

Capacity and commissioning models were a key factor in shaping what domestic abuse services could offer. Inconsistent district practices in two-tier models and high demand in general could create pressure on services. Where services were not commissioned to support sanctuary schemes directly and were involved on an ad-hoc basis, their formal involvement in delivery was reduced. This undermined coordination, resulting in referral processes being less clear. In contrast, in some areas domestic abuse services led and coordinated the sanctuary scheme overall as outlined in the Redcar and Cleveland case study.

The specialist risk assessments and holistic support delivered by Independent Domestic Violence Advisers or support workers was often the most trauma-informed and survivor centred component of sanctuary scheme delivery, particularly where other partners had limited expertise around domestic abuse. This support extended beyond safety planning to include emotional and psychological support, navigation of legal remedies, advocacy with housing and police, children's support (where available), digital safety, signposting, and practical help using installed measures (see [Section 5.1.2](#)). Domestic abuse services provided the emotional, relational and specialist backbone of sanctuary scheme delivery. Where they were well-integrated, sanctuary schemes felt more holistic and survivor centred. However, where integration was weak, the offer could feel fragmented or transactional.

## **Police**

The police also were a key source of referrals for sanctuary schemes. However, their involvement in delivery was more varied. Generally, where involved in delivery, police acted as a partner in risk assessments and safeguarding. In one area, police were strongly integrated into Community Safety Partnerships and Multi-Agency Risk Assessment Conference/Multi-Agency Safeguarding Hub arrangements, enabling rapid decision making and information flow. In other areas, survivors and domestic abuse services reported variable safeguarding responses, and police sometimes directed survivors back to housing or domestic abuse services rather than progressing sanctuary scheme referrals. Across most areas police did not routinely install security measures as part of sanctuary schemes, though they sometimes retained an active role in property surveys (see [Section 5.2](#)). In some areas with weaker coordination, police delivered ad-hoc security measures outside of formal sanctuary schemes to cover the gap left by fragmented service.

Police involvement was not always viewed positively by survivors. Some feared escalation while others were reluctant to engage due to previous experiences with the police. This included ineffective communication with survivors and not responding to breaches of bail conditions or legal orders. This sometimes affected whether sanctuary schemes were taken up where police were a required gateway or reporting was part of the eligibility criteria for sanctuary schemes. Survivors who were unable to access sanctuary schemes also described negative experiences with police (as described in [Section 3.2](#)).

## **Housing associations**

Housing associations' involvement in sanctuary scheme delivery varied considerably across areas. In areas where housing associations hold a large share of local housing stock, they often played a significant role in sanctuary scheme delivery and were sometimes the primary decision-maker for both consent for proceeding with the scheme and installation of works. Their willingness to prioritise, fund and facilitate security measures could greatly influence both access and timeliness for survivors. For example, in an area with an integrated model, housing associations were strong enablers: they routinely funded and installed security measures for their tenants, prioritising and working closely with the Sanctuary Coordinator. This aligned with the housing association's strategy regarding tenants who experienced domestic abuse, providing housing association safeguarding leads, who oversaw sanctuary scheme delivery, with buy-in from other housing association staff to ensure the process proceeded efficiently.

Policy and practice related to domestic abuse could vary across housing associations within the same area, leading to divergent approaches to sanctuary schemes. While some providers were cooperative, others could decline or delay certain measures due to cost, internal policy or limited capacity. Housing associations that were more active regarding domestic abuse reported a growing pressure to provide services for their residents, due to a lack of capacity elsewhere in the system. Housing associations could act as key enablers or bottlenecks as their approach to funding, repairs prioritisation and domestic abuse-informed practice directly affected whether sanctuary schemes felt timely, coherent and safe for survivors.

## **Private contractors**

Private contractors and organisations played an important operational role in several areas, particularly where local authorities outsourced the installation of security measures. In some areas, private contractors were used to install measures in private rented sector or owner-occupied properties while in-house council repair teams delivered measures for council-owned properties. The contractors used varied from larger providers delivering across multiple regions to small local contractors.

Domestic abuse knowledge among external contractors was seen to differ across areas, providers and individuals. Some private providers had strong awareness and

training around domestic abuse. In contrast, in places where contractors were not trained in domestic abuse dynamics or lacked coordination with specialist services, survivors reported: missed or poorly timed appointments; contractors arriving without warning or at unsafe times; limited understanding of how installations intersect with risk; and insufficient sensitivity to survivors' needs. Contracting arrangements therefore introduced a further layer of variation: specialist domestic abuse aware providers can support smooth and sensitive delivery, while general contractors without such training pose risks to survivor safety and confidence.

## **Multi-agency forums**

Multiagency forums such as Multi-Agency Risk Assessment Conferences, Multi-Agency Safeguarding Hubs and local safeguarding panels played an important role in sanctuary scheme delivery in some areas, influencing referrals, risk decisions and coordination between partners. For example, in one area, sanctuary schemes were deeply embedded in Multi-Agency Risk Assessment Conference and Multi-Agency Safeguarding Hub processes, enabling rapid referrals, shared risk information and strong multi agency coordination. In other areas, there was inconsistency in whether Multi-Agency Risk Assessment Conferences were involved in sanctuary scheme referrals and whether actions were followed up. Across case study areas, local partnership boards were not mentioned as playing a role in sanctuary scheme delivery. More widely, multi-agency working including factors such as co-location, regular communication and trust impacted how streamlined sanctuary scheme cases were. Multi-Agency Risk Assessment Conferences and similar panels could facilitate sanctuary schemes through coordinating agencies and flagging cases for referral. However, this depended on how well sanctuary schemes were embedded and the strength of relationships.

## **Local Partnership Boards**

Across the case studies, Local Partnership Boards were mentioned infrequently and, where they did feature, they were described mainly as part of the strategic governance around support in safe accommodation rather than as a day-to-day delivery forum for sanctuary schemes. Interviewees did not generally point to Local Partnership Boards as shaping operational sanctuary pathways directly, and Local Partnership Boards were not commonly cited as the place where installation delays, tenure issues or cross-agency handovers were resolved in practice. When Local Partnership Boards were discussed, it was typically in terms of their role in oversight and consultation around Part 4 duties, through informing needs assessment and strategy, supporting commissioning decisions and reviewing delivery at a system level.

## **Police and Crime Commissioners**

In case study areas, Police and Crime Commissioners were generally not directly involved in sanctuary scheme delivery or oversight. However, they had an awareness of sanctuary schemes through oversight boards such as community

safety partnerships and Local Partnership Boards. Despite marginal involvement, police and crime commissioner staff valued sanctuary schemes, noting that they were an important option to allow survivors to stay in their homes.

## Implications

- 1. Clarify ownership, roles and coordination across sanctuary schemes.**  
Reflecting on the features of effective delivery identified in chapter 4.2 Models of delivery, local authorities should identify a clear operational lead for sanctuary scheme delivery, responsible for coordinating the end-to-end pathway, including referrals, assessments, installation, support and follow-up. Commissioning and partnership arrangements should specify the roles of housing teams, specialist domestic abuse services, police, housing providers, repairs teams, contractors and multi-agency forums. This should include expectations for trauma-informed delivery, safe communication, timely installation and escalation where cases are delayed. This is particularly important in two-tier areas, where mechanisms are needed to connect Tier 1 strategic responsibilities with Tier 2 housing and operational functions. Strengthening role clarity and coordination would help ensure that sanctuary schemes are delivered as a coherent safety and support offer, rather than a fragmented set of separate interventions.
- 2. Strengthen the role of Local Partnership Boards.** Local Partnership Boards should review needs assessments and strategies, scrutinising whether commissioning arrangements deliver sanctuary schemes that include both support and security. Local Partnership Boards can also play a role in identifying barriers in delivering sanctuary schemes across housing, domestic abuse services and community safety partners, and they can support in monitoring variation across districts and tenures. In two-tier areas, Local Partnership Boards could connect county-level strategic responsibility with district-level housing and operational delivery, helping to reduce within-system variation.
- 3. Improve visibility of sanctuary schemes within housing pathways so that remaining safely at home is actively considered where appropriate.**  
The research found that housing teams can play a gatekeeping role in whether sanctuary schemes are considered. In some cases, practice appeared to default towards refuge, temporary accommodation or relocation, rather than routinely considering whether a survivor could safely remain at home with enhanced security measures and specialist support. Therefore, the evidence suggests that there is a role for MHCLG in supporting the visibility of sanctuary schemes within housing options, by ensuring that housing officers consider sanctuary schemes where safe and appropriate at the point when survivors first present with domestic-abuse related housing or safety needs, alongside clear routes into specialist domestic abuse risk assessment so that decisions are not made solely through a housing lens.
- 4. Set clearer expectations for housing associations as key delivery partners in sanctuary schemes.** Housing associations should be recognised as central to sanctuary scheme access and delivery where they own or

manage survivors' homes. Their decisions about consent, funding, repairs prioritisation, safeguarding and domestic abuse policy can directly affect whether survivors receive timely and effective support. Local authorities should involve housing associations in local sanctuary scheme protocols, commissioning arrangements and partnership forums, with clear expectations around timely consent for works, funding responsibilities, safe repairs processes, staff domestic abuse awareness, information sharing and escalation routes. This would help reduce variation between providers and ensure survivors' access to sanctuary schemes is not dependent on the policy, capacity or willingness of an individual landlord.

5. **Strengthen integration between housing, specialist domestic abuse services and community safety partners so that sanctuary schemes are delivered as a coordinated safety and support offer, rather than a set of separate interventions.** Survivors had better experiences where specialist domestic abuse services were closely integrated into sanctuary scheme delivery and were able to provide risk assessment, safety planning, advocacy and emotional support alongside physical security measures. Effective sanctuary scheme delivery requires structured coordination between housing, domestic abuse teams and services, police, community safety partnerships and, where relevant, Multi-Agency Risk Assessment Conferences or Multi-Agency Safeguarding Hubs. This should include clear routes for specialist domestic abuse input before decisions are made, mechanisms for rapid information sharing, and joint processes for resolving cases where risk, tenancy status, consent or installation responsibilities are contested.
6. **Ensure repairs teams and private contractors are trained and expected to deliver safely and sensitively.** Installation partners can either enable or undermine sanctuary scheme delivery. Their responsiveness, domestic abuse awareness and ability to communicate safely with survivors directly affect survivor confidence and safety. Local protocols and contracts should therefore include expectations for in-house repairs teams and external contractors, including safe appointment-making, confidentiality, sensitivity to risk, timely completion of works and routes for escalation where installation is delayed or concerns arise. Where contracts cover installation only, commissioners should set out how these providers will work alongside specialist domestic abuse support to deliver the sanctuary scheme approach in full.

## 5. Delivery and Implementation

This section explores how sanctuary schemes are delivered and operate in practice, building on the delivery models and roles set out in the previous section to examine how these arrangements translate into day-to-day implementation and, in turn, shape survivor experiences.

It begins by examining the key relationship between security measures, support and safety planning, highlighting how each of these elements contribute to effectiveness and how they together interact to form the core of the sanctuary scheme offer ([Section 5.1](#)). It then sets out the core delivery processes and pathways through sanctuary schemes, from referral and assessment through to installation and follow-up, identifying the different considerations for delivery and where variation in implementation can affect timeliness, coherence and overall experience ([Section 5.2](#)).

Together, these findings provide a detailed picture of how sanctuary schemes function in practice, highlighting both the elements that support effective delivery and the points at which challenges and inconsistencies can arise.

### 5.1 Security, support and safety

This section considers how security measures, support and safety planning interact to produce an effective sanctuary scheme offer. Evidence across the case studies suggests that physical measures are rarely effective as a stand-alone intervention; rather, they work best when embedded within trauma-informed support that helps survivors navigate risk, build confidence and sustain safety over time. Support typically provides the organising framework for sanctuary schemes, shaping engagement, assessment and decision-making and ensuring that the installation of measures reinforces wider safety planning. Within this, the security offer varies but generally falls into three functional categories: (i) portable or self-install items that can be provided quickly; (ii) property-based target-hardening and repairs; and (iii) deterrence/visibility and evidence-capture tools, particularly video doorbells. Safety planning connects these elements by translating risk and survivor preferences into practical routines and responses and is most effective when aligned with the timing and content of installation (see [Section 5.2](#)).

#### **The relationship between support, security and safety**

As discussed in some detail in previous sections, support and security measures are interdependent. In practice, support is commonly the route into measures, in that Independent Domestic Violence Advisers and domestic abuse practitioners introduce the option, explain what's possible and help survivors accept, use and benefit from installations. Some areas make engagement with support a precondition. However, even where it is not formalised, practitioners consistently stress that safety measures

alone rarely work well for survivors. Survivors echoed this finding, noting that security measures forming a part of wider support was crucial to effectiveness compared with the processes running separately.

*“It is not just about being safe, it’s about them feeling safe and about their moving forward and their recovery” - Domestic abuse service*

Safety is the unifying thread connecting support and security. Here, safety can be said to consist of three elements:

- Physical safety (locks, lighting, doorbells, alarms)
- Emotional safety (predictable, domestic abuse-aware conduct, reliable appointments, low-stress visits)
- Psychological safety (a restored sense of control, stability and agency at home)

Survivors repeatedly emphasised that the ways in which people speak and work with them, for example, being believed, receiving clear explanations or being offered time to practise with security measures, was as important as what is installed (see Chapter 3 for more detail on survivors’ outcomes). As such, where survey/installation visits include reassurance and simple safety coaching, the visit itself functions as support. Conversely, when delivery is transactional or poorly timed, survivors can feel unsettled or less safe. The supportive delivery of measures helps survivors integrate devices into daily routines, plan for escalation and understand legal/housing/policing options, improving their confidence rather than feeling that they must project manage their safety alone.

Local models of delivery shape how support and security interact. Integrated models (e.g. domestic abuse or coordinator-led) tended to treat measures as one component of a holistic safety response, with security and support delivered seamlessly and emotional safety foregrounded. Parallel models tended to employ trauma-informed practice during the installation of measures by experienced installer and rely on tight joint-working between installation teams and Independent Domestic Violence Advisers to ensure the wider support journey feels joined up. Where support and measures are well aligned, survivors report greater confidence and stability. Fragmented arrangements may have the same measures on paper, but elements feel disconnected so that installations lack support and support does not have visibility of measures, leaving survivors feeling less safe and chasing multiple agencies.

Crucially, specialist support can play a vital role in helping survivors to emotionally integrate the physical measures, enabling them to process any emotions associated with staying at home, manage anxiety triggered by devices/lights, rehearse how and when to use alarms/doorbells, embed measures into daily routines and link them to wider decisions related to rehousing, court or contact with children.

## Support as the foundation of sanctuary

Across areas, when sanctuary schemes are working well, domestic abuse service-led support tends to provide the underlying 'holding environment' for survivors. Independent Domestic Violence Advisers and specialist domestic abuse practitioners are the constant in a multi-agency pathway: they hold the primary relationship with survivors, validating experiences, coordinating with housing/police/courts and providing stability. All of this is often valued by survivors more than any specific device or security measure. Advocacy and support strengthen emotional and psychological safety, anchor survivors through the process and ensure measures are not just installed but understood and used confidently within a wider plan for safety and recovery.

The support provided as part of a sanctuary scheme is typically led by Independent Domestic Violence Advisers, tailored to the individual and multi-faceted. It can include:

- Legal assistance (e.g. support with application for non-molestation orders, occupation orders, court support, connections to legal advisors)
- Advocacy with social housing teams, housing associations or private landlords
- Individual counselling and group support, education or recovery programmes
- Children's support measures and counselling programmes
- A general point of contact for emotional and practical support

Whilst such support was typically provided directly by Independent Domestic Violence Advisers or others within domestic abuse services, some elements could also involve GPs, social care, police, council staff, Early Years workers, children's services, schools and specialist charities for specific services.

The survey findings presented in Table 5.1 demonstrate that the support offer is broad across local authorities. As the question was multiple choice, the 83 local authorities that reported providing ongoing domestic abuse support (alongside security measures), were able to select several options and often reported providing multiple forms of support. Ensuring survivors had access to support from a range of necessary services, through referrals or signposting, was delivered by most (86%) of the local authorities, counselling or therapeutic support was offered by the least number of local authorities (35%) and just over half (55%) reported that they also provided support for children and young people who live in the household. Open-text responses indicate that "other" forms of support included: access to the types of support listed but delivered through other services within the local authority or by external agencies not specific to the sanctuary scheme (7%); access to an Independent Domestic Violence Adviser or domestic abuse-trained specialist (3%); follow-up support (1%) and access to all types of support listed (1%).

