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DAHA ACCREDITATION An Evaluation

Interim Report

Joanne Bretherton and Nicholas Pleace

November 2020

The Domestic Abuse Housing Alliance's (DAHA) mission is to improve the housing sector's response to domestic abuse. One of the ways it does this is through an accreditation scheme, which offers housing providers a framework and benchmark for how they can respond effectively to domestic abuse.

DAHA is a partnership founded in 2014 between three agencies, including two housing associates Gentoo Group and Peabody and a domestic abuse service Standing Together Against Domestic Abuse (STADA).

www.dahalliance.org.uk
 www.gentoo.org.uk
 www.peabody.org.uk
 www.standingtogether.org.uk

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September 2020.

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Disclaimer

The views presented in the report are not necessarily those of DAHA, STADV, Guinness, Gentoo or the University of York. Responsibility for any errors rests with the authors.

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Summary

- DAHA Accreditation is an innovative intervention designed to help housing providers respond to domestic abuse more effectively. This interim report explores the first stage of the three-year longitudinal University of York evaluation.
- This interim report looks at the experience of DAHA Accreditation for two social landlords, Guinness and Gentoo, which are at different points in the process.
- The report is based on 17 one-to-one in-depth interviews with survivors of abuse assisted through DAHA Accreditation, a survivor focus group, 10 one-to-one in-depth interviews with staff alongside interviews with the DAHA team. A preliminary analysis on the financial costs and potential cost offsets from DAHA Accreditation, which also draws on previous work, is also presented.
- There are longstanding issues with the inadequacy of the response to domestic abuse across society. Abuse goes undetected and existing systems are often overwhelmed. The distress, misery and trauma caused by domestic abuse exists at an enormous scale.
- DAHA Accreditation is designed to detect and respond to domestic abuse more effectively, providing early warning when possible and enable new and more effective responses to domestic violence and abuse. Alongside helping reduce the very high human costs, DAHA Accreditation is also designed to help reduce associated housing management issues, such as rent arrears, eviction, nuisance and homelessness triggered by domestic abuse.
- DAHA Accreditation is becoming widespread. Twenty housing providers (registered providers) have been accredited nationally with over 230,000 units in management. A further 77 housing providers are currently pursuing accreditation.
- Women who had been helped within the two DAHA Accredited housing providers, Guinness and Gentoo, reported rapid responses. Some referred themselves for help, but domestic abuse and Police services often made referrals.
- The levels of support available exceeded what several women expected to be available to someone experiencing domestic abuse. Housing management staff were seen as responding sensitively and positively.
- One issue identified by the research was that women experiencing domestic abuse could have little awareness that domestic abuse support was available from their housing provider.
- A key finding was that women who had experienced domestic abuse reported feeling safe and supported once they were using services. This sense of safety was also associated with higher levels of self-confidence.
- Emotional support was seen as one of the most important elements of the help provided by services, although the practical aspects of support, such as help moving home when necessary, were also highly valued.
- DAHA Accreditation was valued by housing providers because it provided a system and framework through which to better orchestrate their responses to domestic abuse.
- While the process of DAHA Accreditation could be long, it was seen as comprehensive. Respondents to the interviews with housing provider staff stressed the importance of involvement of the whole staff team, including management, for the process to work well.
- DAHA Accreditation was seen as enabling a more flexible, tailored response to individual need. Provision of hardship support, when domestic abuse had included loss of financial control, and increasing awareness of potential signs of domestic abuse when undertaking repairs were part of the responses being delivered in frameworks shaped by DAHA Accreditation.
- A greater sense of organisational confidence was reported at two levels within housing providers. First, that there was a clear and coherent strategic response to domestic abuse and second, that individual staff felt greater confidence about what to look for in relation to domestic abuse and that there was a system in place to respond to it.

Introduction

This report presents the results of an independent evaluation of Domestic Abuse Housing Alliance (DAHA¹) Accreditation by the Centre for Housing Policy at the University of York. DAHA Accreditation is an innovative intervention designed to help housing providers detect and respond to domestic abuse more effectively. This interim report explores the first stage of the three-year longitudinal University of York evaluation, outlining DAHA, the accreditation process, the experience of attaining accreditation for housing providers, cost effectiveness and most importantly, looking at the impact of accreditation for survivors of domestic abuse.

