



Investing to save

**The economic case for funding
specialist domestic abuse support**



women's aid
until women & children are safe

Author

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Women's Aid

Acknowledgements

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Thank you to the network of specialist domestic abuse services who deliver lifesaving support to survivors under challenging economic circumstances.

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Women's Aid is the national charity working to end domestic abuse against women and children. For almost 50 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs.

We are a federation of just under 170 organisations which provide 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services and award a National Quality Mark for services which meet our quality standards.

We hold the largest national data set on domestic abuse and use research and evidence to inform all our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

Our support services, which include our Live Chat, the Survivors' Forum, the No Woman Turned Away Project, the Survivor's Handbook, Love Respect (our dedicated website for young people in their first relationships), the national Women's Aid Directory and our advocacy projects, help thousands of women and children every year.

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Forewords



Farah Nazeer
Chief Executive, Women's Aid

Home should be a place of safety, but for so many women and children, it isn't. Tragically, as many as 46% of women have experienced domestic abuse in

their lifetime. Most people will know someone who has experienced it. Every woman's journey looks different, but everyone needs some level of support, and this often comes too late.

In this report we talk about Tracy. For Tracy there are two possible journeys. One relies on Tracy repeating the same journey over and over again, being shunted from one service to another – from the police, to the NHS, to social care and back without trauma-informed support that truly meets her needs. The second is Tracy receiving specialist support early on, from people who know and understand her, and who help her navigate the system.

Getting caught in a cycle of repeatedly seeking support from the same group of services means women wait longer for the right support, all the while experiencing more harm and detriment, and it drains vital resources from essential public services, costing billions of pounds of taxpayers' money.

These vital public services, such as the police, NHS and social care, are time-pressured and they are often not best placed to give women the long-term, bespoke and trauma-informed response that they desperately need. This is especially true during periods of economic strain, no more so than right now with the UK economy expecting to face a prolonged recession with declining growth and increased unemployment in 2023-24¹. Public services will doubtless continue to be stretched, and it is an important moment for the

Government to ensure public services are protected in the challenging years ahead.

Every day our frontline specialist services support women and children all over the country. They are quite simply a lifeline to women who feel unsafe, isolated and with nowhere to turn. Specialist domestic abuse services don't just provide a roof over people's heads; they draw on decades of experience in supporting women experiencing the trauma of abuse. But these services are struggling.

The national network of services is depleted, and many local services that have been operating effectively for decades are facing threat of closure; 44.0% of organisations responding to Women's Aid's Annual Survey told us they had been running an area of their domestic abuse service in 2021-22 without any dedicated funding (Women's Aid, 2023). They are being propped up by the good-will of donations and by women working above and beyond, but this cannot continue. The response is informed by direct, lived experience of what women need in their local area, and losing this expertise would cost lives.

An average journey without specialist domestic abuse services might look like a woman being in contact with five or six different public agencies over and over again before she leaves an abuser. This is inefficient and unsustainable, prolonging and intensifying the trauma experienced by survivors. From the start of a woman's journey to safety, specialist services intervene early to make sure women have support for their mental health, paperwork for welfare benefits, safety planning, housing, finding a new job and supporting their children's education and wellbeing.

This report provides compelling evidence that investing in domestic abuse services is not only a moral obligation, but also a cost-effective solution

¹ theconversation.com/whats-in-store-for-the-uk-in-2023-heres-one-economists-view-197484

that will result in a significant return on investment for taxpayers.

Policy-makers and parliamentarians cannot ignore domestic abuse. Women are dying. Their children are being put into care. The long-term impact of trauma and abuse on survivors' mental health is

staggering. By choosing to under-fund specialist domestic abuse services, a government is saying that the lives of these families matter less. And at Women's Aid, we will not rest until the Government acknowledges – in deeds as well as words – that the loss of survivors and their children is too great an expense for society to bear.



**Mark Morrin,
Principal Research Consultant, ResPublica**

It is an unfortunate fact that domestic abuse remains a widespread problem in the UK. The COVID-19 pandemic contributed to a sharp

rise in the incidence of violence against women, as the twin effects of financial stress and confinement exacerbated underlying conditions. However, reports of domestic abuse had generally been increasing over the previous decade.

The Office for National Statistics (ONS) has reported a gradual increase in the number of domestic abuse-related crimes recorded by the police in England and Wales since the collection of data began in April 2010, while the number of domestic abuse incidents recorded by the police in the year prior to the pandemic increased by 33% compared to the previous year. (ONS, 2021)

This could suggest that policies designed to reduce domestic abuse are failing or that the efforts of support services and prevention programmes are not working. Conversely, the rise may reflect the impact of awareness raising on victims who are now more willing to report. Either way, these rising trends have implications for policy making and for funding for public services that are unable to effectively meet the increasing demand.

This report examines the economic case for investing in specialist support services for victims of domestic abuse. Mindful of the state of the UK's public finances, it argues for a greater focus on the benefits of investing in support as opposed to a concentration on the costs. Not least because such an approach can actually save money by providing

a whole-system solution to problems that might otherwise lead to recurring issues and increased costs in the long run.

The problems of 'failure demand' are endemic across our public services. The inability to effectively help victims of domestic abuse, at the first presentation of need, can lead to repeated and additional interventions involving healthcare and police services, as well as the wider criminal justice system. This is more expensive, more resource intensive and more wasteful. Ultimately the human and emotional cost of not investing in domestic abuse can be fatal for victims and devastating for their families.

We have estimated the value of sustainable long-term investment in specialist support services for survivors of domestic abuse. In 2022, the economic and social costs of domestic abuse in England were just under £78 billion. With the adequate provision of specialist support services, at the cost of £427 million, the domestic abuse sector could save the public purse as much as £23 billion a year. The evidence of our cost benefit analysis is clear. Every pound invested in domestic abuse support services will see a saving to the Exchequer of at least £9.

We need to move away from individual transaction-based thinking in the design and funding of services and shift towards a whole-system approach that can better understand and address the underlying causes of demand. The funding must be injected as a minimum to support specialist services for survivors of domestic abuse and their children. This investment can not only help the Government to save money across wider public services, but it can also help to save lives.

Introduction

The Report At A Glance

Women's Aid finds that the economic case is clear for the UK Government to commit to investing **£427 million** per year, as a minimum, to fund specialist domestic abuse services² for women and their children across England. As an economic analysis commissioned by Women's Aid shows, **for every pound invested in domestic abuse support services we will see a saving to the public purse of at least £9.**

To ensure provision is available and accessible to all who need it, this investment should come with a portion of funding ring-fenced for specialist services led 'by and for' Black and minoritised women, d/Deaf and disabled women, and the LGBT+ community. This level of funding will not only provide these services with the minimum level of resources they need to carry out life-saving work, but bring significant cost savings to other public services.

Cost of domestic abuse in England:

£77,963,000,000

Cost of fully funded domestic abuse services in England:

£426,595,806

Benefit of fully funding domestic abuse services:

£3,898,100,000

Benefit-to-cost ratio:

9.14:1

See Appendix 2, Table 2.7 for further detail.

Background

Domestic abuse is endemic in the UK. 1.6 million women aged 16 to 74 years experienced domestic abuse in England and Wales in the year ending March 2020 (ONS estimates, 2020). Recent research by Women's Aid suggests as many as 46.1% of women have experienced at least one form of abusive behaviour in an intimate relationship during their lifetime (Women's Aid, 2022A). Many people will have experienced domestic abuse themselves or know someone who has, including those reading this report.

Domestic abuse is a gendered crime, and women are more likely to experience it than men. There are important differences in the amount, severity, and impact of abuse they experience. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt (Walby & Towers, 2018; Walby & Allen, 2004) or killed than male victims of domestic abuse (ONS, 2021). Specialist services to support women who have experienced abuse must be available in a timely and effective way. For some, this is a specialist refuge service with wraparound support in times of crisis. For others, it is services in the community working to help women rebuild their lives and support them with accessing mental health support services, housing, or other support. These services are essential to supporting women's long-term recovery and their ability to re-enter and be active participants in society, and to preventing the re-occurrence of abuse.

However, Women's Aid's report "*The Domestic Abuse Report 2023: The Annual Audit*" shows that many women across England are still not able to access specialist domestic abuse services – either a refuge or community-based support (CBS) service. Demand for services is not matched by an adequate supply. In the year 2021-22, 62%

of referrals to refuge services in England were declined, over a quarter of these due to lack of space or capacity. Despite rises in the number of refuge spaces over the last decade, we continue to see a 23% shortfall in the spaces available compared to Council of Europe recommended minimum levels³. Many of the organisations providing these services are facing a funding crisis which further affects the services they can provide and the women and children they are able to support (Women's Aid, 2023).