**Table 5.1 The percentage of surveyed local authorities that provide different forms of support to recipients of a sanctuary scheme.**

Offer of support	Percent of local authorities (n=107)
Referral or signposting to other services	86% (71)
Advice on housing options and legal rights	81% (67)
Advocacy with housing providers or landlords	72% (60)
Initial safety planning advice only at point of installation	71% (59)
Ongoing safety planning and risk assessment	70% (58)
Emotional support for the survivor	69% (57)
Support to access benefits debt advice or financial assistance	66% (55)
Cultural or language specific support	61% (51)
Support with criminal or civil justice processes (e.g. attending court obtaining protective orders)	58% (48)
Support for children and young people in the household	55% (46)
Practical support to help with facilitation (e.g. moving furniture or belongings)	46% (38)
Counselling or therapeutic support	35% (29)
Other	20% (17)
Don't know	6% (5)

Independent Domestic Violence Advisers and support workers were highlighted as a key strength of support, particularly when the staff member remained the same over time. Their role in supporting clients, taking proactive action and providing a welcoming and empathetic stance was valued highly by survivors. Survivors noted that individual attitudes of staff could vary, with those displaying care for their clients leading to survivors feeling more comfortable and the sanctuary scheme having a larger positive impact. Other aspects of support which were identified as working well included referring survivors to other relevant services when needed while ensuring the survivor did not become overwhelmed, support for children fitting around schooling so other children were not aware of the situation, as well as strong joint working and involving those with specialist knowledge where appropriate, for example around stalking.

However, survivors identified several challenges with support or areas that could be improved. Some survivors did not receive any formal support associated with sanctuary schemes, instead having to identify their own sources of support which was challenging as they were not sure what they needed or what was available. One survivor reflected on the burden this placed on them:

*“Whilst I would have liked to have had help, I didn’t know what help I needed at the time. Looking back, having to navigate myself through this process was quite a lot.”*

*- Survivor*

It was noted that complex service websites could be off-putting in these cases with some survivors relying on existing relationships with those working in the sector to identify what help they needed. Others found their Independent Domestic Violence Adviser did not mention sanctuary schemes, requiring them to pursue an alternative route to access the scheme (see [Section 3.2](#) for more detail on experiences of survivors who did not receive a sanctuary scheme).

A number of cross-agency challenges were also identified. Poor coordination between agencies such as the police and domestic abuse services sometimes led to miscommunication or survivors receiving inconsistent advice. Limited remits of Independent Domestic Violence Advisers within some domestic abuse services led to survivors feeling under-supported during specific times such as court proceedings. Survivors noted there was sometimes a limited understanding of different forms of domestic abuse such as manipulation, digital abuse and abuse from a distance amongst police, domestic abuse services and council staff working with those receiving sanctuary schemes, leading to increased challenges in accessing suitable support.

Additionally, survivors reported some challenges in accessing support services. This included income or location-based eligibility, gender-specific charities leaving male survivors with few options and some charities requiring certain processes such as court proceedings to finish before a survivor could access their services. In general, it was noted legal support seemed to be an afterthought and providing it as standard by domestic abuse services would be beneficial.

*“I think the critical support that I found lacking was legal advice.” - Survivor*

## **Security measures**

Across the case studies, security measures were seen as a core component of sanctuary schemes, but there was limited evidence of areas working to a consistently applied, shared set of standards to guide which measures are installed. Instead, day-to-day choices were shaped by a combination of local feasibility and delivery conditions (including installer capacity, tenure and permissions, and the policies and practices of housing providers and contractors) and locally embedded assumptions about what sanctuary schemes are primarily trying to achieve (for example, rapid reassurance, physical fortification, deterrence or breach evidence). Additionally, property condition was a key consideration where older properties were more likely to need more measures to ensure security. In one case, a new-build property was assessed as not requiring additional security measures. The survivor noted that having someone confirm this provided reassurance.

As a result, measures were rarely delivered as a single fixed package. Within individual cases, offers were typically tailored by risk, survivor preferences, perpetrator behaviour (including whether keys may still be retained), property characteristics and what could be delivered quickly and safely. At the same time, there was clear variation across areas in the balance of measures most commonly prioritised: some local offers leaned more heavily on rapid, portable items that can be deployed immediately; others placed greater weight on property-based target-hardening delivered through housing repairs routes; and others more routinely incorporated deterrence and evidence-capture tools. The sections that follow group the measures described across areas into three broad (often overlapping) functional categories to illustrate the main types of provision observed in practice.

### **SELF-INSTALL OR PORTABLE REASSURANCE ITEMS**

Self-install or portable reassurance items include personal alarms, alarmed door wedges, clip-on window alarms and in some cases self-install video doorbells. These items do not require a full survey or physical changes to the home and can therefore be provided rapidly and directly by domestic abuse services, alongside safety planning and emotional support, without the engagement of specialist repair to provide immediate control and feelings of confidence for survivors.

Whilst providing some reassurance, these measures leave the property vulnerable to entry by the perpetrator if they retain keys. As such, they are often combined with physical alterations to the property, although in practice challenges around the coordination of contractors could mean that sometimes only self-install items were provided.

### **PHYSICAL ALTERATIONS TO THE PROPERTY**

Physical ‘target-hardening’ measures include changes to door and window locks, the installation of window restrictors, jammers, tamper stickers or alarms; bolts or chains

for doors; security lighting; fire-retardant letterboxes; reinforcement bars or upgraded doors; and basic-communal area fixes (e.g. ensuring that shared doors lock properly).

Many of those involved in delivery had heard of panic rooms (a reinforced, lockable room or space inside a home designed to give someone a temporary safe place to shelter and call for help during an incident, sometimes called sanctuary or safety rooms). However, these are now very rarely provided, reflecting considerations around cost, practicality and suitability (they are not seen to be suitable for installation in most homes) and how such measures interact with wider safety, accessibility and emergency escape arrangements within the home.

Survivors described lock changes as providing significant relief for those who had been worried about perpetrators entering the property. However, in communal housing situations, lock changes to shared entrance doors were sometimes deemed to be unworkable as everyone in the building would require new keys.

### **DETERRENCE, VISIBILITY AND EVIDENCE-CAPTURE MEASURES**

These are measures designed to increase visibility and capture of evidence, including video camera doorbells, perimeter lighting and in a minority of areas, CCTV.

These measures are typically installed by the same teams carrying out physical alterations to the property. Used as part of a package, they serve two roles: visible deterrence to reduce approaches and evidential capture to support enforcement.

In some areas, video doorbells are treated as a core tool, with footage frequently used to evidence breaches and reinforce protective orders. Feedback in these areas from domestic abuse services, police and local authority staff all reinforced the importance and effectiveness of video evidence.

*“Having the video doorbells has been an integral part... assisting the criminal proceedings... you can't deny someone's physically there when you've got a recording.” – Domestic abuse service*

However, in other areas concerns around compliance with data protection requirements, including questions of data ownership, storage, access and retention, were acting as a barrier to adoption of video doorbells, particularly where devices could capture communal areas or neighbouring properties. Some also flagged a risk of the technology increasing anxiety rather than providing reassurance for survivors, especially if settings provide frequent notifications. Finally, concerns were also raised around subscription costs associated with some devices. Some survivors described concerns about not being able to receive video doorbells, particularly for those experiencing repeated breaches of non-molestation orders or similar conditions where cameras would have facilitated evidence collection.

*“They can also raise people’s anxiety... every time someone walks past... now they can have 24-hour access to staring at their screen, panicking about who’s outside.” -  
Installer/contractor*

Notably, in those areas where video doorbells were being extensively used, consideration had been put into these issues, including close discussions with teams responsible for data privacy compliance and the sourcing of cameras that do not require a subscription and only capture data to memory cards to address privacy concerns.

## **SURVIVOR PERSPECTIVES**

Survivors’ experiences of security measures varied widely depending on their individual circumstances. Some participants felt the measures were helpful and nothing was missing, sometimes noting they would not have been able to afford any security measures themselves. Video doorbells and door alarms to alert the survivor if someone was outside or trying to enter the property were seen to be especially valuable as they could provide survivors with additional time to call the police or escape as well as providing evidence of incidents.

In other cases, survivors had mixed experiences of measures. This included feeling the quality or extent of measures available as part of the scheme was limited. This issue was sometimes seen to be exacerbated at the end of the financial year, with a perception that limited remaining budget reduced the measures available to the survivor. To address this, on an ad-hoc basis, measures which were not usually provided as security measures, including door handle alarms and personal alarms, were sourced separately by domestic abuse services.

At times, longer-term functionality of measures was not adequately considered. This included window alarms. While they were recognised as a useful safety tool, they would sometimes go off due to vibrations within the household and be visible from outside the house leading to concerns about the neighbours’ views of the measures. Another challenge was inadequate explanation around certain measures, particularly those requiring maintenance. In one case, the requirements for replacing alarm batteries were not mentioned while in another the maintenance and emergency number for the installed alarm system was a premium-rate number, significantly impacting the participant’s phone bill.

Finally, accessibility concerns were not always adequately addressed, particularly where local authorities appeared to take a ‘one-size-fits-all’ approach to security measures. For example, deaf survivors experienced significant challenges in getting shake-awake fire measures installed as part of their sanctuary scheme, requiring significant persistence to secure these. More broadly, the wider knock-on impacts from security measures were not always fully considered. Some measures while providing a sense of safety, also made more difficult to escape in emergencies such as fire or flooding. Similarly, some alarmed measures were not suitable in

practice, for example due to the noise being overwhelming for neurodivergent children in the household.

While measures were generally seen to provide reassurance, some participants reported that they were also anxiety-inducing. This was because they could act as a reminder of the abuse while in the home and could appear intimidating once installed. Additionally, some survivors noted that the measures may impact how those around them, such as friends or neighbours, view them, particularly where measures were larger (such as home alarm boxes) or visible from outside the property, leading to concerns about stigma or worrying their social networks.

## **Safety planning**

Safety planning is the structured, risk-focused element of sanctuary schemes that turns risk assessment and survivor preferences into practical actions for day-to-day safety at home, online and in the community. It sits alongside specialist support: support provides ongoing advocacy, stabilisation and navigation of systems, while safety planning sets out practical routines and responses, including how to use security measures safely and confidently.

In practice, safety planning typically covers: routines inside and outside the home (entry and exit patterns, travel to school or work), property-specific tactics (sight lines, lighting and reducing easy access points), and safe use of installed measures (locks, doorbells, alarms, notifications and recording settings). Digital safety is also routinely part of planning across many areas. Stakeholders described digital risks including device settings, location sharing, stalkerware-type threats, passwords, shared accounts, social media use and the safe use of doorbells/alarms/cameras. Some survivors noted that personal safety applications (for example, HollieGuard) were recommended as part of planning. These tools were described as reassuring by some survivors when outside the home, while others expressed concerns about having location-based tools on their phone regardless of safeguarding measures. Where relevant, plans also incorporate children's routines and contact arrangements, and link to wider legal and system levers such as protective orders and police flags so escalation can be anticipated and acted on.

Who leads safety planning varies by delivery approach. In integrated arrangements, specialist domestic abuse workers (e.g. Independent Domestic Violence Advisers) often lead planning and may align it closely with survey or installation. In parallel models, installers may provide practical guidance on using devices safely, with wider safety planning led by the support worker. In fragmented arrangements, responsibility is less clear and planning is less likely to be tailored to the measures being installed, with some survivors left to identify measures or manage risk with limited guidance.

Effective safety planning is timely and dynamic, revisited when risks change (for example following an incident, changes to bail conditions or court dates). It is tailored to the household and property rather than checklist-driven, includes hands-on

practice and clear scripts for what to do and who to contact in the event of a breach. Common constraints mirror wider delivery pressures: when installers and support are disconnected, there may be limited time to practise or tailor device settings; tenure, permissions and legal context can delay or narrow options; and follow-up after installation is often limited, leaving survivors without support to adjust routines or settings over time. Where police led elements of planning, some survivors described gaps in communication and limited attention to forms of abuse such as digital or image-based abuse, requiring survivors or support workers to follow up.

Overall, safety planning is the link that helps survivors use measures confidently, reduces reliance on ad hoc coping strategies and provides a clear escalation route as risks evolve.

## Implications

1. **Strengthen support and safety planning provision** as core parts of sanctuary schemes, not add-ons. Security measures were most effective at creating safety and most trusted when embedded in ongoing, trauma-informed support and practical safety planning close to installation. The evidence highlights that there is a role for MHCLG in reinforcing that sanctuary schemes should include specialist domestic abuse support, tailored safety planning and clear escalation routes, not only security measures. Safety planning should cover physical, emotional, psychological and digital safety, including the safe use of doorbells, alarms, cameras, location-based apps and other connected devices. It should also be revisited when risk changes, for example after breaches, court dates, changes to bail conditions, or changes in perpetrator behaviour.
2. **Adopt a baseline framework for security measures, installation process and decision-making to help improve consistency.** The research found substantial variation in both the measures offered and the way they were delivered. Local authorities should adopt a baseline framework that sets out the minimum-security offer that should be considered within sanctuary schemes, alongside principles for tailoring measures to risk, survivor preference, property type, tenure, perpetrator behaviour, accessibility needs and household circumstances. This should not operate as a rigid fixed package, but as a consistent decision-making framework that helps local authorities avoid both under-provision and one-size-fits-all responses. It should also include minimum expectations for the installation process, including domestic abuse-aware conduct, predictable scheduling, safe communication, clear explanations, time to practise using devices and attention to emotional and psychological safety during visits. This would help lift consistency across areas while preserving the flexibility needed to respond to individual circumstances.
3. **Build follow-up, maintenance and aftercare into sanctuary schemes provision.** Installation should not be treated as the end point of delivery. Survivors may need support after measures are installed to understand how to use devices, adjust settings, replace batteries, troubleshoot problems,

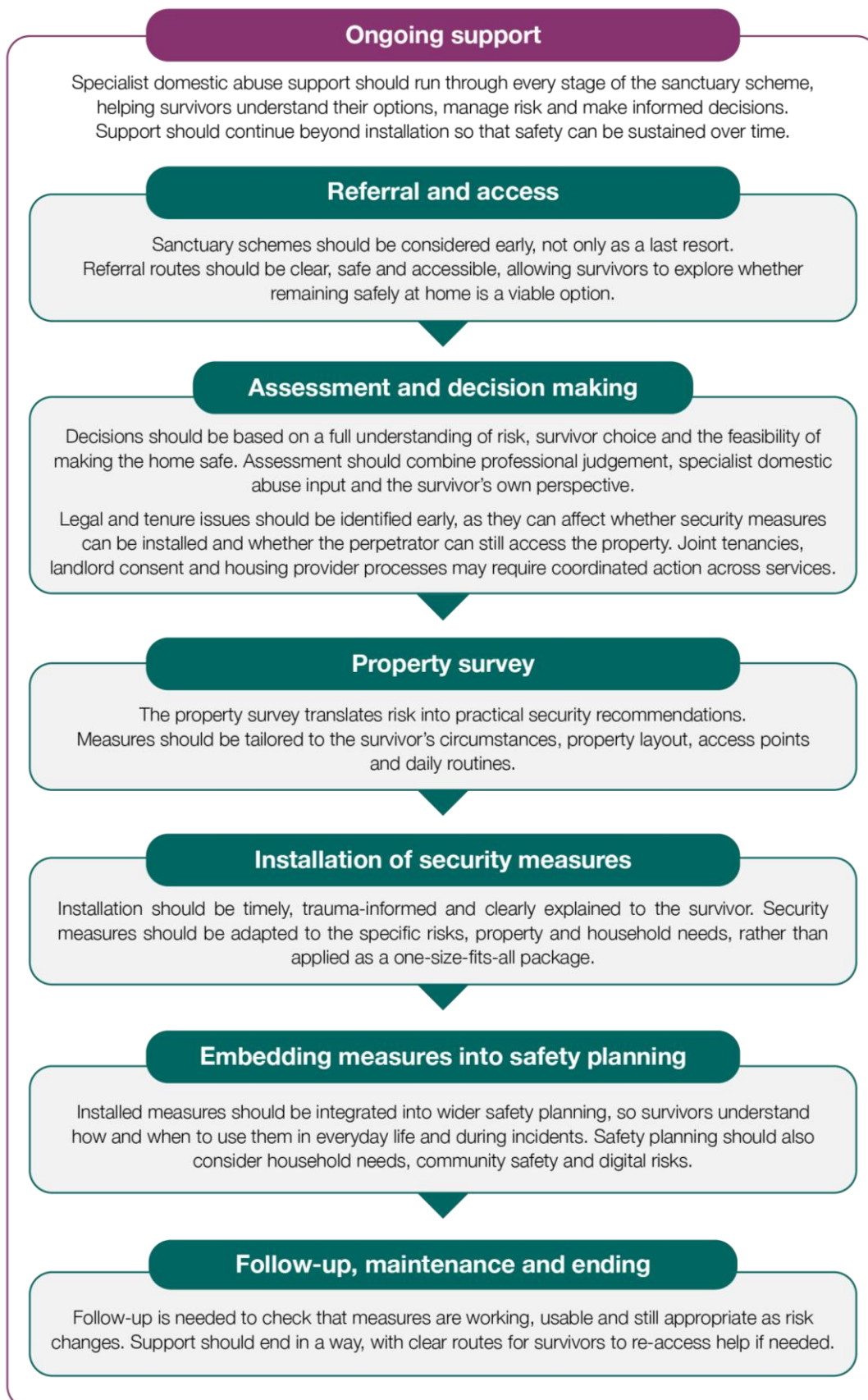
manage anxiety triggered by alarms or cameras and revisit safety plans as risks change. Therefore, sanctuary schemes should include a defined follow-up and aftercare process, including a post-installation check-in, clear information about maintenance responsibilities, accessible routes for repairs or replacement and non-premium contact routes for urgent problems. Aftercare should also include checking whether measures remain suitable in practice. For example, alarms may be distressing for neurodivergent children, visible measures may create stigma or anxiety, and some devices may have unintended implications for fire safety, accessibility or escape routes. A structured follow-up process would help ensure that measures continue to support safety and confidence rather than becoming unusable, burdensome or anxiety-inducing.