The report draws on qualitative and quantitative data, collected with free and informed consent, which were fully anonymised for the purposes of the analysis presented in this report. The study looked at two case study areas, London and the North East, working with two major housing providers in those areas, Gentoo and Guinness Partnership. Gentoo, a social landlord based in Sunderland and Guinness, providing homes across London and the South-East are at differing stages of the accreditation process. Guinness very recently went through DAHA accreditation whereas Gentoo was one of the first social landlords in England to undertake DAHA Accreditation. This enables us to see lessons from the early stages of implementation and more recent insights into how the accreditation process is working.

This interim report is based on 17 one-to-one in-depth interviews with survivors of abuse assisted through DAHA accreditation, a survivor focus group, 10 one-to-one in-depth interviews with staff (a mix of CEO's, case workers and their managers, data / cost analysts, heads of maintenance and heads of domestic abuse services) from across both case study sites. Additionally, three current and former senior members of DAHA were interviewed, including its founder. The authors also asked DAHA to collect some additional data from housing providers alongside their standard administrative data. No individually identifiable data were shared by DAHA with the authors. Approval for the research design and methods was provided through the University of York's ethical review process.

The first chapter of the report provides background into the issues surrounding domestic abuse and housing which predicate the logic behind the existence of DAHA accreditation. The second chapter looks at the origins and ethos of DAHA and provides information on accreditation processes and current status. Chapter 3 offers an overview of the experiences of survivors of abuse who have been assisted by their housing provider as a result of DAHA accreditation. It discusses processes by which they accessed and engaged with the services available, the range of support which they were provided with and the impacts of that support for the women. Chapter 4 moves on to discuss the experience of DAHA accreditation for housing providers taking into consideration the process, support offered to residents, motivations behind their pursuit of accreditation and the impact that accreditation has, and can have, for housing providers. The fifth chapter looks at the financial case for DAHA accreditation, exploring the cost and benefits for housing providers but also wider societal and community benefits, including public finances, of adopting DAHA accreditation compared to standard service responses for women experiencing domestic violence and abuse. The final chapter draws together the key findings and discusses the future for DAHA Accreditation, including the further potential for the service to help reduce prevalence and impacts of domestic abuse for housing providers and their residents across the UK.

1 Background

The UK Government's definition of domestic violence and abuse is: 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse' (Home Office, 2013).

Figures from the Office for National Statistics (ONS) show that in England and Wales in the year ending March 2019 an estimated 1.6 million women (7.5%) and 786,000 men (3.8%) experienced domestic abuse. In 75% of the domestic abuse-related crimes recorded by the police for the same year, the victim was female. For the year ending March 2020, 80% of domestic violence occurred in or around the home (ONS). Furthermore, the links between women's homelessness and domestic abuse have long been established². Yet, the intersectionality of domestic abuse and housing is rarely considered in our interventions, service responses and strategies to combat that abuse.

Strategically and at service delivery level, up until very recently, most responses to domestic violence and abuse often centre on crisis intervention, a 'fire-fighting' model that is designed to step in once domestic abuse has been detected or reported to the Police. Traditionally, responses have centred on the refuge model, which provided emergency accommodation, physical safety and support to someone at risk of domestic abuse while they underwent the process of being resettled into another home. Used in combination with the statutory homelessness systems, which were originally designed to offer people made homeless by the risk of domestic abuse routes into social housing, refuges were part of a two-step emergency response.

Policy in reducing homelessness linked to domestic abuse is now being framed by wider systems that focus on prevention of homelessness. This is within the framework of the Homelessness Reduction Act (2017) which emphasises responses to homelessness centred on prevention and where this is not possible, rapid rehousing or 'relief' responses. Refuges have a vital role, because there will be circumstances when women at risk of violence and abuse have to leave a risky or dangerous situation immediately, requiring instant and secure shelter, within an integrated preventative strategy, domestic abuse and homelessness strategy.

² Jones, A. (1999) *Out of Sight, Out of Mind: The Experiences of Homeless Women*, London: Crisis; Mayock, P., Sheridan, S. and Parker, S. (2015) 'It's just like we're going around in circles and going back to the same thing: The dynamics of women's unresolved homelessness', *Housing Studies*, 30, 6, 877-900; Mayock, P. and Bretherton, J. (eds.) (2016) *Women's Homelessness in Europe*, London: Palgrave Macmillan; Bretherton, J. (2017) 'Homelessness and gender reconsidered', *European Journal of Homelessness* 11, 1, 1-22; Bretherton, J. and Pleace, N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*, London: St Mungo's; Broll, R., & Huey, L. (2020). "Every Time I Try to Get Out, I Get Pushed Back": The Role of Violent Victimization in Women's Experience of Multiple Episodes of Homelessness. *Journal of Interpersonal Violence*, 35(17-18), 3379-3404.

