Ministry of Housing,
Communities &
Local Government

Domestic Abuse Part 4 Duty – Victim survivor outcomes from support in safe accommodation

Outcome measurement research

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July 2026
Ministry of Housing, Communities & Local Government

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July 2026

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Foreword

This report presents findings from a programme of research commissioned by the Ministry of Housing, Communities and Local Government to understand the outcomes experienced by victim-survivors of domestic abuse receiving support in safe accommodation and to assess the feasibility of establishing a shared outcomes framework.

The research was delivered by Verian Group UK in partnership with academic experts from the University of Bristol, University College London, University of Sussex and City St George's, University of London. It combines a rapid evidence review with multi stage primary research, including fieldwork and a structured consensus process.

Encouragingly, the research finds strong support across all key stakeholders for developing a shared outcomes framework. Bringing together evidence and insights from survivors, service providers, local authorities and policy stakeholders, this work identifies a core set of outcomes that matter most.

Five core outcomes were prioritised: access to safe and suitable housing beyond safe accommodation, mental or emotional wellbeing, understanding of domestic abuse, feelings of safety and physical safety. The research also supports the suitability of the Domestic Violence and Abuse Core Outcome Set for child and family focused support delivered in safe accommodation.

The findings highlight important considerations for implementation. Outcomes are currently measured inconsistently across areas, limiting the ability to compare services or build a national picture of impact. It is particularly important that outcome measurement supports learning and improvement, rather than being used solely for performance management.

This research provides a clear foundation for future work to improve how outcomes are understood and measured across the system. It will support the next phase of this work, which will consider potential approaches to implementing a shared outcomes framework in practice.

I would like to thank all those who contributed to this research, and in particular the victim-survivors whose experiences have shaped these findings.

Stephen Aldridge

Director for Analysis and Data and Chief Economist

Ministry of Housing, Communities and Local Government

List of acronyms and abbreviations

ASCOT: Adult Social Care Outcomes Toolkit

CAFADA: Children and Families Against Domestic Abuse Safety and Well-being scale

CORE-10: Clinical Outcomes in Routine Evaluation (10-item version)

CTS: Conflict Tactics Scale

DA-COS: Domestic Violence and Abuse Core Outcome Set

DASH: Domestic Abuse, Stalking, Harassment and Honour-Based Violence Risk Checklist

MARAC: Multi-Agency Risk Assessment Conference

MHCLG: Ministry of Housing, Communities and Local Government

MI: Management Information

MOVERS: Measure of Victim Empowerment Related to Safety Scale

PHQ-9: Patient Health Questionnaire (9-item version)

SVAWS: Severity of Violence Against Women Scales

VAWG: Violence Against Women and Girls

WEMWBS: Warwick-Edinburgh Mental Well-being Scale

Executive Summary

Introduction

Part 4 of the Domestic Abuse Act 2021 (‘the duty’) places a statutory responsibility on Tier 1 local authorities in England to assess need for, commission and oversee support within safe accommodation for victim survivors of domestic abuse and their children. While current statutory monitoring provides insight into demand and provision, it does not capture the outcomes experienced by survivors. This limits the ability to understand whether support is effective, for whom it works best and how outcomes vary across accommodation types, local areas and survivor groups and impacts the ability to develop a coherent national picture of what works.

This study was commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) and delivered by Verian Group UK in partnership with academic experts from the University of Bristol, University College London (UCL), University of Sussex and City St Georges University of London. It assesses the feasibility of establishing a shared outcomes framework for support delivered in safe accommodation. A shared outcomes framework is understood here as a targeted set of core outcomes that all services measure as a minimum standard.

Methodology

The research adopted a multi-stage, mixed-methods design, grounded in trauma-informed and participatory principles. It comprised:

- a Rapid Evidence Review to map existing outcome domains, measures and implementation challenges relevant to safe accommodation;
- scoping fieldwork with adult and child survivors, service providers, local authority commissioners and policy experts to explore outcome priorities, current data practices and perceived barriers and enablers;
- a consensus building process, using a two round e Delphi survey followed by a multi stakeholder consensus workshop, to agree priority outcomes for inclusion in a shared framework.

Across all stages, the research sought to minimise burden on services operating in crisis contexts, ensure representation across survivor groups and accommodation types, and foreground survivor perspectives.

Key findings

Feasibility of a shared outcomes framework

The research identified a clear need for a shared outcomes framework and found that establishing a framework is both feasible and supported across all participant groups. Survivors, service providers, local authorities and policy stakeholders expressed strong appetite for greater consistency in outcome measurement and for building a more robust evidence base on the impact of support delivered in safe accommodation.

However, feasibility is conditional. Participants were clear that a shared framework would only be workable if it is implemented as a core outcome set and has built-in flexibility for local authorities and providers to: measure additional outcomes where these are meaningful in specific contexts (e.g., services for survivors with multiple disadvantage and intersectional experiences); have a choice of tools where possible that are appropriate for different settings; and use short narrative explanations to contextualise quantitative results. Additionally, the shared framework should be clearly positioned as a tool for learning and improvement rather than performance management and be supported by appropriate engagement, guidance and resourcing to the extent possible.

Priority outcomes for adult survivors

Through the consensus process, participants agreed that five outcomes should form the core of a shared outcomes framework for adult-focused support in safe accommodation:

1. (Access to) safe and suitable housing beyond safe accommodation, including the ability to remain in or return safely to one's own home;
2. Mental or emotional well-being;
3. Understanding of domestic abuse;
4. Feelings or perceptions of safety;
5. Physical safety.

These outcomes were seen as capturing the most meaningful changes associated with support in safe accommodation, while remaining sufficiently broad to apply across different accommodation models and survivor groups. Participants also emphasised that some of these outcomes—particularly housing beyond safe accommodation—are shaped by wider system factors and should, therefore, be interpreted with appropriate context, rather than viewed in isolation. Also, it is worth noting that although some outcomes refer to longer-term impact beyond the strict sense of safe accommodation, this is seen as an indirect result of support provided there and could practically be measured within the time spent in safe accommodation.

Measurement considerations

Although mapping outcome measurement tools was not a primary focus of this study, the review highlighted significant variation in the availability of measurement tools for the five prioritised outcomes. "Mental or emotional well-being" appears to be the only outcome with some well established and validated measures, like the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), which has already been recommended through the Domestic Violence and Abuse Core Outcome Set research. For "(access to) safe and suitable housing", "feelings or perceptions of safety" and "physical safety", fully validated tools do not yet appear to be available. While some relevant tools exist within case management practice systems or research contexts, these require further development, adaptation or validation before they could support consistent outcome measurement. By contrast, it seems that there are some evidence gaps for "understanding domestic violence and abuse", where no suitable tools currently seem to exist to measure change over time. This uneven measurement landscape provides important context for further research to assess and co-develop proportionate, trauma-informed measurement approaches aligned to the agreed outcomes.

Children’s outcomes and the Domestic Violence and Abuse Core Outcome Set (DA-COS)

There was broad agreement that the Domestic Violence and Abuse Core Outcome Set (DA-COS) provides a strong foundation for measuring outcomes for children and families within safe accommodation. Participants viewed it as credible, survivor-informed and largely applicable in this context. However, they also highlighted the need for careful interpretation in safe accommodation settings, particularly for outcomes that are inherently longer-term, such as “freedom to go about everyday life”. Participants emphasised that children’s outcomes are closely connected to the well-being and stability of the non-abusive parent and are significantly shaped by external systems such as housing, education and family courts.

Key considerations for developing a shared outcomes framework

The findings point to several key considerations that are critical for successful development and implementation.

Buy-in and engagement: Securing genuine buy-in from local authorities, service providers and survivors is essential. This requires early engagement, co-production and clear communication about the purpose and use of outcomes data.

Balancing consistency and flexibility: A shared framework must combine national consistency with local flexibility, enabling comparability without constraining trauma-informed practice.

Resourcing and capacity: Implementation will require appropriate guidance, training and capacity-building across local authorities and service providers, with particular support needed for smaller specialist providers.

Use of data for learning: Outcomes data should be positioned as a tool for learning, service improvement and strategic planning for local authorities and service providers, rather than as a mechanism for compliance or performance monitoring, which even subconsciously can lead to data skewing.

Longer-term outcomes and a whole-system perspective

A robust and cross-cutting finding of this research is a strong appetite for measuring alongside immediate, short-term outcomes, also longer-term outcomes, extending beyond the immediate period of stay in safe accommodation. Participants consistently emphasised that understanding longer-term stability, recovery and resettlement is essential to meaningfully assess the effectiveness of support. While these outcomes may extend beyond the strict statutory scope of Part 4, participants clearly articulated how they are connected to support delivered in safe accommodation and should be recognised as such, taking of course into account the inherent constraints of measurement only within the time boundaries of safe accommodation.

Relatedly, participants stressed the importance of taking into account a whole system approach when developing this framework. Outcomes from safe accommodation cannot be fully understood in isolation from the wider domestic abuse, housing and homelessness systems etc. This also includes information on the nature and severity of violence experienced, as well as the status of perpetrators (e.g., whether they have been removed from the property or are engaged in intervention programmes). Greater alignment with adjacent sectors was seen as critical for improving coherence and interpretability of outcomes, reducing duplication and better reflecting survivor journeys across services and local authority boundaries.

1. Introduction

This report presents the findings of a research study commissioned by the Ministry of Housing, Communities and Local Government (MHCLG) and delivered by Verian Group UK in partnership with academic experts from the University of Bristol, University College London (UCL), University of Sussex and City St Georges University of London. The project forms part of MHCLG's wider programme of work under Part 4 of the Domestic Abuse Act 2021, which places statutory responsibilities on Tier 1 local authorities to commission and deliver support within safe accommodation for victims-survivors of domestic abuse and their children.

The overarching aim of this study was to assess the feasibility of establishing a shared outcomes framework for measuring the outcomes of support delivered in safe accommodation. This framework is intended to be meaningful to key stakeholders—including local authorities (as the principal commissioners), service providers (as deliverers of support), MHCLG (as the policy lead and aggregator of national data) and victims-survivors themselves (whose lived experiences should be reflected in the outcomes measured). By supporting greater consistency in how outcomes are evidenced, the research responds to a longstanding need within the sector to build a culture of evidence informed decision making to ensure that support is delivering meaningful change for those using safe accommodation services.

As part of this broader commissioned work on victim survivor outcomes from support in safe accommodation in the context of Part 4 of the Domestic Abuse Act 2021, a Rapid Evidence Review was conducted by Dr Annie Bunce (City St George's, University of London), Dr Katie Smith and Dr Estela Capelas Barbosa (University of Bristol). The Rapid Evidence Review report synthesised domestic literature on the outcomes used to assess safe accommodation support for adults and children and its findings serve as complementary evidence base to the primary research conducted for this study and captured in this report.

Policy context

Part 4 of the Domestic Abuse Act 2021, known as the Domestic Abuse Duty and from here referred to as 'the duty', introduced—for the first time—a statutory requirement for Tier 1 local authorities in England to assess need for, commission and oversee the provision of support within safe accommodation for victims of domestic abuse and their children, recognising children as victims in their own right. Tier 2 authorities are required to cooperate with Tier 1 authorities to fulfil these responsibilities. The intention of the duty is to secure a consistent, needs led approach to accommodation based support so that adults and children affected by domestic abuse can access specialist, holistic support at the point of crisis.

Safe accommodation, as defined in the Domestic Abuse Act, refers to single-sex, secure settings dedicated to supporting victim-survivors and includes:

- refuge accommodation (communal, confidential location);
- specialist safe accommodation for groups with protected characteristics or specific needs;

- dispersed accommodation (self-contained units for those for whom communal living is unsuitable);
- second-stage accommodation (temporary follow-on after refuge or dispersed settings);
- sanctuary schemes, where survivors remain in their own homes with enhanced security ('target hardening').

Safe accommodation services are a critical component of the co-ordinated community response to domestic abuse. They typically support individuals and families who are fleeing situations of heightened risk and require immediate rehousing or target hardening to ensure their safety. Support delivered in these settings aims not only to provide short term protection but to contribute to longer-term outcomes including improved well-being, stability, strengthened autonomy and independence and sustained separation from abuse. It includes emotional and practical support, advocacy and help to access community resources (e.g. housing, financial, legal support), counselling and therapeutic interventions and dedicated provision for LGBTQ+ survivors, children, migrant women, disabled survivors and others.

Demand for safe accommodation consistently exceeds supply, with Women's Aid (2026) documenting significant and persistent access pressures. The recent Crime Survey for England and Wales shows that 3.8 million people aged 16+ experienced domestic abuse in the year ending March 2025 (ONS, 2025a; 2025b), reinforcing the need for robust and scalable support systems.

MHCLG oversees delivery of the duty and requires local authorities to submit annual monitoring data (Management Information, MI) describing referral volumes, characteristics of those supported and types of safe accommodation and support provided. While valuable, this administrative data presents a partial picture of demand (due to under referral when services are full, duplication across referral pathways and limited demographic recording) and does not capture the outcomes experienced by survivors (MHCLG, 2025a), which in turn limits understanding of whether this type of support is effective, for whom and in what circumstances. These limitations were also highlighted in the recent independent evaluation of the Domestic Abuse Duty for Support in Safe Accommodation, which emphasised the challenges of comparing provision across areas in the absence of shared outcome expectations (MHCLG, 2025b). Evidently, engagement between service providers and local authorities with outcomes data remains patchy, with data being shared only in a limited and inconsistent manner.

The Rapid Evidence Assessment commissioned as part of the independent evaluation similarly established that the absence of a shared national outcomes framework hinders the ability to compare services, assess effectiveness of support and understand the experiences of different cohorts using safe accommodation (Cunnington & Wild, 2025). A national, harmonised approach to measuring outcomes could help generate reliable evidence on what works, support consistent needs assessments by local authorities and enable MHCLG to build a clearer national picture of how well the duty is being delivered. However, to generate meaningful evidence, it is crucial to ensure outcomes are most relevant to those who use, deliver and commission services. This work set out to explore stakeholder appetite for a shared outcomes framework and to use consensus methods to identify priority outcomes for inclusion if an outcomes framework were to be implemented.

For clarity, when referring to a shared outcomes framework throughout this research and according to findings, this means a small set of core outcomes—the changes or impacts experienced by survivors as a result of support in safe accommodation—that all services measure as a minimum standard. Notably, services can still measure other outcomes that matter locally. It refers to a collective agreement across services and local authorities to measure key core outcomes in a consistent manner supporting greater comparability and strengthening consistency and quality across the system, which is also an area of interest for MHCLG.

Prior evidence and foundations for this research

This research builds on a well established body of evidence examining the challenges and opportunities of using data from specialist domestic abuse services to inform policy and practice. Literature consistently highlights fragmented measurement approaches of violence and abuse and limited cross service comparability. As summarised in Bunce et al. (2023, 2024) and reflected in the broader domestic abuse and sexual violence research (Hameed et al., 2020; Livings et al., 2023; Weeks et al., 2024), “different approaches to the measurement of violence and abuse” remain a central obstacle to generating high quality, comparable evidence that measure impact of support services (see also Luzon et al., 2025). These inconsistencies impede the sector’s ability to identify what works, for whom, and in which contexts.

A major contribution to improving consistency has been the development of the Domestic Violence and Abuse Core Outcome Set, funded by the National Institute for Health and Care Research and Foundations (Powell et al., 2022). This Core Outcome Set provides a consensus based minimum set of core outcomes for evaluating child and family focused domestic abuse interventions, (Bains et al., 2026). It was developed through extensive multi stakeholder engagement (survivors, commissioners, providers, researchers) and includes:

- five core outcome areas (child emotional health and well-being; caregiver emotional health and well-being; family relationships; freedom to go about daily life, and feelings of safety) relevant to child and family interventions;
- recommended validated tools for measuring these outcomes, or tools accompanied with provisional recommendations, provided that a robust validation process is completed before they are use in practice;
- detailed guidance on trauma-informed outcome measurement (forthcoming).

Although the Domestic Violence and Abuse Core Outcome Set was designed to be used across all types of child-focussed domestic abuse interventions, including potentially in safe accommodation, it was not developed specifically for this context, nor does it include outcomes for adult survivors supported in their own right, independent of their role as parents. The work commissioned by MHCLG, therefore, builds on and extends this work by (i) identifying suitable adult focussed outcomes to populate a standalone, adult focussed safe accommodation outcomes framework and (ii) considering whether adaptation of the existing child focussed Core Outcome Set is required for use in safe accommodation settings.

The evidence base on adult outcomes and outcome measures used in safe accommodation is limited; therefore, this work addresses an important practice and research gap. A recently published scoping review of UK based domestic and sexual violence support interventions (Carlisle et al., 2024) mapped 426 outcome measures across 80 studies. Only four studies included accommodation-related services (within multi-service interventions) and none directly measured the effectiveness of support delivered in safe accommodation. Similarly, Cunnington and Wild (2025) evidence review showed that evidence on outcomes and impacts of support in safe accommodation remains limited and that the absence of a shared national outcomes framework hinders the ability to compare services, assess effectiveness of support and understand the experiences of different cohorts using safe accommodation.

This gap persists and to date much of the available quantitative outcome evidence on safe accommodation support has been generated in the United States (Yakubovich et al., 2022). A notable recent UK exception is a quantitative doctoral study by Smith (2025), which demonstrated improvements in well-being during refuge stays and highlighted how demographic factors and support needs influenced survivors' trajectories, including risks of returning to perpetrators. Furthermore, the recent independent evaluation of the Domestic Abuse Duty found some qualitative evidence that outcomes of safety, well-being and confidence do improve following support (MHCLG, 2025b). These outcomes were most evident in the short to medium term, particularly in relation to day-to-day safety, emotional stability and confidence, while longer-term outcomes—such as financial independence—were more uneven, especially for survivors with higher or more complex needs. Overall, the evaluation highlighted the role safe accommodation can play in supporting greater stability and readiness for survivors to begin re-establishing their lives after abuse.

The Rapid Evidence Review conducted for this project builds directly on Carlisle et al.'s scoping review and extends it to the safe accommodation context. It confirms that existing outcome measurement is highly variable and often methodologically weak. Even where the same outcomes and tools are used, inconsistent application and reporting limit opportunities for meta-analysis (Carlisle et al., 2025; Latzman et al., 2019). The Rapid Evidence Review also highlights that many widely used tools lack validation in domestic abuse or safe accommodation contexts or are burdensome for survivors in crisis settings.

Finally, research on implementation challenges in domestic abuse specialist services (Bunce et al., 2023; Bains et al., 2026; Howarth et al, 2024) shows that uptake of core outcome sets is often low due to barriers including:

- lack of infrastructure for data collection;
- difficulties in following up with victim-survivors;
- unclear timelines for measurement;
- limited guidance on applying outcome tools in real-world settings.