Women's Aid's *Nowhere to Turn* series shows the harm women experience whilst waiting for refuge space and the reliance this brings on statutory services. In 2021, a third of women supported by the No Woman Turned Away project⁴ experienced further abuse from the perpetrator whilst waiting for services (Women's Aid, 2022B). Of the 184 women featured in the research, 26 had to call out the police to respond to an incident, 14 spent time in hospital and 2 spent time in police custody.

Specialist domestic abuse services, whether refuge or CBS services, offer a holistic package of wrap around support and wellbeing services (see Appendix 3: Glossary). This trauma-informed, needs-led, strengths-based approach meets women's often complex needs and reduces reliance on statutory services like the NHS, where resource limitations can prevent a bespoke service and continuity of care. Access to specialist domestic abuse services prevents further abuse and also reduces duplication of effort and pressure on other services.

The UK Government remains committed to the prevention agenda – releasing a Green Paper on 'Prevention being better than cure'⁵ and formalising this in the Health and Social Care Act

³ Council of Europe's Convention on preventing and combating violence against women and domestic violence (The Istanbul Convention), 2011

⁴ www.womensaid.org.uk/what-we-do/i-work-with-survivors/no-woman-turned-away/

⁵ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

2022. This commitment must extend to sectors that interact with the health system, including the domestic abuse sector, in order to realise the important ambition which underpins it.

The UK Government has stated it wants to tackle domestic abuse, but current funding is not supporting the types of specialist services survivors desperately need, and the amounts fall short of what is required. The landmark Domestic Abuse Act was passed in 2021, placing a Duty on local authorities to ensure the provision of 'safe accommodation' for survivors of domestic abuse, while the Ministry of Justice has committed to some funding of community services within the Victims Funding Strategy.

For both commitments, the amounts dedicated are time-limited, not ring-fenced for specialist domestic abuse services or for marginalised groups, and are considerably lower than the Women's Aid recommended minimum investment. They are also often hampered by poor commissioning practice at a local level. Local authorities are under significant pressures and often do not have the right skills and experience to commission domestic abuse and violence against women and girls (VAWG) specialist services. In some areas this has already led to funding being diverted away from specialist domestic abuse services.

Purpose of this report

This report makes the economic case for increased investment in specialist domestic abuse services. It clearly sets out the level of investment needed to ensure the sustainability of specialist domestic abuse services, adjusted for inflation and population in November 2022. Findings from the economic analysis commissioned by Women's Aid illustrate the value this investment would bring — not only to the women that they support, but to the NHS in terms of visits to A&E,

hospital stays, social care and more, as well as to police forces, housing departments and Multi-Agency Risk Assessment Conferences (MARACs). Spent well, this much-needed investment would improve population health outcomes, reduce the strain on vital public services, and provide a better quality of life for women and children. Finally, this report sets out Women's Aid's own evidence-based recommendations for funding the specialist domestic abuse support sector.

Methodology

For this report, Women's Aid has revised their estimate on the level of funding needed for the specialist domestic abuse sector, adjusting for costs of inflation and the latest population estimates to update the estimate developed in Women's Aid's report, *'Funding specialist support for domestic abuse survivors'*, (Women's Aid, 2019). Appendix 1 to this report sets out how the estimates were updated.

Women's Aid invited ResPublica to undertake an economic analysis of the value of the investment needed and asked them to provide reliable and up-to-date analysis of the benefit-to-cost ratio specialist domestic abuse services bring to the public purse. This analysis, undertaken by Landman Economics for ResPublica, involved two distinct pieces of work:

- ▶ Firstly, a “pathways analysis” which updated the costs associated with each of the elements in the two pathways in the “Tracy’s journey” map developed by Women’s Aid in 2013⁶. The aim of this analysis was to demonstrate the difference in costs to the public purse when a survivor of domestic abuse is able to access specialist domestic abuse support services, compared to when she is not able to do so.
- ▶ Secondly, a cost-benefit analysis (CBA) which updates the Home Office’s 2019 estimate of the

costs of domestic violence (Oliver et al, 2019), as well as estimating the costs of adequately funding services for survivors of domestic abuse and their children. They produced a CBA based on these updated results, specifically comparing the benefit of reductions in domestic abuse with the cost of additional investments in services for survivors. Appendix 2 provides further detail on the calculations used for both parts of the work commissioned.

About ResPublica

ResPublica is an independent non-partisan think tank, whose aim is to create bold solutions to enduring social and economic problems. ResPublica’s ideas are founded on the principles of a post-liberal vision of the future which moves beyond the traditional political dichotomies of left and right, and which prioritise the need to recover the language and practice of the common good.

ResPublica believes in the development of real wealth and assets that promote both social and economic flourishing. It works to combat the concentration of wealth and power in the UK, and to foster the greater distribution of agency and ownership. ResPublica advocates policy that will narrow economic divergence, mend cultural rifts, and encourage shared prosperity, virtue and values for all people and communities.

ResPublica works closely with a number of associate members and organisations to bring valued expertise to the development of policy and strategy. Analysis for this project was conducted by Howard Reed, Director of Landman Economics, which specialises in policy analysis and complex econometric modelling work with a progressive political perspective.

Tracy's Journey

The true story of a domestic abuse survivor and what could have been.

- What actually happened
- What could have happened with needs-led intervention



Tracy meets her partner in her early twenties and they have two children.

Tracy is diagnosed with a chronic mental health condition that she manages with support from her GP.

When Tracy retires, the abuse becomes physical.

Her husband becomes increasingly controlling and he manipulates her mental health needs.

Tracy's children have both left home and Tracy decides to ask her GP for help.

GP: £351

Her GP thinks that Tracy's request for help is part of her mental health condition and makes a referral to a psychiatrist for her 'delusional behaviour'. This makes her angry and she disengages from services.

Tracy calls the police from a phone box because her husband has attacked her with a knife and taken her phone. When the police arrive they take her home because she is drunk - her husband tells them about her mental health issues and Tracy is blamed for wasting police time.

Police: £746

Over the next three weeks, the caseworker from the specialist service talks to Tracy about her options. They open a bank account for her, claim Disability Living Allowance, and secure Tracy a new phone.



CBS service: £1,365

Her GP has received Trusted Professional Training and he understands the importance of believing and validating Tracy's experience. He asks her what she needs and makes an appointment for her to be seen with a careworker from the independent women's domestic abuse service.



GP/CBS service: £706

Tracy goes to A&E because of a knife attack on her hand. A&E staff call the police to escort Tracy home because she is fearful of her husband. The police find her husband with scratches on his face. She is arrested again and spends the night in custody.

A&E/police: £2,382

Tracy calls the police, they attend the home and find broken furniture, Tracy with a knife wound and her husband bleeding from the leg. Tracy is drunk and arrested for assault. Her husband who doesn't press charges is assessed as a 'low risk' victim.

Police: £746

A mental health professional visits Tracy at home and talks to her husband - she notes that he displays no hostility and she discharges Tracy from the crisis team.

Tracy's husband begins to call her support services telling them that he's worried that she's becoming more ill and asking for her to be sectioned. He convinces Tracy to take out Equity Release and sign away her financial rights to their shared home.

Tracy has a conversation with a Trade Union colleague who has had Ask Me training. She listens to Tracy, believes her, and tells her about a friend who escaped an abusive partner.

Included in CBS cost above.

Tracy's husband threatens her with a knife and throws her out of the house - she calls the specialist service out of hours helpline on her own phone who call her a taxi and take her to emergency accommodation.



Included in CBS cost above.

While she heals, Tracy begins to look for a place to live by herself. She makes an application for a council property but her husband says he can't live without her and will kill himself. Tracy decides to stay for now.

Six months later Tracy tells her mental health support worker that she's had it with her husband's manipulation. They make a referral to MARAC but no actions are allocated.

MARAC: £129

A month later the mental health worker has to visit Tracy at a friend's house because her husband has thrown her out. The team makes another referral to MARAC, which is declined because Tracy is not 'high risk'.

Mental Health Support: £173

In winter Tracy contracts pneumonia and spends weeks in hospital. The hospital staff complete a 'risk assessment' and send her case to MARAC. Tracy's case is heard and actions are allocated to specialist services and police to follow up. When Tracy is discharged, she declines all visits.



Hospital/MARAC: £119,253

Tracy's husband attacks her with a knife and she is taken by ambulance to hospital. The police are informed and she is discharged to a refuge. Her husband is arrested and she is supported to build a prosecution. She receives 1:1 counselling and continues with her over 50s group.

A&E/Police/Stay in refuge: £21,895



Hospital/Police/Stay in refuge: £25,842

Her husband calls an ambulance claiming that they've tried to kill each other. Tracy has multiple stab wounds and her husband has self-inflicted wounds. Her husband is arrested and charged with attempted murder. Tracy is discharged to a refuge.

Dementia assessment: £327

Tracy falls in the hostel. Her mental and physical health is failing. She returns to hospital where she is assessed by the dementia team but is discharged back to the hostel. Tracy wants to leave the hostel but doesn't meet local thresholds for supported housing so she returns to live with her husband.