As outlined in the recent *Whole Housing Approach Toolkit* (DAHA, 2020) ³, refuge services are often vital lifelines for many abuse survivors serving as a national network crossing local authority boundaries and thus enabling women and children to flee outside of area from dangerous situations. However, research during the 2000s raised some questions about the efficacy of some refuges, which in some cases could be environments that women found difficult to live in, could be inaccessible to those presenting with poor mental health, addiction issues or challenging behaviours and which could sometimes have mixed outcomes⁴. Further, nationally refuge services are often in high demand and have faced sustained and increasing cuts to their funding, in the year 2018-2019, 64% of referrals made to a refuge were declined.⁵

Alongside a need for increased resources for the sector as a whole, there is clear evidence for early intervention, delivering effective prevention, where possible. Stopping the loss of a woman's home due to domestic abuse through prevention should be part of an integrated strategy that minimises both the human and financial costs of homelessness linked to domestic abuse.

There have also been longstanding concerns with the inconsistent accessibility of the statutory homelessness systems to people at risk of domestic abuse, along with other groups defined as 'vulnerable' within homelessness legislation⁶.

Providing fixed site services like women-only supported housing, hostels and refuge provision, brings the capital costs of developing or converting buildings and providing on-site staffing, often combined with later re-housing through the statutory homelessness systems. Delivering a response to domestic abuse that reduces use of refuges where it can be safely avoided, through the right use of DAHA accreditation and other preventative systems, has the potential to reduce both the human and financial costs of domestic abuse and help ensure that emergency provision like refuges has space available when needed. The human and financial costs of using the statutory systems as a response to domestic abuse can also be high, as testing eligibility, offering temporary accommodation during and following assessment and, if found eligible, providing social housing tenancies, is expensive and personally taxing on women who experience it⁷.

One response to alleviate this has been sanctuary schemes, which were designed so as to enable those experiencing, or at risk of abuse, to remain in their homes and subsequently encounter less disruption to their lives. They would, by default, also in many cases effectively prevent homelessness⁸. Yet while there is evidence in favour of sanctuary schemes, they are in some respects a modification of the existing 'emergency' response systems that were already in place.

DAHA Accreditation, which is designed to detect and respond to domestic abuse more effectively and to provide early warning when possible, has created the scope for new and potentially more effective responses to domestic violence and abuse. The costs of domestic violence and abuse are primarily human, but more effective strategies that may help detect early signs that an escalation to domestic violence will occur and facilitate preventative service intervention, could also have a financial benefit.

There is evidence associating domestic abuse with high social housing management costs⁹. Rent arrears, damage to housing and neighbour disputes can all arise as a consequence of domestic violence and abuse. DAHA Accreditation has the potential to help manage these costs by recognising the root causes and providing an effective early response. Housing providers can also avoid the risks associated with undertaking inappropriate and costly evictions, such as seeking eviction of a household that is not paying the rent, without recognising that an abusive relationship is actually the cause of the arrears.

Here, many of the potential benefits centre on enabling women and women with children to keep their own homes and their social networks, without experiencing the disruptions to education, training and employment that can occur when the only available response to domestic violence and abuse is to move away. Domestic abuse should not undermine the life chances of women or children, nor should it be allowed to break social and emotional ties that everyone requires, and by reducing the need for women to move away when abuse occurs, DAHA Accreditation could help reduce the risk to wellbeing and life chances that might otherwise arise if abuse results in someone having to leave their home and community. DAHA has been developed in the context of significant political and cultural change, in which tacit tolerance of abuse and violence directed at women is being challenged by an international mass movement in an unprecedented way. Housing providers themselves can play a critical role in this, through active interventions in cases of suspected domestic abuse while also providing support to survivors of domestic abuse.

³ https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

⁴ Davis, C. (2005). *Domestic violence and housing in the Eastern Region: Summary report*. Salford, UK: University of Salford; Netto, G., Pawson, H. and Sharp, C. (2009) Preventing homelessness due to domestic violence: Providing a space or closing the door to new possibilities? *Social Policy & Administration*, 43 (7), 719-735; Quligars, D. and Pleace, N. (2010) *Meeting the Needs of Households at Risk of Domestic Violence in England: The Role of Accommodation and Housing-Related Support Services*. London: Communities and Local Government.