4. **Provide guidance around the use of video doorbells.** Some areas treat doorbells as a core part of their offer and key to deterrence, whereas others currently limit or avoid their use due to concerns about data protection. The evidence suggests that there is a role for MHCLG in providing practical guidance to support safe and proportionate use of these technologies in order to reduce local uncertainty and support more consistent, survivor-centred decision-making.

## 5.2 Core Delivery Processes

Survivors experience sanctuary schemes as a sequence of delivery steps, from referral and assessment through to installation, follow up and support ending, see Figure 5.1. The quality, coordination and timeliness of these steps vary considerably across areas, shaping survivor's experiences. Well integrated and domestic abuse informed systems create clear pathways, resulting in faster delivery and improved feelings of security and emotional safety for survivors. In contrast, fragmented arrangements can produce delays and inconsistent decision-making processes, often requiring survivors or support workers to chase progress or self-advocate for action, reducing overall feelings of safety.

**Figure 5.2: Flow chart of core delivery processes**



## Referral pathways

Across the case study areas, survivors entered sanctuary schemes through multiple routes, including police and other statutory agencies, domestic abuse services, and, in some areas, self-referral. These access routes differed in how visible, formalised and easy to navigate they were. Domestic abuse service referrals were usually made by an Independent Domestic Violence Adviser or support worker through an established pathway. Self-referral was more uneven: some areas offered dedicated online access, whereas others relied on personal or professional connections to identify the right contact.

For survivors, referral into the sanctuary scheme was typically the first point at which the delivery process was explained. From survivors' perspectives, where this worked well, it included (i) proactive domestic abuse service staff who recognised need accurately and completed relevant referrals, (ii) clear and effective referrals routes and (iii) accessible options for initiating a referral. For example, a deaf survivor noted that online self-referral worked well for them. For referrers, a single-entry point to the scheme and a strong referral hub (or centralised access point through which sanctuary scheme referrals were received, triaged and coordinated, linking housing, domestic abuse services and support teams) provided clarity, enabled consistent practice and seamless cross-referral to other forms of support. Survivors also benefitted from such coordination as they could access necessary support without having to navigate the system themselves or make repeated referrals.

In some areas, pathways were less unified. Referrals could pass through a range of separate teams rather than flowing through a dedicated referral pathway or hub. This contributed to inconsistent understanding of thresholds and eligibility by referrers, duplicated referrals or in some cases, referrals being lost within multi-team systems. Additionally, survivors described inconsistency in access across areas, noting that they were not offered a sanctuary scheme in their previous local authority despite it being available and the survivor having contacted multiple agencies. As a result, survivors could go without support, be passed between teams or be discouraged from pursuing the scheme even when they were eligible and would have benefitted from the intervention. Sometimes, there were also delays due to restrictions on who could receive a sanctuary scheme: for example, one survivor had to wait until an occupation order had been put in place before the referral could be made as they held a joint tenancy with the perpetrator. During this period, the survivor noted they felt unsafe and it would have been helpful if some measures were available in the interim. Survivors noted that increased public awareness of sanctuary schemes would be positive as it would reduce reliance on professionals, instead enabling individuals to proactively ask for it.

Overall, centralised access points helped maintain momentum after initial contact. They reduced the risk of survivors being passed between agencies, made thresholds clearer for referrers, and linked survivors earlier to wider support. Where pathways were less unified, survivors were more likely to experience delay, duplication or uncertainty about whether their case was progressing.

## **Assessment, decision making and property surveys**

Assessment and decision-making formed the point at which agencies determined whether remaining safely at home was appropriate, what level of risk was present and what package of support and security measures was needed. Decisions were informed by standardised risk tools, professional judgement, property surveys and survivor preference, but the balance between these elements differed across areas.

When assessing risk, most local authorities used standardised forms of assessment such as the Domestic Abuse, Stalking, and Honour-based violence (DASH) risk assessment. Although police were regularly involved in conducting the initial risk assessments, domestic abuse practitioners typically reviewed the assessments and applied their own expertise, recognising that dimensions of coercive control, patterns of escalations and feelings of emotional safety are less well captured by standardised tools.

Survivors' decisions about whether to proceed with the sanctuary scheme were shaped primarily by two considerations. First, the importance they placed on remaining in their homes. Avoiding having to move was particularly important for survivors with specific housing or practical requirements, including accessibility needs, proximity to essential services, pets or children whom they did not want to uproot. Second, whether survivors felt that additional security measures would provide reassurance and peace of mind. This was especially important in cases where the perpetrator's behaviour was unpredictable, or where they continued to spend time near the property (see [Section 3.1](#)).

Property surveys were a central step in determining what safety measures were needed and feasible. However, who carried out the survey, and how it was approached, differed substantially across the case study areas. There was no agreed definition of what a property survey should include, or the necessary competencies required by surveyors. The level of domestic abuse awareness among surveyors varied, as did the level of technical skill when assessing property vulnerabilities.

The absence of any shared standard across areas meant there were varying interpretations of what a survey was intended to achieve. In some areas, surveys were primarily technical assessments of property vulnerabilities, while in others they were used as a more holistic safety conversation. The latter approach allowed surveyors and domestic abuse workers to explore how safe the survivor felt, how the perpetrator might approach or access the property and how any recommended

measures would fit within a wider safety plan. In some cases, surveys were not conducted at all, with the process moving directly from referral to installation of pre-determined measures.

Staff responsible for conducting the surveys varied across areas and included crime prevention officers, council staff, police, community safety partnership staff, and joint visits between domestic abuse services and council staff. Where a dedicated surveyor within housing services visited alongside a specialist domestic abuse worker, they could produce balanced assessments that combined technical knowledge with survivor centred safety planning. When surveys were completed by contractors or housing operatives, their domestic abuse awareness and approach to risk varied, leading to inconsistent or less tailored recommendations.

Across the study, domestic abuse services stressed the importance of their involvement, even when they were not the primary surveyor. Their role included preparing survivors for visits, ensuring appointments were scheduled safely, linking recommendations to the wider safety plan and identifying patterns of perpetrator behaviour that technical staff might overlook. Where this link was missing, survivors felt less supported and survey recommendations were often less tailored to the specific risks they faced.

Survivors highly valued when surveys were conducted promptly after referral and when their needs were considered. This included surveyors taking time to understand and account for their experience when recommending measures and explaining the process and security measures clearly. For example, in one area, the crime prevention officer was described as providing valuable expertise about security measures while providing survivors with autonomy about what measures would be helpful. Where property surveys were not conducted and security measures were pre-determined, survivors noted they felt excluded from decision-making and some measures they wanted were not provided. However, professionals noted that sometimes such measures were not feasible, as discussed in more detail below. This highlights the importance of working with survivors to ensure they feel safe following the installation of measures.

## **Installation**

Installation was the stage of delivery at which the sanctuary scheme became tangible and meaningful for survivors. As such, installation practices, including the conduct of the installers, contributed directly to feelings of safety for survivors. Some survivors noted feeling uncomfortable or daunted by the idea of unknown men entering their home. This was generally eased by the installer providing reassurance, being empathetic and explaining the process of installation clearly. Overall, survivors viewed installation most positively when installers were predictable, empathetic and domestic abuse-aware: arriving when expected, explaining what they were doing, checking survivors' preferences and giving them time to practise using the equipment. These features helped reduce anxiety and made the installation feel like

part of a wider safety response rather than a purely technical visit. Additionally, survivors appreciated when contractors took a collaborative approach to installation, consulting with survivors about where they wanted certain measures and whether they still wanted the measures. In this sense, many felt how measures were installed mattered just as much as what was installed.

*“As part of what we do, we’ll also walk around the property with the client, so we’ll point out the good bits... a door with a 5-point locking system is a very secure door... they may be petrified because someone’s been banging on it... so they think it’s a weakness.” Contractor/Installer*

For some areas, installation and property survey took place over one visit. Delivered by domestic abuse aware staff, this approach enabled installers to offer reassurance, provide clear explanations as they worked and help survivors understand how the equipment fits into their overall safety plan. Other areas relied on multi-stage delivery, where a survey was conducted ahead of installation, which could include urgent work, followed by scheduled visits for more specialised measures. In such cases, having the same installer present across visits was appreciated by survivors as it meant there was already a relationship between them and the survivor, reducing stress.

Who conducted installations varied by area, including housing association staff, contractors, police staff and the fire service. Alternatively, some areas provided survivors with measures for them to install themselves. Several local authorities used domestic abuse trained contractors. Where sanctuary scheme delivery was well-coordinated and permissions were well managed, installation could occur within several days following the referral.

In fragmented arrangements, installation was slower and less predictable. Delays often stemmed from contractor availability or unclear responsibilities between teams. Survivors in these areas reported missed appointments, poorly timed visits and limited explanation of equipment. Where delays between referral and installation were significant – sometimes weeks – survivors described feeling unsafe in the interim. When installers were not domestic abuse aware, visits felt rushed or transactional, which increased anxiety even when the measures themselves were installed correctly. In these arrangements, survey and installation were often delivered separately from support, with minimal or no coordination between teams. This could leave domestic abuse support workers, or the survivor themselves, feeling they had to oversee or manage the process independently.

Approaches to gaining landlord consent for works varied across areas. In some areas, survivors contacted their landlord themselves in the first instance with the domestic abuse service only stepping in if there were challenges. In other areas, the installation team contacted the landlord or letting agent directly as standard. Regardless of approach, landlord permissions were a common challenge to installation, as detailed in [Section 6.4](#).

## Follow-up, quality assurance and support ending

A small number of local authorities offered structured follow up periods, but most relied on informal feedback routes through ongoing domestic abuse service support, with limited evidence of systematic monitoring of whether installed security measures continued to function as intended over time.

In areas with strong support relationships, survivors were frequently able to raise any concerns during routine contact with their support worker, who could then resolve issues or escalate them on their behalf. Similarly, in areas with dedicated coordinators for sanctuary schemes, coordinators called survivors following installation to check they were satisfied. In less well integrated systems, these informal feedback loops were weaker. Survivors were sometimes unsure who to contact with maintenance requests or when their circumstances changes. This increased the risk of measures being underused or misused, and in some cases contributed to heightened anxiety or stress.

Processes for ending the sanctuary scheme also varied. In most cases, this referred not to the removal of security measures, which typically remained in place, but to the ending of formal support, such as advocacy or ongoing contact with domestic abuse services. How this transition was managed was largely shaped by the wider support offer.

In integrated systems, ending of the support element of the scheme was often soft and flexible, and survivors were given clear instructions on how to re-engage if risk escalate. In the most fragmented pathways, endings were abrupt or unclear, leaving survivors uncertain about whether work was complete or who they could return to. Given the limited formal quality assurance, unclear endings created further risk, especially if issues later emerged that survivors did not know how to report. In such situations, survivors noted a period of transition or clearer communication around the ending of support would have been helpful as they were sometimes left without support while stressful processes such as court proceedings were ongoing. Survivors felt that it should be their choice to decide when support ended, rather than an ending being imposed by the service.

## Implications

1. **Treat sanctuary schemes as a coordinated pathway, not a set of tasks.** Sanctuary schemes work best when referral, assessment, property survey, installation, support, safety planning and follow-up are delivered as a connected, domestic abuse informed pathway.
2. **Strengthen referral ownership and cross agency clarity.** Local authorities should have a clear and well-understood route into sanctuary schemes, with an identified lead or coordination function responsible for triaging referrals, progressing cases, avoiding duplication and ensuring survivors are not missed. All agencies involved in the delivery of the scheme, including housing

teams, domestic abuse services, police, safeguarding teams and housing providers, should understand eligibility thresholds and referral routes. This would reduce inconsistent access and delays, particularly in more fragmented systems.

3. **Introduce shared expectations for property surveys.** The findings suggest that there is value in adopting a minimum practice standard for property surveys, clarifying their purpose, timing and required competencies to reduce variation. Surveys should not only identify technical security requirements, but also consider domestic abuse risk, survivor preferences, perpetrator behaviour, property layout, accessibility needs and how measures will fit within a wider safety plan. This would reduce variation between areas and help ensure that recommendations are both technically appropriate and survivor centred.
4. **Embed domestic abuse awareness into installation practice.** Installation should be treated as a critical survivor-facing stage of sanctuary scheme delivery, not simply a technical task. Local protocols and contracts should set expectations for predictable scheduling, safe communication, trauma-informed conduct, clear explanations and time for survivors to practise using equipment. This is particularly important where installers are contractors, repairs staff or other non-specialist workers. A domestic abuse-informed installation process can increase survivor confidence, while rushed, poorly timed or transactional visits can undermine feelings of safety.
5. **Provide reliable routes for raising issues after installation and ensure survivors understand when support is ending.** Create simple and consistent mechanisms for survivors to report concerns, request repairs or re-engage with support if circumstances change. Survivors valued soft endings and knowing they could re-contact services if risk changed. In contrast, abrupt endings, deactivated equipment without notice, or support ending during court proceedings left survivors feeling unsafe and unsupported.

## 6. Strategic considerations

This section turns from how sanctuary schemes are delivered in practice to the wider strategic, system and structural factors that help shape that delivery. It considers the broader conditions within which local areas are operating, and how these influence the consistency, feasibility and longer-term development of sanctuary schemes.

It begins by examining the strategic inputs that underpin delivery, including funding, commissioning, leadership and workforce capacity, and how these shape the consistency and quality of provision ([Section 6.1](#)). It goes on to explore how sanctuary schemes are positioned within wider housing, homelessness and domestic abuse systems, including their interaction with other forms of provision and the extent to which they are integrated into local pathways ([Section 6.2](#)). It then considers how sanctuary schemes are monitored and understood in practice, including the availability and limitations of data to assess delivery and outcomes ([Section 6.3](#)). Finally, it examines the legal and housing-related factors that influence whether schemes can be delivered in practice, including tenure, landlord consent and the role of legal remedies ([Section 6.4](#)).

Together, these findings highlight the range of factors that shape delivery beyond the immediate service model, showing how local context, system integration and structural constraints influence both the feasibility and consistency of sanctuary schemes in practice.