These barriers are acutely relevant to the safe accommodation context, where services face high demand, short stays and constrained resources and this work seeks to further explore both the barriers to, and facilitators of, effective outcomes measurement and use.

Evidence gaps

Drawing together the policy context and prior research, several evidence gaps are clear and form the rationale for this study.

1. Lack of outcomes for adult-focused support

No nationally recognised outcomes framework exists for adults accessing support in safe accommodation in their own right, despite adults representing the largest user group; this contrasts with the more developed and established outcomes framework available for children and families.

2. Inconsistent measurement across local authorities and providers

Outcome measurement varies widely due to differences in commissioning structures, contract requirements, tool availability and organisational preferences. This limits comparability, shared learning and national understanding of what works.

3. Structural and operational barriers to shared measurement

These include infrastructure limitations, safeguarding and data protection concerns, lack of provider capacity, difficulties collecting follow-up data, unclear measurement timelines and concerns that data could be misused for performance management rather than service improvement (Bunce et al., 2023; Bains et al., 2026). Support in safe accommodation is often delivered during periods of acute crisis and survivors may leave services unexpectedly, sometimes due to changes in risk, safeguarding issues or the availability of move-on accommodation.

4. Fragmented and incomplete data flows

There is limited understanding of:

- what data providers already collect;
- what is shared with local authorities;
- how data informs needs assessment and commissioning;
- where the gaps lie.

MHCLG's annual Part 4 MI data returns rely on information submitted by Tier 1 local authorities and variation in the completeness and consistency of provider-to-local authority data can make it challenging to develop a comprehensive national picture of need, provision and demand. This, in turn, limits MHCLG's ability to build a robust evidence base on how local provision is aligned to need in order to inform funding and wider policy decisions.

These challenges were highlighted both in MHCLG MI data (MHCLG, 2025a) and the recent independent evaluation of the Duty (MHCLG, 2025b).

2. Research Scope and Methodology

Research scope

The study investigated the feasibility of establishing a shared outcomes framework for support delivered in safe accommodation under the Part 4 duty. Agreement on what to measure is only a partial solution to developing a shared measurement system. Broader systemic issues, such as data collection infrastructure, follow-up challenges and unclear timelines, must also be addressed to ensure effective implementation of shared measurement.

Therefore, the research placed emphasis on:

- outcomes that are meaningful to survivors, providers, local authorities as commissioners and central government;
- measurement tools (for the prioritised outcomes) already in use, their validity, reliability and practicality;
- the suitability of the Domestic Violence and Abuse Core Outcome Set for child and family focused support delivered in safe accommodation;
- understanding the current data ecosystem, including its barriers and enablers, and assessing how this ecosystem affects the feasibility of adopting a shared outcomes framework.

Research questions

Overarching Research Question

Is it feasible to establish a shared outcomes framework for measuring the outcomes of support in safe accommodation that is meaningful to local authorities, service providers, victim survivors and central government?

Outcome Prioritisation and Consensus Building

1. What outcomes are prioritised by different stakeholder groups for evaluating adult focused support in safe accommodation?
2. How do these outcome priorities differ across local commissioners, providers, government officials, and survivors?
3. Which outcomes are agreed through consensus as the most important to measure?

Associated Measures

4. Indicatively, what measurement tools or instruments are currently available or in use to assess these outcomes?
5. How valid, reliable, and practical are these tools in the context of safe accommodation support?

Applicability of the Domestic Violence and Abuse Core Outcome Set

6. To what extent is the existing Domestic Violence and Abuse Core Outcome Set applicable to child and family-focused support delivered under the duty?
7. Are there gaps or limitations in the Domestic Violence and Abuse Core Outcome Set when applied to child and family focused support in safe accommodation, and how might these be addressed?

Barriers and Enablers

8. How can we understand the national picture of outcomes in safe accommodation given current systems, capacities and priorities?
9. What multi-level (e.g. practical, cultural etc.) challenges and barriers hinder the adoption and implementation of a shared outcomes measurement system in the context of delivering the duty (i.e. across service providers and local authorities)?
10. What potential solutions or facilitators/enablers could support the adoption and use of a shared outcome measures system?

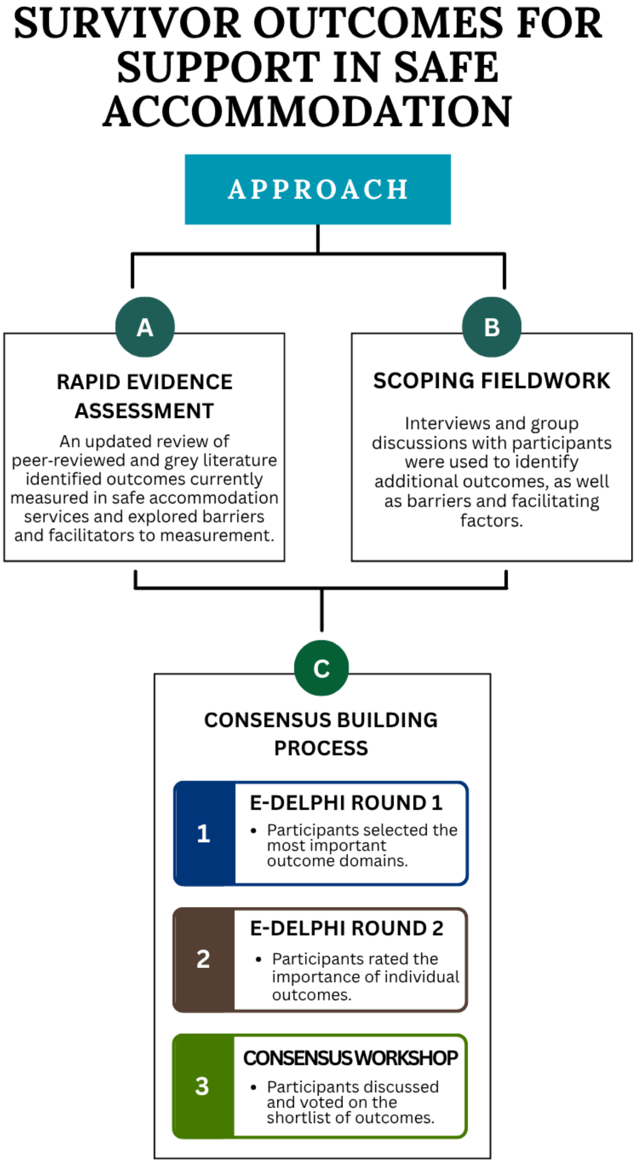
Methods

The research was conducted by a consortium comprising experienced Verian researchers and leading academics in this policy area from the University of Bristol, University College London (UCL), University of Sussex and City St Georges University of London.

A multi-staged methodology was used to conduct this research which comprised of A) a rapid evidence review, B) scoping fieldwork and C) a consensus building process (see Figure 1 below). The rapid evidence review and scoping fieldwork focused on identifying the outcomes currently measured within safe accommodation services, as well as mapping key barriers and enablers within the existing data-flow ecosystem. The consensus building process comprised three steps: two survey rounds followed by a multi-stakeholder workshop to identify the outcomes to be included in a shared outcomes framework (see Figure 2.1). The research study was guided by the following overarching principles:

- trauma-informed practice, ensuring safety, choice, and minimisation of re-traumatisation across all stages;
- participatory multistakeholder engagement across all research stages, ensuring adult and child survivors, providers, LAs, and policy experts shaped the evidence;
- representation and diversity, with recruitment strategies tailored to include varied geographies (rural/urban), demographics (gender, ethnicity, disability, LGBTQ+) and safe accommodation types (shared, dispersed, specialist, self-contained, sanctuary schemes);
- drawing on existing evidence, especially the Domestic Violence and Abuse Core Outcome Set and recent academic scoping reviews, this research aims to effectively use available resources to strengthen its findings;
- minimising burden, simplifying engagement, when needed, and ensuring efficient consensus building processes that do not impose additional bureaucratic, administrative or reporting burdens on specialist services or stakeholders.

Figure 2.1: Research stages flowchart



An updated review of peer-reviewed and grey literature identified outcomes currently measured in safe accommodation services and explored barriers and facilitators to measurement.

Interviews and group discussions with participants were used to identify additional outcomes, as well as barriers and facilitating factors.

- Participants selected the most important outcome domains.

- Participants rated the importance of individual outcomes.

- Participants discussed and voted on the shortlist of outcomes.

Oversight and Advisory Groups

Three panels were involved form the inception of this project to provide oversight, integrate lived experience knowledge and to ensure the research was grounded in trauma-informed principles. One panel, comprising nine members from VOICES, a survivor-led domestic abuse charity, reflected the perspective of adult survivors. A second panel, including three members from the Changemakers, a young people's authentic voices group from the domestic abuse charity SafeLives, was consulted to represent the views of children and young people survivors.

In addition to the lived experience panels, the project was also supported by an External Advisory Group comprising around 15 members, including cross-government policy and analytical colleagues working on domestic abuse and Violence Against Women and Girls

(VAWG) from the Home Office, Ministry of Justice and Department for Health and Social Care, representatives from the Domestic Abuse Commissioner's Office, the Local Government Association, the National Housing Federation and key sector organisations (Women's Aid, Standing Together Against Domestic Abuse, Imkaan, GALOP, Stay Safe East Rural Initiatives to Tackling Abuse and Mankind), as well as research leads from the consortium and MHCLG officials. The group provided subject-matter expertise, supported interpretation of emerging findings and offered strategic oversight.

Ethics

Ethical approval was sought from University of Sussex's Science, Engineering and Medicine Faculty Research Ethics Committee (SEM F-REC). Approval covered both the scoping fieldwork and consensus building processes, reviewed in two stages (2025-0699-894, 2026-1138-978). Informed consent was obtained from all survivor and service provider participants, as well the local authorities and policy experts involved at each stage of research.

Demographic data were collected from survivors to ensure the research team was consulting with a diverse survivor cohort. Where survivors chose to participate across the research project, demographic data was collected once. All demographic data was stored anonymously and separately from consent forms.

Audio-recordings were made only during the scoping fieldwork stage. Audio recordings were permanently deleted after they were transcribed, checked for accuracy and anonymised. No recordings were made for later stages of the research; instead, detailed researcher notes were collected, anonymised at source and stored separately from completed consent forms and demographics data. A trauma-informed approach was applied to all components of the research, particularly where engaging survivors and was informed by ongoing consultation with their survivor engagement coordinators within the service.

Rapid Evidence Review

The Rapid Evidence Review was carried out between October 2025 and March 2026 by Dr Annie Bunce (City St George's, University of London), Dr Katie Smith and Dr Estela Capelas Barbosa (University of Bristol). It is complementary to this report and is published separately here.

The objectives of the Rapid Evidence Review were to:

1. identify and provide a visual overview of outcome domains and measures relevant to support in safe accommodation for adult victims of domestic abuse, as reported in peer-reviewed and grey literature;
2. map the identified outcome domains against the current Domestic Violence and Abuse Core Outcome Set to understand areas of overlap and divergence;
3. provide a narrative synthesis of practical challenges, barriers, constraints and facilitators that shape the implementation of a shared outcome measurement framework in safe accommodation contexts.

Scoping Fieldwork

The primary aims of this phase were fourfold:

1. to identify any outcome areas that may have been overlooked in the desk review, ensuring that the scope of outcomes is as comprehensive as possible;
2. to examine the suitability of the Domestic Violence and Abuse Core Outcome Set for capturing outcomes of support delivered to children and families within safe accommodation settings;
3. to understand how data is currently exchanged and utilised among key stakeholders, with a view to improving the flow and application of shared information;
4. to draw out insight into the perceived barriers, limitations, and enablers associated with the adoption of a shared outcomes framework.

Participants and recruitment

This research project engaged four participant cohorts: government officials and policy experts, local authority representatives, service providers and adult and child survivors. Purposive sampling was employed to ensure broad representation across geography, demographics, safe accommodation types and relevant stakeholder roles.

Government officials and policy experts

Five participants were recruited from central government departments (Home Office, Ministry of Justice) and national bodies representing the interest of domestic abuse victims (Domestic Abuse Commissioner, Women's Aid) and local government (Local Government Association). This cohort was included to capture national-level priorities, policy demands and system-wide perspectives essential to understanding the broader context for domestic abuse safe accommodation.

Local Authorities

A total of 13 participants were drawn from five case study areas selected according to the following criteria:

- geographic diversity;
- urban/rural mix;
- governance complexity (including multi-tiered authorities);
- variation in safe accommodation provision;
- avoidance of duplication and burden to areas participating in other MHCLG research;
- demonstrated willingness and capacity to participate.

Within these local authorities, the research engaged staff with commissioning responsibilities, data management functions, duty delivery roles and specialist leads, ensuring a comprehensive view of local practices and challenges.

Service Providers

Six service providers participated in this stage, spanning a range of accommodation types including refuges, sanctuary schemes, dispersed accommodation and second-stage accommodation support. The providers consulted reflected services that provided support to survivors with diverse needs such as services supporting survivors of all genders, parent-survivors with three or more children, Black and Minority Ethnic survivors including members from the Gypsy, Roma and Traveller communities and survivors from the LGBTQ+ community. Many services provided support to multiple groups of disadvantage and also provided support in multiple types of safe accommodation. The research team recruited services providing safe accommodation support, as defined by the Ministry of Housing Statutory Guidance.

The research team began recruiting service providers from the five designated case study sites, mirroring the recruitment of local authority representatives. This approach was intended to establish a clearer understanding of how data flows within each area, and how said data is used in practice, thus enriching our insights into the application and sharing of information. Where it was not possible to recruit services from these five sites, recruitment was expanded to areas with similar characteristics, such as similar regional diversity. The adapted recruitment approach continued to prioritise contacting services which provided a range of safe accommodation provision and those that demonstrated willingness and capacity to participate.

Survivors

This research aimed to consult with two groups of survivors to provide feedback on outcomes from both adult and child perspectives. “Adult survivors” were defined as survivors aged over 18 years at the time they engaged with safe accommodation services. “Child survivors”, defined as young people aged 16-25 years who had engaged with safe accommodation services during childhood (under 18 years).

The research team experienced significant challenges in reaching young survivors of domestic abuse with experience of using safe accommodation services. Due to this difficulty, a decision was made to extend the eligibility criteria for “child survivors” to include adults of all ages who had used safe accommodation services as children and young people, under 25 years of age. Thirteen survivors participated in the scoping stage of this study, with seven participants contributing their feedback on adult-focused outcomes and six providing their feedback exclusively on child-focused outcomes. Survivors discussing adult-focused outcomes were recruited from two safe accommodation services: Solace Women’s Aid and Juno Women’s Aid. Between these two services, both provided refuge accommodation and Solace Women’s Aid is also a provider of dispersed accommodation. Participants included survivors currently receiving support and those who had previously accessed refuge accommodation. Several survivors had also experienced other forms of safe accommodation, including specialist safe accommodation and second-stage provision. Survivors exclusively commenting on child-focused outcomes had both historic and current experiences of using safe accommodation services during childhood or young adulthood. These participants’ experiences primarily involved refuge accommodation, although some had accessed multiple forms of safe accommodation, including sanctuary scheme support and second stage accommodation services. At the time of participation, survivors were aged between 18 and 54 years. All participants identified as female and came from Asian, British Asian, Mixed Ethnicity or White Backgrounds. Among the 13 participants, nine had parenting or caregiving responsibilities, which included parents of both adult children and children under 18 years. Five participants disclosed having a disability or long-term health condition (see Appendix 1 for an overview of demographic characteristics of survivors across all stages of this research). This range of lived experience provided valuable insight into the lived realities and needs within safe accommodation settings.

Data collection methods

Data was collected primarily through 1-hour semi-structured interviews, supplemented by focus groups with survivors, each lasting approximately 1.5 hours. All sessions were conducted by trained researchers with expertise in trauma-informed practice. With informed consent, all sessions were audio-recorded, transcribed verbatim and anonymised to protect participant confidentiality.

Analysis

We used a structured thematic analysis approach. A pre-defined analytical matrix aligned to research questions was developed and researchers coded transcripts directly into this matrix. The team conducted interpretative synthesis to identify patterns, divergences, contextual dynamics, and themes. To strengthen analytical robustness, at least four members of the research team cross-reviewed the charting framework during analysis. This ensured that coding decisions and theme identification were shared endeavours rather than the interpretation of any single researcher. Findings informed the refinement of the longlist of outcomes and the design of the consensus building activities that followed

Consensus Building

This phase aimed to reach agreement on priority outcomes for adult-focused support in safe accommodation. We adopted a tiered approach (Howarth et al., 2021; Powell et al., 2022a; Jongsma et al., 2020; Gargon et al., 2014; Jorm, 2015; Macefield et al., 2013; Sinha et al., 2011; Kirkham et al., 2017) to ensure a rigorous and systematic reduction in outcomes, whilst also identifying those considered the most important by all participant groups.

Consensus Process Stages

1. Stage 1 – Delphi Survey Round 1 aimed to reduce the longlist of 20 domains identified through the Rapid Evidence Review and the scoping fieldwork;
2. Stage 2 – Delphi Survey Round 2 aimed to further reduce the 35 outcomes shortlisted from the Round 1 chosen domains;
3. Stage 3 – Final consensus workshops aimed to establish agreement on the final five prioritised outcomes.

Round 1 e-Delphi Survey

The e-Delphi methodology facilitated the reduction of the longlist generated from the Rapid Evidence Review and the scoping fieldwork stages. To minimise participant burden, the research team grouped the outcomes within the longlist into 20 domains, each representing a broad category of related outcome. For example, the domain mental well-being included outcomes such as general well-being, empowerment and independence. These domains with brief descriptors, were presented to participants. The descriptors were based on pre-established taxonomy developed during the Domestic Violence and Abuse Core Outcome Set research (Powell et al, 2022a). Participants were asked to select the domains they considered most important.

A total of 21 survivors, 25 service providers, 52 local authorities' representatives and 3 government officials and policy experts responded to the first round of the Delphi survey (see Appendix 2 for a further breakdown). This included those who had participated in the scoping fieldwork, as well as a wider cohort of each participant group. Expanding recruitment in this way enriched our understanding of which outcomes were prioritised and helped to ensure the findings were a more accurate representation of the wider participant perspective.

Survey responses were analysed by participant group (local authority, provider, policy, survivor) to enable comparison between participant groups and to identify areas of overlap or divergence. For each participant group, the number of votes per domain were converted into weighted percentages so that groups could be compared equally regardless of their relative sample size. These weighted percentages were then averaged across groups to generate an overall score for each domain.

The threshold for shortlisting domains as most important was when domains were selected by more than 50% of survivors and also received either: (i) a weighted percentage above 50% from at least two other participant group, or; (ii) a weighted percentage above 50% from one other participant group and a high overall average across all groups that was 65% or higher; based on the scores and weighted percentages, this was considered a high overall score.