⁵ Women's Aid (2020) *The Domestic Abuse Report 2020: The Annual Audit*. Bristol: Women's Aid.

⁶ Bretherton, J., Hunter, C. and Johnsen, S. (2013) "You can judge them on how they look": Homelessness officers, medical evidence and decision-making in England; *European Journal of Homelessness* 7, 1, 69-92; Mayock, P., Parker, S. and Sheridan, S. (2015) *Women, Homelessness and Service Provision*. Dublin: Simon Communities of Ireland.

⁷ Pleace, N. et al (2008) *Statutory homelessness in England: The experience of families and 16-17-year olds* London: CLG.

⁸ Jones, A., Bretherton, J. Bowles, R. Croucher, K. (2010) *The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Stay in their Own Homes*. London: Department of Communities and Local Government.

2 The Domestic Abuse Housing Alliance

Origin and Ethos

The Domestic Abuse Housing Alliance's (DAHA) mission is to improve the housing sector's response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process¹⁰. Launched in 2014, DAHA is a partnership between three agencies: Standing Together Against Domestic Abuse (STADV), Peabody and Gentoo who are leaders in innovation addressing domestic abuse within housing. DAHA was established as a response to the realisation that housing is the primary barrier for women attempting to leave abusive situations alongside increasing evidence that domestic abuse is one of the highest causes of homelessness amongst women. It was therefore felt that housing providers are ideally placed to spot and respond to domestic abuse as a first point of contact.

...what housing were doing before was they probably just weren't...asking the right questions, it wasn't visible to them, and then as soon as it's visible you can't turn away, you can't shut your eyes; and I think that's the power of DAHA. (Founder, DAHA)

DAHA Accreditation is based on the following six principles:

- **Non-judgement**

Creating an enabling environment where survivors know they will be listened to, wanting people and families to thrive. This is achieved by creating an enabling environment where survivors can disclose abuse without judgement, knowing they will be believed, listened to and heard.

- **Being person-centred**

How you do the work is as important as what you do. DAHA aims to work with empathy, integrity and transparency, committing to empower staff to build their knowledge, skills and confidence to identify and respond to domestic abuse in the most appropriate way that puts the survivor at the heart of the intervention and support.

- **Amplifying survivor voices**

Valuing feedback from people with lived experience of domestic abuse DAHA seeks to learn from survivors, both staff and tenants and work to amplify their voices to inform development and improvement of practice.

- **Intersectionality**

Domestic abuse is different for everyone and will never be all of one person's experience. Domestic abuse is rarely the whole of a person's experience and DAHA recognises that people may be disadvantaged by multiple oppressions such as race, gender, sexuality, abilities. They promise to take an intersectional approach recognising a person's unique experience based on the intersection of all relevant grounds.

- **Safety**

Creating safe homes and communities where perpetrators are held to account for their behaviour. DAHA recognise that the safety of those who are experiencing domestic abuse is paramount and that safe intervention starts by talking to them and asking them what they need and want to happen. Perpetrators will be held to account for their behaviour with the safety of those who have experienced domestic abuse from them a priority consideration in any intervention.

- **Working towards a Coordinated Community Response (CCR)**

Committing to working together to end domestic abuse. DAHA will be part of a coordinated community response to domestic abuse by working collaboratively with local agencies to share information and to meet the needs of the individuals and families experiencing domestic abuse. DAHA will communicate and build meaningful relationships with tenants, with colleagues and with those who have specialist knowledge, experience and powers to assist them in keeping families safe and well.

These principles are embedded within the accreditation process and are at the core of DAHA's ethos.