### 6.1 Strategic inputs and enablers

This section brings together findings on the strategic inputs that shape how sanctuary schemes are designed and delivered in practice. It summarises what the case studies indicate about funding and resourcing, including how different funding sources are typically combined and where resource pressures arise. It considers how Part 4 funding is being interpreted and applied, focusing on where operational realities create misalignment with intended use and where clearer guidance may be needed. The section goes on to explore the role of needs assessment and strategic planning to enable coherent pathway design, including how sanctuary schemes are positioned within local strategies, before examining how these arrangements support consistency, sustainability and the ability to evidence impact in practice. It then turns to two further enablers of consistent delivery: training and workforce development and leadership and organisational culture, drawing out the conditions that support joined-up, trauma-informed practice.

#### **Funding and resourcing**

Across case study areas, sanctuary scheme delivery was rarely underpinned by a single, dedicated funding stream inside local authorities. Instead, funding was typically described as a blended set of contributions spanning (i) domestic abuse

support funding (including Part 4 funding in several areas), (ii) wider homelessness prevention or housing budgets used for security measures, and (iii) in some places, time-limited external grants or partner contributions. In addition, security measures could also be funded by housing associations, where they were delivering these.

This finding is also reflected in the survey results, suggesting that this is typical across the national picture. Table 6.1 shows that respondents commonly draw on multiple funding sources to deliver sanctuary schemes. Of the 57 local authorities that reported providing domestic abuse support as part of their provision (see [Section 4.1](#)), approximately half (49%) reported using Part 4 (domestic abuse duty funding) to fund this element of their sanctuary schemes. This was the most frequently used funding source for support, but the same funding was also used to fund security measures for nearly a quarter (23%) of all 107 respondents that provided security measures. Local authority core funding was used most frequently to fund the security measures (45%) and was the second most frequently used fund for support (33%). A range of other funding sources were also reported for both elements of provision (see Table 6.1).

Among the 19 respondents (18%) that provided open text detail on “other” funding for security measures, the most frequently cited sources were county council funding and the homelessness prevention fund. Additional sources included using wider grant funding (Whole Housing Approach (WHA) pilot funds, Disabled Facilities Grant, other local authority grant money), charity donations, Police and Crime Commissioner funding and asking social landlords to fund changes. This mix reflects the way sanctuary schemes sit at the intersection of domestic abuse support, housing options/homelessness prevention and, in some cases, community safety activity.

**Table 6.1: The percentage of local authorities that used different funding to fund the domestic abuse support (n=57) and security measures (n=107) elements of their sanctuary scheme.**

Funding source	Domestic abuse support: (n=57)	Security Measures: (n=107)
Housing revenue account	9% (5)	23% (25)
Local authorities core funding	33% (19)	45% (48)
Housing associations	4% (2)	16% (17)
Domestic abuse duty funding	49% (28)	23% (25)
Home Office	5% (3)	2% (2)
Police and Crime Commissioner	19% (11)	9% (10)
Other	5% (3)	18% (19)
Don't Know	9% (5)	7% (8)

*Note: This survey question allowed multiple responses (select all that apply), and therefore percentages exceed 100%.*

Across case study areas, different funding sources were commonly used for support and physical measures, although the boundaries between these elements were not always clear-cut in practice. In most cases, Part 4 funding was described as primarily supporting commissioned domestic abuse services (including Independent Domestic Violence Advisers-type support and safety planning), with security measures funded through housing-led budgets such as homelessness prevention funds or landlord/housing provider resources. In these areas, funding responsibility for security measures often varied by tenure, contributing to unevenness in what could be offered and how quickly it could be delivered. In some areas, internal council budgets were used to fund measures in council-owned stock, while for private rented or housing association homes the expectation was that landlords or providers would

pay, which could affect timely access for those outside of council housing. In a minority of case study areas, Part 4 funding was also used to finance security measures, which is described in more detail in [Section 6.1.2](#).

Alongside variation in funding sources, stakeholders also reported resource pressures affecting the consistency of sanctuary scheme delivery. In some places, this reflected very constrained budgets for security measures, which limited the scope of what could be offered and contributed to uneven provision. Elsewhere, pressures related less to the availability of funding and more to capacity constraints. Reductions in specialist capacity and reliance on small delivery teams, within local authority housing or repair teams and within domestic abuse services, could limit throughput and responsiveness even where funding was broadly adequate. In a small number of cases, delivery partners reported covering costs directly to bridge gaps or delays in accessing housing-led funding, raising questions about sustainability.

In terms of absolute costs, stakeholders commonly described typical packages of security measures as costing in the low hundreds of pounds. However, more intensive interventions (such as 'sanctuary room' type adaptations) could increase costs substantially (into the thousands of pounds), which was one reason given for their very limited use.

The survey results, presented in Table 6.2, show that out of 107 respondents, almost two thirds (65%) of surveyed local authorities planned to maintain their current provision over the next 18 months, nearly a quarter (21%) of local authorities planned to expand their provision, no local authorities planned to close their scheme down and 15% were unsure of their plans. Plans to expand provision do not appear to be strongly associated with perceived resource sufficiency, as similar proportions of local authorities across all resource groups report intentions to expand.

**Table 6.2: The surveyed local authorities plans for their sanctuary scheme over the next 18 months, by perceptions of available resources.**

Resource Sufficiency	Plan for Sanctuary over the next 18 months:	Plan for Sanctuary over the next 18 months:	Plan for Sanctuary over the next 18 months:	Resource sufficiency group Totals (n)
	Expand it (n)	Maintain it as it is (n)	Don't know (n)	
To a great extent	27% (6)	14% (10)	0% (0)	15% (16)
To a moderate extent	32% (7)	51% (35)	31% (5)	44% (47)
To a small extent	36% (8)	33% (23)	25% (4)	33% (35)
Not at all	0% (0)	1% (1)	6% (1)	2% (2)
Don't know	5% (1)	0% (0)	38% (6)	7% (7)
Total across all resource sufficiency levels	21% (22)	65% (69)	15% (16)	100% (107)

#### Interpretations of Part 4

Part 4 funding is intended to fund support for survivors of domestic abuse in safe accommodation, including in sanctuary schemes. Statutory guidance frames sanctuary primarily as enhanced physical security measures to the home. Part 4 support can be provided to victims whose home is within a sanctuary scheme.

Evidence from the evaluation suggests variation in how local areas interpret whether physical security measures can be treated as “support” for Part 4 purposes. In most case study areas, physical security measures were described as funded through non-Part 4 routes (for example housing-led budgets, homelessness prevention funding, or contributions from housing providers), with Part 4 primarily aligned to specialist domestic abuse support functions. However, a minority of case study areas - and almost a quarter of survey respondents - reported using Part 4 funding to

purchase and install security measures, effectively treating these measures as a form of support in themselves.

Where Part 4 was used for security measures, interviewees described this as reflecting a view that the installation process (when delivered in a trauma-informed way and closely linked to safety planning) provides reassurance and wellbeing benefits beyond the hardware alone. Others pointed to practical barriers to accessing alternative funds quickly (including slow internal processes or competing budget priorities) as a reason for using Part 4 more flexibly to avoid delays.

Where Part 4 was not used for physical measures, interviewees described substantial variation in the availability and responsiveness of other funding routes, with direct implications for the timeliness and consistency of installations. In some places, clear internal local authority processes (e.g. with internal housing teams) and/or pre-agreed arrangements with external housing partners (such as housing associations) supported quicker authorisation. In others, reliance on multiple signoffs created delay and variation, including within the same area by tenure.

Overall, practitioners expressed a desire for clearer, practical guidance on the circumstances (if any) in which Part 4 funding can be used for security measures, and how to treat the boundary between “support” and “physical measures” in a way that supports timely delivery and consistent local decision-making.

## **Needs assessment and strategic planning**

Needs assessment and strategic planning shaped sanctuary schemes design and coherence in some areas, but this was not consistently seen as the primary driver across case studies. In some settings, particularly two-tier structures, interviewees (including local authority domestic abuse leads/commissioners, housing leads and domestic abuse service managers) described strategies and model development that were informed by needs assessment activity and learning from implementation. Where this occurred, they reported a clearer line of sight from identified need to service design, including investment in system infrastructure such as single points of access, coordinator capacity and pathways designed to operate across organisational boundaries.

In other areas, coherence was described as emerging more bottom-up through operational leadership, partnership maturity and practical process design, rather than being explicitly traced to domestic abuse safe accommodation strategies. For example, some pathways were built around locally led operational initiatives (such as community safety-led “home safety” approaches) that developed and embedded cross-agency working through day-to-day practices, coworking arrangements and shared systems.

Where sanctuary schemes were strategically positioned as part of the domestic abuse response (rather than framed primarily as a repairs or target-hardening offer), commissioning and service specifications were more likely to reflect shared

processes (for example clearer gateways, coordination functions and aligned safety planning), supporting either an integrated model or a well-coordinated parallel model. Conversely, where a sanctuary scheme was framed mainly as a housing/repairs function or was not clearly owned within strategic planning, interviewees described a greater risk that delivery would default to housing processes and budgets, with weaker integration with domestic abuse support and coordination, increasing the likelihood of fragmented delivery.

Across case studies, senior interviewees also emphasised that even where strategic intent was clear at a system level, delivery remained shaped by operational conditions – including permissions, local budget authorisation routes and contractor or installer capacity – which could affect how consistently sanctuary schemes featured in operational guidance and how timely and standardised the offer felt in practice. This translation challenge was particularly evident in two-tier settings, where county level strategy and commissioning did not always convert into consistent operational practice across district housing teams. In practice, this meant the sanctuary scheme offer could vary not only between areas, but also within the same system depending on tenure and on the willingness and capacity of housing partners and district teams to operationalise the approach.

## **Training and workforce development**

Training and workforce development was described as a key enabling factor for safe, consistent delivery, but the evidence suggests that provision is currently uneven across roles and, in some places, lacks a common baseline. Nevertheless, nearly half (41%) of the 107 survey respondents felt that “training for staff or teams involved in the scheme” would help their sanctuary scheme operate more effectively or help them launch a scheme, indicating that local authorities do want to improve their training offer.

Case study evidence suggests training is most useful when it is role-specific and fills complementary gaps across the pathway, rather than being a single generic “sanctuary training” package. Housing and repairs teams were often seen to benefit from basic domestic abuse awareness and trauma-informed ways of working (for example safe communication, safe scheduling and understanding how routine housing processes can increase risk). Domestic abuse practitioners typically brought stronger expertise in risk, advocacy and safety planning, but still benefited from practical understanding of housing processes (for example permissions, how repairs and contractor scheduling work, and what tenure constraints mean in practice, including joint tenancies). This helps set realistic expectations and reduces avoidable “chasing” across teams. Interviewees also noted value in basic familiarisation with common security measures and simple device coaching so support workers can reinforce safe use after installation.

A further consistent message was that surveyors, installers and repairs teams need a distinct training focus on safe practice in the home (including predictable appointments, privacy and survivor-centred communication), because these visits

strongly shape whether installation feels reassuring or stressful. Interviewees emphasised the value of a minimum shared standard for assessment and installation, including quality checks, particularly where delivery relies on a small pool of installers or contractors and specialist surveying capacity is limited.

*“We have a real need for a consistent level of training... we have no guarantee that the work is fit for purpose... nobody goes back and checks.” - Police/Designing Out Crime Officer*

Overall, where role-appropriate training and basic standards were in place, teams were better able to deliver sanctuary schemes as a coherent intervention and reduce repeat visits and handover problems. Where training was thin or misaligned, delivery was more likely to be slower and less consistent, with greater reliance on informal workarounds and a weaker survivor experience even when security measures were installed. Digital safety knowledge is also an increasingly important cross-cutting component of workforce development.

## **Leadership and organisational culture**

Leadership and organisational culture emerged as decisive influences on whether sanctuary schemes operate as a coherent, trusted pathway or a set of disconnected tasks. Across the case studies, where there was a visible operational lead (often a named coordinator role) and partners aligned behind a shared understanding of purpose, delivery was described as faster and more predictable. The sequencing across assessment, permissions and installation was clearer; issues with housing providers or contractors were resolved more quickly; and survivor experience was more consistent because someone “held” the pathway end to end. Where leadership was diffuse, contested, or unclear, stakeholders described a greater tendency for work to fall between teams, for referrals to require repeated chasing and for thresholds and expectations to drift over time. This contributed to a more fragmented experience and reduced confidence among practitioners in referring into sanctuary schemes.

The case studies also suggest that effective leadership is not only about formal roles, but about creating a shared culture of domestic abuse-aware, joined-up practice across agencies that do not all sit within the domestic abuse system. In stronger examples, leaders were described as setting clear expectations that sanctuary schemes should be delivered in a trauma-informed way, embedding “no wrong door” behaviours, and normalising routine coordination through multi-agency structures (including regular safeguarding forums and shared information practices). Stakeholders linked these cultural features to practical delivery effects: quicker mobilisation of measures, calmer and safer installation visits, and greater survivor reassurance because staff were confident in how to communicate, schedule safely and explain measures in context. By contrast, where the prevailing culture was more transactional, particularly where installation activity was treated as standard property work without strong domestic abuse-aware norms, stakeholders described a higher risk of unsafe or poorly handled appointments, inconsistent sensitivity among

contractors, and weaker survivor confidence even when physical measures were installed.

Strategic leadership and the presence of a multi-year vision were also described as important in sustaining coherence beyond individual relationships. Where sanctuary schemes were situated within stable governance and commissioning arrangements (for example, through formal boards, working groups or longer-term contracting approaches), stakeholders reported clearer shared purpose and more consistent expectations across partners over time, even when operational delivery still varied. This was particularly salient in two-tier governance structures where strategic direction is set at one level of the system while delivery levers (permissions, budgets, contractor capacity) sit elsewhere (see [Sections 4.2](#) and [4.3](#) for more detail on challenges within two tier local authorities).

Finally, the evidence suggests that leadership and culture are vulnerable to disruption from organisational churn and capacity reductions. Across the case studies, stakeholders repeatedly linked vacancies, turnover and reductions in specialist capacity to slower delivery, weaker multi-agency working and reduced practitioner confidence in referring into sanctuary schemes, particularly where institutional memory sat with a small number of individuals or teams. These pressures also interacted with accountability and learning: where there was no clear owner for a sanctuary scheme end-to-end, monitoring gaps were harder to resolve and opportunities to improve practice were less likely to be systematically acted upon. Conversely, where leadership structures ensured oversight (through coordinator tracking, shared logs or routine performance conversations), stakeholders described greater visibility of bottlenecks and a stronger basis for continuous improvement.

## Implications

1. **Ensure sanctuary schemes are explicitly considered in needs assessments, strategies and commissioning plans.** Domestic abuse needs assessments and safe accommodation strategies should consider demand for sanctuary schemes, gaps in provision, tenure-related barriers, access routes, survivor preferences and the extent to which local pathways can deliver both security measures and specialist support. This should then flow into local homelessness strategies and accompanying action plans and commissioning plans, with clear decisions about the intended delivery model and the roles required to make that model work in practice. This would promote better join up between housing, homelessness and domestic abuse teams.
2. **Provide clearer guidance on the use of Part 4 funding for sanctuary schemes.** The research suggests that confusion is not simply about whether sanctuary schemes are eligible under Part 4, but about which elements can be funded and under what circumstances. Local authorities were unclear about whether Part 4 should fund only specialist domestic abuse support staff, or also security measures. This points to an opportunity for MHCLG to clarify

the boundary between support and security measures, specifically whether installation, safety planning around measures, device coaching, follow-up and trauma-informed delivery constitute support, and whether the purchase and fitting of security hardware itself can ever be funded through Part 4.

3. **Adopt role-specific training standards.** Priorities include domestic abuse-awareness/trauma-informed practice for housing and installation roles, and housing process literacy for domestic abuse practitioners, supported by baseline digital safety literacy.

## 6.2 Integration within wider systems

This section explores how sanctuary schemes are positioned within wider housing, homelessness and domestic abuse systems, and how this shapes delivery in practice. Across the case studies, sanctuary schemes were rarely understood as a wholly standalone intervention. Instead, they operated alongside other forms of safe accommodation, domestic abuse support and legal protections, with their role and visibility varying depending on how they were embedded within local systems. Where sanctuary schemes were well integrated into these wider responses, delivery more often felt coherent and survivor centred. Where integration was weaker, sanctuary schemes were more likely to be treated as a narrower housing intervention, with fewer links to wider planning, support and safeguarding processes.