Round 2 e-Delphi Survey

The purpose of this stage was to enable participants to further reduce the shortlist of outcomes. Based on the domains identified as most important in Round 1, individual outcomes included within the selected domains were presented to participants in Round 2. Participants were asked to rate each outcome in terms of importance; ratings were intended to reflect absolute rather than relative importance. Responses were captured on a five-point Likert scale, ranging from not important at all (1) to extremely important (5).

All Round 1 participants were invited to take part in Round 2. Of those, 16 survivors, 23 service providers, 28 local authority representatives and three government officials and policy experts completed the second survey.

As in Round 1, responses were analysed by participant group. For each group, the number of ratings per outcomes were counted and converted into a percentage to reflect how many participants selected the outcome as highly important (scores of 4 or 5) or unimportant (scores of 1 or 2). These percentages were then compared against percentile thresholds of 70% 80% and 90% to identify the level of agreement within each participant group regarding the importance of each outcome. Percentages were then averaged across groups to produce an overall percentage score for each outcome.

Outcomes were shortlisted as highly important if they met one of the following criteria: (i) received over 80% highly important ratings across all participant groups, or; (ii) received over 90% highly important ratings from survivors and one other participant group and scored over 70% on the overall average percentage.

Consensus Workshop

The final stage of the consensus building process involved an online virtual consensus workshop. The aim of this stage was to reach agreement on which outcomes should be considered the highest priority for inclusion in a shared outcomes framework.

Overall, 22 participants attended the workshop, comprising adult survivors (n=9), service providers (n=4), local authority representatives (n=7) and government officials and policy experts (n=1). The session was facilitated by an independent external consultant with expertise in consensus methodology, supported by members of the research team. To maintain confidentiality, the workshop was not recorded; instead, the research team made detailed, anonymised notes throughout. A qualified counsellor was available for the duration of the workshop to provide support.

The workshop facilitation and delivery drew upon learning from previous consensus workshops undertaken as part of the Domestic Violence and Abuse Core Outcome Set development (Powell et al., 2025) and followed recommendations from the James Lind Alliance, which specialises in online consensus development meetings (Jongsma et al., 2020).

Prior to the workshop, participants received an information pack which outlined the workshop purpose, the shortlist of 15 outcomes and an optional fact sheet providing additional detail about measurement tools and their associated evidence-base. This included information on the tools' reliability, validity, use within UK domestic abuse or safe accommodation contexts and practical considerations for implementation.

During the workshop, using the nominal group technique, participants discussed which outcomes they considered most and least important. These conversations took place over two rounds of small, mixed-group discussions, allowing everyone to hear a wide range of perspectives. At the end of the discussion, participants were invited to vote for the five outcomes they believe should be prioritised for inclusion in a shared outcomes framework. Because voting was kept strictly anonymous, votes were not tracked by stakeholder group. The workshop concluded with a plenary discussion focused on data collection and data sharing—an important consideration for assessing how feasible it would be to implement.

Limitations

The study design included inherent limitations, which are noted below.

1. Recruitment challenges across participant groups

Recruiting survivors and service providers for this research presented notable challenges, despite extensive effort and multiple recruitment routes. Safe accommodation services are currently operating under significant operational pressures; reporting requirements, substantial administrative and data collection obligations, high and complex caseloads, resource constraints and limited protected time for external engagement. Within this context, finding capacity to voluntarily participate in research was understandably difficult.

Although the impact was less pronounced, local authorities faced similar pressures. One local authority declined participation entirely, and even among those who agreed, limited staff capacity and competing operational demands complicated the scheduling of fieldwork.

Additionally, survivor engagement required careful, trauma-informed processes and relied heavily on provider support, which added to the burden on already stretched services. Importantly, the recruitment approach followed—where service providers shared information about the study with survivors—has inherent limitations. While designed to maximise safeguarding and ensure that participation was voluntary and supported, it also means that:

- participants may not represent the full breadth of experiences within safe accommodation;
- survivors with more positive or stable experiences may have been more likely to take part;
- those disengaged from services, in crisis, or with more negative experiences may be under-represented.

Overall, while a diverse range of participants was ultimately secured, the numbers reflect sector pressures rather than lack of relevance or willingness to contribute.

2. Generalisability of findings

Although the research design intentionally sought diversity across geographies, urban/rural contexts, governance structures, safe accommodation types, and survivor demographics, the total number of participants is necessarily limited when considered against the scale and variation of safe accommodation provision across England.

Across all the stages of research, we engaged the following participants (see Round 1 e-Delphi Survey for further details):

- 52 local authority participants including 13 representatives from the 5 case study sites;
- 25 service providers providing diverse safe accommodation support across England;
- 5 policy experts;
- 21 adult survivors and 6 children survivors.

This provides a rich evidence base, but the findings should be interpreted with appropriate caution. They offer insight into patterns, priorities and shared experiences, but they cannot capture the full breadth of all local ecosystems, all provider models, or the full diversity of survivor experiences nationally. Local commissioning arrangements, service structure and data systems vary to some extent. Therefore, some findings may resonate more strongly with certain contexts than others.

Nevertheless, the study's design, grounded in triangulation across multiple participant groups, deliberate sampling for variation and a structured consensus building approach, provided a sufficiently robust foundation to inform national-level discussion on outcome measurement in safe accommodation.

3. Feasibility of a shared outcomes framework

Is it feasible to establish a shared outcomes framework?

Findings from this research indicate that it is feasible to establish a shared outcomes framework for support delivered in safe accommodation.

Factors that support the implementation of a shared outcomes framework

Strong support expressed across all participant groups

Local authorities, service providers, policy experts and victim-survivors believed that a shared outcomes framework could address the fragmented way outcomes are currently recorded. They expected this would increase consistency and enable a more coherent national picture, supporting improved needs assessment and more evidence-informed commissioning and service planning, with consequent benefits for the quality and responsiveness of provision.

Clear consensus on a targeted set of core outcomes

Despite initially identifying a varied range of outcome priorities, clear consensus emerged through the research around a targeted set of core outcomes that all participants felt should underpin any adult focused shared framework:

1. (access to) safe and suitable housing following safe accommodation;
2. emotional health and well-being;
3. understanding of domestic abuse;
4. feelings and perceptions of safety;
5. physical safety.

Alignment of Domestic Violence and Abuse Core Outcome Set within safe accommodation

The existing Domestic Violence and Abuse Core Outcome Set, developed to support the evaluation of child and family focussed interventions, was seen as highly acceptable within safe accommodation settings. Together, the Domestic Violence and Abuse Core Outcome Set and the set of outcomes prioritised through this research can offer a clear way forward for outcome measurement in safe accommodation settings.

Designing a shared framework that works across different services, audience groups and local areas

While there was agreement across the board on the need for a shared framework, participants emphasised it should be viewed as a core-plus model, including a core outcome set, rather than a comprehensive or limiting framework. This core set is vital for consistently measuring safe accommodation support's impact. However, the framework must also allow local authorities and providers flexibility to:

- measure additional outcomes relevant to their local contexts and decision making, as well as their population needs (e.g., in cases with survivors with multiple disadvantage and intersectional experiences);
- measure the core outcomes with tools appropriate for their services and population groups;
- capture additional short narrative explanations to contextualise outcomes.

Narrative contextualisation of quantitative data was viewed as essential to capture richer understanding of survivors' experiences and to prevent services being held accountable for outcomes shaped by wider system factors, such as housing availability, immigration decisions, court processes or school placement, which sit beyond the control of service providers.

Within this context, participants consistently underscored the importance of wider system integration and viewing the shared outcomes framework in the context of the broader ecosystem of support services in which it operates. While this consideration extends beyond the formal scope of the Part 4 duty, stakeholders highlighted that the true value of a shared framework lies in its potential to strengthen links across the wider system, rather than being limited to the immediate support period in safe accommodation.

Practical considerations in implementing a shared outcomes framework

Participants highlighted key practical considerations for implementing a shared outcomes framework, recognising that meaningful change requires adequate resourcing across the system. They raised the importance of the following considerations:

- limited provider capacity and engagement;
- increased administrative burden on providers and local authorities;
- limitations of current data systems;
- varied definitions and interpretation of terms across services and areas and thus a clear need to establish a shared language;
- guidance, training and support for implementation.

Careful collaborative work would be needed prior to pilot or wider roll out, to secure the buy-in across service providers and to ensure that data collection processes are trauma-informed and understood by survivors. Failure to invest time and effort in this initial preparation phase, they felt, would adversely impact the quality and quantity of data collected through such a framework and undermine relationships with commissioners and providers.

4. Prioritised adult victim-survivor domains and outcomes

Drawing from findings from the scoping fieldwork conducted with local authorities (commissioners), policy experts, service providers and survivors, this section outlines the priority outcomes for adult-focused support in safe accommodation, how these priorities differ across groups and the tools currently used to measure them.

Outcomes prioritised by different stakeholder groups during the scoping phase

Across all participant groups, there was consistent prioritisation of a set of broad outcome areas considered essential for evaluating adult-focused support in safe accommodation (see Appendix 3 for a thematic overview of outcomes). These included:

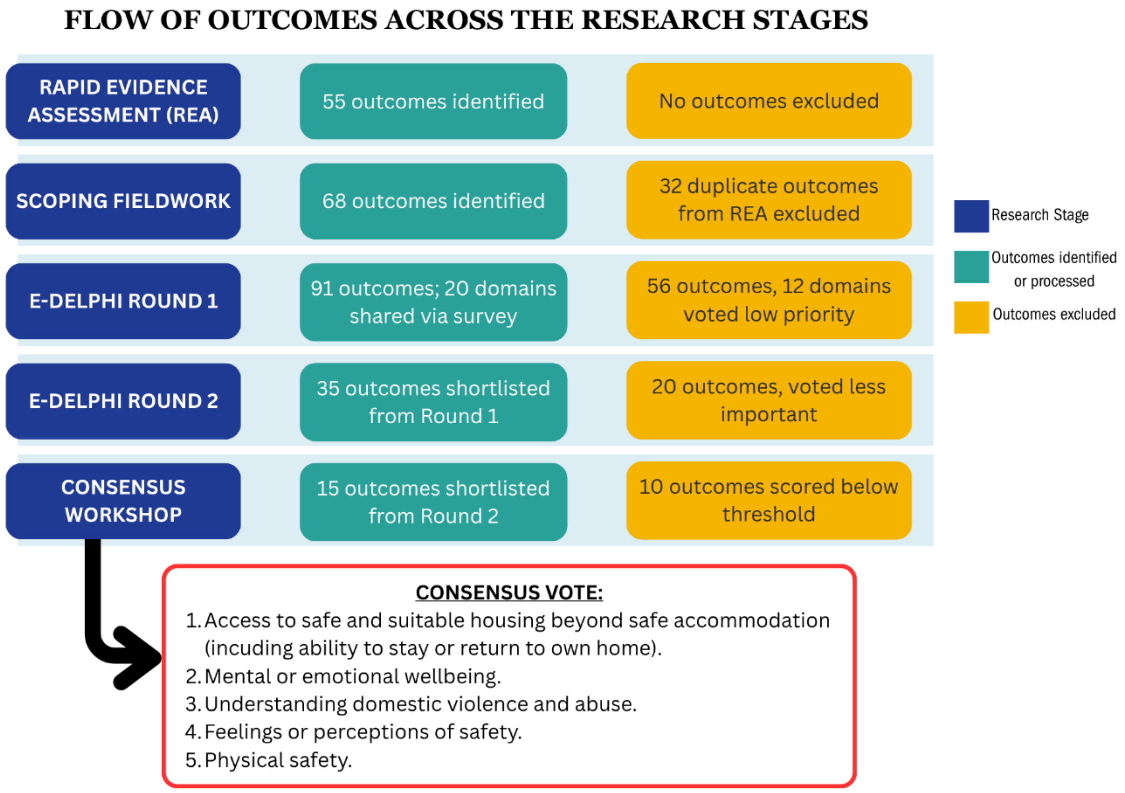
- safety – encompassing physical safety, reduction of harm, reduction of risk, and survivors' own perceptions of safety;
- well-being and recovery – including emotional, mental and physical well-being, trauma stabilisation and access to appropriate therapeutic support;
- confidence, self-worth, empowerment and autonomy – relating to regaining a sense of control, making independent decisions and building coping strategies;
- quality of life, stability, resettlement and practical independence – including routine building, financial security, independent living skills and the suitability of accommodation;
- ability to navigate daily life and complex systems – such as accessing health, legal, benefits and housing systems without re-traumatisation or administrative overload;
- community, belonging and reduced isolation – reflecting strengthened social support networks, reduced loneliness and opportunities for community engagement;
- freedom to go about daily life – understood as the longer-term ability to move freely and live without surveillance or control.

Final consensus on outcomes to be included in a shared outcomes framework

Drawing from the rapid evidence review, which identified 55 outcomes, and the scoping fieldwork, which identified 68 outcomes, a total of 91 unique outcomes comprised the longlist of candidate outcomes for inclusion in the shared outcomes framework (see Figure 4.1 for an overview). As described in Chapter 2, these outcomes were mapped onto the taxonomy developed in the Domestic Violence and Abuse Core Outcome Set research (Powell et al., 2022a), resulting in their organisation into 20 outcome domains.

In Round 1 of the Delphi survey, the list of 20 outcome domains representing the 91 outcomes identified by then was reduced to 8 domains that represented 35 individual outcomes (12 domains were excluded). In Round 2, these 35 individual outcomes were reviewed and voted on by participants, resulting in a shortlist of 15 outcomes (20 outcomes were excluded) which were discussed during the final consensus workshop to agree on the final 5 outcomes (see Appendix 4 for the shortlist of included and excluded outcomes).

Figure 4.1: Flow of outcomes per research stage, moving from the initially identified outcomes through the rapid evidence review and scoping fieldwork to the consensus building process



See Table 4.1 for the votes for the five outcomes (note Appendix 5 has the votes for all 15 outcomes).

Table 4.1: Total votes for the five prioritised outcomes from the 19 participants who opted to vote, out of the total 22 who attended the final consensus workshop

Outcome	Votes received
(Access to) Safe and Suitable Housing beyond safe accommodation	13
Mental or Emotional Well-being	12
Understanding of Domestic Violence and Abuse	11
Feelings of perceptions of safety	11
Physical Safety	9

Outcomes viewed as highest priority

(Access to) safe and suitable housing beyond safe accommodation

Across the group discussions, access to safe and suitable housing beyond safe accommodation was viewed as important by all participating groups. This includes both moving into appropriate long-term accommodation and, where appropriate, the ability to remain safely in, or return to, the survivor's own home, for example through sanctuary schemes. Participants emphasised that unsuitable or unsafe housing can undermine progress made within safe accommodation services, potentially retraumatising families and where relevant, destabilising children and young people. Survivors expressed strong fears about move on arrangements, with one describing it as "being thrown back to the lions." As another survivor summarised:

> *"Everything else falls apart. You go back to square one."* - Survivor

Local authority representatives stressed that responsibility for this outcome lies not with individual services but with the wider system. They emphasised that availability of move-on housing is a structural issue, not a reflection of service performance.

Mental or emotional well-being

Outcomes relating to emotional and mental well-being were viewed as fundamental to recovery, stability and decision-making for survivors. Many participants preferred this broader outcome to specific mental health behavioural measures (e.g., suicide or self-harm risk). However, participants also highlighted that improvements in well-being are highly dependent on other external factors. For example, gains made during support could be undone by poor move-on experiences, reflecting the unstable and often cyclical nature of survivors' attempts to rebuild their lives after leaving safe accommodation.

Understanding of domestic violence and abuse

Other outcomes considered important included understanding of domestic violence and abuse and those relating to independence and empowerment. Developing an understanding of domestic abuse was seen as essential for helping survivors recognise abusive behaviours, avoid re-victimisation and build healthy future relationships, particularly in cases involving coercive and controlling behaviour. However, it is important to recognise that awareness of such behaviours is not solely an individual responsibility; professionals and systems do not always consistently identify or understand coercive control. This can act as a significant barrier to recognition and support. As such, any focus on increasing understanding must be carefully framed to avoid implying victim responsibility and instead situated within a broader need for improved professional awareness and systemic response.

Independence and empowerment were also strongly valued by many survivors as long-term goals crucial to rebuilding life after abuse. However, professionals noted challenges with measuring these outcomes, which depend on external systems and may not be fully addressed by support in safe accommodation alone.

Feelings or perceptions of safety and physical safety

As expected, outcomes relating to safety were also consistently prioritised. Participants agreed that both subjective and objective safety are foundational to support within safe accommodation. As a survivor mentioned:

> “Unless someone feels safe, they cannot relax.” - Survivor

Feelings or perceptions of safety, whether general or specifically related to leaving safe accommodation were both seen as important. This emphasis on subjective safety aligns strongly with trauma-informed practice and reinforces the centrality of survivor voice. Similarly, there was widespread agreement that physical safety is essential given the nature of support delivered through safe accommodation services.

Differences in outcome priorities across stakeholder groups

Although there was broad alignment on what matters, different groups emphasised different aspects of outcomes based on their perspective, role and responsibilities.

Local authorities (commissioners) tended to prioritise outcomes that align with statutory duties, contract monitoring and existing data systems. They focused strongly on safety, risk reduction and housing stability, and favoured outcomes that were practical to measure and could be incorporated into commissioning frameworks.

Service providers placed emphasis on the holistic experience of survivors, including emotional well-being, confidence, perceived safety, system navigation, and the importance of children’s well-being for parents. They highlighted the need for outcomes that can capture nuanced progress and reflect the complexity of survivor journeys.

Policy experts prioritised outcomes connected to longer-term recovery, system functioning, equity of access and prevention of re-victimisation. Their perspective was more strategic, viewing outcomes within the wider domestic abuse and housing systems rather than solely within service-level delivery.

Survivors emphasised the immediacy of emotional safety, emotional well-being, being believed and understood, confidence, dignity, autonomy, quality of life and stability for themselves and their children. Their priorities centred on felt experience rather than administrative or performance-oriented measures.

Overall, while the same broad outcome areas were recognised across groups, commissioners prioritised measurable and statutory-aligned outcomes; providers and survivors emphasised lived experience, emotional and relational outcomes and policy officials highlighted long-term, systemic and equity focused outcomes.

When stakeholders were asked to consider the feasibility of measuring the same outcomes across different survivor groups and accommodation types, they were broadly supportive, although emphasised the need for flexibility to be able to tailor the measures used either to be accessible to different groups or to capture different facets of survivors’ experiences.

Outcome measurement tools

Current outcome measures and how they map to the prioritised outcomes

The research concentrated on which outcomes should be included in a shared outcomes framework, with a lesser focus on how these outcomes are currently or should be measured. This reflects: i) the ambition of MHCLG to consider outcomes without being constrained by what is currently measured or measurable, ii) recognition— particularly among policy-level participants—that although they had broad knowledge of outcomes and measurement approaches, they were not always in a position to comment on the specific tools used within individual services, reflecting the diversity of provision and the localised nature of delivery, and iii) and previous research highlighting the paucity of measurement tools that are both acceptable, valid and reliable for use in practice settings. Nevertheless, understanding how prioritised outcomes are currently measured can inform the development of implementation strategies (see Appendix 6 for an overview of the wider measurement landscape).