DAHA is trying to achieve earlier intervention. This includes the earlier detection of households where domestic abuse is occurring. Housing providers offer a key insight into people's homes...they have access to people's homes, and they might be the first to kind of spot the signs; and so the benefit to households would be that you have a professional who's able to help the survivor in that instance potentially understand and recognise what's happening to them is domestic abuse...So housing providers can bring the point that survivors realise this a lot earlier, they can bring it forward, they can also then help to connect people to the right sources of support...So I think that's what we're trying to do for households is uphold a human right to access housing, which survivors will need most when they are experiencing domestic abuse. Often, it's survivors who have to flee and the perpetrator will end up...staying in that property consequence free, with all of that burden having to be placed on the survivor...and the financial implications that come with that as well. So, it potentially leaves her with a legacy of having to rebuild her life and potentially never overcoming the impacts of that. (Senior Staff Member, DAHA)

Accreditation Process and Current Status

Operationally, the DAHA Accreditation process has eight priority areas

- Policies & Procedures
- Case Management
- Risk Management
- Inclusivity & Accessibility
- Perpetrator Management
- Partnership Working
- Training
- Publicity & Awareness

For housing providers considering pursuing DAHA accreditation, there are five significant steps. The first of which is to contact DAHA to register commitment. The housing provider should then identify a DAHA lead within their organisation to support the accreditation process at which point DAHA will send out guidance on getting started. Secondly, the staff team within the housing provider is notified of the pursuit for DAHA accreditation. An internal steering group should be established and the DAHA lead will review how the organisation is currently performing against DAHA standards. Step three moves towards guidance and with accreditation in progress, members of the steering group attend DAHA workshops, make use of the enhanced online toolkit resources and receive guidance from a DAHA Development Manager. Following several meetings of the internal steering group, DAHA should be notified to book in an assessment visit. Step four is a DAHA assessor conducting the assessment, including a desktop review of evidence compiled and completing a site visit which includes meeting with the steering group, case audits on all case recording systems and staff interviews. The DAHA assessor will inform the provider of the outcome within a month of the assessment visit. The final step is accreditation renewal after three years. The housing provider will be contacted by DAHA six months prior to the three-year accreditation expiration in order to set a date for a renewal assessment.

Housing providers wishing to undertake and achieve DAHA Accreditation has grown exponentially, particularly over the last two years. At the time of writing, 20 housing providers (registered providers¹¹) have been accredited nationally. This covers a total housing stock of over 230,000 units. Two of these providers have already achieved reaccreditation and another five of these are currently working towards reaccreditation. A further 77 housing providers are currently pursuing accreditation with an additional 46 having accessed the DAHA Accreditation Toolkit, with a view to pursuing accreditation.

¹⁰ <https://www.dahalliance.org.uk/about-us>

3 Impact of DAHA Accreditation on survivors

The research team carried out a series of qualitative in-depth interviews and a focus group with survivors of violence and abuse who currently reside in properties of both of our case study housing providers that had achieved DAHA Accreditation.

While some of the measures in place to support those experiencing violence and abuse had already been in existence prior to accreditation, as will be discussed in light of the accreditation experience of housing providers in the next chapter, these had now been systematised within a clear and structured response. Furthermore, the requirements needed to achieve accreditation, staff learning and attendance at DAHA workshops and subsequent assessments, meant that there had been an increased understanding and awareness of the needs of survivors, and more importantly, that additional types of support had been made available for those residents. This section will discuss the experience of survivors who had accessed that support, focusing on how they accessed support, the types of support received and the impact of that support¹².

Accessing Support

Interviewees were asked about their experiences of how and under what circumstances they had requested or gained access to support. The cases varied considerably, in many instances it was the Police or a staff member of an external domestic violence support organisation who had notified the housing provider on behalf of the resident. From our sample of survivors, only a few reported their experiences to a member of staff directly. It is possible that this lack of self-referral is due to the lack of publicity and awareness of available support, as discussed below. Once abuse involving a resident was known about, things generally moved quickly.

The speed at which the housing provider made contact with the survivor and how quickly the support began was discussed and in almost all cases the process was found to be extremely expedient.

So it was, it was within that same week; that was the Monday, I think it was within that same week obviously when I was released from hospital.

It wasn't long at all; it was within the next few days.

Some were surprised at what followed once the housing provider had been informed of an incident or after the resident themselves had reported abuse. As outlined below, there was a sense that residents were not aware of the extent of support available and as such were often taken aback when assistance with their abuse was offered and given.

It's crazy, as I say, I really didn't know where it all come from, it was just all of a sudden I had so much support, and I don't even know really in fact like what happened, but I think it initially was kind of prompted by the Police after he'd smashed my kitchen window and they kind of, the Police come, took a statement, and then I got a phone call from [housing provider] and they kind of basically, I don't know, kinda said they were gonna give me support, and I broke down on the phone speaking to them, and it was kind of like "Right, we're sending someone out to talk to yer." And that's where I met [support worker]; and it just carried, went from there...Very quickly, it must have been within days.