### **Interactions with other safe accommodation options and support pathways**

Sanctuary schemes were commonly described as one part of a broader safe accommodation and domestic abuse support landscape, sitting alongside refuge, dispersed safe accommodation, temporary accommodation and wider community-based support. Across the case studies, interviewees consistently emphasised that sanctuary schemes should be understood as an additional option within this wider system, rather than as a replacement for refuge or other forms of accommodation-based support. Their role was to support survivors to remain safely at home where this was both safe and their preference, while maintaining access to specialist domestic abuse support.

How sanctuary schemes interacted with other options varied across areas. In some places, sanctuary schemes were considered routinely as part of a broader set of pathways, with clear links between domestic abuse services, housing teams and safe accommodation provision. In others, interviewees described less consistent positioning, with sanctuary schemes sometimes considered later in the process or overshadowed by relocation-focused responses. Lead agency arrangements appeared to influence this dynamic. Where domestic abuse services played a central coordinating role, sanctuary schemes were more often discussed alongside support needs, legal remedies and wider recovery options. Where the scheme sat mainly within housing or repairs functions, there was a greater risk that it would be framed

more narrowly, with less explicit connection to the wider domestic abuse support pathway.

In some accounts, sanctuary schemes were described as providing a stabilising measure within a wider journey, for example helping a survivor remain safely at home in the short term while longer-term housing, legal or support options were explored. Equally, where remaining at home was not safe or feasible, other accommodation options such as refuge or temporary accommodation remained important parts of the wider response. In other cases, uncertainty remained about how sanctuary schemes should relate to future housing moves or whether receiving a scheme might affect later options. Taken together, the findings suggest that the value of sanctuary schemes within the wider system depends not only on their existence, but on how clearly they are positioned in relation to other accommodation, support and legal pathways.

### **Homelessness prevention and housing system impacts**

Across the case studies, links between sanctuary schemes and wider homelessness prevention responses were more often implicit than explicit.

Impact on housing stability was a commonly cited benefit, with practitioners reporting that sanctuary had helped many survivors remain in their homes and reduced the need for relocation. For some areas, internal tracking and outcome monitoring suggested that a substantial portion of survivors were still living in their home months after installation. Practitioners viewed these high retention rates as clear evidence of sanctuary schemes' stabilising effect. Practitioners also consistently framed sanctuary schemes as a cost-effective intervention, particularly when compared to the costs associated with temporary accommodation and refuge. Although areas had not undertaken formal cost-benefit analysis, there was strong anecdotal consensus that supporting survivors to remain safely in their own homes represented a more sustainable use of resources. One participant reflected that:

*“It would certainly be a lot cheaper to keep people in their property... temporary accommodation can cost a fortune.” - Housing officer*

However, this perceived preventative role did not always translate into practice. In some areas, practitioners adopted a more cautious approach. Housing options and homelessness teams did not always routinely consider sanctuary schemes, and in some contexts temporary accommodation or refuge was more readily pursued. Case study interviewees suggested this was partly about timing and pathway entry points, as survivors approaching housing teams were often already seeking relocation, and partly about risk culture and accountability, with housing staff in some areas less confident in recommending sanctuary schemes without specialist domestic abuse or police input. Practical feasibility constraints also shaped this dynamic: sanctuary schemes could feel harder to deliver in a timely way, reinforcing a default to options seen as more immediately controllable even where sanctuary schemes were widely

viewed as preventative. As a result, decisions were not driven by cost considerations alone, but also by risk perceptions and professional confidence.

Anecdotal evidence suggests that sanctuary schemes also helped reduce pressure on temporary accommodation and refuge spaces, particularly in areas with limited supply. Practitioners noted that when the sanctuary scheme was an appropriate option, families avoided displacement and were able to maintain greater stability. However, in local authorities where installation was occasionally delayed or pathways were fragmented, survivors may still have entered temporary accommodation despite sanctuary offering an appropriate and desired alternative, as reflected in anecdotal accounts from the qualitative findings.

A small number of system level knock-ons were also noted. In some accounts, practitioners raised concerns that receiving security measures could affect how housing options are perceived or applied later on (for example a perception that measures might reduce eligibility or priority for a move), creating uncertainty for survivors and Independent Domestic Violence Advisers when weighing options. There were also isolated reports of wider displacement effects, such as perpetrators becoming homeless following sanctuary scheme related actions and concerns that measures may not stop attempts to return, increasing pressure on enforcement and follow-up.

## **Violence Against Women and Girls INTEGRATION and impacts**

Where sanctuary schemes were positioned within the wider Violence Against Women and Girls or safeguarding response, for example through domestic abuse governance structures or a community safety framing, delivery more often felt coherent and preventative, with the option more routinely discussed in multi-agency settings and therefore more clearly connected to risk management, safety planning and enforcement activity. By contrast, where sanctuary schemes sat largely within housing processes, particularly when framed primarily as repairs/target-hardening, interviewees described weaker alignment with Violence Against Women and Girls planning cycles and fewer links to strategic or operational forums, increasing the risk that sanctuary schemes were treated as a narrower housing intervention rather than part of a joined up safeguarding response.

Sanctuary schemes also played a role in strengthening legal enforcement around violence against women and girls related crimes in some areas. Local authorities that installed video doorbells, CCTV cameras or other visibility measures reported that these devices generated useable evidence for police or civil enforcements, such as breaches of non-molestation orders and community protection notices. This enhanced evidence contributed to criminal justice outcomes and reduced the burden on survivors to personally document incidents. This strengthened enforcement was seen to contribute to wider Violence Against Women and Girls system outcomes by improving accountability for perpetrators, enabling more effective use of protective orders and supporting a coordinated response to ongoing risk.

Other interventions contributing to Violence Against Women and Girls prevention, including perpetrator programmes, were also offered in some areas. However, while such interventions may operate alongside sanctuary schemes, there is currently limited integration.

Overall, evidence suggests that sanctuary schemes contribute positively to enforcement within the Violence Against Women and Girls response, but their impact would likely be strengthened through greater integration with other interventions.

## Implications

1. **Position sanctuary schemes more explicitly within wider homelessness, domestic abuse and Violence Against Women and Girls systems.** The findings suggest that sanctuary schemes are most effective where they are recognised as part of a broader local response to domestic abuse, safe accommodation and homelessness prevention, rather than as a standalone housing intervention. Local strategies and partnership structures should therefore articulate the role of sanctuary schemes within these wider systems and make clear how they connect to other pathways and outcomes.
2. **Ensure sanctuary schemes are routinely considered alongside other safe accommodation and support options.** In some areas, sanctuary schemes were well embedded within local pathways; in others, they were considered less consistently or later in the process. Local authorities and partners should support clearer decision-making routes so that sanctuary schemes are actively considered, where safe and appropriate, alongside refuge, temporary accommodation and wider community-based support
3. **Use visibility measures to support enforcement where appropriate.** Acknowledge that cameras and doorbells can produce valuable evidence for enforcement and reduce the burden on survivors, while ensuring they are used in a safe, proportionate and trauma informed way.

## 6.3 Data monitoring and measurement

Across the case study areas, data on sanctuary scheme delivery and outcomes was uneven. Where data was collected, it was typically operational rather than outcomes focused and was often dependent on informal reporting through domestic abuse services rather than structured monitoring systems. Some local authorities recorded data on basic activities such as the number of installations, costs and referral wait times. Others held more limited information, sometimes only recording names, addresses, tenancy type and cost of installed measures. Outcome data tended to be minimal or absent. No area held reliable evidence on longer term impacts, such as reductions in repeat victimisation or improvements in safety. This was true even in areas with more developed monitoring, where data still focused predominately on operational activities rather than long term outcomes.

Data was often fragmented across agencies, reflecting the wider fragmentation of some delivery models. In several locations, district housing teams, specialist

providers, police teams and domestic abuse services each held separate pieces of information with no unified dataset. Two tier structures made fragmentation more pronounced. Strategic commissioners held some oversight data, while operational case data sat with district housing teams and these systems were not linked. This prevented any clear understanding of performance at county or regional level.

Follow up data from survivors was especially limited. Few areas recorded whether measures continued to function, whether survivors felt safer over time or whether equipment contributed to enforcement outcomes. Some areas relied on domestic abuse services to identify issues informally through ongoing support, which worked well where support relationships were strong but left significant gaps in more fragmented systems. In these settings, outcomes were often invisible or lost.

These limitations constrained the extent to which local areas could understand impact. The absence of standardised data made comparison across areas difficult and led to unclear evidence of what worked, for whom or under what conditions. Homelessness prevention outcomes could not be quantified, even where practitioners believed the sanctuary scheme had reduced the need for moves. Safety and wellbeing impacts were largely evidenced through qualitative testimony rather than systematic measurement.

Most local authorities acknowledged that data and monitoring were areas they needed to improve, and several reported recent efforts to strengthen data collection, including the introduction of more consistent activity data and early forms of outcomes monitoring. However, even where improvements were underway, data gaps remained a recognised weakness. Several practitioners suggested that a funded multi agency study would be required to understand true impact, as current operational systems were not designed to provide this level of evidence.

## Implications

1. **Move beyond activity monitoring to capture outcomes for survivors and the wider system.** Local monitoring should not only record installations, costs and referral numbers, but also whether sanctuary schemes are achieving their intended outcomes. This could include whether survivors remain safely at home, whether they report feeling safer, whether measures are still functioning, whether follow-up has taken place, whether support remains in place where needed, and whether further housing moves were avoided. This would help understand not only how much activity is taking place, but whether the intervention is improving safety, stability and wellbeing of different groups over time. Additional data collection to fill some of the current gaps includes cost data, tenure-based variation and impact of sanctuary schemes in law enforcement (where video doorbells and CCTVs are used as evidence).
2. **Improve data sharing and coordination across agencies involved in delivery.** Sanctuary scheme data is often split between domestic abuse services, housing teams, district councils, police, contractors and strategic commissioners. This points to an opportunity for local authorities to establish

clearer data-sharing arrangements and common reporting processes across partners, particularly in two-tier areas where strategic responsibility and operational delivery may sit in different parts of the system. This would help create a clearer view of performance, bottlenecks, access by tenure or geography, and variation in survivor experience.

## 6.4 Legal, housing and delivery constraints

Sanctuary schemes are shaped by a set of legal, housing and practical constraints that influence whether they can be delivered safely and lawfully in practice. In some cases, the scheme is feasible with relatively few barriers. In others, factors such as tenure, perpetrator access to the home, landlord permissions and the availability or enforceability of legal remedies determine whether remaining at home is a safe and viable option. These constraints can directly affect the timeliness, consistency and accessibility of sanctuary schemes and help explain why the option is easier to deliver in some circumstances than others

### **Role of legal remedies**

Legal remedies play an important but context-dependent role in determining whether a sanctuary scheme is viable. The survey findings indicate that legal notices and orders operate alongside the sanctuary scheme in over half (63%) of the 105 local authorities that responded. Table 6.3 shows that non-molestation or occupation orders were operating in the highest number of local authorities, followed by protective orders, then community protection notices. This indicates that legal remedies are frequently used alongside sanctuary schemes but are not required in all cases.

**Table 6.3: The proportion of surveyed local authorities that report different legal remedies are operating alongside sanctuary schemes.**

Legal Remedy Survey Options	Percent (n=105)
Community protection notices	43% (45)
Non molestation or occupation orders	61% (64)
Protective orders (including Domestic Abuse Protection Orders/Domestic Abuse Protection Notices)	54% (57)
None of the above	14% (15)
Other	19% (20)
Don't Know	11% (12)

*Note: This survey question allowed multiple responses (select all that apply), therefore percentages exceed 100%.*

Qualitative findings highlight that the role of legal remedies varies depending on survivors' circumstances. Where perpetrators retained legal access to the property, such as in joint tenancies or shared ownership, legal protections were often a necessary precondition for a sanctuary scheme to proceed. In these cases, measures such as non-molestation orders, occupation orders or equivalent protections were required to enable actions such as lock changes or installation of security measures.

In other cases, legal remedies functioned more as supporting measures, operating alongside the sanctuary scheme rather than determining access to it. Interviews with survivors receiving the scheme revealed that many had legal measures in place, but their perceived value depended on individual circumstances, including levels of risk, personal preference and confidence in the legal system. Some survivors were reluctant to pursue legal orders due to fears of escalation, concerns about engaging with police or courts and the complexity of the application process. Support from Independent Domestic Violence Advisers or other specialist workers was therefore critical in helping survivors navigate these decisions and access legal options where appropriate.

In some areas, the use of visibility measures such as video doorbells also supported the practical enforcement of legal protections, by enabling evidence gathering in cases such as breaches of non-molestation orders (see [Section 6.2](#) for further discussion).

Within integrated models, legal remedies often formed a routine element of safety planning. Practitioners explored legal options and child contact arrangements alongside the sanctuary scheme, ensuring that legal protections complemented the security package. In fragmented systems, there was more disconnect, often leaving survivors to navigate the legal system independently or failing to integrate these protections with wider safety planning.

Access to legal remedies, and the extent of police involvement, varied across areas. In one case study site, for example, community protection notices could be applied directly by the team delivering the sanctuary scheme, avoiding a lengthy legal process. This highlights that not all legal remedies rely on police or court-led routes, and that local delivery arrangements shape how they are used in practice.

The effectiveness of legal remedies also depended on enforcement. Where breaches of orders or bail conditions were responded to consistently, survivors were more likely to view them as meaningful. However, some reported that breaches occurred with little consequence, leading to perceptions that orders were ineffective or “pointless”. Survivors further highlighted gaps in protection, particularly in relation to online abuse, and noted that court processes, such as providing new statements, could be re-traumatising.

Domestic Abuse Protection Orders (DAPOs) have emerging potential to support sanctuary scheme delivery, particularly in joint tenancy cases, although at the time of fieldwork their use had not yet produced visible changes in how the scheme was delivered.

Overall, legal remedies were not a universal requirement for accessing a sanctuary scheme, but were critical in specific contexts, particularly where perpetrators retained legal rights to the property. In other situations, they functioned as part of a wider set of protective measures, with their value shaped by survivor circumstances and the effectiveness of local systems.

## **Interactions with housing law and tenure**

Interactions with housing law and tenure strongly influenced the feasibility of a sanctuary scheme. Permissions, joint tenancy and landlord policies often determined whether, and how quickly, security measures could be installed.

Across case study areas, owner-occupiers generally faced the fewest procedural barriers because they did not require third-party consent (e.g. from a landlord) to install security measures in their own property. Delays, where they did occur, were more likely to relate to funding, contractor capacity or the need to first secure legal

remedies in cases where the perpetrator retained residence or legal access to the property.

For social housing tenants, experiences varied by provider. Some housing associations prioritised the sanctuary scheme and responded quickly to recommendations, while others refused common measures or processed requests slowly, limiting what could be provided in practice. Council managed housing could offer greater flexibility, but effectiveness depended heavily on domestic abuse awareness and working practices within repairs teams. Where this awareness was low, survivors experienced missed appointments, unsafe scheduling and inconsistent support.