For the five outcomes prioritised from the consensus process, there follows a summary of possible measurement tools that could be used to measure each outcome. This includes validated measurement tools, defined as psychometrically tested for use with domestic abuse populations, to outcome measurement tools embedded within case management systems, used by services. Any gaps in measurement, where further research is required to develop or validate measurement tools, are highlighted. However, it must be emphasised that these are not systematic overviews of all possible tools or gaps and therefore a systematic process to map out tools in use would need to be undertaken in subsequent research.

Outcome 1: (Access to) safe and suitable housing beyond safe accommodation (including ability to stay or return to own home)

When reflecting on measurement tools, no validated instruments have been specifically developed to capture this outcome for domestic abuse populations. In practice, however, housing-related outcomes are often recorded through case management systems used by service providers. One such example is Women's Aid's combined case management and outcome measurement system, On Track (n.d.), which captures housing-related outcomes as well as perceptions of safety pre- and post-support. These outcomes are typically practitioner-reported, following conversations between support workers and survivors that may cover barriers to leaving abuse, feelings of safety and housing outcomes. There is no evidence to suggest that survivors can review or amend how these conversations are recorded within case management systems.

Two standardised tools have been identified that might partially capture this outcome. The Empowerment Star (Burns & MacKeith, 2017) is a UK-developed domestic abuse outcomes tool originally designed for use in refuge-based and outreach settings. As the Empowerment Star predates the statutory definition of safe accommodation, its applicability to contemporary safe accommodation models is assessed conceptually rather than assumed. The tool includes safety and housing domains; this was previously referred to as ‘accommodation’ but are now referred to as “where I live” domain. This domain defines suitable accommodation as either the survivor's previous home or new accommodation and focuses on the survivor's ability to identify and secure appropriate housing for the future, including finding a place to live, maintaining a tenancy, and sustaining suitable long-term accommodation (MacKeith, 2011).

The tool also includes separate but complementary domains such as ‘money’ and ‘children’, which can assist services in assessing whether move-on housing is practically viable. The scale is completed collaboratively between the survivor and their keyworker, scored along a five-stage "Journey of Change" (Good, 2018; MacKeith, 2011). There is limited evidence exploring the validity and reliability of this tool for this population (Bains et al 2026); other studies have highlighted inconsistencies with other outcomes stars that mean it may not be a robust tool for assessing outcomes and how they change over time (e.g. Sweet et al, 2020).

The Children and Families Against Domestic Abuse (CAFADA) Safety and Well-being scale (UKRI and University of Stirling, n.d.) includes items that are relevant to experiences associated with safe and suitable housing, within its “feeling supported” subscale. These include perceived adequacy of basic necessities (e.g. “I have the basic things I need such as money, shelter, food)” and subjective safety within the home (e.g. “I feel safe at home”). The tools use a five-point Likert-scale and include complementary adult and child measures, which previous research suggests can be useful for practitioners supporting family members in parallel (Bains et al., 2026). These items reflect issues raised by survivors during the scoping workshops, who often described housing provision as not always safe or suitable for their circumstances, but reflects only what housing is available. However, this CAFADA scale captures perceived safety and adequacy when housed, rather than access to safe and secure accommodation. It may therefore offer complementary well-being information but does not directly capture the agreed outcome of access to safe and suitable housing. Further development and validation work is needed before this tool can be recommended for use within a shared outcomes framework.

Outcome 2: Mental or emotional well-being

Outcomes relating to mental or emotional well-being have been extensively explored in previous research, particularly pertaining to the development of the Domestic Violence and Abuse Core Outcome Set (Powell et al., 2022; Barter et al., forthcoming; Bains et al., 2026). Several well-established tools exist for measuring mental or emotional well-being; however, most were not developed specifically for domestic abuse populations and need additional validation for use within this population or context. This means that researchers using these tools cannot be sure that they function in the same way for domestic abuse populations as for those whom they were developed and have been tested.

Commonly used examples (some of which have been used in domestic abuse contexts) in UK settings include the Clinical Outcomes in Routine Evaluation (CORE-10; Child Outcomes Research Consortium, n.d.), the Patient Health Questionnaire (PHQ-9; Ferrari et al., 2014), and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007).

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is well suited to domestic abuse service contexts as it takes a strengths-based rather than deficit-focused approach (CORC, n.d). The 14-item scale covers feeling and functioning aspects of mental well-being using positively worded statements, with five response categories ranging from 'none of the time" as to "all of the time." It demonstrates high internal consistency and reliability, is capable of distinguishing between different population groups, and is relatively unsusceptible to social desirability bias (Stewart-Brown et al., 2011). It has been translated into more than 30 languages and takes under five minutes to complete.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) has been validated for use with the general population, university students, and young people aged 11–16 years, as well as secondary care mental health users aged 18 and over (Bass et al., 2016; Maheswaran et al., 2012; McKay & Andretta, 2017; Melendez-Torres et al., 2019). Importantly, recent work has extended this to domestic abuse populations: initial work to identify relevant outcome measures found that The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was widely used in England and Wales and was deemed acceptable to survivors to measure both caregiver and child emotional health and well-being, with the shorter version validated for those aged 15 and older (Harewell et al. 2025). Through the Domestic Violence and Abuse Core Outcome Set research, The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was agreed as the most appropriate tool to capture the outcome “emotional health and well-being of the child” and outcome “emotional health and well-being of the caregiver” (Powell et al., 2022b).

Outcome 3: Understanding domestic violence and abuse

Although there is no single, established measurement tool designed specifically to assess an individual’s understanding of domestic abuse and violence within UK safe accommodation services, several research-informed instruments provide insight into how people recognise, interpret and appraise abusive behaviours.

The Severity of Violence Against Women Scales (SVAWS; Marshall, 1992), for example, is a specialised self-report instrument that assesses the extent, frequency and overall impact of intimate partner violence across physical, sexual and psychological domains. By asking respondents to rate the seriousness, abusiveness or threatening nature of 46 behaviours on a 10-point scale, SVAWS produces factor-analysed domains that reflect nuanced forms of symbolic and actual violence. While primarily designed to quantify the severity and clinical impact of abuse, the scale indirectly illuminates how individuals differentiate types and degrees of abusive acts, offering partial insight into their conceptual understanding of domestic violence and abuse.

Similarly, the widely used Conflict Tactics Scale (CTS; Straus, 1979) and its revised version (CTS2; Straus et al., 1996) measure specific acts of physical, verbal, psychological and sexual aggression within relationships. These tools are valuable for identifying behavioural patterns and the presence of abusive tactics, but they do not directly measure an individual’s comprehension, awareness or interpretation of domestic violence and abuse. Instead, they capture behaviours rather than the beliefs, knowledge or meaning a person attributes to those behaviours.

For safe accommodation services, where understanding of domestic abuse and violence is a critical outcome linked to empowerment, safety planning and long-term recovery, this creates an important evidence gap (McGirr & Sullivan, 2017). Existing tools describe what happened or how severe it was, but do not assess whether individuals can recognise abuse, distinguish healthy from unhealthy relationship dynamics, understand coercive control, nor are they designed to be administered at both entry and exit to demonstrate change in outcomes over time. Only a few pre/post questionnaires aiming to measure understanding of violence were identified through this exploratory research, which are embedded in recovery programmes such as Own My Life.

Consequently, while these research tools offer relevant components that inform risk assessment and intervention processes, they are not purpose-built to measure survivors' understanding of domestic violence and abuse, highlighting the need for adapted or new trauma-informed measures that are suitable for UK safe accommodation settings.

Outcome 4: Feelings or perceptions of safety

There are a few tools that capture feelings or perceptions of safety. However, as with many outcomes that are foundational to safe accommodation support, many case management systems used by services are already designed to record elements of this outcome in day-to-day practice.

In terms of research focused measurement tools, several instruments capture aspects of personal safety, including the Adult Social Care Outcomes Toolkit (ASCOT; Rand et al., 2025), the Roadmap tool developed by the University of Central Lancashire (UCLan; Stanley et al., 2021) and the Children and Families Against Domestic Abuse (CAFADA) Well-being and Safety tool (n.d.). The CAFADA tool is a strengths-based questionnaire co-designed with survivors and is viewed as highly acceptable due to its alignment with trauma-informed principles (Morrison, 2024). As noted earlier, it includes both child and adult versions, enabling practitioners to support parents and children in parallel and strengthen shared understandings of safety and well-being (Bains et al., 2026).

The Children and Families Against Domestic Abuse (CAFADA) tool received a provisional recommendation for measuring the outcome "feelings of safety" within the Domestic Violence and Abuse Core Outcome Set. However, this recommendation was made on the condition that the tool undergo further adaptation and validation to ensure its suitability for broader use within domestic abuse outcome measurement frameworks (Bains et al., 2026).

Outcome 5: Physical safety

There are currently no dedicated measurement tools that capture physical safety explicitly. Instead, this outcome is typically assessed through individual questionnaire items or indirect indicators. One research-informed tool that is frequently referenced in relation to safety is the Measure of Victim Empowerment Related to Safety (MOVERS) Scale (Goodman et al., 2015). The MOVERS is a 13-item questionnaire designed for use by domestic abuse services and assesses areas such as perceived physical safety, confidence in safety planning, and the extent to which a respondent feels more able to take action to protect themselves.

Although MOVERS is supported by a strong evidence base and demonstrates good psychometric properties, researchers have highlighted important limitations. In particular, elements of the tool's language do not fully align with contemporary trauma-informed principles, which restricts (in its current form) its suitability for inclusion within a shared outcomes framework for support delivered in safe accommodation settings (Goodman et al., 2015; Powell et al., 2022b). It is common practice to adapt measures; however, this may require further evaluation of the tools psychometric properties to check it still works in the way it was intended.

As with measures relating to feelings or perceptions of safety, case management systems used by services can also capture aspects of this outcome, given its central importance to safe accommodation and wider domestic abuse provision. Physical safety may also be assessed indirectly through risk measurement. In practice, this is commonly undertaken using risk assessment tools such as the Domestic Abuse, Stalking, Harassment and Honour-Based Violence (DASH) Risk Checklist (SafeLives, n.d.). The DASH is widely used across domestic abuse services and related sectors to support structured professional judgement and to promote a shared language between agencies. However, there is ongoing academic and practice-based debate about the extent to which the tool can reliably predict future harm, despite its prevalence and utility in guiding risk conversations (Turner et al., 2019).

5. Applicability of the Domestic Violence and Abuse Core Outcome Set to support for children and young people in safe accommodation

Participant perceptions/insights on alignment of the Domestic Violence and Abuse Core Outcome Set with the Duty

Across all participant groups, there was broad agreement on the utility and applicability of the Domestic Violence and Abuse Core Outcome Set to evaluate support provided to children and young people in safe accommodation. For clarity, the Domestic Violence and Abuse Core Outcome Set comprises the following five outcomes: (1) child emotional health and wellbeing; (2) caregiver emotional health and wellbeing; (3) family relationships; (4) feelings of safety; and (5) freedom to go about everyday life. Key themes that were highlighted across survivors, service providers, local authorities and policy experts are discussed below.

Children are victim-survivors in their own right and their emotional well-being needs to be recognised alongside safety and practical support which is already managed by safe accommodation services.

As in the case of adults, it was agreed that safety is dynamic rather than static; it can be shaped by safe accommodation environments as well as external systems such as family courts and schools.

There was shared recognition that children’s well-being is connected to the non-abusive parent’s well-being and both are affected by the uncertainty and challenges of relocation or changes to housing.

All groups agreed that education plays a central role in children’s recovery, routine and long-term outcomes and highlighted concerns about schooling disruption, particularly where safe accommodation does not adequately support educational continuity. They also pointed out the extent to which other system-level considerations (e.g. court-mandated contact, housing shortages,) shape children’s experiences and outcomes as much as service-level support.

Echoing previous development work (Bains et al, 2026; Harewell et al., 2025), participant groups highlighted the importance of age-appropriate, culturally sensitive and identity-aware approaches to outcome measurement, recognising that children’s needs vary by developmental stage, background and circumstance. Participants also explained that services lack specific measures to capture children’s experiences of support, such as feeling listened to and being believed. There was agreement that outcomes and measures need to reflect the realities and constraints of safe accommodation. For example, “freedom to go about daily life” is perhaps a longer-term outcome that is less helpful whilst residing in safe accommodation because freedom and autonomy are limited by the constraints of particular accommodation types and likely (by virtue of using safe accommodation) the relative recency of abuse.

Whilst the groups broadly agreed on the utility of the Domestic Violence and Abuse Core Outcome Set to support evaluation of safe accommodation support, participant groups varied as to the primary purpose of outcome measurement and where responsibility for achieving change should sit. The importance of capturing intersectionality and systemic barriers was also emphasised; this is likely to involve adapting measurement tools or collecting contextual data, rather than representing a core feature of the outcomes themselves.

Domestic abuse core outcome set applicability from the perspective of survivors using safe accommodation services as children and young people

Echoing the feedback from adult-survivors, service providers, local authority and policy experts, there was unanimous agreement in this group around the relevance and applicability of the Domestic Violence and Abuse Core Outcome Set for safe accommodation settings. Several participants described these outcomes as “fairly spot on” (survivor 1) and noted collectively “all of it is relevant, each and every one of them” (survivor 3).

Feelings of safety were consistently described as central, with one participant emphasising that “safety is like the biggest thing” (survivor 2). Safety was understood broadly, including physical safety, emotional safety, who has access to the accommodation, not sharing personal data and how children feel about other people living in the accommodation. Some participants noted that children and young people may find it hard to articulate whether they feel safer, particularly if they do not recognise a clear contrast with their previous experiences.

Emotional health and wellbeing of the child was repeatedly emphasised as fundamental, with one participant stating that “it should be on the top of the list anyway, irrespective of what [the child or young person’s] circumstances are” (survivor 3). Nuanced facets of this outcome such as the importance of children feeling heard, listened to and supported was repeatedly emphasised. However, some participants raised concerns about language and measurability, particularly as one participant highlighted how emotions can fluctuate depending on context, for example between school and the refuge environment.

Caregiver emotional health and wellbeing was closely linked to child outcomes, with participants stressing that if a caregiver is not “of sound mind and in the right place to help nurture” (survivor 6), this can create long term difficulties for children and contribute to adverse childhood experiences. Participants reflected on how caregivers are often in survival mode while needing to be emotionally present for their children at what may be “the worst time of their life” (survivor 4).

Family relationships were widely viewed as important, particularly relationships with the non abusive parent and siblings, as for many children “your closest person is going to either be your caregiver…or it will be your sibling" (survivor 1). Participants also discussed the complexity of wider family relationships, including contact with perpetrators or extended family members and the risk that these relationships can be harmful if not carefully managed. Some participants questioned whether family relationships should be measured as an outcome during a refuge stay, given how unstable and fluid circumstances can be at this stage, suggesting this may be more relevant at resettlement.

Freedom to go about everyday life was also seen as important, though participants acknowledged that safety considerations can place limits on freedom, such as needing to be careful about activities and contact with others. Financial constraints were highlighted as a factor affecting freedom and quality of life, with participants noting that without financial support "there's only so far that these people can feel free to go about their daily lives and have a genuinely good quality of life".

Finally, participants identified several additional areas they felt were important to capture alongside the core outcomes. These included education and school engagement, access to resources and safe accommodation facilities (such as play areas, study spaces, or "cozy" corners), and practical support on arrival, including age appropriate resource packs. The importance of children feeling heard, listened to and supported was repeatedly emphasised, alongside the value of consistent support from children's workers or play therapists who children can talk to independently of their caregiver.

Differences in outcome preferences across participant groups

Survivors focused on lived experience and the emotional realities of children's recovery such as the need for therapeutic support, consistent child-focused provision and protection from harmful court-mandated contact. A key priority for survivors, particularly those with children, was ensuring that any assessment of children's well-being reflected both their developmental stage and their experiences of domestic abuse. One survivor described feeling that her child's needs were misunderstood, as the child's symptoms were attributed to developmental delay rather than recognised as trauma-related responses to abuse.

Service providers viewed outcomes through the lens of practical deliverability and measurement constraints. They agreed with the Domestic Violence and Abuse Core Outcome Set but felt that some outcomes, particularly freedom to go about daily life and family relationships, might be challenging to measure in refuge and other safe accommodation settings. Some service providers interpreted family relationships in a more nuanced way. Interventions encompassing this outcome focused not only on improving the relationship between the non-abusive parent and child, but also more general relationship interventions such as understanding "safe relationships" and attributes associated with a safe adult. Service providers also highlighted the limitations of their remit (e.g. not working with whole families, relying on social care for wider context) and the challenge of measuring outcomes shaped by external systems rather than service quality.

As in the case of adult outcomes, local authorities approached outcomes from a system-management perspective, prioritising what could be tracked within statutory duties, funding structures and data systems. They were more sceptical of outcomes that might be poorly aligned with refuge realities (e.g. freedom to go about daily life) and focused more on the practical suitability of accommodation and the operational challenges of supporting schooling, transitions, and teenage boys in refuge.

Similar to their perspective on adult outcomes to be measured, policy makers took a whole-system view and emphasised long-term recovery, equity, and the need for outcomes that reflect systemic barriers—such as immigration status or disability—rather than only service-level support. They highlighted gaps that could influence progress on national policy, such as education disruption or the need for specialist by and for support.

To conclude, there is broad consensus regarding the relevance of the Domestic Violence and Abuse Core Outcome Set within the context of safe accommodation, with the exception of the outcome “Freedom to go about daily life”. This is viewed as being restricted by factors such as refuge regulations and may be considered as a long-term outcome, less suited to contexts where support provided is typically short-term.

6. Perspectives on the feasibility of implementing a shared outcomes framework

Role of a shared outcomes framework

The research highlighted a clear need for a shared outcomes framework. There was agreement across the different participant groups on the value that a shared framework would bring by addressing some of the gaps or challenges inherent in the current system.

Delivering a national picture: It was believed that a shared framework would promote more consistent collation of locally collected outcomes and data sharing with MHCLG, promoting a clearer understanding of the level and quality of provision across areas. This would enable more meaningful comparison between local systems and strengthen the national evidence base to inform targeted policy development and service improvement.

Establishing consistent and uniform reporting methods: As previously mentioned in this report, varied methods and approaches to reporting data on service provision and outcomes impacts both the quality of the information and how it is interpreted. A shared outcomes framework, by introducing consistency in outcome understanding and reporting across providers and areas, can deliver comprehensive mapping of service provision at the local and national levels.

Improved transparency in how data informs decision making: There was a strong appetite, amongst service providers, for improved understanding of how data collected informed commissioning decisions and was felt to be a current gap. Developing a shared outcomes framework would bring improved transparency to this process.