Tracy is placed in an emergency homelessness hostel and a MARAC referral is made. She is deemed "medium risk" as she isn't living with the perpetrator. Her husband finds her location and harasses her.

Police: £746

Six weeks later Tracy calls the police and says her husband has threatened her with a knife. When police arrive, they find both the home and the husband very calm but Tracy is drunk so no statement is taken.

Housing/MARAC: £6,547

Tracy asks her mental health team to help her husband. He is drinking a lot, becoming aggressive. She doesn't want a MARAC referral, she wants his behaviour to change. There are no perpetrator services available for men without young children.

In winter, Tracy contracts pneumonia again. When she is well enough to leave hospital she is advised not to return to her husband, she is discharged to the homelessness office.

Hospital: £26,131

womensaid.org.uk/change

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fare: £23,966

fare: £183,373

1. “Tracy’s journey”: a case study of cost savings

**For one woman’s journey, savings of £159,407
could have been made with support from
specialist domestic abuse services**

Women’s Aid first developed “Tracy’s journey” in 2013 as part of our Change that Lasts pilot programme⁷. The “Tracy’s journey” map sets out an example journey for one survivor, based on the real experiences of one woman⁸. The map shows both what actually happened to Tracy and what her journey could have looked like with the right package of support at the right time (Women’s Aid, 2020). In the analysis commissioned by Women’s Aid, ResPublica updated the costs used in 2013 to reflect the current economic climate with their own pathways analysis (Appendix 2). The findings are presented in our updated infographic on pages 10-11.

Saving made with access to specialist domestic abuse support

Analysis of the costs associated with both pathways shows the savings a needs-led approach from a specialist domestic abuse support service would have brought.

Beneficiaries of the savings made

In this analysis, we can clearly see the extent to which the NHS and a combination of other statutory services are relied on to fill gaps in support when a survivor is not able to access specialist domestic abuse services. Graph 1 shows the breakdown of costs between different agencies for the blue pathway (“what actually happened”) in the left-hand column compared to the purple pathway (“what might have happened with needs-led intervention”) on the right-hand column.

Tracy’s journey came at a great personal cost to her, as well as a staggering financial cost of £183,373 to the public purse. With a needs-led approach involving both community-based support and refuge services, the public cost of Tracy’s journey would have been just £23,966. This constitutes a potential saving of £159,407 when looking at a needs-led intervention pathway for Tracy.

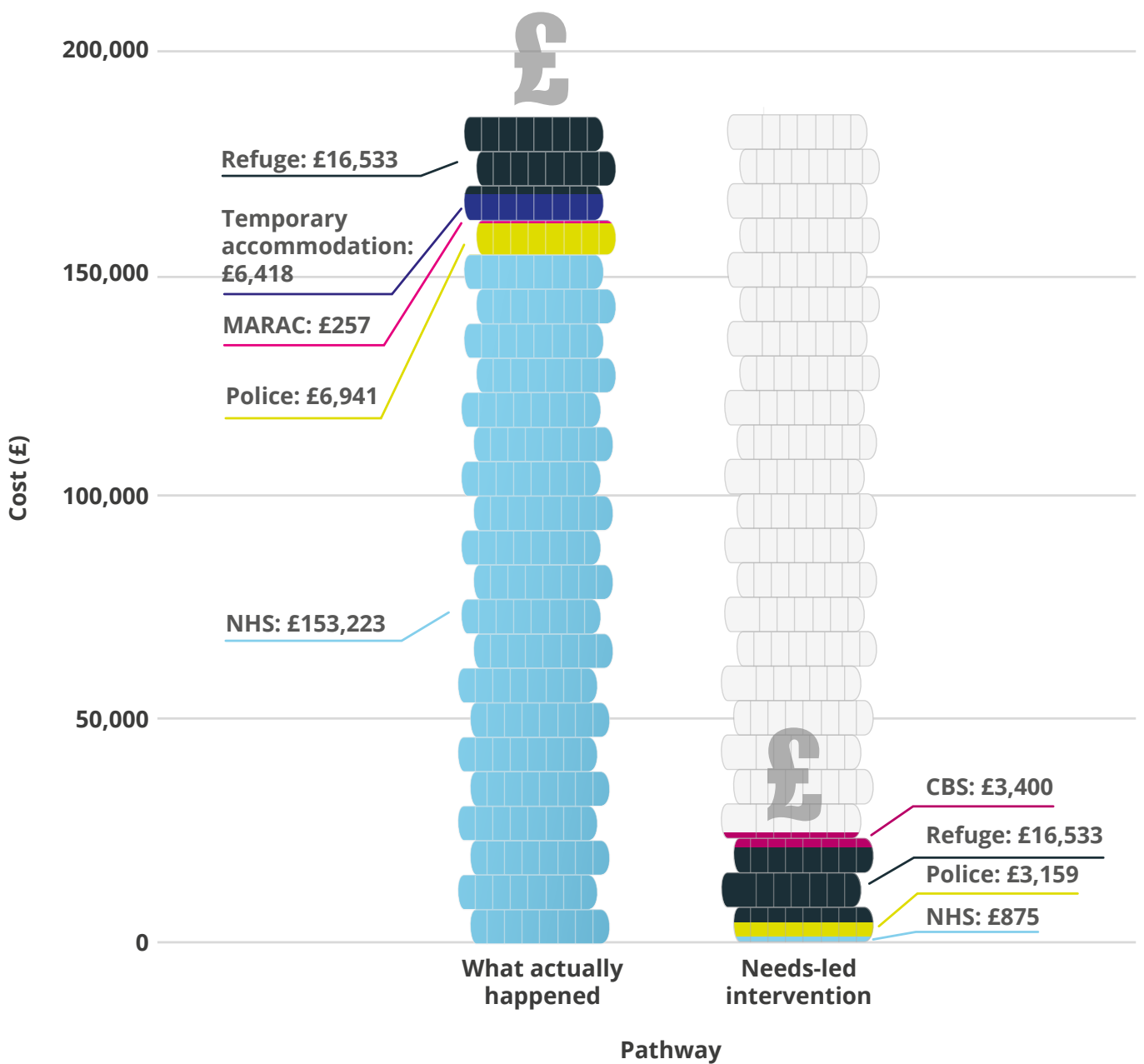
⁷ www.womensaid.org.uk/our-approach-change-that-lasts/

⁸ Names have been disguised and elements of the story condensed to protect the confidentiality and identity of Tracy’s family.

The largest saving specialist domestic abuse services bring in this scenario is to the NHS; a saving of £152,348 which includes visits to A&E, hospital treatment and appointments with GPs and other professionals. Additionally, timely access to specialist support for Tracy would have saved

the Police £3,783 as well as £257 in MARAC costs and £6,418 costs for temporary accommodation. It is likely that there is extensive duplication of effort between the many agencies involved. The total saving of a needs-led intervention (the purple pathway) for Tracy is a staggering £159,407.

Graph 1. Cost breakdown needs-led intervention pathway vs what actually happened*



*Source: analysis commissioned from ResPublica by Women's Aid. See Appendix 2 for detail.

2. Funding specialist support for domestic abuse survivors

2.1. Investment needed

In 2019, Women's Aid first undertook an assessment of the level of investment needed to effectively resource the specialist domestic abuse sector (Women's Aid, 2019). We updated the figures in 2021 and again in 2022 to account for population increase and inflation (Appendix 1).

The 2022 figures show that an annual investment of **£427m**⁹ is required to fund refuge and CBS services to the level needed to support women and children who need to access them. This investment will improve outcomes for women and children, reduce victimisation and improve health and wellbeing. As analysis commissioned by Women's Aid shows, it will also bring savings to the public purse, by means of reducing the strain on public services' time and resources.

Funding for domestic abuse support comes primarily from three government departments, the Department for Levelling Up, Housing & Communities (DLUHC), the Home Office and the Ministry of Justice (MoJ). £427m equates to just 0.6% of their combined spend for 2021-22¹⁰.

Prerequisites for this level of investment

In order for the funding settlement proposed in this report to be sufficient, it should be regarded as part of the solution to secure the future of specialist domestic abuse services and the wider VAWG sector. Both continue to face severe threats from local procurement and commissioning practices which do not recognise their expertise which, as shown in this report, is highly valuable. There are six prerequisites for our funding recommendation (Women's Aid, 2019). These show the importance of effective commissioning practices which recognise the value of specialist women's domestic abuse services and the 'by and for' expert sector.

A total annual investment of at least **£427m** is needed to fund the domestic abuse support sector in England.

⁹ £189m for refuge services and £238m for CBS services annually.