*“Some [social landlords] are absolutely incredible... the quickest time was like a minute... Others we can e-mail that we’ll get back to you in five days... the longest we’ve had to wait is two months... They don’t seem to appreciate that time is of the essence” - Contractor/Installer*

The private rented sector was the most constrained setting. Acquiring landlord consent frequently delayed or prevented works, even in higher-risk cases. Survivors were often reluctant to request changes or pursue legal remedies because of concerns about eviction or retaliation for the perpetrator. As a result, the scheme was technically available to private rented sector tenants in several areas but was not reliably delivered in practice. Survivors who did not receive a sanctuary scheme and were living in private rented accommodation also described challenges as outlined in [Section 3.2](#). Additionally, speed of installation could be significantly impacted by whether the landlord engaged and signed necessary documentation promptly. Some areas attempted to mitigate these constraints through more creative or pragmatic approaches. In some areas, practitioners described contacting private landlords on the survivor’s behalf, framing requests in terms of general property improvements rather than domestic abuse. This included highlighting how measures such as new doors, upgraded locks or improved windows could enhance property condition or value, at no cost to the landlord, thereby encouraging their consent without disclosing the survivor’s circumstances. Contractors working in other areas described emerging innovative approaches, including consideration of what security packages could be delivered without landlord consent, as a last resort. These approaches focused on measures that did not permanently alter the property and were often delivered following remote assessment rather than an in-person survey. As one practitioner explained:

*“We were having problems with landlords saying no, and with some clients being too afraid to approach them. So we came up with packages that sort of skirted around that issue, where we did video calls with people and only made adjustments to the property that didn’t need landlord approval. That was very much an ‘if everything else fails, at least we’re doing something’ approach. It’s been piloted with a local authority we work with and it’s a great example of innovation — it really allows us to push the boundaries of the service we can provide.” - Contractor/Installer*

Joint tenancy emerged as one of the clearest structural blockers to sanctuary schemes across the study. Survivors could not lawfully change locks or make other changes if the perpetrator remained a named tenant, and social landlords or private rented sector landlords would not proceed without a non-molestation order, occupation order or equivalent legal protection. Where survivors feared escalation, lacked confidence in enforcement, or faced practical/legal hurdles to obtaining orders, the sanctuary scheme option was effectively closed. In these circumstances, survivors were steered toward temporary accommodation or rehousing, even when survivors wanted to remain at home.

*“The joint tenancy is a real pain... you can’t do anything around getting locks changed over because he’s also a tenant.” - Domestic abuse service*

These tenancy and legal constraints created a form of structural postcode lottery. Even within the same local authority, survivors could receive very different responses depending solely on their landlord’s policy or living circumstances. In the private rented sector, barriers to consent and fears of tenancy loss created additional risk and uncertainty, sometimes leading to unwanted moves or increased homelessness risk.

## Implications

1. **Develop clear practice routes for cases where legal remedies are needed to make sanctuary schemes feasible.** Legal remedies should be integrated into sanctuary schemes assessment and safety planning from the outset, particularly where the perpetrator has legal access to the property through joint tenancy, shared ownership or other rights. Practitioners should be able to identify when non-molestation orders, occupation orders, domestic abuse protection orders, community protection notices or bail conditions may be needed before measures such as lock changes can lawfully proceed. This should not make legal action a blanket requirement for sanctuary schemes. Instead, it should ensure survivors are given timely, accessible advice and specialist advocacy so they understand when legal protections may enable them to remain safely at home, what the process involves, and what interim safety options are available while those protections are pursued.
2. **Strengthen enforcement and escalation where legal remedies are part of the safety plan.** Legal remedies only support sanctuary schemes if breaches are responded to consistently and survivors trust that reporting will lead to action. Sanctuary schemes should therefore include clear escalation routes for breaches, information sharing between domestic abuse services, police, community safety teams and housing partners, and review points where orders are ignored or poorly enforced.
3. **Develop private rented sector-specific solutions, rather than relying on landlord permission processes alone.** The private rented sector was the most constrained tenure for sanctuary scheme delivery, with landlord consent delaying or preventing works and survivors sometimes reluctant to disclose domestic abuse

because of fears of eviction or retaliation. Consideration should be given to the promotion of practical private rented sector approaches, including professional-led landlord engagement, standardised consent templates, safe ways to frame requests as property safety improvements where appropriate, escalation routes where landlords do not respond, and fallback packages of temporary or non-permanent security measures that can be installed without altering the property. This would help ensure that private renters are not excluded from sanctuary schemes in practice even where the scheme is technically available.

## 7. Conclusion

This evaluation provides a detailed picture of how sanctuary schemes are implemented across England and the factors that shape their delivery in practice. While not designed to assess impact, the findings offer important insights into how the scheme functions as part of the wider domestic abuse and housing system, highlighting both its potential and the challenges that currently limit consistent and effective delivery.

Overall, the evaluation finds that sanctuary schemes play an increasingly important role in enabling survivors of domestic abuse to remain safely in their homes, where this is their preference and assessed as safe. Sanctuary schemes can make a substantial difference to survivors' safety, stability, and wellbeing when security measures are combined with effective specialist support. Survivors consistently described physical measures as increasing their sense of safety and reassurance within the home, reducing fear and anxiety, improving sleep, and enabling them to remain safely in their communities rather than facing further disruption or relocation. For many survivors with children, the ability to remain in their home was particularly important in maintaining children's schooling, friendships, and routines, contributing to improved wellbeing and stability for the wider family. Participants also described broader impacts on confidence, independence, and recovery, particularly where dedicated support workers helped survivors navigate legal processes, access services, and rebuild emotional resilience.

Across the case studies and survey responses, there was broad consensus among practitioners that sanctuary schemes offer a valuable, survivor-centred alternative to relocation, contributing to housing stability and reducing disruption to survivors' lives. Local authorities have developed a range of delivery models that reflect their specific contexts, including differences in housing stock, geography, and partnership arrangements. Whilst flexibility allows sanctuary schemes to respond to local need, the lack of a shared model means it does not operate as a coherent intervention, leading to uneven access and outcomes. This variation can create a postcode lottery in the availability and quality of provision, with survivors' experiences shaped as much by local systems and relationships as by their needs.

The evaluation highlights that the effectiveness of a sanctuary scheme depends not on the provision of security measures alone, but on the integration of these measures with specialist domestic abuse support. Physical interventions, such as locks, alarms, or video doorbells, are most effective when embedded within a wider framework of trauma-informed support, including safety planning, advocacy, and emotional assistance. Where this integration is strong and support is trauma-informed and responsive, survivors described feeling both physically and psychologically safe. In some cases, survivors reported that this support strengthened their confidence in decisions to leave abusive relationships and improved their ability to recognise and respond to unhealthy behaviours in the future. Positive outcomes were also identified for children, including increased feelings of

safety, improved emotional wellbeing and greater confidence over time. Conversely, where delivery is fragmented and measures are provided without adequate support, the overall effectiveness of the intervention is reduced.

Given the way in which sanctuary schemes combine security measures and support, multi-agency working is central to effective delivery. Sanctuary schemes require coordination across a range of actors, including local authorities, domestic abuse services, housing providers, police, and contractors. The evaluation demonstrates that strong partnerships, clear roles and responsibilities, and effective communication are key enablers of timely and coherent delivery. Where these elements are in place, pathways are more efficient and survivor experiences more positive. Where they are absent, delays, duplication and gaps in provision are more likely to occur.

Delivery was also constrained by practical and structural factors. Landlord consent could delay or prevent installation, particularly in the private rented sector. Housing tenure, joint tenancy arrangements, the availability of legal protections and the willingness of housing providers to act all influenced whether sanctuary schemes could be delivered in practice. Resource pressures, limited staffing and contractor capacity also affected the speed and consistency of delivery. In some areas, support and security measures were funded through different routes, creating further complexity and unevenness in what could be offered and how quickly.

The evaluation also identified barriers linked to awareness, eligibility and accessibility. Some survivors were not told about sanctuary schemes despite contact with professionals, while others encountered restrictive or inconsistently applied eligibility criteria. Survivors with specific circumstances or needs, including disabled survivors, male survivors, survivors with older children, homeowners, private renters and those with no recourse to public funds, could face additional barriers to access. This means that sanctuary schemes were not always available to those who may have benefited from them, and access could depend heavily on local practice, professional knowledge and individual advocacy.

The quality of delivery also varied. Trauma-informed practice, clear communication and reliable follow-up were important to survivor experience but were not always consistently embedded. Where security measures were installed without sufficient explanation, maintenance information or links to safety planning, they could be underused, misused or increase anxiety. Inconsistent training among staff and contractors involved in delivery limited confidence and could undermine survivor trust, particularly where professionals lacked understanding of the dynamics of domestic abuse or the emotional impact of remaining in the home after abuse.

At a system level, the findings suggest that sanctuary schemes have the potential to contribute to wider policy priorities, particularly in relation to homelessness prevention and reducing pressure on other forms of safe accommodation (e.g. refuge) and temporary accommodation. Practitioners consistently identified these benefits, alongside improvements in multi-agency coordination and, in some cases, enhanced evidence for legal enforcement. However, the evaluation also finds that

these system-level impacts are not consistently captured or evidenced, limiting the ability to fully understand and demonstrate the contribution of sanctuary schemes. This reflects a broader limitation in the available data. Monitoring of the scheme is currently uneven and where it does exist often focuses on activity rather than outcomes. Data is frequently fragmented across agencies, with limited information on longer-term safety, wellbeing, or housing stability. As a result, while qualitative evidence points to positive outcomes for many survivors, there is insufficient robust data to assess how these outcomes vary across different groups, contexts or delivery models.

Drawing these findings together, the evaluation highlights a set of interdependent priorities needed to strengthen the consistency, effectiveness and sustainability of sanctuary schemes. Together, these priorities describe the foundations, mechanisms and system conditions required to support more coherent and survivor-centred delivery:

1. **Definition.** Greater clarity and consistency are needed in how sanctuary schemes are defined, understood and delivered. The absence of a shared definition, language and minimum expectations contributes to variation in practice, monitoring and eligibility. Establishing clearer guidance on the purpose of a sanctuary scheme, the relationship between security and support, and core delivery standards would provide a stronger foundation for all other aspects of delivery while still allowing flexibility to respond to local contexts.
2. **Pathway.** Sanctuary schemes should be consistently understood and delivered as a coordinated pathway rather than a discrete intervention. The evidence shows that outcomes are strongest where physical security measures are embedded within trauma-informed support, safety planning and ongoing risk management. Clearer guidance on pathway design and the role of specialist domestic abuse services would help ensure that support is treated as an integral component of sanctuary rather than an optional add-on.
3. **Multi-agency coordination.** Effective delivery of this pathway depends on strong multi-agency arrangements, with defined lead responsibility, clear referral routes and shared accountability across housing, domestic abuse services, community safety and contractors. Establishing clear case ownership, joint protocols (particularly in two-tier areas), and coordinated decision-making processes would help reduce delays, duplication and gaps in provision.
4. **Delivery.** More consistent and survivor-centred operational delivery can only be achieved where these structures are in place. This includes timely responses to referrals, predictable and sensitive installation processes and clear standards for property surveys and follow-up support. Strengthening role-specific training, particularly in trauma-informed practice, domestic abuse awareness and housing processes, would support more consistent and responsive delivery across all roles, including contractors.

5. **Enablers.** Funding structures and wider system arrangements should better support integrated delivery. Current fragmentation across funding streams, tenure-related responsibilities and approval processes contributes to uneven access and delays. Clearer guidance on funding arrangements (including Part 4), alongside defined coordinator functions and expectations for cross-tier working, would help create the conditions needed for more coherent and sustainable delivery.
6. **Monitoring.** Stronger monitoring and data collection are needed to support learning, accountability and continuous improvement. More consistent and shared datasets across agencies would enable better tracking of delivery, survivor outcomes and longer-term impacts, moving beyond activity-based reporting. Improved monitoring is also essential to understanding effectiveness, identifying gaps and reducing postcode variation over time.
7. **System fit.** Finally, sanctuary schemes should be embedded more clearly within the wider domestic abuse and housing system. Positioning sanctuary as an early option within safe accommodation and prevention pathways, alongside refuge and other interventions, would support more informed and consistent decision-making. Greater clarity is also needed regarding the interaction between sanctuary, legal remedies, tenancy arrangements and wider housing responsibilities to ensure the scheme operates as a coherent part of the broader response to domestic abuse.

This evaluation itself also has several important limitations. As a process evaluation, it is not designed to measure impact or establish causal relationships between sanctuary schemes and outcomes such as reduced re-victimisation or improved wellbeing. The case study sample, while designed to capture variation, is relatively small and cannot represent all local configurations. Survivor participation, although valuable, was limited in scale and may not fully reflect the diversity of experiences, particularly for underrepresented groups. Additionally, the evaluation provides a snapshot in time and does not capture how delivery may evolve as local systems continue to develop.

Despite these limitations, the evaluation identifies several important gaps in the evidence base and priorities for policy and practice. Further research is needed to understand how sanctuary schemes operate for different groups of survivors. The current evidence base and this evaluation provide limited insight into how factors such as gender, disability, ethnicity, immigration status, sexual orientation and tenure shape access, experience and outcomes. Addressing these gaps is critical to ensuring that sanctuary schemes are equitable and responsive to diverse needs.

There is also a need to strengthen understanding of system-level impacts and value for money. This includes the contribution of sanctuary schemes to homelessness prevention, its interaction with other accommodation options, and role within wider reduction of Violence Against Women and Girls. Finally, there is a need for robust impact evaluation to better understand the effectiveness of sanctuary. This includes assessing longer-term safety outcomes, repeat victimisation, and the sustainability of

remaining at home. Improved data collection and monitoring will be essential to support this, alongside the development of shared frameworks for measuring outcomes.

As sanctuary schemes continue to evolve, there is an opportunity to build greater consistency through clearer definitions, shared standards, and improved guidance, while retaining the flexibility needed to respond to local contexts. Strengthening training, particularly in trauma-informed practice and cross-sector working, will also be key to improving delivery.

In conclusion, sanctuary schemes represent a valuable and increasingly important component of the response to domestic abuse and housing need. They offer survivors the option to remain safely in their homes and have the potential to contribute to both individual wellbeing and system efficiency. However, to realise this potential fully, greater consistency and integration are needed. Addressing these challenges will be essential to ensuring that sanctuary schemes can provide a reliable, equitable and effective pathway for all survivors who may benefit from them.

# Annex A: Literature Review

## Review Approach and Key Sources

A literature review was conducted to examine the evidence available on sanctuary schemes and provide an overview of the existing literature. The sources engaged, presented below, were provided by MHCLG and supplemented by targeted, non-systematic scoping of available sources, conducted independently by the research team.

The literature review was conducted pragmatically within the time and resource constraints of the project. As such, it did not follow a formal systematic review methodology: no predefined inclusion or exclusion criteria were applied, the literature was not identified through structured database searches, and no comprehensive search protocol was developed or documented. Consequently, the findings should be interpreted as indicative rather than exhaustive, and there may be relevant evidence that has not been captured.

### **Key sources included in the literature review**

1) Abela et al. (2024) – Safe Doors, Safe Homes

**Context:** Research article exploring the feasibility and acceptability of sanctuary schemes in Canada.

**Methods:** Exploratory qualitative case study design using interviews with 21 survivors, 12 health and service providers, and 14 domestic abuse-specialised police officers.

#### **Considerations:**

- Findings are based on self-reported perceptions of potential impact rather than existing sanctuary delivery
- No analysis of male or gender-diverse experiences

2) Armitage et al. (2024) – National Evaluation of the Sanctuary Scheme

**Context:** Phase 1 and 2 of the national evaluation of sanctuary schemes across England and Wales.

**Methods:** Phase 1: National survey of service providers with 302 respondents. Phase 2: 14 regional case studies with 69 interviews.

#### **Considerations:**

- Minor inaccuracies and social desirability bias due to self-reporting by service providers
- Lack of engagement with survivors.

### 3) Ipsos (2023) – Sanctuary Scheme Review – NIHE

**Context:** Independent evaluation of sanctuary schemes in Northern Ireland.

**Methods:** Desk-based research including secondary data analysis and literature review, plus qualitative interviews with 18 stakeholders and 4 service users.

**Considerations:**

- Small sample size
- Perceived effectiveness is assessed rather than causal and longitudinal outcomes

### 4) Ministry of Housing, Communities and Local Government (2025) – Evaluation of the Domestic Abuse Duty

**Context:** Independent three-year evaluation (2022–2025) of all safe accommodation models in England to assess Part 4 of the Domestic Abuse Act 2021.

**Methods:** Theory-based mixed-method approach including qualitative longitudinal fieldwork across 19 Tier 1 local authorities involving 269 survivors, 45 child survivors and 485 professionals, and quantitative national monitoring data.

**Considerations:**

- Over-representation of refuge accommodation and limited focus on sanctuary schemes
- Disabled, LGBT+, older and ethnically diverse individuals statistically under-represented

### 5) Cunnington & Wild (2025) – Outcomes of Support in Safe Accommodation (Rapid Evidence Assessment)

**Context:** Literature review examining 57 sources on impacts of safe accommodation published between 2019–2024.

**Methods:** Rapid evidence assessment across academic and non-academic sources.

**Considerations:**

- Limited number of sanctuary-focused sources included

6) Allen et al. (2025) – Domestic Abuse Support in Safe Accommodation (Rapid Evidence Assessment)

**Context:** Literature review examining 56 sources on models and types of safe accommodation published between 2004–2025.