Anchoring the shared outcomes framework within the current data ecosystem

A shared outcomes framework must function within the existing data landscape. Thus, to assess the feasibility of implementing this framework, it is essential to first map the current data ecosystem, how data flows between organisations and the barriers that exist at different levels.

This section draws from the interviews with policy experts, local authorities, service providers and survivors to demonstrate how data moves between organisations, the key barriers and the supports required to be put in place.

Current data flow: how data moves through the system

Participants reported strong variation in the extent, quality and continuity of data across service providers and local authorities, brought on by differences in local capacity, data infrastructure and workforce pressures, and importantly, the absence of a consistent national framework. However, the data flow across the system can be summarised as below in Table 6.1.

Table 6.1: Data flow in the current ecosystem

Data flow	Type of data	System used	Notes
Survivor to service provider	Demographic data Information on services accessed Information on outcomes – e.g. changes in perceptions of safety	Varied across providers and LAs: Oasis, On Track, Lamplight, locally built tools, spreadsheets, or MS Forms	No universal data recording system
Service provider to local authority/commissioners (Quarterly)	Service user demographics Service outputs/performance: number of new survivors supported, type of accommodation, referrals Gaps in service: households not supported due to capacity shortages Outcome-related data: changes in safety, quality of life, well-being, coping, financial stability, progress towards recovery/resettlement Qualitative narrative: achievements and challenges, impact on lived experience	Varied across providers and LAs: Oasis, On Track, Lamplight, locally built tools, spreadsheets, or MS Forms	Structured reports supplemented by occasional 'contractor monitoring meetings' to support data flow
Local authority to central government (Annually)	Output data required by MHCLG MI returns	MHCLG "Delta" reporting system	Collaboration between local authorities and MHCLG to clarify published reporting guidance
Service provider to other statutory partners e.g. for MARACs	DA high-risk information (case notes, not structured outcome data) to inform coordinated safety planning and risk management decisions	Not specified	Data flow is inconsistent, non-statutory and dependent on discretion

Current uses of data – how collected data is used by organisations across the system

Service providers

Service providers used data collected from survivors for multiple reasons and mainly to support case management monitoring based on individual level outcome data (e.g., safety, well-being, Quality of Life, mental health, access to services, child needs) alongside survivor characteristics and contextual information. Additionally, collected data supported evidence performance (achievements) to commissioners. This was done based on process and performance data (referrals, acceptances, occupancy, length of stay, planned move-on, throughput, cost/value, Key Performance Indicators and, where required, aggregated outcome data to demonstrate improvements across key domains). Furthermore, decisions related to safeguarding issues were based on risk related outcome data (e.g., safety assessments, DASH indicators), disclosures and contextual factors (mental health, substance use, child well-being, housing risks), all of which helped to identify immediate or emerging safeguarding concerns. Finally, service providers used data to produce narrative, case studies or thematic insights. Narrative and case studies were used to provide context where quantitative data lacked detail, uncover unmet needs and guide service improvements and contract discussions.

Local authorities

Similarly, local authorities used incoming data from service providers to support their work. Using quarterly provider returns on referrals, occupancy, move-on numbers, risk assessments completed, safeguarding concerns identified and outputs such as types of support delivered, they managed to monitor contractual compliance and Key Performance Indicators. Also, they investigated discrepancies or missed targets, reviewing quarterly spreadsheets and narrative reports to examine unexplained move-ons, unmet Key Performance Indicators, variations in performance data or inflated/unclear percentages. Moreover, they aimed to fulfil statutory reporting requirements, including compiling MI data for MHCLG and also inform strategic needs assessments, guide commissioning decisions (e.g., where gaps or future demand are identified) and build annual action plans.

With the help of incoming data, local authorities were able to also contribute to strategic partnership and governance forums. Using the data, they were able to raise system-level questions, such as:

- clarity around the duty and some of its requirements for data collection and use locally;
- the national picture of survivor movement;
- pressures on refuge and move-on capacity;
- commissioning instability;
- data sharing and GDPR constraints.

This, in turn, helped to inform discussions on service gaps, funding needs, and future commissioning priorities.

Finally, local authorities supported with the help of data advocacy for resourcing and policy change within their authority, while they also stated that data (especially qualitative and anecdotal data) could also inform some of their central government lobbying work and institutional advocacy, where gaps emerged (e.g., no national movement picture of survivors).

Local authorities differ in how they conduct needs assessments, with some publishing them online and others not. They use both quantitative data (statutory MI indicators, service performance metrics, aggregated outcome measures) and qualitative insights (case studies, narrative reports, thematic issues, equality and demographic data) to inform needs assessments, commissioning and strategic priorities in domestic abuse partnerships. Findings are typically discussed at Domestic Local Partnerships Boards, whose structures and priorities vary locally. Thus, while these assessments play an important role in shaping local strategies, greater national scrutiny of needs assessments and data use could strengthen transparency and shared accountability, helping to support more consistent data sharing and improved data quality over time. Service providers reported a strong need for more transparency in how needs assessment data informs commissioning decisions. They felt that a shared outcomes framework could help clarify how needs assessment data influences resource allocation and strategic decisions improving transparency and trust across the system.

Local authorities highlighted several data-related challenges—including inconsistencies between providers, limited capacity on their end for quality checks of data shared by providers, limited access to non-commissioned service data and gaps in tracking survivors' long-term outcomes—which have been explored further in the barriers section below.

Central government

The interviews also explored how data is used at the national level. Participants confirmed that MHCLG currently receives MI returns, which are intended to support statutory duty oversight, high-level monitoring and future policy development. However, interviewees consistently noted that the MI returns were not designed to capture outcomes, which is a known limitation and a central motivation for this research.

Participants explained that because the data submitted to central government is largely quantitative and output-focused, reflecting statutory reporting requirements, there is limited insight into the quality of support delivered or the effectiveness of support for different groups.

In the absence of systematically collected outcome data at national level, central government currently relies on alternative sources—such as commissioned research and thematic datasets produced by sector organisations—to inform policy development and improvement activity. Participants were clear that a shared outcomes framework would systematise the collection at local level and streamline the data sharing at national level. Hence, a framework could bring greater coherence to data shared across providers, local authorities and central government. In turn, this would support a more consistent understanding of the level and quality of provision across areas, enable meaningful comparison between local systems and strengthen the national evidence base to inform targeted policy development and service improvement.

Data gaps across the system

Research participants identified several gaps in data that constrain the ability to construct a coherent national picture of support delivered through safe accommodation. While some of these issues sit partially outside the formal scope of the Part 4 duty, they were consistently raised by participants as materially affecting how outcomes are understood and interpreted in practice.

Limited visibility of longer-term outcomes

Participants strongly emphasised the importance of outcomes that extend beyond the immediate period of support in safe accommodation—particularly those relating to longer-term stability, recovery, resettlement and well-being. While such outcomes may materialise well after survivors leave accommodation and consent is difficult to be sustained, participants viewed them as meaningfully connected to the quality and effectiveness of support received during their stay, even where attribution is necessarily indirect.

Providers acknowledged that outcomes such as tenancy sustainment, progress in education or employment and longer-term emotional recovery are often only visible later and are therefore rarely captured through existing systems. Where recorded, they tend to appear in unstructured free-text fields rather than in standardised data, limiting comparability and systematic analysis. Similarly, very short stays and unplanned exits further restrict the ability to observe or measure change. In cases of unplanned departure, providers inevitably lose consent and ongoing engagement with survivors, making follow-up impossible. While this weakens the ability to attribute longer-term outcomes directly to safe accommodation, providers nonetheless stressed that understanding these trajectories remains critical to assessing the overall effectiveness of their provision.

A siloed approach to broader services and systems

Participants noted a lack of data integration between Part 4-funded services and other adjacent support services, citing variations in funding sources, data management and reporting mechanisms. Outcomes from safe accommodation cannot be fully understood in isolation from the wider domestic abuse, housing and homelessness systems, nor without appropriate contextual information about the type, nature and frequency of violence survivors have experienced and the perpetrator type or relationship. Participants felt this was important for understanding how support needs vary and how outcomes may differ depending on survivors’ experiences, yet such information is not currently collected in a systematic way. This fragmentation makes it difficult to track survivor journeys effectively, leading to inconsistencies in local records even where support pathways are connected.

Similar gaps were also felt to exist between accommodation-based services and statutory systems like policing, health, education and perpetrator services (e.g., whether perpetrators have been removed from the property or are engaged in intervention programmes). Participants stressed the importance of viewing outcomes from safe accommodation in context with the broader support system, highlighting the importance of a whole-system approach to outcome measurement.

They also identified a major national gap when survivors move between local authority areas, due to the absence of a consistent mechanism for tracking support across boundaries. This restricts providers’ ability to evidence the sustained impacts of their services where survivors’ journeys span multiple areas. Separately, participants highlighted the impact of this fragmentation on survivors themselves, who may be required to repeatedly disclose their experiences as they move between services, adding to the emotional burden of seeking support. Overall, providers and commissioners stressed the need for outcome frameworks to account for both immediate accommodation-based support and its role in long-term recovery across the wider system. Despite statutory boundaries, participants see broader context as essential for interpreting outcomes and improving provision nationally.

Missing data on specific population groups

Participants reported significant limitations in outcome data relating to particular survivor groups, including migrant survivors (especially those with no recourse to public funds), survivors experiencing multiple disadvantage and having intersectional needs, teenagers and older children in refuge, minoritised communities, male survivors, disabled survivors and survivors with complex needs. Some measurement tools were described as culturally or linguistically inaccessible contributing to the limited available data, while others were not well suited to non-linear or disrupted support journeys. These gaps were seen as restricting both local service improvement and broader understanding of equity in outcomes.

Barriers to effective data flow across the current data ecosystem

Participants described a complex set of barriers that impede effective data collection and sharing across the safe accommodation system, which ultimately impact on the feasibility of a shared outcomes framework. These barriers, set out in Table 6.2, operate at multiple points across the commissioning and delivery chain and have been grouped into three broad categories: structural and system fragmentation, reflecting macro-level and cross-system constraints; operational and governance barriers, relating to day-to-day practice, commissioning and data management processes; and perceptions and understanding, capturing participants' engagement with, and interpretation of, outcome measurement and data use. Taken together, these barriers help explain the fragmentation and inconsistency that characterise existing data flows. Alongside each barrier, the table also identifies enabling conditions that participants felt could help mitigate these challenges and support more effective implementation of a shared outcomes framework.

Table 6.2: Barriers and enablers across the data ecosystem

Cluster	Barriers in the current system	Enablers required to address the barriers
Structural and system fragmentation	System fragmentation and technical limitations	Improvements in data systems and infrastructure
	Misalignment between contractual reporting cycles and service delivery realities	A standardised set of definitions, guidance and templates

	Lack of consistency in language used across organisations Broader fragmentation across the domestic abuse support system (contextual)	
Operational and governance	Existing capacity constraints and administrative burden on service providers and local authorities Practical challenges in collecting data from survivors in a timely manner Balance between collecting and sharing relevant data and the protection of survivor cohorts Knowledge gaps: data protection concerns and lack of clarity around GDPR requirements and confidence in applying it to DA contexts	Simplified, feasible collection and reporting Training, capacity building, and dedicated analytical support roles Improved data governance
Perceptions and understanding	Provider apprehension linked to performance monitoring and funding risk Lack of understanding of the data sharing purpose	Increased communication, oversight, transparency and collaborative dialogue between central government, service providers and local authorities

Besides the barriers mentioned below in detail, some participants felt that wording in the original duty had caused some lack of clarity about its scope and application and this sometimes led to inconsistent interpretation of what data needs to be collected locally and how to be used.

Structural and system fragmentation barriers

1. System fragmentation and technical limitations

One of the primary barriers reported was the heterogeneity and incompatibility of data systems used by service providers, local authorities, and statutory partners. Many providers worked on legacy systems or basic spreadsheets that required extensive manual input, increasing the likelihood of human error, incomplete fields and missing data.

Where service provision involved multiple providers or subcontractors, data flows involved “lengthy chains”, which often relied on sequential transfers between organisations which very often worked with varied and incompatible data systems and formats. Thus, integration of this data was a complex exercise and often involved working with data of variable quality, loss of detail and discrepancies which commissioners struggled to reconcile.

2. Misalignment between contractual reporting cycles and service delivery realities

Participants described the burden created by rigid, contractually mandated reporting cycles between service providers and local authorities, particularly quarterly local returns. These timeframes were often poorly aligned with how data is generated and recorded in practice. Some tools were not designed to produce regular quarterly snapshots, which led to rushed extraction, incomplete returns, and limited opportunity for data validation or cleaning.

Policy experts also noted that, at times, commissioning requirements reflected a limited understanding of how domestic abuse services operate and achieve change, resulting in reporting specifications that did not adequately capture progress or service impact.

> "The [reporting] specifications are written by commissioners, if the commissioners don't understand what those services properly look like, [the service] is then not able to capture the information that they would most want to tell us." - Local Authority representative

3. Lack of consistency in language used

Participants highlighted the lack of shared definitions or common interpretation of key concepts. Terms such as household, referrals or contacts, adult vs. adult and child and support provided used in the MI data returned to MHCLG were interpreted differently across services.

This inconsistency extended to how outcomes—currently shared between providers and commissioners sporadically—were conceptualised, how risk was recorded, and how certain demographic characteristics (e.g., immigration status, additional needs) were categorised. Without standard definitions, seemingly simple metrics couldn't be reliably compared across shared data, which reduced the credibility of aggregate returns. Participants, therefore, emphasised that a shared outcomes framework would need to explicitly define and standardise key concepts and categories to bridge this gap and support consistency across the system.

4. Broader fragmentation across the domestic abuse support system (contextual)

Participants also consistently raised concerns about the wider fragmentation of services across the domestic abuse support ecosystem, noting that responsibilities for outcomes are spread across multiple services and agencies such as housing, health, police. While MHCLG’s role is clearly focused on the domestic abuse safe accommodation duty, participants perceived that these services were important as they shape survivor journeys and influence how outcomes from safe accommodation are understood and interpreted.

This point was raised not as a critique of the Part 4 duty itself, but as important contextual insight: participants emphasised that outcomes from safe accommodation are inevitably affected by how well the wider domestic abuse system functions, even where this sits beyond the formal scope of the duty and this research.

"The problem with domestic abuse is it's kind of everyone's problem, no one's responsibility. Like there's no one person that's ever designated and accountable for it." - Policy Expert

Operational and Governance Barriers

5. Capacity constraints and administrative burden

Capacity issues were repeatedly cited as a major barrier in data collection and sharing. Providers' capacity (particularly specialist, 'by and for', or small organisations) was already stretched dealing with crisis management and high caseloads. Many lacked dedicated data or administrative staff, meaning that outcome measurement was often an additional responsibility undertaken by frontline workers. High staff turnover and job insecurity (tied to short funding cycles) disrupted data quality and continuity as well as institutional knowledge around proper data collection and sharing. This resulted in variable data quality, high rates of missing data and limited time to complete complex reporting templates. Local authorities also reflected their capacity shortages, which impacted their ability to carry out detailed quality checks or deeper analysis beyond basic verification. As one policy expert pointed out, the system relied heavily on "goodwill" rather than sustainable resourcing, which restricted the consistency, quality and depth of shared data.

Moreover, stakeholders noted that collecting qualitative data that truly reflects survivors' experiences was time-consuming and demands careful planning, effective time management, and staff dedication, adding further pressure on already stretched resources.

6. Practical challenges in collecting data from survivors

Timing of the data collection was identified as a key challenge, particularly by providers who repeatedly underscored how gathering data solely at the point of exit from safe accommodation inevitably misses important long-term progress attributed to support in safe accommodation. As one interviewee remarked,

"You can only make an assessment based on what you know… the real positive outcomes you wouldn't know unless you re interviewed in a year's time." – Local authority representative

Many providers noted that survivors sometimes disengage towards the end of their stay, particularly when things are going well. This disengagement represents a significant barrier to data collection, as it often coincides with the crucial final touchpoint where the most meaningful impact of the service could be captured. Given that post-accommodation consent is rarely obtained, it is already almost impossible to measure longer-term outcomes. Missing this final opportunity means that services often lose the chance to document even the most significant positive changes, further limiting their ability to evidence the true effectiveness and value of their support. Practicalities such as fluctuating engagement levels (unplanned disengagement and dropouts), language barriers, and episodes of crisis further complicate consistent data collection.

Service providers also noted challenges with initial data collection timing, as survivors sometimes felt compelled to provide the ‘right’ answers to secure safe accommodation. However, over time in the secure environment, they sometimes got more comfortable sharing negative or complex experiences, leading to richer and more honest data. This was supported by several survivors who participated in this research, reflecting on feelings of intimidation at the entry-point to safe accommodation and particularly amongst those whose immigration status was a concern. Some survivors likened initial data collection on entry to safe accommodation with their abuse experience.

> “Before I explain to him, now I've got to explain to these people, I think that can be quite overwhelming.” - Survivor

Finally, survivors brought another important challenge they encountered with data collection. Some questions felt very similar: "asking the same thing in different ways, so you have to think twice about the same thing”. Overall, they understood why the questions were asked but at times they became long and overwhelming.

7. Balance between collecting and sharing relevant data and the protection of survivor cohorts

Some policy experts and providers stated that they exercise caution in data collection to avoid overwhelming survivors with extensive questioning or appearing intrusive, recognising that such approaches can jeopardise trust, especially for individuals from minoritised or marginalised backgrounds. This was supported by survivor participants who emphasised the need for practical yet caring support, tailored to their specific circumstances and for questionnaires to be designed to avoid lengthy, complex formats that required them to repeat information.

Sometimes this meant that even when such data was collected, it was not shared with local authorities by providers to protect their clients. Some feared that sharing sensitive details, even in anonymised form, misaligned with trauma-informed practice. In parallel, clients themselves may be hesitant to disclose sensitive personal information, either due to previous trauma, concerns about confidentiality, or fear of unintended consequences.

It was exactly this ethical stance that sometimes limited the depth of outcome data available to commissioners, as providers often summarised or simplified complex, relational work into high-level outcome categories that did not fully capture the breadth or nuance of survivors’ experiences. This was particularly the case where providers prioritised survivor safety, dignity, and relationship building above administrative reporting.

8. Knowledge gaps: Data protection concerns and lack of clarity around GDPR requirements and confidence in applying it to domestic abuse contexts

Participants expressed uncertainty and anxiety around data protection laws as a key barrier, especially when sharing sensitive information such as immigration status, risk level, child-related details or abuse. They were unclear about what constitutes safe data transfer, which systems are secure and when exceptions for personal harm apply, often resulting in them being over-cautious and refusing to share data even when permitted. These issues were heightened in subcontractor chains with outdated systems or unclear responsibilities, increasing fears of accidental breaches and leading to relevant information being withheld.