¹⁰ Outturn for 2021-22: DLUHC £41bn, Home Office £18bn, MoJ £11bn www.gov.uk/government/collections/public-expenditure-statistical-analyses-pesa

2.2. Cost of domestic abuse to society

ResPublica undertook an estimate of the annual economic and social costs of domestic abuse in 2022 by updating the estimate¹¹ in the 2019 Home Office research report *"The economic and social costs of domestic abuse"*. (Oliver et al, 2019). Using the uprating factors explained in Appendix 2, the research estimates that the economic and social costs of domestic abuse in England in 2022 were just under **£78 billion**.

Tracy's journey allows us to form an idea of the possible extent of economic value specialist domestic abuse sector brings on top of the life-saving work they do. Whilst every survivor's journey is unique and there is no "typical victim" of domestic abuse, we can use this example to develop a hypothesis of just how much timely and effective support could save the public purse.

If we take Tracy's journey as an "average" saving from needs-led intervention for survivors of domestic abuse, we can scale this up using Women's Aid's estimate of the number of women accessing specialist domestic abuse support in 2021-22 (Women's Aid, 2023). Using this calculation¹², the overall financial gain from the existing specialist domestic abuse support sector can be estimated at as much as **£23 billion**.

This calculation should be regarded as illustrative of potential gain only. We know how diverse survivor journeys are and it is impossible to know whether Tracy's journey is representative of the "typical" experience of a survivor of domestic abuse without further empirical study. The length and nature of a support journey for different cohorts of women can vary greatly; costs therefore vary to reflect the diversity of service provision across the country and for different cohorts of women. As a result, for some women the savings could be higher than in Tracy's journey (Women's Aid, 2019). Further, if the sector were resourced to support more women, the total saving would be higher.

The economic and social costs of domestic abuse in England in 2022 were just under **£78 billion**.

The domestic abuse sector could be saving the public purse as much as **£23 billion a year**.

¹¹ The 2019 report estimated the economic and social cost of domestic abuse to be over £66bn.

¹² Saving in Tracy's case applied to all women accessing specialist domestic abuse services

(Number of women accessing refuge [Women's Aid, 2023]) + (Number of women accessing CBS [Women's Aid, 2023]) * (cost saving in example [ResPublica, 2023]) = total potential gain

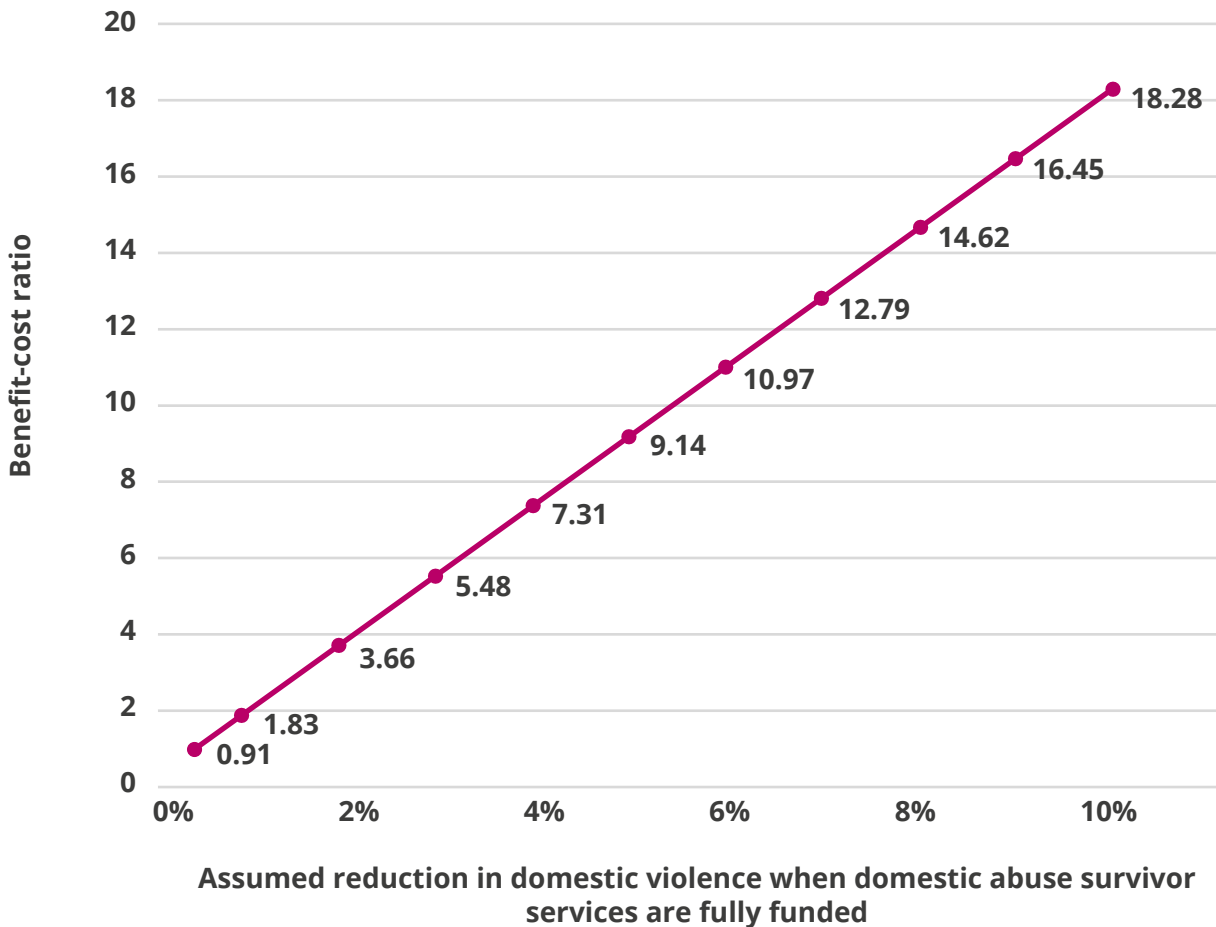
(10,502 + 131,094 = 141,596) * £159,407 = £22,571,393,572

2.3. Benefit-to-cost ratio

ResPublica’s analysis shows a benefit-to-cost ratio of **£9.14:£1** (9.14) for investment in the specialist domestic abuse support sector in England at the minimum level recommended by Women’s Aid. This uses a conservative estimate that the specialist domestic abuse sector reduces domestic abuse by 5% (Appendix 2, section 4). Even with a lower estimate of reduction in domestic abuse the sector still brings a significant cost saving (Graph 2), whilst the reality could, in fact, be much higher as Tracy’s journey indicates.

For every pound invested in domestic abuse support services we will see a saving to the public purse of at least **£9.**

Graph 2: cost-benefit analysis and assumed reduction in domestic abuse



*Source: analysis commissioned from ResPublica by Women’s Aid. See Appendix 2 for detail.

However conservative, a benefit-to-cost ratio of 9.14 is very high compared to recent infrastructure projects which received funding from the UK Government, for example:

- ▶ In 2014 the National Audit Office estimated that the Crossrail line (later renamed the Elizabeth Line) had a benefit-to-cost ratio of 1.97¹³.
- ▶ In 2014 the House of Lords Economic Affairs Select Committee estimated that the HS2 rail link from London to the North West of England via Birmingham had a benefit-to-cost ratio of 2.3¹⁴.

Cost savings brought by the sector are much higher than recent infrastructure projects.

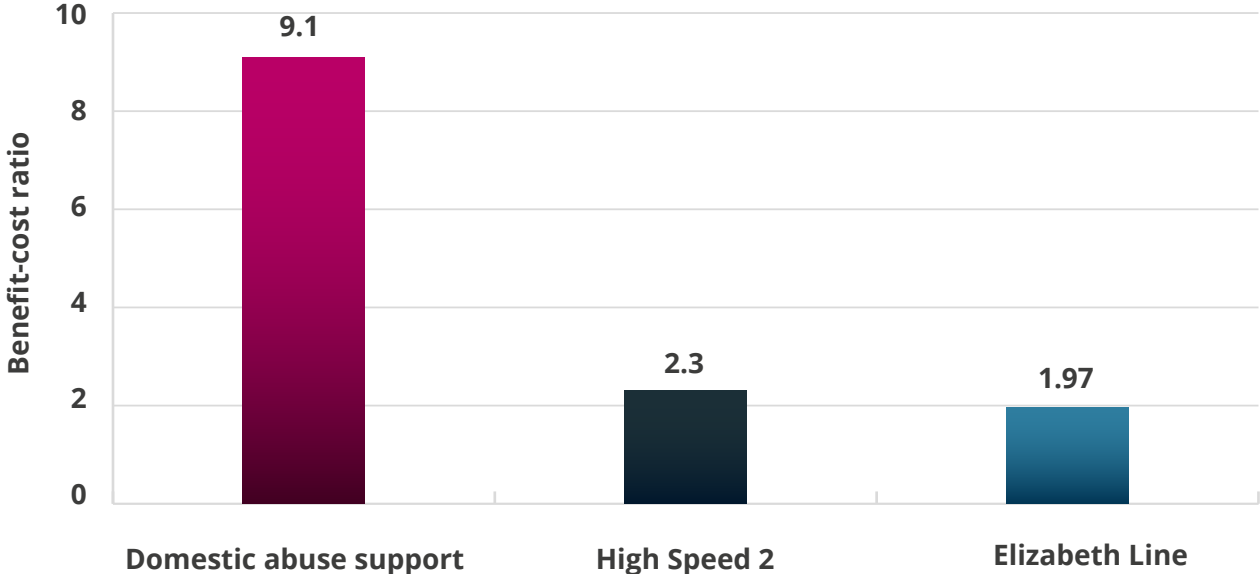
¹³ www.nao.org.uk/wp-content/uploads/2014/01/Crossrail-summary..pdf
¹⁴ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/3651/hs2-economic-case-value-for-money.pdf