**Methods:** Rapid evidence assessment across academic and non-academic sources.

**Considerations:**

- Limited number of sanctuary-focused sources included

7) Department for Communities and Local Government (2010) – Effectiveness of Sanctuary Schemes

**Context:** Evaluation assessing the effectiveness and sustainability of sanctuary schemes.

**Methods:** Qualitative and quantitative data drawn from 8 sites in England, including interviews with stakeholders, service providers, service users and children, plus monitoring and cost data.

**Considerations:**

- Older study (15+ years)
- Weak longitudinal evidence beyond immediate outcomes
- Disabled, LGBT+ and ethnically diverse individuals under-represented

8) Prenzler & Fardell (2017) – Situational Prevention of Domestic Violence

**Context:** Research article reviewing security-based domestic violence prevention programmes across multiple countries.

**Methods:** Systematic literature review of 6 programmes across New Zealand, the UK, the Netherlands and Australia.

**Considerations:**

- No exploration of ethnic barriers and limited focus on LGBT+, disabled and male survivors
- Reliance on small-scale evaluations

- No cases with rigorous experimental designs evidencing positive effects were identified

#### 9) STADA (2023) – Developing an Effective Sanctuary Scheme – Guidance

**Context:** Manual providing operational guidance to sanctuary scheme service providers in the UK.

**Methods:** Practice-informed synthesis drawing on operational delivery experiences in London (Hammersmith & Fulham), including illustrative monitoring data.

**Considerations:**

- No formal research design, data collection or evaluation of outcomes
- Practical, anecdotal guidance rather than generalisable evidence

#### 10) Walker (2022) – Victim Moves or Survivor Stays? Safe Housing in England & Scotland

**Context:** Doctoral thesis offering comparative case studies of sanctuary schemes in England and Scotland.

**Methods:** Qualitative semi-structured interviews with 33 stakeholders and two focus groups with 7 female survivors.

**Considerations:**

- Small sample size
- Limited analysis of male or gender-diverse experiences
- Limited evidence on long-term outcomes.

## Evidence on sanctuary schemes

According to the MHCLG’s most recent analysis of safe accommodation usage in 2024–25, sanctuary schemes account for 35% of provision, representing the single largest category of safe accommodation (MHCLG, 2025). Despite this, sanctuary schemes have tended to receive comparatively less focused attention to others forms of safe accommodation, such as refuge, within the research literature. Where they are examined, they are often considered as one component within broader evaluations of safe accommodation models (MHCLG, 2025), explored through exploratory or acceptability-focused studies (Abela et al., 2024), or discussed in earlier studies that predate recent policy developments (Department for Communities and Local Government, 2010b). Nonetheless, the evidence base has expanded in recent years, with emerging findings highlighting a range of positive

outcomes, including enabling survivors to remain safely in their own homes, increasing perceptions of safety, deterring perpetrator re-offending, and helping to prevent homelessness.

## **Security in the Home**

Feeling secure in your own home is a crucial factor of an individual's quality of life. A home is a space "(w)here people feel in control of their environment, free from surveillance, free to be themselves and at ease, in the deepest psychological sense" (Saunders, 2021). For survivors of domestic abuse, this sense of safety can be severely interrupted, affecting their quality of life. Temporary or refuge accommodation is a common option offered by local authorities to survivors and their dependants. However, being relocated can itself add to ongoing trauma (MHCLG, 2025), due to separation from localised social networks and children's schooling arrangements. Housing options involving relocation operate on the basis of the survivor taking life-changing actions rather than the perpetrator, what the housing studies researcher Dora Walker calls "the victim moves" approach (2022). Comparably, sanctuary schemes can offer a less disruptive alternative, where "the survivor stays" and does not have to change their residence and life around their perpetrator (Walker, 2022).

The core feature of sanctuary schemes is target-hardening, involving the installation of physical security measures in the survivor's home. The security measures significantly vary across local authorities, often tailored to the individual case's intricacies and local authority capacity. These physical measures might include, but are not limited to, implementing a sanctuary room, reinforced exterior doors and double-glazed windows, extra door and window locks, fire safety equipment, window alarms, alarm systems and intercom systems, video entry systems, security lighting, cutting back hedges, and erecting fences and gates (Department for Communities and Local Government, 2010a). Based on the available sources, there is consensus that specialist support is an essential component of sanctuary schemes. Combining physical sanctuary measures with services catered to emotional wellbeing and domestic abuse, such as counselling, group work and children's provision (Vagi, 2020; Ipsos, 2025), offers a more holistic recovery journey for survivors. Complementing these sanctuary and therapeutic services with legal action, such as protection orders, can increase internal and external safety beyond the home (Prenzler & Fardell, 2017).

## **Physical, Psychological & Structural Outcomes**

There is growing quantified evidence to indicate that sanctuary schemes offer *physical*, *psychological* and *structural* outcomes (Walker, 2022). Physically, they can deter and prevent perpetrators from continuing their domestic abuse. In the University of York study, 85 per cent of the 105 households that had a sanctuary installed were protected from further incidents (Department for Communities and Local Government, 2010b). Between 2022-5, a comprehensive evaluation of all safe accommodation models has been delivered by MHCLG (2025). Sanctuary-specific qualitative data was limited to 4 interviews with survivors in sanctuary schemes, compared to 310 interviews with survivors in other safe accommodation models.

Although limited, its findings suggest that increased choice, the ability to remain at home, and enhanced perceptions of safety may contribute to improved wellbeing and social stability (Ipsos, 2025). In qualitative interviews across multiple studies (Ipsos, 2023; Abela et al., 2024), survivors often mentioned that sanctuary measures offer a 'peace of mind', reinforcing the potential impact of the Scheme on survivors' emotional security. There is very limited data that specifically evidences the impact of sanctuary measures on child survivors, with only one study identified that conducted interviews with two children in sanctuary schemes (Department for Communities and Local Government, 2010b).

In the findings of the Domestic Abuse Duty evaluation, there was a shared understanding among professionals that sanctuary schemes could have structural outcomes, such as reductions in homelessness and associated costs (Ipsos, 2025). As part of the evaluation, two literature reviews were conducted, drawing on 56 and 57 documents respectively (Cunnington & Wild, 2025; Allen, Crivatu & Hermolle, 2025). Strikingly, the University of York evaluation was the only source cited specifically focusing on sanctuary schemes, emphasising the disconnect between widespread use and the existing research base.

While the triangular - *physical, psychological, and structural* - short-term benefits of sanctuary schemes are promising, long-term outcomes are often inferred rather than concretely evidenced. More longitudinal studies are needed, particularly case studies that trace the full cycle from delivery to the end of scheme and holistically assess the role of specialist support alongside target-hardening. Such a longitudinal and holistic approach can help determine how sustained benefits are and how they interact with survivors' long-term wellbeing and housing stability. As part of this, data that triangulates records of the delivery process with staff and survivor perspectives can generate a more comprehensive picture.

## **Delivery and implementation**

Across previous sources documenting sanctuary schemes in different local authorities, there are significant variations in what is offered and involved, to whom, by whom, and at what cost and time. In one of the earlier studies on sanctuary measures conducted at the University of York, installation time varied between a few days and up to 73 days across 8 sites in England (Department for Communities and Local Government, 2010b). Likewise, the average cost of installation ranged from less than £100 to more than £1,000 (Department for Communities and Local Government, 2010b). In a more recent study commissioned by Secured by Design, individual budgets per survivor ranged from £150 to £5,000 across 302 possible service providers (Armitage, Crosland & Keast, 2024). The same study points that some local authorities with budget and capacity concerns might resort to allocating eligibility based on risk level, which can be challenging to measure and may lead to inconsistencies.

Such extreme variation in delivery timeline and cost reflects the equally wide array of funding resources, ranging from local authorities and charities to other funding streams (Armitage, Crosland & Keast, 2024), and results in a postcode lottery for service users. Stakeholder interviews conducted by Ipsos in England and Northern Ireland report that professional staff have limited or mixed knowledge about

sanctuary schemes across the UK (MHCLG, 2025; Ipsos, 2023). The crucial call for improvement across sources is further training for staff involved in all stages of the delivery, from the decision-makers to the installation team (Department for Communities and Local Government, 2010a). The existing literature unanimously highlights gaps in training needed to achieve trauma-informed services that can ensure the psychological safe-guarding of service users. Training on domestic abuse and trauma can also be beneficial for protecting staff mental well-being. The possible consequences of working on emotionally demanding cases for staff are absent from studies. Moreover, staff training, timelines, services offered and costs involved are all variables that can be used to measure the effective and efficient delivery of sanctuary schemes.

## **Risks, sensitivities and access**

Studies highlight consistent challenges faced by many service providers related to private-sector properties, continued perpetrator risks and police involvement. There remains a lack of formal guidance on how to navigate different property types. For instance, if the survivor is renting a privately owned property, landlord permission needs to be sought. Standing Against Domestic Abuse has raised that landlords can be reluctant or can decline consent, the bureaucratic procedure can slow down delivery, and alerting landlords to the abuse can evoke fears of eviction among survivors (2023). Similarly, if the police are heavily involved in the assessment process, their involvement too can heighten fears of consequence and lead to withdrawals (Armitage, Crosland & Keast, 2024).

Certain physical measures, such as sanctuary rooms, are debated in the literature as perpetrators may misuse them to 'lock in' the survivor (Abela et al., 2024; see also Department for Communities and Local Government, 2010b). Relatedly, some service users reported issues, such as their children becoming locked in the sanctuary rooms, and shared anxieties about having measures with children in the home (Department for Communities and Local Government, 2010b). These examples of complications arising from who has access to the property point to the need for comprehensive assessments and tailoring the service to the individual case.

Suitability and access are further shaped by individual characteristics, including age, ethnicity, gender and sexuality. However, experiences of survivors with certain characteristics, such as individuals who are male, older, LGBT+ and ethnically diverse, are underexplored in research on sanctuary schemes and the wider safe accommodation literature. While evidence focusing on LGBT+ individuals remains minimal, available sources suggest that they statistically face similar levels of domestic abuse to their heterosexual counterparts (Harvey et al., 2014). The comprehensive Domestic Abuse Duty evaluation points to persistent access barriers for these individuals (MHCLG, 2025). In particular, trans women might face systemic and anticipatory barriers, and refrain from seeking refuge due to fear of stigma from inhabiting spaces designed for heterosexual cis women (Leat et al., 2025). Sanctuary schemes may offer a more appropriate option for these groups. Overall, substantial knowledge gaps remain regarding the intersectional and diverse experiences of survivors and how these influence the suitability, accessibility and effectiveness of sanctuary schemes.

# Annex B: Technical Annex

The Technical Annex provides further methodological detail on the Lived Experience Panel and Expert Advisory Group, the Theory of Change developed in the initial phases of the evaluation to guide the evaluation design, the research questions underpinning the evaluation and evaluation framework, the sample selection and participant engagement and the ethical considerations and trauma-informed approach that informed the research design and delivery

## Lived Experience Panel and Expert Advisory Group

The evaluation was supported by two advisory bodies: a Lived Experience Panel (LEP) and an Expert Advisory Group (EAG). Evaluation findings were presented to these groups to sense-check and enrich the analysis for insight, relevance and impact. These groups also helped to clarify unexpected findings or areas for further exploration, alongside supporting interpretation of the findings.

The Lived Experience Panel was facilitated by domestic abuse experts at Standing Together Against Domestic Abuse and met three times over the course of the evaluation. It helped inform the design, optimise survivors' engagement and provided insights from the data collection.

The Expert Advisory Group was facilitated by MHCLG and met four times over the course of the evaluation. The group consisted of cross-government policy and analytical experts working on Domestic Abuse, homelessness and Violence Against Women and Girls including Home Office, Ministry of Justice, Department for Education, Department for Health, the Domestic Abuse Commissioner's office, the Children's Commissioner's office, the Association of Police and Crime Commissioners, the National Centre for Violence Against Women and Girls and Public Protection, Standing Together Against Domestic Abuse and Refuge. The expertise of the group was used to inform project aims, approaches, interpretation of emerging findings and support the policy and practical implications.

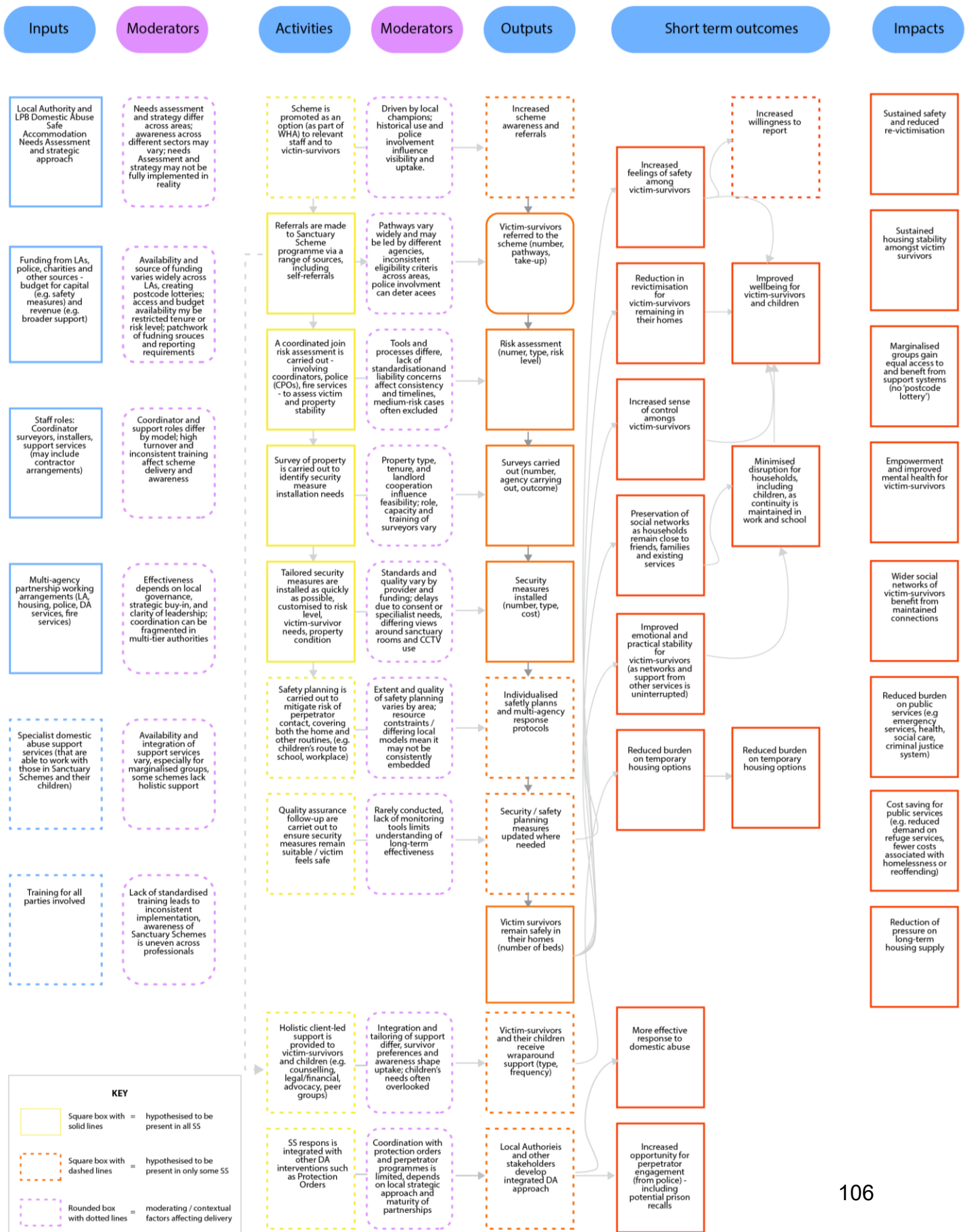
## Theory of Change

Figure B. 1 presents the Theory of Change. Based on a review of policy and academic literature alongside early consultations with policymakers, practitioners and academic experts, it represents how sanctuary schemes should be delivered in practice to effectively achieve their intended outcomes.