Interviewees were asked how they found the approach of staff to be at their housing provider, once a report of abuse had been registered. In the vast majority of cases, the attitude of staff was felt to be non-judgemental and reassuring with case and support workers¹³ held in much regard.

she just kinda rang and literally all she asked was if I was OK, she just asked how, how am I, you know, there was no kind of, no other question apart from asking how I am; they basically said, you know "We're aware of an incident that happened on this such and such date, we're just ringing to make sure you're OK." And it was just that, that initial question that made me break down on the phone and everything just kinda fell out my mouth, and then, then she obviously come to visit me as soon as she could...Like I told her everything...and bear in mind up until this point I hadn't even told my friends, my family, nobody really knew what was going on, so she was the first person;

Absolutely brilliant. There was, there was no judgement, nothing like that, it was just like basically what can we do for yer?...she was really understanding, she wasn't judgemental and it was just like, it was like talking to a friend.

Support Received

The survivors that the research team spoke to were offered and received a range of support measures. While each of the interviewees had encountered differing experiences of violence and abuse and therefore required different types and levels of support, a variety of support options were available via an individual support or case worker.

Many of the survivors mentioned that they had had an array of support with their situation and this often came down to the perseverance of, and trust that they held in, their case or support worker. Several suggested that their support or case worker would do anything they could to assist their client's requests and needs.

There's obviously been on like moving properties and stuff like that and, like I say, [support worker] got the camera put up and things like that...I cannot thank them enough, they're absolutely amazing...she'll just pop in to see how I am or she'll give us a text or a phone call and it's like just I haven't, she's just been a friend, she really has and, but she's been so helpful with anything she can help, and she's constantly asking me if there's anything she can do. She, there's like things that I need to do with the house, like with one of me windows wasn't sealed very well so she was getting someone straight out to do that. There was something wrong with me door and obviously it was, it's a security issue so she had someone straight out to do that, she was straight on the phone to do anything she could.

Absolutely everything from mental, like from my own mental state all the way through to obviously to; just basically making me feel safe, I mean from the get go they were kinda like, you know, we can, we can input more locks on your doors, we can put cameras outside. They then liaised with the Police who then put like a red marker on my name so if I ever rang they would automatically kinda send somebody out; it was just everything, everything.

In addition to immediate safety and security measures, when asked about the type of support received the interviewees would often talk of assistance with criminal justice matters. This was usually liaising with the police and or helping with criminal proceedings.

cos there was correspondence still being sent to me house in regards to the ex-husband's car and things like that, and they weren't listening to me so she phoned to talk to them for me to arrange that no more correspondence be sent to my property demanding money, because obviously it's, it was nothing to do with me, it was the ex-husband's...and then obviously [support worker has] also been in touch with the Police quite a few times cos I haven't been getting, like obviously they haven't been keeping in touch and giving me any information in regards of like bail hearings and things like that; so [support worker has] been chasing them up in regard of that as well.

¹² All quotes in this chapter are verbatim from survivors of violence abuse from both Guinness Partnership and Gentoo housing providers. No source information is given in order to retain anonymity.

¹³ One of the housing providers used the term 'case worker' and the other 'support worker'.

I mean supporting me up at the Court and everything, she was on the phone all the time and she was on her phone after and she came to see us straight after, and on the day of him getting, getting his sentencing.

They always said you know, at any point if you want to take this to kind of an injunction stage then we will come with you, we'll be by your side. At one point [case worker] had said she'd even come with me to do a statement.

For many of the women, their situation and experiences of abuse had resulted in isolation or feelings of isolation. Many of the women we spoke to talked of how, simply having someone there to talk to was the greatest form of support they had received.

It was the support, the support like, she's so lovely and so caring, that was the best thing to me. Yes, she did, it was brilliant getting the camera up and all the, the physical stuff but honestly like the emotional support that she give us was the, the best thing...

...she checks on me regularly either via...like telephone or text message or she'll arrange to come out and see me. Obviously just basically like, sorta like a friend kinda thing, giving me someone to talk to...

However, some survivors stated that they were not aware of the domestic abuse support that was offered by their housing provider and that this is something that needs to be addressed so that it is clear for those residents experiencing abuse who to contact and what support they can expect to receive. Many assumed that a housing provider would not be an organisation that would offer support and assistance with matters of domestic violence and abuse.