*“Compared with these transport projects – both of which were given the go-ahead, with the Elizabeth Line now complete, and HS2 under construction – a (benefit-to-cost) BCR of more than 9 presents a watertight and incontrovertible case for full investment in services for domestic abuse survivors. Overall, the results from this analysis **present an extremely strong case to the Government to allocate additional resources for funding investment for the survivors of domestic abuse** – much stronger than for some other projects which have already received funding.*

This would be the case even if the benefits from investing in services for domestic abuse survivors were considerably smaller than what we have assumed here.”

Landman Economics/ResPublica, 2023

Graph 3: comparison of benefit-cost ratios for investment in services for domestic abuse survivors with recently funded transport infrastructure projects



*Source: analysis commissioned from ResPublica by Women’s Aid. See Appendix 2 for detail.

3. Women's Aid recommendations

3.1. Funding settlement

Women's Aid recommends that the Government commit to a minimum funding settlement of £427m annually for specialist domestic abuse support services¹⁵ in England (Appendix 1).

A minimum of £189m should be ring-fenced for refuge services. This would come from the statutory duty for the provision of safe accommodation for survivors of domestic abuse, which forms Part 4 of the Domestic Abuse Act. This is combined with a minimum of £238m statutory funding for CBS services, committed to within a future Victims' Law or equivalent.

To ensure this is effectively implemented and delivered, the Government should:

- a. review funding commitments and needs assessments annually in light of inflationary increases and population change.
- b. create a robust oversight mechanism, with clear and timely interventions where local authorities are not adhering to the statutory guidance.
- c. develop mandatory, regular and specialist training for commissioners in how to commission survivor-centred specialist support. *See a more detailed description of recommendation on commissioning practices below.*
- d. build on the structure of the National Expert Group for Safe Accommodation, (NESG) to create a National Oversight Group with responsibility for scrutinising provision of all domestic abuse services, including CBS. This Group should include representatives of the specialist domestic abuse sector and the Domestic Abuse Commissioner for England and Wales to ensure funding is delivered effectively, sustainably, and secures the future of specialist provision for women and children escaping domestic abuse. Further detail on the responsibilities of this group is provided in Section 3.2.
- e. include, in the settlement, a portion of ring-fenced funding for 'by and for' Black and minoritised women, d/Deaf and disabled women, those with No Recourse to Public Funds (NRPF) and LGBT+ survivors, to ensure minoritised groups can access the support they need.

3.2. The investment should be distributed in accordance with a National Needs Assessment

Women accessing the specialist domestic abuse sector include those facing multiple forms of disadvantage and discrimination. They have a wide range of needs including requiring support around mental health, physical disability and substance use.

Local needs assessments are a requirement for local authorities, but they are antithetical to the needs of domestic abuse survivors because survivors needing to flee abusive partners often have no choice but to rebuild their lives in new areas. Refuge services are a national network that women typically cross local authority boundaries to access. Women may need to be housed in an area away from an abuser for their safety and that of their children. For other women, the need for appropriate support for their children, health needs, or overnight

support restricts which spaces they can access (Bowstead, 2021).

- a. The National Oversight Group for domestic abuse (above) should undertake a regular national needs assessment for refuge services, including a review of provision for victims with protected characteristics. This should be broken down by region and be informed by existing data from Tier 1 needs assessments.
- b. The funding settlement must be distributed in accordance with regional variances in available service provision and take into account the acute demand for 'by and for' support for women experiencing multiple forms of disadvantage and discrimination.

3.3. Improved oversight of commissioning

To ensure that funds are distributed with maximum impact, it is a vital part of our recommendations that local commissioning practices are informed by best practice, are tailored to local demographics and are consistent. Guidance documents below outline good practice in commissioning. However, robust national oversight is needed to hold local areas to account. The Department for Levelling Up and Housing and Communities must ensure that each local authority demonstrates how it is using funding to adhere to the statutory guidance. Where the guidance is not being adhered to, direct intervention must take place with local

authorities. Without significant reform of local commissioning practices, along with the other prerequisites referenced in section 2.1, the recommendations for investment made in this report will have limited success.

In 2015, Women's Aid and Imkaan published a *Successful Commissioning Guide*¹⁶ (Imkaan and Women's Aid Capacity Building Partnership, 2015). In 2016 the Home Office published a *VAWG Commissioning Toolkit*¹⁷, (Home Office, 2016) with input from Imkaan, Women's Aid Federation of England, Rape Crisis, Respect, Welsh Women's Aid, Lloyds Banking Foundation and others.

16 www.womensaid.org.uk/wp-content/uploads/2015/12/successful_commissioning_guide.pdf

17 assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf

Both the guide and the toolkit outline the key components of effective commissioning for VAWG services.

The Home Office *National Statement of Expectations for VAWG Services*¹⁸ (Home Office, 2022), updated in March 2022, states that all local areas should have “sufficient local specialist VAWG service provision, including provision designed specifically to support victims from ethnic

minority backgrounds, deaf and disabled victims, victims with learning disabilities, male victims, LGBT victims, migrant victims, children and young people and older victims. This should include specialist ‘by and for’ services, which are uniquely placed to respond to the specific needs and experiences of the communities they support. Commissioners should also consider investing in capacity building for specialist services and groups who face the greatest barriers in accessing support.”

3.4. A regular review of provision against need

Finally, we recommend that the financial settlement be reviewed in line with population and inflation changes. An insufficiently funded sector is not efficient, creates failure demand¹⁹ which stretches capacity whilst not meeting needs of service users, and affects the demand on statutory services. This under-funding therefore leads to more journeys like Tracy’s. Domestic abuse is a hidden crime and the point of leaving an abuser is dangerous for women and children (Femicide Census, 2020). This means that a real or perceived lack of safe provision could actively discourage women from seeking

support and putting themselves at risk without confidence in their needs being met. As a result, our picture of demand is at present woefully under-representative.

Improved funding is likely to reduce this inefficiency, however once the visible failure demand is reduced, we may see an increased demand for services as women start to come forward due to confidence in the availability of support. With this in mind, regular review of the gap between demand and provision must be an integral condition of any settlement.

¹⁸ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064571/National_Statement_of_Expectations_2022_Final.pdf

¹⁹ beyondcommandandcontrol.com/failure-demand/

Conclusion

Tracy's journey is one example of a real-life experience which shows us the human impact of poor provision for survivors of domestic abuse. Her story illustrates the value of sustainable long-term investment in specialist support services for the women who need them. Access to a needs-led response from the specialist domestic abuse support sector would have brought a cost saving of over £159k in just one case, and, more importantly, it would have improved Tracy's life outcomes in ways beyond measure.

Over the three-year period from 2017 to 2020, an average of three women every fortnight were murdered by their male partner or ex-partner (ONS, 2021). We know separation from an abuser is an escalator of violence and that this time in a survivor's journey is dangerous and can even be fatal (Femicide Census, 2020). At this time when survivors are most vulnerable, the holistic wraparound support provided by specialist domestic abuse support can save lives.

The minimum investment of £427m a year recommended by Women's Aid will allow women like Tracy to access the support they need. This figure is a small fraction, 0.6%, of the total spend of government departments currently funding domestic abuse support. Further it brings with it, as this report shows, a substantial benefit to cost ratio of at least 9.1:1, a saving of over £9 for every £1 invested.

Women's Aid and our members will continue to provide life-saving support to survivors of domestic abuse. However, services cannot run on good will, and we will continue to campaign for the right level of investment in services, putting survivors at the heart of our work and working with government departments and stakeholders to do so.

Appendix 1:

Women's Aid revised estimates 2022

Introduction

The revised estimates in this document use the methodology developed and explained by Women's Aid's in the report *Funding specialist support for domestic abuse survivors*²⁰, published in November 2019 (Women's Aid, 2019).

Estimates in the report, and these revisions, include the following areas of work which are essential to provision.