While service providers rarely raised data protection concerns directly, many highlighted their main challenge as uncertainty and gaps in knowledge about data sharing processes.

Perceptions and Understanding Barriers

9. Provider apprehension linked to performance monitoring and funding risk

Providers often felt uneasy sharing data that could reflect poorly on their performance. Because commissioners used these outcomes for contract oversight and funding decisions, providers—especially smaller or ‘by and for’ organisations—felt that data on unplanned exits, unmet needs or low levels of improvement could be seen as negative and would influence funding decisions. Thus, in a competitive funding environment, they felt pressured to present data positively (see Appendix 7 for Plenary Summary). This led to underreporting of challenges and complex cases, limited the reporting of qualitative insights, thus negatively impacting the effectiveness of data in identifying systemic issues.

The pressure to present data positively can distort how information is reported from service providers up to central government, potentially undermining trust in the accuracy of MI returns. In designing a shared outcomes framework, it is crucial to have clear standards and safeguards to prevent these distortions and ensure reliable outcome reporting. Such an approach could ensure the focus is on learning and improvement rather than performance assessment, thus reducing pressures and increasing confidence in the data’s integrity.

10. Lack of understanding of the data sharing purpose

While the barrier above describes fear of negative consequences (performance/funding risk), this one describes lack of incentives (no clarity, no visible benefit, no transparency). A particularly important barrier - reported by service providers - concerned the lack of clarity about the purpose of data sharing. Providers described not knowing why specific data is required, how different systems will work together, or how the information they submit is ultimately used by commissioners, local authorities, or central government.

Several emphasised that there is little evidence of feedback loops, with data “going up” but never coming back as insight, learning, or system change. This lack of transparency and explanation was said to undermine trust, reduce motivation and in some cases create reluctance to share data beyond basic contractual minimums.

On this issue, survivors equally spoke about their own uncertainty, expressing that they rarely see any tangible impact from sharing their data; a fact that impacts on how much they want to share. Even when small changes occur, they would appreciate being shown how their feedback has led to improvements (see Appendix 7 for Plenary summary).

Enablers for improving data collection and flow

In response to the drivers, and as shown in Table 6.2 above, research participants identified a range of practical enablers that they felt would significantly improve data sharing across the safe accommodation system. Although some enablers existed in certain areas, it was sporadic and by no means standardised practice. Participants believed data flow would improve if they were applied consistently across the system. While rooted in different organisational perspectives, these suggestions were highly complementary and collectively pointed towards the types of reforms required.

Structural and system level enablers of consistency

1. A standardised set of definitions, guidance and templates

Across interviews, the core enabling condition—highlighting the relevance of this research—was the development of shared definitions, standardised outcome categories and uniform data templates to facilitate data collection and sharing. Participants stressed that clear guidance would reduce variation in interpretation and ensure that providers understood what data to collect, how to record it and why it mattered before sharing it. Providers would value the opportunity for discussion at the Local Partnership Boards.

Research participants emphasised that establishing a centralised set of clearly defined expectations, indicators and definitions upfront would reduce late-stage adjustments, minimise manual corrections and improve comparability across local areas. This was widely seen as a core gap that a shared outcomes framework—such as the one explored in this research—could help address by establishing nationally agreed definitions and standards from the outset. This was aligned with policy experts' broader perspective that meaningful data sharing requires national coordination, not piecemeal local approaches. This, they felt, highlighted the need for a central coordinating function responsible for aligning definitions, providing templates and supporting consistent adoption across the country, in a way that ultimately systematises national reporting.

2. Improvements in data systems and infrastructure

Many participants saw improved digital infrastructure as a crucial enabler.

Suggestions included:

- a consistent case management system across services (technical standardisation) and a shared platform for multiple agencies working together;
- a national online portal for data submission by service providers (instead of spreadsheets emailed back and forth);
- systems that clearly track who submits what, reducing errors and version confusion;
- better designed templates with built-in definitions and mandatory fields to support consistency;
- robust GDPR and consent practices and frameworks.

Participants emphasised that modernised systems would reduce administrative burden, minimise human error, and ultimately improve data quality. Infrastructure improvements and support was described as essential, particularly for small and specialist services that currently lacked robust systems.

Operational and governance enablers of feasibility and confidence

3. Simplified, feasible collection and reporting

Connected to the standardisation of definitions and key concepts, participants emphasised that any reporting frameworks (including the shared one under consideration) should be proportionate and realistic, avoiding unnecessary burden. They consistently supported the idea of a shared core outcomes framework but stressed that this should be accompanied by built-in flexibility—to allow additional locally-relevant outcomes to be captured, and to enable different tools or methods to be used to measure the same outcome in different service contexts. In this light, some participants suggested moving away from rigid quarterly reporting cycles between service providers and local authorities, or introducing more flexible, context and time-appropriate reporting arrangements (see Appendix 7 for Plenary Summary).

On this note, service providers flagged their key role in making the data collection as pleasant as possible experience for survivors, highlighting this as the first and most fundamental element within the data flow ecosystem. Data collection should always be tied to a person-centred support plan.

4. Training, capacity building and dedicated analytical support roles

Training was widely seen as foundational for data collection and sharing consistency: local authority participants argued for practical training sessions, workshops and troubleshooting support to help providers understand the requirements and build confidence in data reporting. Several participants proposed the creation of dedicated coordinators or data analytical support leads, either locally, regionally or nationally, who could train providers, support implementation and troubleshoot problems as they emerged within the broader data exchange ecosystem. Similarly, the idea of centralised legal advice regarding GDPR (e.g., externally commissioned by the Local Government Association) was also proposed to support and facilitate data sharing between local authorities and service providers. Such roles were described as essential to building a sustainable data-sharing culture, especially for smaller organisations.

5. Improved data governance

A key enabler identified by policy experts and service providers was greater clarity and practical guidance on data sharing, potentially supported through model service level data sharing agreements developed at national level and adaptable for local use. A similar initiative, which is underway in the antisocial behaviour policy area, was mentioned during fieldwork. In principle, such resources would not replace the need for local arrangements but could provide a common starting point to support councils and partner organisations in developing GDPR compliant agreements suited to their local context.

This kind of guidance was seen as particularly valuable in clarifying when and how sensitive information could be shared lawfully, what safeguards were required and how responsibilities should be allocated within multi-agency systems. By reducing uncertainty and inconsistency in interpretation, participants felt that exemplar agreements and accompanying guidance could help mitigate risk-averse behaviours linked to concerns about data protection obligations and cross-agency liability.

Perceptions and understanding related enablers of trust

6. Increased communication, oversight, transparency and collaborative dialogue

Interviewees emphasised the importance of regular and open communication between commissioners, service providers and survivors to build trust, reassure on confidentiality, and strengthen the overall data ecosystem. They felt that transparency around the purpose of the different data collected and how it informs decisions on commissioning, service improvement, or national strategy, would improve survivors' willingness to participate, reduce providers' anxiety around performance monitoring and create more honest reporting cultures. They highlighted the following elements as important:

- early conversations about upcoming collection and reporting requirements;
- opportunities to clarify ambiguities and align expectations;
- ongoing support throughout the data cycle.

Everyone viewed co-design approaches as vital to securing buy in, increasing relevance, and improving consistency in data flow.

7. Discussion: designing and implementing the shared outcomes framework

Drawing from the insights into the needs and priorities of survivors, service providers, local authorities and central government and the analysis of the current data ecosystem, this section discusses the considerations foundational to establishing a shared outcomes framework.

Participants emphasised that introducing a shared outcomes framework would require careful attention to a number of interconnected design and implementation considerations. The barriers identified in the current data sharing ecosystem above also represent key challenges to the adoption of this framework. This research has highlighted the significant pressures currently facing the sector, particularly around capacity constraints. Thus, participants consistently stressed that the success of a shared framework would depend on how effectively it could work around existing system constraints and operational realities.

This section therefore distils these findings into principal considerations intended to guide the development and implementation of a framework that is both practical and impactful.

Adopt a core-plus model to balance consistency with flexibility and contextual nuance

The central finding of this research was the need to start with fostering, adopting and designing a core plus outcomes model as the foundation for a shared outcomes framework. Participants emphasised the importance of national consistency while also providing flexibility to accommodate local service models, delivery contexts and the diverse needs of survivors. This was not viewed as an implementation challenge to be resolved later, but as a fundamental design principle for the framework from the outset.

At the core of this model should sit the five outcomes identified through this research: access to safe and suitable housing beyond safe accommodation; mental or emotional well being; understanding domestic violence and abuse; feelings or perceptions of safety; and physical safety. Participants were clear, however, that a core set alone would be insufficient unless the framework also explicitly enables flexibility at local and service level. This flexibility is important to ensure the framework can accommodate the non-linear nature of victims' and survivors' recovery journeys, where progress may be uneven, shaped by unstable circumstances and not always captured through fixed measures alone. In practice, a core plus approach would allow local authorities and providers to:

- measure additional outcomes relevant to local priorities and decision making as well as population needs (e.g., in cases with survivors with multiple disadvantage and intersectional experiences);
- have a choice of tools where possible that are appropriate for different settings, service models and population groups;
- capture short qualitative or narrative explanations to contextualise outcomes and support meaningful interpretation of the non-linear journey in many cases.

Participants cautioned that overly standardised or one-size-fits-all approaches risk undermining qualitative depth, contextual nuance and the realities of different forms of provision, including refuge, sanctuary and dispersed accommodation, as well as services supporting survivors with more complex needs. Additionally, this model can accommodate contextual information about the type, nature and frequency of violence survivors have experienced and the perpetrator type or relationship, all of which have been highlighted as very important to understand how support needs vary and how outcomes may differ depending on survivors' experiences. Echoing findings from the Rapid Evidence Review conducted as part of this research, several local authorities noted that centrally designed frameworks may struggle to reflect local priorities unless flexibility is both built in and clearly articulated from the outset. Built-in permission for narrative contextualisation of quantitative data is therefore essential to respect survivors' experiences.

"It cannot be too fixed."- Local authority representative

"If it isn't capturing those nuances […], if there isn't that capturing of the case studies or the narratives and it just becomes quite, you know, data input. That kind of focus that that would have a detrimental effect, I imagine, on refuge workers." -Policy expert

Importantly, participants also highlighted that the add-on contextual nuance should allow space for recognition of geographic and place-based differences, particularly the unique challenges faced in rural areas. They stressed the need for outcomes frameworks to be effectively rural-proofed, allowing space to capture experiences such as isolation, limited availability of specialist services, long travel distances, barriers to anonymity, local inequalities and distinctive cultural dynamics (National Rural Crime Network, 2019). Within a core-plus model, rural areas would therefore be able to prioritise and measure additional outcomes or contextual factors most relevant to survivors' experiences in those settings.

Hence, local authorities felt that while a high-level set of core outcomes could serve as a strong foundation, it also needs to capture, where relevant, additional softer outcomes, qualitative insight, narrative evidence and contextual interpretation to allow for accurate depiction of the recovery journey which cannot look the same for all victims. As such, a core-plus model—with a national core set of outcomes supplemented by local or service-specific measures—was widely viewed as a practical way of maintaining proportionality and relevance.

Secure buy-in from local authorities and service providers through meaningful engagement and co-production

Secondly, participants agreed that strong buy-in from local authorities and service providers is crucial for the successful implementation of a shared outcomes framework, particularly to avoid smaller providers perceiving it as additional paperwork or an extension of performance management. Early collaboration to define reporting requirements and rollout plans was considered essential.

Local authorities noted that current commissioning arrangements, contract timelines and reporting cycles could complicate implementation and may require renegotiation if a mandatory framework were introduced mid-contract. Thus, participants emphasised the importance of clearly demonstrating how it supports learning, equity and service improvement—not just compliance.

Co-production and transparency with providers and survivors were repeatedly highlighted as critical to building confidence and trust. Participants stressed the need for early engagement to clarify what elements of the framework are core and mandatory, what is optional or locally defined, how different types of data will be used and what safeguards will be in place to prevent misuse for performance management. Greater transparency around the purpose of outcome data—and how it informs commissioning decisions, service improvement and national strategy—was seen as key to improving survivors' willingness to participate, reducing provider anxiety and fostering more honest and meaningful reporting cultures. Pilot testing, playback sessions and shared learning forums were recommended to test feasibility, address challenges early and maintain shared understanding across the system.

"They [service providers] need to shape what the outcome framework is… they are the experts in how it properly articulates what they're doing." – Local authority representative

Ensure shared understanding of definitions and reporting expectations

Building on the importance of early engagement and buy-in from local authorities, providers, survivors and national policy experts, participants emphasised separately that a shared outcomes framework must be underpinned by a shared understanding of key concepts, definitions and expectations. This research process was frequently cited as a positive example in this regard, bringing together stakeholders from multiple levels of the system to agree the five core outcomes in a way that reflected both national priorities and local realities.

Key concepts are understood differently across local areas, providers and wider DA systems. Hence, participants consistently highlighted that clear, nationally agreed definitions, outcome categories and reporting expectations are essential to reducing inconsistent interpretation and variation in practice. Without this, even well-designed frameworks risk being implemented unevenly across areas and provider types. Participants stressed that providers need clarity on what data to collect, how to record it, and why it matters, before sharing it within and beyond local systems.

Clear guidance materials—supported by standardised templates, indicators and reporting requirements and timelines—were widely seen as a practical way of supporting consistent understanding and application. Establishing these elements upfront was felt to reduce the need for later adjustments and improve comparability across local areas, while still allowing space for contextual interpretation. Participants suggested that dedicated opportunities for discussion—such as through Local Partnership Boards—would also support shared understanding and ownership over time.

Finally, participants acknowledged that, as with all policy areas, domestic abuse policy and commissioning priorities are subject to broader national change. They, therefore, stressed that any updates to national policy, definitions or expectations should be clearly communicated and embedded through updated guidance and ongoing engagement, to maintain shared understanding and confidence in the framework over time.

Support improvements in data infrastructure, training and capacity

Whilst acknowledging that national implementation would require significant resourcing, participants noted that successful adoption of a new shared outcomes framework depends on sustained funding for data infrastructure, training and capacity building—particularly for smaller specialist providers, who often face the greatest constraints. Without support, there was concern that implementation could place additional strain on already limited capacity and finances.

In terms of necessary data infrastructure improvements, participants focused on more consistent case management systems, shared or interoperable platforms for multi-agency working and streamlined mechanisms for submitting data (such as national portals rather than ad-hoc spreadsheet sharing). These could minimise human error and improve data quality—especially for providers currently operating without robust systems.

Beyond infrastructure, emphasis was placed on training, ongoing capacity support and data governance. Transitioning to a new framework would require staff to build confidence in new processes and data protection requirements. Participants highlighted the value of practical training sessions alongside access to dedicated coordination or analytical support roles (locally, regionally or nationally) to assist with implementation.

Additionally, greater clarity and practical guidance on data sharing—potentially through model service-level data-sharing agreements adaptable for local use—was viewed as fundamental. Centralised access to specialist GDPR advice was also seen as particularly important to support consistent and confident data sharing, especially for smaller organisations. While noting that sector-led GDPR guidance for domestic abuse practitioners already exists (for example, from SafeLives and the UK Caldicott Guardian Council), participants felt that the shared outcomes framework could be accompanied by similarly targeted information and signposting, providing a clear and trusted reference point for live guidance beyond standalone documents.

Participants therefore stressed that resource considerations should not be treated as an afterthought, but as a foundational component of implementation. Central government funding was viewed as essential, given that local authorities and providers would be unable to absorb these costs within existing budgets.

Integrate with existing systems and ensure cross-sector alignment with a whole system approach

Finally, participants emphasised the importance of aligning any new shared outcomes framework within safe accommodation settings with existing data systems and practices, to foster collaboration and integration across agencies. Many services, especially bigger national providers, already operate within established case management systems (e.g., On Track) and building on these foundations was seen as an efficient way to introduce this. A shared or interoperable system could reduce duplication and support a clearer national picture.

As part of wider discussions on system integration, most participants highlighted the potential value of developing a shared outcomes framework aligned with adjacent policy and delivery systems, particularly housing and homelessness. Responsibilities for outcomes many times are spread across multiple services and agencies such as housing, health, police and perpetrator services (e.g., whether perpetrators are engaged in intervention programmes). While this extends beyond the formal remit of the Part 4 duty, participants viewed greater alignment as beneficial for understanding survivor journeys and improving coherence and supporting a more joined-up view of the wider domestic abuse support system.

In this context, participants suggested that aligning outcome measurement with established housing data systems—such as H-CLIC—could support consistency, sustainability and reduce duplication across sectors where responsibilities and survivors overlap. This was framed not as an expansion of statutory scope, but as a practical enabler that could strengthen collective impact and long-term system learning.

Solid foundation of knowledge and information resources among domestic abuse commissioning teams within local authorities

Alongside an integrated approach, ensuring a robust knowledge base among commissioning teams was seen as equally essential. When commissioners are knowledgeable of domestic abuse and its impact on both adult and child victim-survivors, they are better equipped to design, fund and oversee services that genuinely meet the complex needs of those affected. This expertise supports the development of relevant, targeted interventions, helps ensure that outcomes frameworks are meaningful and reduces the risk of gaps or inappropriate provision. Addressing any gaps in commissioners' knowledge is therefore vital for achieving consistent, high-quality support across the sector and for embedding best practice in service commissioning.

Building on this strong foundation of a solid knowledge base, local authorities suggested gathering key colleagues within the council and offering basic training on the shared outcomes framework. From a formative perspective, it would be helpful to discuss the framework before its launch so everyone can align and ensure the result is more meaningful. This can help develop a pool of people who can act as regional or LA level co-ordinators to help troubleshoot, reduce fear and uncertainty, build trust between providers and commissioners and offer real time support.

8. Next steps for research

This study established that a shared outcomes framework for safe accommodation is feasible in principle. However, further research is required to support robust, proportionate and system-aware implementation. Key priorities for future research include:

Systematic process to identify and assess outcome measurement tools and indicators

This study identified five priority outcomes but did not undertake a systematic identification and assessment of measurement instruments or indicators. A first critical step for future work is therefore a systematic process to identify and map all existing outcome measures against the five prioritised outcomes. This is particularly important for the outcome relating to understanding domestic violence and abuse, for which this research did not identify anything specific and practical. Following identification, further assessment would be needed to examine the validity, reliability and feasibility of available measures in safe accommodation contexts, including their appropriateness for survivors in crisis and their alignment with trauma-informed practice. This was outside the scope of the current research but is a critical prerequisite to operationalising a shared framework.

Building shared understanding, buy-in and implementation readiness

Further research is needed to explore how a shared outcomes framework can be supported through common language, clear definitions, agreed expectations and transparent use of data across the system. This includes co-production work with local authorities, providers and survivors to develop shared concepts, reporting requirements, guidance on data use (including safeguards against performance management misuse), clarity on data sharing and GDPR and realistic rollout approaches that align with commissioning cycles and local capacity. Linked to this, research is also needed to inform the design and testing of training and capacity building approaches to ensure commissioners and providers have the confidence, skills and support needed to adopt and implement the framework consistently.