I wasn't even aware that [housing association] had a service on like that, it was, obviously Social Services did become involved and it was through them, they had mentioned it. So obviously I, I didn't know that, I, I didn't even know that I could get moved, I thought I was stuck with that house.

They could have obviously like let people know more; I mean it's not even like the, the booklets and things, like it does need to be known more, because I didn't have a clue... I was thinking I'm stuck in this house now so if I'd knew it was there I would have rang them and said I can't be in this house...

Before that point, because I wasn't aware of it, because it wasn't, it, it's not advertised enough to be honest, I don't think it is, because I genuinely wasn't aware of it... I genuinely didn't know it existed, I didn't, I think I literally thought [housing provider] was just a housing association and nothing else.

The lack of awareness of this domestic abuse support available led some survivors to feel that they may have been helped much sooner and this would have prevented issues such as rent arrears accruing.

I wished they'd gotten in contact from the very beginning, cos, like I say, it was about six weeks before, so for six weeks obviously I was going through all I was going through and I was worried about like, you know, paying the rent and things like this and; so I wish like instantly really (laughs) that they'd gotten in touch. If, if there was one thing I could change it would be that.

A very small number of survivors who had been moved into a different property as a consequence of the violence they had been experiencing suggested that they would have benefited from more support in relation to that move. For these few, it was felt that assistance with the movement of furniture and help with purchasing new or additional items for their new home would have been beneficial. Often women were suffering financially as a result of the abuse and struggled to furnish a new home.

But it would have been nice if they, even just, oh do you need any white goods? You've left some stuff behind that; I couldn't, I didn't even feel safe going back to the property; and they did say "Look, we are willing to just let you leave everything there so you don't have to go back." That was great...but there wasn't any call to say is there anything you need?... Funds were really tight, but I made it work.

This housing provider did have a hardship fund in place as part of a package of support available to survivors, but, in this instance at least, the interviewee was unaware of it.

Impact

The women in the study were asked about the impact of the support they had received from their housing provider in relation to their experiences of domestic violence and abuse. As would be expected, often one of the first things mentioned was the effect their engagement with the support has had on their feelings of safety and security.

But I definitely feel a hundred percent after the move... but I did feel safer, not a hundred percent safer, I felt safer after speaking to them, because I knew what kind of, who I could go to easier.

Another fundamental impact was on confidence. The majority of the interviewees talked about how significantly different their confidence levels were as a result of the change to their circumstances brought about by the support they had received. As can be seen in the following two quotes, this often stems from the relationship the survivor has with the case or support worker.

it was just more obviously after a lot of years of self-doubt being put on me by the ex-husband I feel a lot more comfortable and confident in me own skin kinda thing now and that's been due to the support obviously from [case worker] at [housing provider].

If I go back to last March/last April when all this was going on with, I was totally different, I was scared of what they'd say, I was, I was, I was scared of me own shadow, now...mainly through speaking with her, she made us, in all honesty she made me realise that it wasn't my fault the things that had happened...So I'm a lot more, I'm a lot more confident and I'm a lot more confident in me, in me own decisions now...

One woman's confidence had improved so much since engaging with her domestic abuse support worker, that she had even learnt to drive.

I'm definitely, I'm, I'm way more confident. I mean I, I wouldn't dare even do me driving lessons before; since speaking to [support worker] my confidence is that big that I've, I've passed me test now.

Relatedly, it was frequently mentioned during the interviews that support or case workers from the housing provider were seen to go 'above and beyond' what would ordinarily be expected of them and this had a notable impact on feeling supported irrespective of time or as in the following quote, the support worker's schedule.

...obviously the ex-husband had breached his bail straight away, I think it was even the Sunday afternoon and I know they wouldn't be in the office or at work, but straight away I tried to contact [support worker] via phone and left her a voicemail and straight away she got back in touch with me the next day when she was in obviously her work schedule; or even if she wasn't at work she will let, if she's not gonna be at work for like a couple of days she will text me and say, look, there's an additional number there for you to phone if you need to get in touch with anyone while I'm off for this period of time. So they've always made sure there's somebody else there as support in place if they're not at work. So it's been brilliant, to be honest.

It became clear that it was not only direct assistance with physical safety and security equipment, moving home, criminal proceedings or access to external services that impacted positively on people's lives, for several of the survivors that we spoke to, the biggest impact the support had had on their lives, was simply just having someone there to talk to, confide in and provide reassurance.