Refuge services:

1. Refuge services (this includes any or all of shared housing, self-contained units with some communal spaces, and dispersed accommodation).
2. Resettlement support to enable women to move on to a new home from refuge.
3. Dedicated support for children and young people staying in the refuge.
4. Therapeutic support services, such as formal counselling and support groups, which are vital to women's recovery.

Community-based support (CBS) services:

1. Outreach, floating support, and advocacy (including IDVA) services.
2. Dedicated support for children and young people, either where their parent is being supported, or where support is being provided directly to them independently.
3. Therapeutic support services, such as formal counselling and support groups, which are vital to women's recovery.
4. Community outreach support (education and awareness raising work, e.g., training professionals or work in local schools).

What we have updated

Updated unit costs for inflation

“Funding specialist support for domestic abuse survivors” developed a cost per unit of 10,000 population. Please see the full 2019 report for full details of the methodology used, and the list of pre-requisites and limitations.

Unit cost estimates were based on 2019 prices. In 2022, we adjusted costs for inflation over the previous three years using the Office for Budget Responsibility (OBR) Consumer Prices Index (CPI) inflation estimates and projections,²¹ accounting for inflation between Quarter 3 (Jul-Sep) 2019 and Quarter 3 (Jul-Sep) 2022.

$$\left(\frac{[\text{CPI for 2022, Q3}]}{[\text{CPI for 2019, Q3}]} - 1\right) * 100 = \text{percentage inflation to be applied to 2019 unit costs}$$

Therefore, $\left(\frac{112.761}{109.268} - 1\right) * 100 = 4.15$

Inflation of 4.15% has been applied to the original unit costs developed in our original methodology in 2019.

Updated for population increase

“Funding specialist support for domestic abuse survivors” applied the cost per unit of 10,000 population to ONS mid-year 2018 population estimates.²² The total population estimate at that time, for England, was 55,977,178. This equates to 5,598 units of 10,000 population which was used to calculate our original estimates.

The latest ONS projected population for mid-year 2022 is 57,029,195 or 5,703 units of 10,000 population.²³ This document revises our estimates using the cost per unit adjusted for inflation, as shown above, applied to the updated population projections.

Revised estimates

Total unit cost for refuge and CBS services

By adding together the total unit costs for support staff, activity costs and central costs we arrived at a total unit cost for refuge services and CBS services. The updated unit costs are

shown in **Table 1.1** below. Please see *Funding specialist support for domestic abuse survivors* for a full breakdown of how these unit costs were developed.

²¹ Office for Budget Responsibility (OBR). (2021) Economic and fiscal outlook- March 2021. Published online: OBR. Table 1.7.

²² Office for National Statistics (ONS). (2019) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2018. Published online: ONS.

²³ Office for National Statistics (ONS). (2019) 2018-based National population projections. Published online: ONS. [Accessed November 2022].

Table 1.1: average cost per unit per year

Type of cost	Refuge unit cost	CBS unit cost	Cost per 10,000 population
Support staff costs per unit	£20,768	£25,339	£46,106
Activity costs per unit	£3,076	£3,468	£6,544
Central costs per unit	£9,222	£12,929	£22,152
TOTAL	£33,066	£41,736	£74,802

Total costs for refuge and CBS service provision in England over a year

We have assessed the funding needed for one unit of provision to meet the needs of 10,000 population over a year. In the case of refuge services this is also equal to one space as per the Council of Europe recommendation of a minimum of one refuge space per 10,000 population²⁴. See *Funding specialist support for domestic abuse survivors* on measuring demand for an explanation on why we have used this established measure.

The ONS projected population for mid-year 2022 is 57,029,195. Based on a unit cost of 10,000 population it would take 5,703 refuge spaces (units of provision) to serve this population. As our methodology also uses a unit of one per 10,000 population for CBS services, 5,703 units of this support are also required to meet the needs of the whole population of England. **Table 1.2** shows our assessment of the level of investment needed per year to effectively fund the specialist domestic abuse support sector in England.

Table 1.2: the cost of domestic abuse services in England

Type of cost	Cost for England (5,703 units)
Refuge services	£188,575,398
Community-based support services	£238,020,408
Total	£426,595,806

²⁴ Council of Europe (2008): "...safe accommodation in specialised women's shelters, available in every region, with one family place per 10,000 head of population." (p. 51). Council of Europe (CoE). (2008) *The Final Activity Report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV)*. Strasbourg: Gender Equality & Anti-Trafficking Division Directorate General of Human Rights & Legal Affairs, Council of Europe.

Appendix 2:

Cost-benefit analysis of investments in specialist services for survivors of domestic abuse in England

By Howard Reed (Director, Landman Economics) for Respublica

1. Introduction

This report outlines, explains and interprets the results from analysis of the benefits of additional investment in specialist services for survivors of domestic abuse in England.

The main results from the analysis are in two parts:

1. Pathways analysis – which gives a detailed update of the costs associated with each of the elements in the two pathways in the “Tracy’s journey” map.
2. Cost benefit analysis (CBA) – which updates the Home Office’s 2019 estimate of the costs of domestic violence as well as estimating the costs of adequately funding services for survivors of domestic abuse, and produces a CBA based on these updated results, specifically comparing the benefit of reductions in domestic abuse with the cost of additional investments in services for survivors.

2. Consistency with HMT Green Book

As part of the work undertaken for this commission, we have checked our own calculations as well as the calculations supplied by Women’s Aid (Appendix 1) for consistency with HM Treasury (HMT) Green Book assumptions. We can confirm that all calculations used in this report are broadly in line with Green Book assumptions, in particular:

- ▶ Green Book Chapter 5: shortlist options appraisal (including assumptions regarding social cost benefit analysis and adjustments for inflation)
- ▶ Chapter 6: valuations of costs and benefits
- ▶ Chapter 7: presentation of results

3. Pathways analysis

Methodology

Women's Aid first developed "Tracy's journey" in 2013 as part of their Change that Lasts pilot programme. We have updated the costs associated with each of the elements in the two pathways in the "Tracy's journey" map to be relevant in 2023. For this analysis, we allocated suitable cost parameters from the NHS, PSSRU

and GMCA unit cost databases plus a few other relevant data sources for public services costs to the pathways diagram provided by Women's Aid. We have used Women's Aid's own updated estimates for the cost of the services provided by their members (Appendix 2).

Pathways

The four "Pathways" tables present estimates for the two pathways in the "Tracy's journey" diagram:

- ▶ The **blue pathway** – what actually happened.
- ▶ The **purple pathway** – what could have happened with needs-led intervention.

Table 2.1 and **table 2.2** show cost items from the journey diagram supplied by Women's Aid. The columns should be read as follows:

- ▶ Column A lists the type of service(s) involved in the pathway step.
- ▶ Column B gives more detail and a costs breakdown where relevant.
- ▶ Column C gives the source for the cost estimates.
- ▶ Column D gives the value for the cost of the incident or intervention.

Table 2.3 and **table 2.4** show detailed calculations for each element of costs that appears in the two pathways. The structure of these tables is as follows:

- ▶ Column A: description of service (with length of stay, if the service is an ongoing service such as a hospital inpatient admission or a type of accommodation)
- ▶ Column B: value (in £) for the most recent year that the data are taken from
- ▶ Column C: the year which the estimate in column B is taken from
- ▶ Column D: the uprating schema used to uprate to 2022 (if required)
- ▶ Column E: the uprating factor (see table 5 for more details)
- ▶ Column F: value in £ for 2022 after applying uprating. These are the values that are used to fill in Column D in tables 1 and 2.
- ▶ Column G: explanation and source for the cost estimates the precise spreadsheet and cell references for the cost estimates if available.