In practice, the understanding and delivery of sanctuary schemes varies significantly across areas, due to differences in understanding and historical experiences with sanctuary schemes, local contextual factors such as geography or demographics shaping approaches, and/or other constraints on implementation. Therefore, within

the Theory of Change, factors that may influence variation across inputs and activities were identified and reported in the diagram as 'moderators'. These are aligned with the findings of the evaluation. As this is a process evaluation, it is beyond the scope of the study to determine the causal influence of these factors on outcomes. Instead, they are considered in terms of how they contribute to variation in implementation.

# Figure B.1: Theory of Change



# Research questions

The research questions were informed by the literature review, the scoping consultations undertaken during the design phase and the development of the Theory of Change. These are designed to address the evaluation objectives by exploring how sanctuary schemes are delivered and experienced in practice, whilst identifying the conditions that shape best practice.

## Sanctuary Scheme Delivery and Implementation

1. How are sanctuary schemes currently understood and what are seen to be their constituent components? How consistent are understandings across actors?
2. How are LA needs assessments used to inform the strategic approach towards sanctuary schemes and related support?
3. How are sanctuary schemes currently operating in Tier 1 and Tier 2 local authorities?
  - 3.1. How are sanctuary schemes funded, considering both installation and wider support (i.e. capital and revenue funding)?
  - 3.2. How are principles, models or agreed standards, such as those set out in the STADA Whole Housing Approach guidance or SBD guidance, used to shape delivery?
4. How are sanctuary schemes promoted to professionals (including social housing landlords – LA, council, housing association and private registered providers (PRPs) –) and survivors?
5. How and what kind of training is provided to those involved in the delivery of sanctuary schemes? Does training cover digital threats related to domestic abuse?
  - 5.1. In what ways, if any, does training differ across different roles or agencies and what are the reasons for this?
6. How are sanctuary schemes understood and used alongside other forms of (safe) accommodation and other domestic abuse-related interventions?
  - 6.1. How, if at all, are legal remedies (such as non-molestation orders, Domestic Abuse Protection orders, or processes to resolve housing issues such as joint tenancies) used alongside sanctuary schemes?

- 6.2. How, if at all, are sanctuary schemes effectively integrated with other domestic abuse interventions (e.g. domestic abuse services, perpetrator removal/rehousing/ programmes)?
7. What are perceived to be the key intended and unintended outcomes and impacts for sanctuary schemes for survivors, local authorities, partner organisations, and wider communities?

### **Sanctuary Scheme Referrals and Decision-Making**

8. What are the referral pathways (including self-referral) for survivors into a sanctuary scheme?
9. How do local authorities and wider agencies (police, housing, domestic abuse services, fire services) work together, and with survivors, to make decisions about whether to go ahead with sanctuary schemes?
  - 9.1. How are cases approved or rejected for sanctuary schemes?
  - 9.2. What is the process for cases that are rejected for sanctuary schemes (e.g. are they fast-tracked to receive other support)?
  - 9.3. What is the role of MARACs for high-risk cases?
  - 9.4. How are decisions made in cases where a MARAC is not used? How are risk and needs assessments used in making a decision?
  - 9.5. What role do coordinators play in helping to coordinate activities across the different agencies involved?
  - 9.6. How are the views of survivors considered and integrated into decisions?
10. What constitutes the 'end' of a sanctuary scheme for an individual and how is this decided?

### **Sanctuary Scheme Security Measures**

11. How do local authorities, housing associations and private registered providers where applicable, and wider agencies work together to make decisions about security measures?
  - 11.1. How are surveys and installations carried out and what agencies are involved?
12. What measures do local authorities or other agencies take to follow up on or quality assure sanctuary schemes once they are in place?
  - 12.1. Are there ongoing costs or risks linked to maintaining security measures and, if so, how are these borne?

- 12.2. What happens to the security measures when the individual reaches the end of sanctuary scheme involvement (e.g. if involvement ends when they move house, are measures removed)?
- 13. How is safety outside of the home considered as part of sanctuary schemes?
  - 13.1. Are online spaces and digital safety addressed within sanctuary schemes?

## **Sanctuary Scheme Support**

- 14. What support is offered (for adults and children) as part of sanctuary schemes? Is the scheme itself seen as support?
  - 14.1. How does this compare to the support provided in other forms of safe accommodation?
  - 14.2. What factors affect decisions regarding what support is provided and whether support is taken up (e.g. the scheme itself being perceived as support)?
  - 14.3. How long is support provided for and how is the duration decided?
  - 14.4. What happens at the point of ending support?
- 15. How is support commissioned, managed and delivered in practice?
  - 15.1. How does this process vary depending on the model of provision and other contextual factors (including LA governance)?

## **Survivor Experiences of Sanctuary Schemes**

- 16. What is the journey taken by survivors through a sanctuary scheme, from hearing about the scheme to ending support?
  - 16.1. How are the stages of a sanctuary scheme experienced by victim-survivors (adults and children), including satisfaction and acceptability?
- 17. What, if any, difference is there across survivor experiences depending on their characteristics (e.g. risk profile, whether they have children, housing tenure, experiences of marginalization particularly LGBT+, disabled, or migrant victim-survivors, previous experiences of safe housing/temporary accommodation)?
  - 17.1. How, if at all, does model of provision and other contextual factors (including LA governance) affect victim-survivor experiences?
- 18. What do survivors perceive as the key benefits and drawbacks to sanctuary schemes?
  - 18.1. Do these perceptions differ depending on their individual circumstances or characteristics?

## **Learning and Innovations**

19. What are the barriers and enablers to the effective delivery of sanctuary schemes (both security measures and support)? How are barriers addressed?
20. What factors drive local variation in delivery (e.g. models of provision or contextual factors)?
  - 20.1. What examples, if any, are there of innovative or tailored local delivery that drives perceived effectiveness?
  - 20.2. How, if at all, are different models of provision or contextual factors seen to influence the achieved outcomes and impacts?

## **Sanctuary Schemes' Role in Wider Government Priorities**

21. How, if at all, do survivors, practitioners and stakeholders perceive sanctuary schemes as contributing to wider government priorities on homelessness prevention and reducing violence against women and girls?
22. What indicators and evidence do local authorities and service providers use to measure the effectiveness of sanctuary schemes (e.g. outcomes, costs and benefits)? Who is included in the collected statistics (i.e. only those receiving holistic support or anyone who has had security measures installed)?

## Evaluation Framework

The evaluation framework (Table B.1) reports the key themes and research questions highlighted above alongside the methods for data collection.

**Figure 11: Table B.1 Evaluation Framework**

### Delivery and implementation

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/ support orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data  Document s (i.e., needs assessme nt; strategy)
RQ1	X	X	X	X	X	X	X	
RQ2	X	X	X					X
RQ3	X	X	X					
RQ3.1	X	X	X				X	
RQ3.2	X	X	X		X		X	
RQ4	X		X	X	X	X		
RQ5	X	X	X		X			
RQ5.1	X	X	X		X			
RQ6	X	X	X	X	X	X		
RQ6.1	X	X	X	X	X		X	
RQ6.2	X	X	X					
RQ7	X	X	X	X	X	X		

## Delivery and implementation

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/ support orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data  Document s (i.e., needs assesse nt; strategy)
RQ8	X	X	X	X	X			
RQ9	X	X	X		X		X	
RQ9.1	X	X	X				X	
RQ9.2	X	X	X					
RQ9.3	X	X	X					
RQ9.4	X	X	X				X	
RQ9.5	X	X	X					
RQ9.6	X	X	X	X	X	X		
RQ10	X	X	X	X				

## Security Measures

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/ support orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data  Document s (i.e., needs assessme nt; strategy)
RQ11	X	X	X		X			
RQ11.1	X	X	X	X				
RQ12	X	X	X	X				
RQ12.1	X	X	X	X				
RQ12.2	X	X	X					
RQ13	X	X	X	X	X			
RQ13.1	X	X	X	X	X			

## Support

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/ support orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data Documents (i.e., needs assessment; strategy)
RQ14	X	X	X	X	X	X	X	
RQ14.1	X		X	X	X	X		
RQ14.2	X		X	X	X	X		
RQ14.3	X		X	X				
RQ14.4	X		X	X				
RQ15	X	X	X					
RQ15.1	X	X	X					

## Survivor Experiences

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/su pport orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data  Document s (i.e., needs assessme nt; strategy)
RQ16	X		X	X		X		
RQ16.1				X				
RQ17	X		X	X	X	X		
RQ17.1	X	X	X	X		X		
RQ18	X	X	X	X	X	X		
RQ18.1	X	X	X	X	X	X		

## Learning and innovations

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/su pport orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data  Document s (i.e., needs assessme nt; strategy)
RQ19	X	X	X	X	X	X	X	
RQ20	X	X	X					
RQ20.1	X	X	X					
RQ20.2	X	X	X					

## Sanctuary schemes' role in wider government priorities

	Interview LA staff	Interview Police	Interview Support providers	Interview Survivors	Interview Other sector/su pport orgs	Interview Charities/ support groups (if no VS)	Survey LA	Written data  Documen ts (i.e., needs assessme nt; strategy)
RQ21	X	X		X	X			X
RQ22	X	X	X				X	X

## Approach to Sample Selection

The selection of the case study sample is based on the following criteria:

1. Region.
2. Governance (Unitary, Tier 1 and 2, part of a Combined Authority).
3. Index of Multiple Deprivation.
4. Geography (rural/urban).
5. Rate of domestic abuse and Multi-Agency Risk Assessment Conference activity.
6. Rate of sanctuary scheme utilisation – calculated using the MI data, it is a percentage calculated by dividing the number of sanctuary scheme accommodation by the number of individuals supported in sanctuary schemes in each local authority.
7. Whether the local authority owns housing stock.
8. Model of sanctuary scheme and innovative approaches (where known).

The primary sampling criterion was region, with one case study site from each region in England. However, the case study sample limit (8 sites) meant that it was not possible to have a site per region, owing to England covering 9 regions and so the East Midlands and West Midlands were considered together. After consultations with MHCLG, region was included as a primary sampling criterion to ensure that findings can be considered by local authorities to have covered the national picture and have relevance in their area.

Additionally, at least one local authority piloting Domestic Abuse Protection Orders was included in the sample, to examine how these orders interact with sanctuary schemes.

Sample selection began with the compilation of a longlist of over 95 local authorities, identified through stakeholder recommendations, consultations, and input from MHCLG, members of the EAG and other experts. Applying the selection criteria to the longlist resulted in the shortlisting of eight local authorities, which constitute our sample:

- Redcar and Cleveland Borough Council (part of Tees Valley Combined Authority), which is a Domestic Abuse Protection Order pilot site
- Blackpool Council
- Kirklees Council (part of West Yorkshire Combined Authority)
- Sandwell Council (part of West Midlands Combined Authority)
- Essex County Council (Tier 1) with a focus on Braintree District Council (Tier 2)
- Brent Borough Council (part of Greater London Authority)
- Reading Borough Council

- Devon County Council (Tier 1) with a focus on North Devon District Council and Teignbridge District Council (Tier 2)

Participation in the research was voluntary and these eight local authorities agreed to participate.

In Essex and Devon, areas with a two-tier local government structure, Tier 1 authorities acted as the initial point of contact and facilitated engagement with Tier 2 district councils. These district councils were selected as part of the sample to reflect and balance its composition of key criteria, and because they hold responsibility for housing functions.

This sample was finalised in collaboration with MHCLG and members of the Expert Advisory Group. Taken together, the selected sites represent a mix across all key characteristics, ensuring diversity in governance structures, deprivation levels, geographies, and models of delivery, an essential basis for understanding how sanctuary schemes function across different contexts.

## Engagement

Table B.2 presents the professional roles interviewed in each case study areas.

**Table B.2 Professional roles interviewed in each case study areas.**

Case Study	LA staff	Housing Associations	Domestic abuse service staff (support and/or security providers)	Police	PCCS	Count
Redcar & Cleveland	1	2	3	1	1	8
Reading	3	0	3	0	0	6
Blackpool	5	1	2	2	1	11
Devon (North Devon and Teignbridge)	6	1	4	0	0	11
Essex (Braintree)	4	1	4	3	0	12
Brent (GLA)	3	0	2	0	1	6
Kirklees	2	0	3	0	2	6
Sandwell	4	0	4	0		6

Table B.3 presents the demographic characteristics of the participants who completed the questionnaire (five out of 19 survivors). As completion was optional, these data provide only a partial picture of the overall sample. Additional observable characteristics of participants were identified through the interviews themselves; these are reflected in the analysis where relevant.

**Table B.3 Demographic characteristics of survivors completed the questionnaire (n = 5)**

Characteristic	Category	Number
Age group	18 – 24	1
	35 – 44	1
	45 – 54	3
Gender	Woman	5
Sexual orientation	Heterosexual	5
Ethnicity	White	4
	Multiple ethnic groups	1
Nationality	British	4
	Non-British	1
First language	English	4
Disability	Disabled	1

Table B.4 presents a detailed account of survivors' recruitment routes.

**Table B.4 Survivors' recruitment routes.**

Recruitment route	Count
Domestic Abuse Commissioner	13
Redcar & Cleveland domestic abuse service	2
Blackpool domestic abuse service	2
Devon domestic abuse service	1
Sandwell domestic abuse service	1

Other survivor networks identified in the early phases of the evaluation through stakeholder engagement (such as SafeLives Pioneers; the Violence, Abuse and Mental Health Network, and the University of Central Lancashire Connect Centre, Standing Together Against Domestic Abuse working group) were also used as recruitment routes. The research opportunity was shared through mailing lists, newsletters, and word of mouth within these networks. However, this did not result in any additional participants being recruited.

## Ethical considerations

This study adhered to strict ethical standards to ensure the protection and respect of all participants and data involved. A bespoke ethics board was convened to assess the approach to the case studies and to ensure that high ethical standards are maintained throughout the research.

The ethical approach for the research was structured around several considerations: informed consent; confidentiality and data protection; trauma-informed interviewing and participant wellbeing; and researcher welfare. These principles guided the design and delivery of the evaluation to ensure participants' rights and safety are protected, while maintaining research integrity.

### Informed consent

Informed consent was obtained prior to interviews. All participants were provided with a plain-language participant information sheet and privacy notice in advance. This outlined: the purpose of the study; what participation involves; the expected duration; how data will be stored and used; how confidentiality will be maintained; and participants' rights, including the right to skip questions or withdraw from the study at any time without penalty. The researcher reviewed this information verbally at the start of the interview, ensuring participants have the opportunity to ask

questions and clarify any concerns. Informed consent was recorded either orally (with audio recording if permission is granted) or in writing if the participant prefers not to be recorded. Survivors also received a participant consent form. Participation was entirely voluntary, with survivors remunerated with a £50 shopping voucher for their time and valued insights.

## **Confidentiality and data protection**

Confidentiality and anonymity of participants were maintained. Any personal, identifiable details were omitted from outputs. All interview and survey data was securely stored, accessible only to authorised members of the research team, and handled in compliance with data protection legislation, including GDPR.

## **Trauma-informed approach**

Given the sensitivity of engaging with survivors of domestic abuse, a trauma-informed approach was embedded throughout the evaluation design and delivery. Trauma-informed approaches emphasise safety, choice, collaboration, trust, and empowerment. As such, interviews were conducted by trained and experienced researchers and sought to minimise potential distress or discomfort of participants. Interviews allowed flexibility, with participants reminded they can skip any questions they choose. Following the interview, participants were signposted to support services and resources.

## **Researcher welfare**

Interviewing on sensitive topics and working with survivors of domestic abuse can carry emotional impacts for researchers. To mitigate harm and feelings of emotional burnout, all research team members involved in the fieldwork stage had access to regular team debriefs, providing opportunities to reflect on challenges, offer peer support, and promote researcher wellbeing. Additionally, interviews with survivors were covered by two researchers. This approach strengthened safeguarding by ensuring that one researcher could focus fully on engaging with the participant while the other managed notetaking, logistics, and monitoring for signs of distress. It also provided an additional layer of support in case of a disclosure, helped maintain data quality, and contributed to researcher wellbeing by ensuring shared responsibilities.

Overall, the study aimed to balance rigorous inquiry with the highest ethical standards to ensure integrity and respect throughout the research process.

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