Feasibility of outcome measurement within a wider system context

Findings consistently highlighted that outcomes associated with support in safe accommodation are shaped by wider housing, homelessness, justice, health and safeguarding systems. Further research could therefore focus on mapping how safe accommodation sits within this broader ecosystem. This could include survivor journey mapping, stakeholder interviews and systems mapping workshops to understand how outcomes are currently influenced, where data gaps exist and what this means for interpretation of outcomes collected within safe accommodation. This work would help determine how a shared framework can generate meaningful insight while recognising system interdependencies.

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Appendices

Appendix 1 – Demographic characteristics of survivor participants (N=27)

The following table provides an overview of the demographic profiles of all adult and child survivors who took part in the study:

Demographics		**n**	**%**
Age	16–24	**2**	**7.4**
	25-34	**12**	**44.4**
	35–44	**6**	**22.2**
	45–54	**5**	**18.5**
	Missing	**2**	**7.4**
Gender	Female	**24**	**88.9**
	Non-binary	**1**	**3.7**
	Missing	**2**	**7.4**
Ethnicity	Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	**12**	**44.4**
	Black, African, Caribbean, Black British, or any other Black background)	**2**	**7.4**
	Mixed/multiple ethnic groups or other ethnic groups	**2**	**7.4**
	White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, Roma, or any other White background)	**9**	**33.3**
	Missing	**2**	**7.4**
Sexual Orientation	Heterosexual	**23**	**85.2**
	Bisexual	**1**	**3.7**
	Prefer not to say	**1**	**37**
	Missing	**2**	**7.4**
Caregiving Status	Parent or Caregiver	**18**	**66.7**
	Not a parent or caregiver	**7**	**25.9**
	Missing	**2**	**7.4**
Disability Status	Yes, has a disability or long-term health condition	**7**	**25.9**
	No, did not disclose having a disability or long-term health condition	**18**	**66.7**
	Missing	**2**	**7.4**
Safe Accommodation Type	Refuge Accommodation	**21**	**77.8**

	More than one safe accommodation type including refuge accommodation, specialist safe accommodation services, sanctuary schemes or second-stage accommodation	**4**	**14.8**
	Missing	**2**	**7.4**

Appendix 2 – Participants per stage

The below table details the number of participants, and where relevant their organisation, across each stage of this research:

Research Stage	Survivors	Service Providers	Local Authority Representatives	Policy Experts
Scoping Fieldwork	Seven survivors from two safe accommodation services providing refuge and dispersed accommodation in England.	Six service providers from specialist domestic abuse and safe accommodation services across the voluntary sector in England. Many of these services specifically supported survivors from underserved and marginalised communities, including men, Black and ethnic minority groups, and LGBTQ+ communities.	13 representatives from local authorities across five case study areas in England.	Five national government and policy stakeholders.
e-Delphi Survey 1	21 survivors from two safe accommodation services providing refuge and dispersed accommodation in England and independent charities.	25 service providers from specialist domestic abuse and safe accommodation services across the voluntary sector in England. Many of these services specifically supported survivors from underserved and marginalised communities, including men, Black and ethnic minority groups,	52 representatives from local authorities across five case study areas in England.	Three national government and policy stakeholders.

		and LGBTQ+ communities.		
e-Delphi Survey 2	16 survivors from two safe accommodation services providing refuge and dispersed accommodation in England and independent charities.	23 service providers from specialist domestic abuse and safe accommodation services across the voluntary sector in England. Many of these services specifically supported survivors from underserved and marginalised communities, including men, Black and ethnic minority groups, and LGBTQ+ communities.	28 representatives from local authorities across five case study areas in England.	Three national government and policy stakeholders.
Consensus Workshop	Nine survivors from two safe accommodation services providing refuge and dispersed accommodation in England.	Four service providers attended from specialist domestic abuse and safe accommodation services across the voluntary sector in England. Many of these services specifically supported survivors from underserved and marginalised communities, including men, Black and ethnic minority groups, and LGBTQ+ communities.	Seven representatives from local authorities across five case English study areas.	One national government and policy stakeholder.

Appendix 3 – Thematic overview of outcomes: Interim fieldwork findings

This appendix summarises the interim findings from the scoping fieldwork stage. This is a summary of participant contributions that fed into the final analysis described in the main report. We have included all details to provide an overview, even where these may be considered beyond the scope of safe accommodation.

Key domains and outcomes considered and prioritised

Participants consistently prioritised seven clusters of outcomes. These were provisional categories that used before the longlist was compiled: 1. Safety, 2. Well-being and recovery, 3. Confidence, self-worth, empowerment and autonomy, 4. Quality of life, stability, resettlement, and practical independence, 5. Ability to navigate daily life and complex systems, 6. Community, belonging, and reduced isolation, 7. Freedom to go about daily life.

Survivor journeys were described as beginning with immediate safety and crisis stabilisation, progressing towards longer-term independence and community integration. This sequential approach underscores the interconnected nature and contextual need of these outcomes, emphasising that lasting recovery and autonomy are built upon multiple prior outcomes.

1. Safety

Safety was universally recognised by all participants as the foundational outcome for adult survivors in safe accommodation. Across all stakeholder groups, there was strong agreement that support in safe accommodation must first track immediate safety, with an emphasis on harm and risk reduction, minimising re-victimisation, and enhancing both the actual and perceived sense of safety among survivors.

The following constructs were highlighted as dimensions of safety:

Survivors' own perceptions of safety: Notably, survivors, service providers and some policy experts stressed the need to go beyond the recording of incidents and include the survivor's own "perception of safety" and fear of crime, aligning with Crime Survey practice.

> "Measure the perception of safety rather than just actual safety. It is the responsibility of each individual victim or survivor to determine whether they feel safe and whether they have received adequate support." – Policy expert

Household safety: In terms of safety outcomes, participants suggested that a holistic view of household safety is needed to achieve lasting outcomes for adults with children accessing safe accommodation. Some local authorities suggested that currently there is insufficient integration of child-focused safety planning alongside adult support.

Dynamic and prone to change based on contextual factors: Both survivors and service providers stressed that safety cannot be treated as linear as "safety changes all the time." Additionally, it can be driven by wider factors beyond the scope of the services and support they are receiving in the safe accommodation such as courts, police responses, immigration decisions, move on accommodation. For example, a survivor's feelings of safety may be lower on exit from the safe accommodation (than at entry) if the move on accommodation is perceived to be unsuitable:

“Those feelings of safety that you've built up during safe house, and you've got them independently are gone automatically because the accommodation isn't suitable. But we know it's the only accommodation available… families [are] having to choose to not feel safe again.” - Service provider

This underscores the importance of: (i) ensuring that measurement of safety is conducted at multiple points in the journey, for example, participants highlighted the importance of structured assessments at entry and exit; and (ii) ensuring that any measurement tool captures a clear definition of safety that is rooted directly in the safe accommodation setting. Framing of questions will be key to capturing their feelings of safety linked to safe accommodation rather than the broader context.

2.Well-being and recovery

Well-being and recovery were widely prioritised. This outcome cluster was seen to encompass mental, emotional, physical and sexual health, with particular emphasis on trauma stabilisation and the restoration of overall well-being. The following dimensions were discussed:

Mental well-being as a key dimension: According to local authorities, improved health and well-being for survivors are of great significance and cover access to mental health services, trauma-informed support, and interventions aimed at stabilising emotional and psychological states following crisis.

Resilience and recovery: Participants highlighted the importance of enabling survivors to rebuild confidence and capacity to cope after experiencing abuse. Thus, the focus is not only on stress reduction but also on fostering a sense of positive status.

Emotional well-being: There was a clear sense amongst survivors and practitioners that emotional well-being was particularly important to capture, as this may be slower to change, even if physical safety has improved. This is especially relevant as some respondents flagged that the tactics of abuse may change to non-physical forms of abuse (e.g. financial, emotional), once a survivor enters safe accommodation.

Child well-being - a key dimension for survivors with children: It is worth noting that service providers and survivors felt that for adults with children in safe accommodation, survivor and child well-being were inextricably linked. Survivors placed high value on their children’s confidence, stability, and happiness. Professionals noted that children’s outcomes are complex and shaped by culture. Important considerations involve recognising safe adults, maintaining sibling connections, ensuring stability at school, and supporting relationships with the non-abusive parent. Since emotional and behavioural reactions vary from child to child, it is crucial that assessments are sensitive enough to capture subtle differences and reveal hidden distress.

Stability in the broader environment: Disruption of schooling, social relationships, and routines following relocation was a significant concern, reinforcing the importance of measuring not just emotional safety but also environmental stability and access to education.

Possible temporary decline in well-being on entry into safe accommodation: Survivors described exhaustion, anxiety, and trauma on entry to safe accommodation and during the early stages of receiving support:

"Again, and again telling my whole story… it is exhausting and overwhelming." - Survivor

The induction process and the rules survivors were required to follow, according to them, sometimes felt reminiscent of their experiences of abuse, meaning they needed more time to acclimate and disentangle these feelings from the reality of being in a safe space:

"It feels like between the perpetrators and the accommodation, the rules are kind of the same." - Survivor

Nuanced indicators to measure well-being: Some participants across the sector felt that current well-being measurement tools often broad, high-level scales such as WEMWBS, PoWer forms, or general "well-being" ratings, may not always capture the specific mental health changes that occur during recovery. Some participants advocated for greater specificity by incorporating more detailed, clinically recognised indicators (e.g., anxiety or depression symptom scales, trauma related measures, or structured prompts within well-being tools) to track distinct aspects of survivors' emotional and psychological recovery. However, it is important to note that the debate of measuring well-being vs clinical mental health is ongoing, and survivors generally express a preference for well-being and strengths-based tools. Nevertheless, these findings reflect a growing consensus that recovery from trauma is non-linear and requires ongoing, trauma-informed assessment practices rather than single pre/post measures.

3.Confidence, self-worth, empowerment and autonomy

This group of outcomes also featured prominently, especially for survivors who described feeling "suffocated" and stripped of self-belief on arrival, but gradually becoming "mentally stronger" and able to "focus on ourselves." Survivors linked confidence to simple freedoms, like making choices without fear. This focus on agency was echoed in the narratives of local authority participants when they considered longer-term outcomes, with some prioritising "space for action" (for example, the ability to make one's own decisions about daily life and to envisage a safer future), financial confidence and autonomy for the future, and enhanced coping strategies.

A key consideration raised by participants highlighted that a survivor-centric approach is key as, in some cases, system-driven expectations of recovery may vary from survivor perspectives. For example, they felt that choosing not to pursue legal action could be a positive outcome if it reflected informed autonomy, Additionally, they also highlighted that sometimes, indicators of confidence and empowerment may be subtle. For example, a survivor progressing from "visiting the bank with a support worker," to attending with their children, and later on their own, reflected meaningful but gradual gains.

The following were highlighted as important considerations when measuring agency and related outcomes:

Survivor-centric measures: Understanding and reflecting survivors' definitions of progress in the measurement tool is key.

Broad definition: It is expected that some measures will have to be kept broad in order to cover different interpretations of the outcome by different groups

Real-life examples: Potentially reflecting some real-life examples in the tool can help clarify the nature of the question for respondents.

4.Quality of life, stability, resettlement and practical independence

Participants across the board felt these were important outcomes to be measured as they reflected daily functioning and the rebuilding of normality. Service providers agreed that quality of life must be contextualised; a survivor may move from a four-bedroom home to a small council flat yet still report an improved life because they are safe, supported, and more independent. Financial indicators such as financial security, reduced debt, access to benefits were considered important. Similarly, practical indicators such as rebuilding routines, and developing independent living skills, especially during move-on phases, were also included in this group. The ability to move on (for example, transitioning from refuge to independent living) is especially important, along with reducing dependency on prolonged refuge stays. Participants highlighted that suitability and effectiveness of initial safe accommodation (size, proximity to schools/transport, neighbourhood safety) directly shape survivors' confidence in their ability to settle, move on, and sustain housing in the longer term. Where it was not suitable, it could also cause safety and well-being to decline despite progress inside refuge.

Therefore, measurement of accommodation experience, safe accommodation facilities and beyond, can be important indicators of stability, resettlement and quality of life at each point in survivors' journey. Although multiple local authorities and service providers noted that monitoring longer-term outcomes related to resettlement and housing stability—preferably across two to five years—would provide meaningful insights, it is difficult to directly attribute impacts from this period to the provision of safe accommodation. Additionally, service providers indicated that their limited resources restrict their capacity to deliver sufficient follow-up support, reinforcing this observation. They identified gaps in the current tracking of resettlement outcomes at the point of exit, notably when survivors relocate to a different local area.

5.Ability to navigate complex systems

While this outcome may be viewed as a process/service-related outcome, it was identified as important across stakeholder groups. Survivors repeatedly described being overwhelmed by administrative demands - retelling their story to multiple professionals, attending social care meetings, managing hospital appointments, and completing extensive forms.

> "Again, solicitor changed, again tell everything… I just need some gap." – Survivor

Professionals confirmed that system navigation to access wider services/support such as GP referrals is often a challenge in the provision of support, noting that many survivors initially withhold information because they fear disclosure might prevent access to safe accommodation causing delays in accurate assessment. Accessing wider support was critical as it influenced outcomes such as quality of life and mental well-being and thus, was viewed as a core measurable domain. The risk of retraumatising survivors at different service contact points because they had to retell their stories was also raised. It is important to note that this can be beyond the scope of the safe accommodation support sometimes but is an important consideration in the context of the need for a whole system approach. Policy experts shared this perspective and also expanded it to whether survivors feel informed and believed or understood.

6.Community, belonging, and reduced isolation

It is noteworthy that various participants, particularly survivors, highlighted the importance of tracking community connection (including a strengthened sense of belonging and expanded support networks), reduced isolation, increased community integration, and progression into education, training, volunteering, and employment. These outcomes were identified as both short-term (during support) and long-term (post-move-on) indicators of recovery and stability, suggesting that such factors should be systematically measured.

> "They are making gathering together with everybody and that made us we are not alone… kids are gathering together… That is also the greatest thing [organisation name] is doing… that made us we are not alone… we have some conflicts… but in here, we are understanding everybody and trying to give respect to other cultures and other people and having the good life." - Survivor

7.Freedom to go about daily life

This long-term outcome was described by survivors as a symbol of recovery - the ability to make choices, move without fear, and live without surveillance or control. Survivors spoke of wanting "freedom to live our life," associating it with dignity, privacy, and independent decision making. While the professionals agreed that freedom is an essential outcome, they noted its limitations in refuge contexts, where rules and restrictions (e.g., no visitors, confidentiality of location) can reduce autonomy, even while enhancing safety. They felt freedom is a realistic and meaningful outcome in second stage or move on accommodation, where independence, employment, education, and community integration can be safely developed. Freedom was therefore seen as a longer-term indicator of recovery, closely tied to psychological safety and the ability to plan for the future.

Outcome considerations by participant groups and types of accommodation

1.Applicability of adult-focused outcomes across participant groups

Across participants, there was broad agreement that a universal core set of adult-focused outcomes - centred on safety, well-being, empowerment, and quality of life - was relevant to all survivors accessing safe accommodation. However, they noted that although high-level domains apply to all groups, progress journeys and data to evidence it varies depending on demographics, identities, and needs. Thus, it was felt that any outcomes framework needs to allow for these differences to be reflected meaningfully.

Different identity groups (such as those of South Asian heritage, from the Black Caribbean/African communities, those with multiple disadvantages, and people with disabilities) may have some distinct needs and thus may experience refuge and community support in diverse ways. Thus, outcome measures must address these intersectional needs. Some local authorities also noted that standardised tools were not enough for certain groups, particularly Black and minoritised women, who needed additional qualitative evidence from case studies to accurately reflect their experiences., who needed additional qualitative evidence from case studies to accurately reflect their experiences. It was highlighted that outcomes for migrant survivors should also capture or record access to immigration/legal support, the impact of no recourse to public funds (NRPF) as these affect all areas of outcomes. For ethnically minoritised survivor groups, culturally relevant services, and services tailored to meet the specific needs of larger families—including women with male children over 12 – were important.

Policy experts also emphasised that some groups (e.g., LGBTQ+ survivors, survivors with multiple disadvantage, or those affected by recent legal decisions around asylum status) required additional monitoring to understand whether statutory homelessness accommodation and support were being accessed equitably.

Thus, interviews reflected that while core domains are relevant across survivors, the indicators and interpretation need adaptation. In practice, standard outcomes tended to be supplemented with narrative data on cultural, linguistic, and group-specific challenges (such as teenage boys in refuge or survivors with substance use).

2.Applicability of adult-focused outcomes across types of safe accommodation

Like the different survivor populations, participants generally agreed that the same overarching outcomes were appropriate across different safe accommodation models, including refuge, dispersed accommodation, sanctuary schemes, and specialist provision, but manifested differently depending on the accommodation model. However, participants highlighted important differences in how outcomes should be interpreted, the periods over which change might be measured, and which indicators were feasible or meaningful within each accommodation type. For example, tenancy sustainment and long-term housing stability were seen as meaningful indicators for sanctuary schemes and social housing placements, but less applicable to refuge stays, which were often short and transitional (or it would still be relevant but through a different adapted measurement system that would be able to track these outcomes after the service provision). Conversely, outcomes relating to safety planning, communal living, or the emotional impact of relocation were particularly relevant in refuge settings.

Local authorities and policy teams were also agreed on the point that refuge settings varied significantly - generic refuges versus culturally specific provision - and that outcome measures needed to account for these differences to ensure fair and valid assessment. One local authority offered a strong example of accommodation specific differences: they reported that sanctuary schemes worked particularly well for survivors from minoritised groups who preferred to remain within their community. In these cases, outcomes relating to access to justice, health, and stability were more achievable, since survivors maintained existing networks and avoided the disruption associated with relocation (for example, to refuge). In contrast, outcomes such as autonomy or perceptions of safety might be harder to evidence in multiple disadvantage or high turnover refuge settings.

In summary, participants expressed clear support for a common core outcome set used across all accommodation types, supplemented by type specific indicators and evidence sources where necessary.

3.Differences in outcome priorities across the study’s stakeholder groups

There was broad consistency across stakeholder groups on the most important outcomes to be measured. However, where there were variations, this reflected participants’ different contexts and place in the system, whether this was commissioning, policy or service delivery, and the related priorities for measurement.

Local authorities primarily focused on outcomes that were easily measurable and tied to their statutory duties, such as safety, risk reduction, housing stability, and service performance indicators like referrals and engagement. These data were prioritised because they enable local authorities to demonstrate compliance with statutory responsibilities and also monitor provider performance. They prioritised a pragmatic approach and what could be tracked through existing contracts and data systems, considering reporting burdens and challenges with data consistency, provider differences, short refuge stays (which limited long-term measurement). While they acknowledged the importance of empowerment and well-being, these were less emphasised due to difficulties in monitoring and integrating them into performance frameworks.