Table 2.1: the blue pathway estimates

Service(s)	Services included and cost breakdown if relevant	Source	value (£)
GP/ psychiatric assessment	GP visit: £37. Psychiatric assessment (cost still incurred for missed appt): £314	2020-21 NHS reference costs data and PSSRU 2020-21 data	£351
Police	Cost of call-out to antisocial behaviour incident	GMCA unit costs database (police tab)	£746
Police	Cost of call-out to antisocial behaviour incident	GMCA unit costs database (police tab)	£746
A&E / police	cost of treating cut hand at A&E: 838) cost of call-out to antisocial behaviour incident and cost of arrest and one night in custody: 1,544	NHS costs: 2020-21 reference costs data. Police costs: GMCA unit costs database.	£2,382
MARAC	MARAC costs	Home Office 2019 report on "The economic and social costs of domestic abuse" by Oliver et al. See "additional calculations" tab for details	£129
MARAC	Mental Health Support Worker costs, 12 caseworker visits	NHS costs: use 2020-21 NHS costs data on mental health support worker (per hour).	£173
Hospital	3-week hospital stay with pneumonia	Hospital stay: 2020-21 NHS reference costs data. MARAC: as above	£119,253
Police	Cost of call-out to antisocial behaviour incident	GMCA unit costs database (police tab)	£746
Hospital	cost of stay in hospital suffering from pneumonia (duration: 7 days), moderately severe	NHS costs: use 2020-21 NHS costs data on the cost of long-term inpatient stays after pneumonia diagnosis.	£26,131
Hostel, MARAC	6 months placement in temporary accommodation: £6,418 MARAC: £129	Temporary accommodation: Shelter analysis of the cost of temporary accommodation using MHCLG data on council spending on temporary accommodation and the number of families housed in temporary accommodation. MARAC: as above	£6,547
Hospital	Cost of dementia assessment	2020-21 NHS reference costs data	£327
Police, A&E, refuge	Hospital treatment for stab wounds plus overnight hospital stay for recovery: £6,151 Cost of attending domestic violence incident: £3,159 6 month refuge stay: 16,533	NHS costs: 2020-21 reference costs data. Police costs: GMCA unit costs database. Refuge costs: Womens Aid updated 2022 cost estimates	£25,842

TOTAL**£183,373**

Table 2.2: the purple pathway estimates

Service(s)	Services included and cost breakdown if relevant	Source	Value (£)
GP training	GP appointment: £37 Trusted professional training: £3,400	Cost of GP appointment plus (uprated). Cost of Trusted Professional Training.	£706
Caseworker	Caseworker from specialist service (part of) CBS intervention	Updated CBS costs from Womens Aid	£1,365
Ask Me	(Part of) CBS intervention	Included above	*
Out of hours access	Out of hours helpline access (part of) CBS intervention	Included above	*
Support group	Support group at specialist service (part of) CBS intervention	Included above	*
A&E / refuge	Admission to A&E for knife wound: £838 Cost of arresting husband: £3,159 6 month refuge placement: £16,533 CBS intervention (for support to build a prosecution): included above	NHS costs: 2021 reference costs data. Police costs: GMCA unit cost database. Refuge costs: Womens Aid (as above). CBS intervention: Womens Aid.	£21,895
Move on from refuge	Support to move on from refuge (part of) CBS intervention	Included above	*
TOTAL			£23,966

*included in total CBS cost

Table 2.3: the blue pathway detailed calculations

Service	Value (most recent available year), £	Year	uprating schema	uprating factor	Value (uprated to 2022)	Explanation and source (precise cell references if available)
GP (per consultation)	33	2019	ASHE: SOC 22	1.116	37	GP cost: £33 per consultation (PSSRU, 2019) uprated using ASHE salary data. (PSSRU: "Com nurses, doctors and dentists" H33)
Psychiatrist (initial assessment)	286	2020	ASHE: SOC 22	1.097	314	Mental health initial assessment cost: average from 2020-21 NHS reference costs data (NHS: "MHCCIA" D30)
Police: call-out to antisocial behaviour incident	701	2019	ASHE: SIC 8424	1.064	746	GMCA Unit Cost data: cost of dealing with anti-social incident (GMCA: "crime" J3)
A&E (attendance for cut hand)	764	2020	ASHE: SOC 22	1.097	838	NHS 2020-21 reference costs data: Using average cost of A&E attendance with Category 4 treatment (NHS: "AE" F102)
Hospital inpatient stay (1 night)	669	2020	ASHE: SOC 22	1.097	734	NHS reference costs 2020-21: Average cost of inpatient short-stay admissions "admission related to social factors, non-intervention with CC score 0" (NHS: "NES" D2211)
Police: arrest and 1 night in cell	750	2019	ASHE: SIC 8424	1.064	798	GMCA Unit Cost database (crime tab): cost of arrest (GMCA: "crime" J55)
MARAC	107	2016	ASHE: public sector	1.202	129	Home Office 2019 report (see "Additional calculations" tab for more details) (:)
Mental health support worker	158	2020	ASHE: SOC 22	1.097	173	NHS 2020-21 reference costs: Cluster 02: Common mental health problems (low severity with greater need). Assume 12 Mental health caseworker visits over the course of a year (NHS: "MHCC" D8)

Continued over page ►

CONTINUED - Table 2.3: the blue pathway detailed calculations

Service	Value (most recent available year), £	Year	uprating schema	uprating factor	Value (uprated to 2022)	Explanation and source (precise cell references if available)
Stay in hospital #1: pneumonia	108,616	2020	ASHE: SOC 22	1.097	119,124	NHS reference cost data for non-elective inpatient stays, diagnosis: pneumonia. Assume 3 week stay in hospital, CC Score 10+ (NHS: "NEL" D2451)
Stay in hospital #2: pneumonia	23,826	2020	ASHE: SOC 22	1.097	26,131	NHS reference cost data for non-elective inpatient stays, diagnosis: pneumonia Assume 5 day stay, CC Score 0-9 (NHS: "NEL" D2452)
Placement in emergency homelessless hostel (6 months)	5,439	2021	reported 2021-22 cost inflation from Shelter blog (18%)	1.180	6,418	Assume 6 month stay in emergency homelessness hostel. For more details of calculations see "additional calculations" tab (:)
Hospital: dementia assessment	298	2020	ASHE: SOC 22	1.097	327	NHS reference costs 2020-21: Using cost of assessment of cognitive impairment or dementia (moderate need) (NHS: "IAPTMHCCIA" D9)
Hospital: initial treatment for multiple stab wounds	766	2020	ASHE: SOC 22	1.097	840	NHS reference costs 2020-21: A&E admission (Category 1-3 investigation with category 4 treatment) (NHS: "AE" F14)
Hospital: overnight stay after stabbing	4,842	2020	ASHE: SOC 22	1.097	5,310	NHS reference costs 2020-21: Non-elective inpatients (1 night) (NHS: "Index" E13)
Police: arrest and charge husband with attempted murder	2,968	2019	ASHE: SIC 8424	1.064	3,159	GMCA Unit Cost database (cost of domestic violence incident) (GMCA: "Crime" J12)
Discharge to refuge (6 months)	16,533	2022	not required - already in 2022 prices	1.000	16,533	Women's Aid calculations (appendix 1)

Table 2.4: the purple pathway detailed calculations

Service	Value (most recent available year), £	Year	uprating schema	uprating factor	Value (uprated to 2022)	Explanation and source (precise cell references if available)
Trusted Professional Training for GPs	590	2019	Average weekly earnings	1.135	669.65	Using original pathways estimate for now and will update later after more information from the Women's Aid training team.
CBS provision (per woman assisted)	1,365.148	2022	not required - already 2022 prices	1	1,365.148	Women's Aid calculations (appendix 1)
Discharge to refuge (6 months)	as above (row 18)				as above	

Table 2.5: Uprating sources and factors

Table 5 shows the detailed calculations for uprating earnings to 2022, which is the base year used to present the results. The table also presents multiplier estimates for population growth used to adjust the estimates of the aggregate costs of domestic abuse in England, as explained below.

	NHS: ASHE SOC 22	Police: ASHE SIC 8424	Public sector: ASHE (Table 13)	legal pro- fession: ASHE SIC 6910	nominal GDP	population (England)	population (Wales)	population (England & Wales)	scaling factor (E&W to Eng only)
2012					1671.4	53,493,729	3,074,067	56,567,796	
2013					1727.0	53,865,817	3,082,412	56,948,229	
2014					1806.1	54,316,618	3,092,036	57,408,654	
2015					1875.9	54,786,327	3,099,086	57,885,413	
2016	29,340	36,617	24,977	28,508	1937.6	55,268,067	3,113,150	58,381,217	0.947
2017					2022.9	55,619,430	3,125,165	58,744,595	
2018					2102.9	55,977,178	3,138,631	59,115,809	
2019	30,580	38,652			2177.2	56,343,072	3,151,791	59,494,863	
2020	31,123				2249.4	56,550,138	3,169,586	59,719,724	
2021	33,328				2086.5	56,799,599	3,180,078	59,979,677	
2022	34,134	41,138	30,026	33,376	2342.6	57,029,195	3,189,970	60,219,165	0.947
uprating factor: 2019-22	1.116	1.064							
uprating factor: 2020-22	1.097								
uprating factor 2016-22	1.163	1.123	1.202	1.171	1.209			1.031	

Additional calculations

This section shows additional calculations for specific service elements (MARAC, cost of providing temporary accommodation in hostels, refuge cost per woman supported, and CBS costs per woman supported) which are required for elements of the calculations.

Marac costs

- ▶ Source: Home Office 2019 report (p41)
- ▶ Total spend 2016/17 = 11,300,000.00
- ▶ Number of cases discussed = 105,206.00
- ▶ **Cost per case per MARAC = 107.41**

Cost of providing temporary accommodation

- ▶ Source: blog.shelter.org.uk/2022/02/temporary-accommodation-the-new-social-housing/
- ▶ Number of households in temporary accommodation (2021) = 96,060
- ▶ Cost of providing temporary accommodation (£) = 1,045,000,000
- ▶ **Cost per household per year = 10,878.62**

Refuge support - cost per supported woman per year

- ▶ Source: Women's Aid, 2022 (Appendix 1)
- ▶ 2022 cost for refuge provision = 188,575,398
- ▶ Number of refuge spaces = 5,703
- ▶ **Cost per woman per year = 33,066**

CBS - costs per supported woman per year

- ▶ Source: Women's Aid, 2022 (Appendix 1)
- ▶ 2022 cost for CBS provision = 238,020,408
- ▶ Number of women supported (ideally) = 174,355
- ▶ **Cost per supported woman = 1,365.15**

Data sources

This section gives an overview of the sources used for the cost data in tables 1 to 4 and the uprating information used to uprate to 2022. The main cost data sources used to uprate to 2022 are:

- ▶ NHS: NHS reference costs collection for 2020-21 (www.england.nhs.uk/wp-content/uploads/2022/07/2_National_schedule_of_NHS_costs_FY20-21.xlsx)
- ▶ PSSRU: PSSRU unit costs 2020-21 sheet (www.pssru.ac.uk/wp-content/uploads/2021/12/unit-cost-of-health-and-social-care-staff-2020-21.xlsx)
- ▶ GMCA: Greater Manchester Combined Authority unit cost database (www.greatermanchester-ca.gov.uk/media/6879/gmca_unit_cost_database_v23_final.xlsx)

The uprating information required is mainly taken from the Annual Survey of Hours and Earnings (ASHE), a large-scale survey which shows average earnings for employees in different industries and occupations. We have used this data source to provide estimates for the extent of labour costs growth in the NHS and police sectors in particular.

- ▶ GP services: NHS reference costs, PSSRU (ASHE Table 14, SOC 2211)
- ▶ Police: GMCA unit costs (ASHE Table 16, SIC 8424)
- ▶ A&E: NHS reference costs (ASHE Table 16, SIC 8610)
- ▶ MARAC: Home Office 2019 report "The economic and social costs of domestic abuse" ASHE Table 13, public sector (need to use overall public sector growth as this is a combination of different occupations)
- ▶ Hospital: NHS reference costs (ASHE Table 16, SIC 8610)
- ▶ Hostel costs: 2022 (Shelter analysis on website²⁵)
- ▶ Refuge costs: Women's Aid calculations

4. Cost-benefit analysis

Aggregate costs of domestic abuse

Updating Oliver et al (2019), "The economic and social costs of domestic abuse", Home Office Research Report 107

Table 2.6: Total costs of domestic abuse in England and Wales for 2016/17 (£millions)

	original estimate	Uprating factor: source	Uprating factor: value	
Costs in anticipation	6	Nominal GDP	1.209	7
Costs as a consequence:				
Physical and emotional harm	47,287	Nominal GDP	1.209	57,171
Lost output	14,098	Nominal GDP	1.209	17,045
Health services	2,333	NHS average earnings	1.163	2,714
Victim services	724	average earnings (whole economy)	1.231	891
Costs in response:				
Police costs	1,257	police earnings	1.123	1,412
Criminal legal	336	legal earnings	1.171	393
Civil legal	140	legal earnings	1.171	164
Other	11	nominal GDP	1.209	13
TOTAL (unadjusted for population growth)	66,192			79,811

Adjusting for population growth

- ▶ Population multiplier: growth in England and Wales pop 2016-22 = 1.031
- ▶ Population multiplier: England as proportion of (England and Wales) = 0.947
- ▶ Combined population multiplier = 0.977
- ▶ **TOTAL (adjusted for population growth) = 77,963**

Cost-benefit analysis

This section gives calculations for the overall costs and benefits of funding the specialist domestic abuse sector in England at a level of £426.6 million per year (this is the level that Women’s Aid has calculated is necessary to fund refuge and CBS services adequately).

We compared this total investment in services with an assumption about the reduction in the amount of domestic abuse in England if services for domestic abuse survivors were fully funded. The implication is that, as with the “Tracy’s journey” graphic, full funding in services for women who are survivors of domestic abuse results in a reduction in the total amount of abuse which occurs in England. I have assumed that if services for survivors of domestic abuse were funded properly, there would be a 5 per cent reduction in domestic abuse in England, corresponding to a reduction in economic and social costs of domestic abuse of around £3.9 billion (i.e. the benefit here is a reduction in the

costs of domestic abuse). Ideally we would have liked to use an estimate from existing research of the reduction in the total amount of domestic violence if services for domestic abuse survivors were fully funded compared to existing levels of provision. Unfortunately, no such estimate exists, and so we have had to make a ‘best guess’ assumption about the extent to which domestic violence would be reduced if survivors’ services were fully funded.

Assuming a 5 per cent reduction in domestic abuse produces a benefit-to-cost ratio (the value of the reduction in domestic violence divided by the full amount of expenditure on services) for fully funding services for domestic abuse survivors of just over 9. Even if the amount of domestic abuse only reduced by 1 per cent as a result of fully funding domestic abuse survivor services – a very conservative assumption – this would still produce a benefit-to-cost ratio of just under 2.

Table 2.7: benefit-to-cost ratio

	Description	Value (£m)	Source
(1)	Cost of domestic abuse in England	77,963.0	Update of Home Office (2019) estimates
(2)	Cost of fully funded domestic abuse services in England	426.6	Women’s Aid
(3)	Estimated reduction in domestic abuse if services were fully funded	5%	ResPublica
(4)	Benefit of fully funding domestic abuse services	3,898.1	(1) x (3)
(5)	Benefit-to-cost ratio	9.1:1	ResPublica

Appendix 3: Glossary

The 'by and for' expert sector: For this report Women's Aid uses the definition of the 'by and for' expert sector as set out by Imkaan in the Alternative Bill (Imkaan, 2018). This definition is aligned with the principles of the Women's Aid Quality Standards, the Shared Sector Standards²⁶ and the National Statement of Expectations²⁷. "We define women-only VAWG specialist organisations as the by and for expert sector (sometimes written as by and for expert services or organisations). This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led by and for Black and minoritised women, Deaf or disabled women, LGBT+ women, etc. In the context of VAWG we refer to women-only VAWG services as manifesting specific expertise designed and developed to address VAWG" (Imkaan, 2018).

No recourse to public funds: Section 115 of the Immigration and Asylum Act 1999 states that a person will have 'no recourse to public funds' if they are 'subject to immigration control'. This means they have no entitlement to the majority of welfare benefits, including income support, housing benefit and a range of allowances and tax credits.²⁸

Specialist services: services that are specifically designed to support someone affected by domestic abuse, sexual violence and/or other forms of VAWG, they are independent from the state. This means their core business is to support survivors of, or help end, domestic abuse and other forms of VAWG. Specialist services differ

from generic services because they recognise the continuum of VAWG, and their delivery of support is always needs-led and gender-responsive. A fuller definition is given by the Welsh Government (Welsh Government, 2019)

Refuge: Offers accommodation and support only for women and children experiencing domestic abuse which is tied to that accommodation. The address will not be publicly available. It will have a set number of places. Residents will receive a planned programme of therapeutic and practical support from staff and access peer support from other residents. This will include:

- ▶ Access to information and advocacy
- ▶ Emotional support
- ▶ Access to specialist support workers (e.g. drugs/ alcohol use, mental health, sexual abuse)
- ▶ Access to recovery work
- ▶ Access to support for children (where needed)
- ▶ Practical help
- ▶ Key work and support planning (work around support needs including parenting, finances and wellbeing)
- ▶ Safety planning
- ▶ Counselling
- ▶ Resettlement support

²⁶ www.womensaid.org.uk/what-we-do/national-quality-standards/

²⁷ The National Statement of Expectations, published by the Home Office in December 2016 as part of the government's violence against women and girls strategy, stresses that the government expects local services to put the victim at the centre of service delivery, including by having "access to a broad diversity of provision, considering how services will be accessible to BME disabled, LGBTQI and older victims and survivors, and those from isolated or marginalised communities".

²⁸ www.londoncouncils.gov.uk/our-key-themes/asylum-migration-and-refugees/no-recourse-public-funds

Community-based support (CBS) services

Floating support: Tied to accommodation, but the accommodation is not offered as part of the service. Will also have a set number of places. These services are primarily about supporting women and children to maintain their accommodation.

Outreach: Not offered in the project's building and it does not have a set number of spaces. The support offered is broader and not focused on accommodation. Women can access these services in a range of community centres or the service may come to the women in their home or other venues (e.g. cafes or neutral meeting places).

Domestic abuse advocacy project (including IDVA and ISVA): Involves the provision of advice, information and support to survivors living in the community based on an assessment of risk and its management. Operates within an inter-agency context and is usually part of a multiagency risk management strategy or MARAC process. It focuses on providing a service to victims judged to be at medium to high risk of harm, aims to address their safety needs and help manage the risk that they face.

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