In contrast, policy experts prioritised outcomes that reflected a broader, long-term, and systemic view of recovery. Their focus extended beyond immediate safety to include resilience, medium-to-long-term well-being, prevention of re-victimisation, survivor choice, accessibility, intersectional equity, justice and system navigation, and community integration. They frequently described outcomes not currently measured in statutory returns but considered essential for understanding the real impact of support, such as feeling believed and trauma stabilisation as core recovery outcomes, alongside broader contextual factors—such as cultural competency—that shape how effectively outcomes are achieved across different survivor groups, as well as longer-term housing sustainment. Policy experts tended to view outcomes as part of a whole system response and emphasised the need for national consistency, cross-government alignment, and the ability to assess what combinations of support lead to recovery. Their priorities reflected broader governmental strategic aims and were less constrained by local data infrastructure.

Local authorities and policy experts were often less definitive in articulating a fixed set of outcomes, instead situating outcomes within a wider system context. In doing so, professionals frequently moved beyond a narrow outcomes lens to emphasise structural, relational, and delivery-related conditions—such as system navigation, service quality, workforce capability, and inter-agency functioning—as integral to whether outcomes could be realised in practice. This reflects an important whole-system perspective surfaced by professionals.

Survivors and service providers shared strong agreement on the key priority outcomes: a holistic view of safety, emotional well-being, confidence, quality of life, children's well-being, access to services, and freedom. Survivors emphasised the felt experience of recovery – from fear and exhaustion to relief, and regaining dignity - whereas professionals emphasised the complexity of delivering and measuring these outcomes within fragmented systems. Survivors highlighted immediate emotional realities ("I can breathe"), while professionals highlighted structural barriers ("the context plays a big role in outcomes"). Survivors framed quality of life and autonomy in terms of peace and stability; professionals framed them as holistic indicators shaped by funding, legislation, and multiagency functioning. Across focus groups, survivors expressed a desire for reduced bureaucracy and fewer repeated disclosures, while professionals expressed concern about unrealistic performance expectations and the limitations of short-term tick box measurement.

Appendix 4 – e-Delphi round 2 shortlisted and excluded outcomes

This Appendix provides a shortlist of all 15 outcomes deemed “highly important” through participant voting on the e-Delphi Round 2 survey, as well as the 20 outcomes deemed “less important” through participant voting through the e-Delphi Round 2 survey.

Highly important outcomes

1. **Feelings of safety around leaving safe accommodation**: This outcome includes a person’s feelings or perceptions of safety when thinking about the place they’ll move to after using safe accommodation services.
2. **Physical safety**: This outcome covers whether someone is physically safe from harm.
3. (**Access to) safe and suitable housing beyond safe accommodation (including ability to stay or return to own home):** This includes whether a person can move on to a safe, stable, and suitable home after leaving a safe accommodation service to somewhere that meets their needs (location, affordability, children’s needs or accessibility) and how safe and secure they feel in that home environment.
4. **Feelings or perceptions of safety**: This includes how safe someone feels or any fears they may have of further harm.
5. **Understanding of domestic violence and abuse**: This includes knowing what behaviour counts as domestic abuse and understanding all available options.
6. **Risk of re-victimisation**: This outcome includes the likelihood of further abuse happening.
7. **Self-harm or suicide**: This outcome looks at whether a person has had thoughts about hurting themselves or ending their life. This is not to judge, but to understand how much support they may need.
8. **Mental or Emotional Well-being**: This outcome focuses on someone’s overall emotional health or how they feel day-to-day.
9. **Professional judgement of risk**: This outcome includes a trained practitioner’s or a support worker’s overall view of a person’s risk level, taking into account what someone has shared and other information.
10. **Awareness of Support Services**: This covers someone’s understanding of what services are available and where to go if they need help now or in the future.
11. **Access to and use of appropriate services (including referrals**): This covers a person’s knowledge about how they get the help they need, and their ability to use services that support their well-being, safety and recovery.
12. **Empowerment & freedom**: This outcome includes feeling able to make choices, where someone can act on their own decisions, and life without fear or control from others.
13. **Confidence to access support**: This covers how capable or confident someone feels about seeking help from service they need support.

14. **Ability to live independently**: This outcome focuses on how ready or able someone feels to manage day-to-day living in their own place. This could include things like managing paying bills, budgeting, cooking, cleaning, managing appointments, arranging benefits/employment, arranging childcare and staying safe.
15. **Independence**: This covers a person’s ability to make their own choices, manage day-to-day tasks, and feel in control of their life.

Less important outcomes

1. **Feelings of Anger**: This outcome relates to how often someone feels angry or irritated, and whether those feelings are manageable or overwhelming. Anger can be a natural response to trauma. For example: "In the past two weeks, how often have you felt unusually angry or irritated?".
2. **Understanding Emotions & Feelings**: This outcome looks at how well a person can notice, understand and make sense of their emotions. For example: “How often do you feel able to understand and make sense of your emotions when they arise?”
3. **Challenging Behaviour**: This outcome is about times when distress becomes so strong that it affects how a person manages or controls their reactions. This is not about blame but rather emotional overwhelm and recognises that anyone may find it harder to manage their behaviour when under significant stress. Questions could include: “Recently, have you found it harder than usual to manage your reactions when feeling very stressed or overwhelmed?”
4. **Quality of Life:** This outcome describes a person’s own view of their life in relation to their goals, values, expectations, and the situation they live in. For example: “How would you rate your overall quality of life at the moment?”
5. **Symptoms of depression**: This outcome is about low mood, loss of interest, tiredness or feeling hopeless. Questions can include: “Over the past two weeks, how often have you felt down, low or without interest in things you usually enjoy?”
6. **Symptoms of anxiety**: This covers feeling nervous, on edge, panicky or worrying a lot; these feelings are often heightened by unsafe or uncertain situations. Questions could include: “Over the past two weeks, how often have you felt nervous, anxious, or unable to stop worrying?”
7. **Trauma related symptoms**: These are emotional or physical reactions linked to past abusive experiences and can include intrusive memories, being on high alert, nightmares or sudden strong emotional reactions. For example: “Recently, how often have memories or reminders of past experiences caused you distress or made you feel on edge?
8. **General mental health, psychological symptoms or recovery from mental distress**: This covers how someone is doing mentally day-to-day across mood, thinking and coping. Questions could include: “Overall, how would you rate your mental health at the moment?”

9. **Alcohol and drug use:** This looks at whether alcohol or drugs have been used to cope with stress, fear, or emotional pain. This is a common response to trauma. Questions could include: “How often have you used alcohol or drugs as a way to cope with stress or difficult feelings?”
10. **Self-esteem**: This covers how positively someone sees themselves, their worth and their strengths. Questions could include: “How often do you feel good about yourself and your abilities?”
11. **Dependence on refuge**: This covers how much a person feels they rely on refuge staff, rules, or support to manage daily life, emotions or practical needs. An example question could include: “How much do you feel you rely on refuge staff or services to manage daily tasks or challenges?”
12. **Ability to communicate your needs:** This includes a person’s ability to speak up about what they need, ask for support and express their feelings clearly. Questions could include: “How comfortable do you feel telling others what you need or asking for support?”
13. **Assertiveness**: This includes a person’s ability to stand up for themselves, set boundaries, and say when something doesn’t feel right. Questions could include: “How confident do you feel speaking up for yourself and setting boundaries?”
14. **Knowledge and ability to meet goals**: This focuses on a person knowing what they want to achieve and feeling able to take steps towards those goals.
15. **Optimism**: This covers feeling hopeful about the future and believing that things can change. For example, “I am feeling optimistic about the future”.
16. **Self-confidence**: This focuses on an individual’s beliefs in themselves, their abilities, strengths, and capacity to handle challenges. Questions could include: “How confident do you feel in your ability to manage day-to-day situations?”
17. **Self-efficacy**: This includes someone’s belief that they can take actions that make a difference in their life and overcome difficulties. Questions could include: “How much do you feel able to handle difficulties when they arise?”
18. **Confidence and ability to engage in employment, training or volunteering (including readiness to work**): This covers feeling able, ready and motivated to take part in work, education, or volunteering opportunities.
19. **Nature and severity of abuse:** This covers all the kinds of abuse someone may experience and how severe or escalating they are. This includes physical abuse, sexual abuse, jealous and controlling behaviours, harassment or stalking. It can also include actions someone takes to prevent abuse; for example, avoiding forced marriage.
20. **Impact of abuse:** This includes how the abuse affects someone's day-to-day life, health, relationships or functioning. For example, “has the abuse made it hard for you to carry out daily activities, do to work/appointments, or care for yourself/your family?”

Appendix 5 – Consensus votes of all shortlisted outcomes

This table summarises the number of votes each outcome received following the small group discussions at the consensus workshop. Each participant was invited to select five different outcomes they felt should be prioritised for inclusion in the shared outcomes framework. A total of 19 participants took part in the vote (out of a total 22 who participated).

Outcome	**Votes received (N=92)**
C: (Access to) Safe and Suitable Housing beyond safe accommodation (including ability to stay or return to own home)	13
H: Mental or Emotional Well-being	12
E: Understanding of Domestic Violence and Abuse	11
D: Feelings of perceptions of safety	11
B: Physical Safety	9
A: Feelings of Safety around leaving safe accommodation	7
O: Independence	5
K: Access to and use of appropriate services (including referrals)	5
F: Risk of re-victimisation	4
N: Ability to live independently	3
L: Empowerment & freedom	3
M: Confidence to access support	3
G: Self-harm or suicide	2
J: Awareness of Support Services	2
I: Professional judgement of risk	2

Appendix 6 – Outcome measurement tools and instruments: Interim fieldwork findings

Outcome measurement tools and instruments

While participants described a mixed ecosystem of risk, case management, and outcomes measurement instruments (some sector standard, others local or bespoke) policy experts tended to approach these tools from a strategic perspective, often unable to pinpoint individual instruments. Local authorities, on the other hand, attempted to provide a clearer picture, but their insights were generally indicative rather than exhaustive. Notably, participants' responses highlighted the value of interconnected instruments across related policy areas, emphasising the importance of cross-sectoral alignment and shared frameworks that facilitate meaningful outcome measurement.

1. An overview of tools used in the sector

DASH Risk Checklist: The DASH (Domestic Abuse, Stalking, Harassment and Honour-based violence) Risk Identification Checklist was consistently cited by participants as a core risk identification tool across several areas. However, some discussions raised concerns about its suitability for particular groups, including young people.

Women's Aid and Imkaan have collaboratively developed the On Track Outcomes Framework case management system, which is widely implemented by member organisations across the domestic abuse sector. This framework provides structured domains for tracking outcomes in areas such as Safety, Stability/Resilience/Autonomy, Well-being, and Justice. The Oasis system embeds the On Track Outcomes Framework and is also used by many organisations to manage casework and monitor progress. In addition, the Lamplight case management system, although operating independently, applies the same On Track Outcomes Framework and is used by some frontline organisations.

Looking specifically at the On Track Outcomes metrics for adults, outcome data is collected using three key tools.

> **Exit Form**: a retrospective form completed by the caseworker when closing a case.
> **POWeR Form**: an adapted version of the validated Warwick-Edinburgh Mental Well-being Scale (WEMWBS), completed by the survivor at both the start and end of support (note: not used in short-term, crisis-focused work).
> **CORE OM**: a validated client self-report tool administered at the beginning and end of therapeutic interventions, such as counselling (for counselling clients only).

Routes to Support (Women's Aid): This is a sector resource tool that is used for mapping services and understanding survivor journeys. It is a tool used to assist needs assessment and complement contract outcome reporting by illustrating access and usage patterns.

WEMWBS (Warwick Edinburgh Mental Well-being Scale): It measures changes in mental well-being, capturing improvements or challenges in service users' psychological health over time.

Star/Journey of Change tools: Local authorities use these tools to assess progress in key outcome areas, such as resilience, independence, and personal development, by tracking individual change.

HCLIC (homelessness data) and **DAHA-aligned local systems** (e.g., Oasis): These systems monitor outcomes related to housing and homelessness, linking domestic abuse support to housing pathways and enabling tailored tracking of client journeys.

Multi-Agency Risk Assessment Conference (MARAC) resources (e.g., repeat cases, postintervention incidents): Tracks safety outcomes, focusing on the recurrence of high-risk cases and incidents after intervention to inform ongoing risk assessment and planning.

Provider specific assessments: Includes tools such as AUDITC for alcohol use, health engagement forms, safeguarding checklists, and other needs-led assessments embedded in local systems.

Feedback forms and case studies: Finally, these horizontal tools are routinely used across areas to capture survivor voice, qualitative change, and unintended outcomes. They are often submitted alongside quarterly spreadsheets/MS Forms.

As survivors move into long-term support beyond safe accommodation, participants emphasised that services increasingly depend on administrative records and ongoing anecdotal evidence to provide a more nuanced understanding of sustained outcomes (e.g., case studies/narratives). This shift recognises that many significant changes, such as well-being stabilisation, resettlement, or instances of re-victimisation, can only be measured after formal support has ended. By blending structured data with follow-up insights, services can better reflect the complexity and impact of survivor journeys over time, ensuring that the longer-term effects of support in safe accommodation are meaningfully captured.

2. Practical considerations of the tools used

Strengths of sector-standard tools: Participants widely acknowledged that systems and datasets managed by Women’s Aid and Imkaan represent rich, valuable and practice-aligned resources. In particular, On Track was highlighted for its versatility, supporting the evaluation of outcomes beyond standard contract outputs. Similarly, the WEMWBS was praised for its robust evidence base in measuring mental well-being. HCLIC and DAHA-customised monitoring approaches were also valued, as they facilitate the tracking of survivor journeys across domestic abuse and housing pathways, supporting a more integrated understanding of service impact. The DASH Risk Assessment was highlighted for its universal use across the sector, enabling clearer communication between services and ensuring consistent definitions of safety and risk across agencies such as the police, social care, and other professionals.

Limitations in coverage and consistency: Access to these “sector systems” is limited to membership and commissioning arrangements, resulting in notable gaps in coverage. Usage varied significantly at the local level, while national reporting sometimes merged DAHA-funded and non-DAHA services despite clear guidance by commissioners, impairing tool comparability and effectiveness. Inconsistent definitions - such as whether data included only adults or both adults and children - and complex sub-contracting arrangements further complicated aggregation and analysis.

Measurement sensitivity and attribution: Furthermore, participants cautioned against oversimplifying survivor journeys, noting that progress is often non-linear and can be disrupted by unplanned exits or significant life events, which may distort end-point assessments of the intervention. Short stays in refuge settings rarely enable measurement of the full scope of longer-term outcomes, prompting local authorities to advocate for extended follow-up windows (e.g., potentially up to or beyond twelve months) to ensure more accurate measurement of sustained change.

Appropriateness for different groups: The suitability of the DASH tool for young people (under 18s) was questioned by several participants, who also pointed out that some assessment instruments lack intersectional accessibility. Barriers such as language, culture, and immigration status were identified as limiting factors in the applicability of current measurement approaches for diverse survivor groups.

Overall, participants noted persistent challenges with providers' capacity, reporting demands, inconsistent systems, and risks of incomplete or biased data, particularly for smaller providers, which may affect future funding.

Appendix 7 – Plenary Summary

This Appendix outlines the feedback provided by participants of the consensus workshop. Participants answered this question through the following sub-questions: *“What would make outcome data collection and sharing feel safe, proportionate and valuable for survivors, providers and local authorities - rather than a form of performance monitoring?”*

Q1. What kinds of data or circumstances feel unsafe or impractical to share?

1. From a practicality point of view, it would be very hard to follow up with survivors who have moved areas - move on/housing availability etc is so different across local authority areas so not sure how this could be measured.
2. For me, very personal and sensitive information can feel unsafe to share, especially details about my location, my children, or my past experiences of abuse. Also, if I am not clearly informed who will see my information or how it will be used, it feels uncomfortable. Another main piece of information I feel scared to share would be the upcoming plans or solutions for my children and me. Sometimes it is also difficult to share too much information when we are already going through emotional stress. So the timing and the way questions are asked is very important.
3. Should only include what is needed/relevant and proportionate and anything that is captured by commissioners, should be explained to providers about the purpose and how it will be used.
4. Data or information that isn't needed, should only collected data that is useful/ needed.
5. Full address phone number or exact location Bank details, social security or ID numbers. Reason not to share Could put you at risk if shared publicly.
6. Individual level data- think data shared with commissioners should be grouped/ aggregated not on a individual case basis.
7. Perceptions of outcomes - Difficult for some outcome measures to be objective.
8. Unnecessarily retraumatising information - telling their story repeatedly.
9. Personal information - Names, addresses, phone numbers (thinking about services sharing with commissioners).
10. My personal details - I don’t feel safe when my personal information is shared anywhere.
11. Long term outcomes may be impractical as difficult to maintain relationship with survivor once they have moved on e.g. moved to another area.
12. Names, personal information about a case.
13. Contacting survivors after they have left safe accommodation.

Q2. What conditions or safeguards would help you feel confident in sharing data even when progress does not appear positive?

1. Gain consent before sharing.
2. From a service provider perspective - A note on the form and subsequent reporting analysis that explains that outcomes outside of service provision’s control (i.e. access to safe and suitable accommodation) will not be used punitively against service providers.
3. Anonymous data gathering.

4. I would feel more confident sharing my data if I know it will be kept confidential and not used against me in any way.
5. It is important that there is no judgement, especially if progress is slow or not positive. Sometimes healing takes time. I would also feel safer if the purpose is clearly explained, and if I know the information is being used to support me, not to make decisions without my understanding. Trust and a supportive environment are very important.
6. Put a process in place that is trauma- informed so people don't need to repeat themselves.
7. Framing of data - Some of the outcomes are extremely useful to measure but don't represent a failure of the service if they are reporting low figures especially if they are out of the control of service providers.
8. Objective feedback - Sometimes unfortunately there is no perfect outcome for an individual and some people may have unrealistic expectations (especially around what housing they would want to be provided with) which might lead them to feeling the outcome for them was poor, but there may have been a lot of positives alongside this.
9. Support and resources for support workers and survivors around how data would be used and stored.
10. I feel safe sharing information when it is confidential staff are supportive I understand the purpose I have choice and I get feedback This helps me be honest even if progress is slow.
11. Open conversations with commissioners and providers, not just data. Include case studies to demonstrate both good practice and also where barriers have been faced.
12. Ensuring no penalties - Concerns that reporting negative or not great outcomes at this point could result in funding being removed.
13. Narrative - Not just numerical scores or data but narrative e.g abuse might change from physical to coercive post-separation so they may not be reporting a reduction in abuse but a change.