Oh a massive, massive impact. I look forward to her visits, because she's such a nice lady and that; and like at first obviously we used to talk about, you know, talk about things that's gone on, but now I just look forward to her company, if that makes sense?

The overall impact of the support that the survivors had received on their lives was often said to be significant. Several of the women stated that without this support they could not imagine where they would currently be.

...before [housing provider] started to help me I, I needed all the help, I needed everything, I was in a really, really horrible place, but as soon as, as I say, they took over they were like a little light at the end of the tunnel.

So yeah, it's impacted my life massively with even just going out, or just going, even going shopping I was, I was a complete mess. So yeah, they helped us with everything, every aspect of my life, I suppose.

4 The Experience of DAHA Accreditation for Housing Providers

The research team also carried out a series of qualitative in-depth interviews with members of staff from across both of our case study housing providers that had achieved DAHA Accreditation.

These staff members occupied a range of both senior strategic and frontline roles including a number of case / support workers who worked directly with survivors of abuse. This section will discuss the reasons behind obtaining accreditation, how the staff, and organisation more generally, found the process of achieving accreditation, the types of support that are offered to residents and finally, the overall organisational impact of having DAHA Accreditation.

Aims of Accreditation and the Accreditation Process

Staff members were asked what they believed the key motivation to be behind pursuing and obtaining accreditation for their housing provider. It was felt that for many providers, the desire to offer assistance around domestic abuse is there, but often they do not know where to begin its implementation as an organisation.

...I think that's an attraction for organisations who want to do something but just are not quite sure at the minute how to do it...rather than just saying, oh, you know, domestic abuse agenda in its entirety, it really does drill down and help organisations focus on, as a housing provider, what they can do, what you can really impact on...and to have experts of the calibre of the likes of [DAHA founders] I think it's pretty useful for them. (Staff member, Gentoo)

As discussed in Chapter 5, while accreditation by DAHA does have financial implications for the housing provider, this was considered to be somewhat insignificant when one takes into consideration the potential impact of a greater understanding of the needs of survivors along with a more systematic support system in place, could have for those experiencing abuse in the home.

...as a percentage of any organisation's spend it would be minute, and for the difference you can make, you're talking about cost benefit, you know, the cost of one of those workers like [case worker] for us, with on-costs, is £36,000 a year. What value do you place on the difference they're making? (Staff member, Gentoo)

...for me as well it's not about, sometimes not about, it's the bottom line, about budgets...cos for me it's a bigger picture...so it's also the kind of quality of the service as well, you know what I mean? And if you look at your measures as well; it's not just about your budget and your savings. (Staff member, Gentoo)

Further, again as we can see in Chapter 5, significant cost offsets can be generated in preventing further incidents within the home.

...our lifeblood is our rental income stream. So if we've got frontline, neighbourhood coordinators we call them, housing officers, who are constantly distracted with complex cases, their rent, their income streams will start to decline, cos they're too busy trying to sort this chaotic family out over here. So if I can protect that role to maximise the group's income by providing them with the support they need it all helps with your core KPIs as well. (Staff member, Gentoo)

Many of the staff members the research team interviewed believed that it was their responsibility as a housing provider to support their residents if they were encountering abuse in the home.

People sometimes say that to me from other organisations; and my response is, well we've got a choice; so we can either walk away from these people and these situations knowing that there's nowhere else for them to go, mind, or we can do something about it, and we choose to do something about it. (Staff member, Gentoo)

However, it was felt very strongly that once the decision to pursue accreditation had been made, in addition to buy-in from all the appropriate members of the staff team, it was fundamentally important to have the support of senior management, someone who understands the significance of what accreditation could achieve, both for the organisation and for their residents.

You've got to have a leader, you've got to have somebody who's very senior, ideally in an executive leadership position, who understands it, who gets it, who's, well who is their champion, yeah, they've got to sponsor it, cos I just think if you've got people at the top who really don't get it and pay lip service to it, it's not gonna happen, it's not gonna happen. (Staff member, Gentoo)

The research team discussed the process of accreditation with the housing provider staff, how they found the accreditation process and if any improvements could be made. Overall the process was found to be relatively straightforward, if a little eye-opening, and an opportunity to acquire more skills in their current post. The assistance and support offered during the, sometimes lengthy, pursuit of accreditation was said to be comprehensive.

...so it was amazing for me to, to get that opportunity to do that and work closely with [DAHA Founder] and her team at DAHA as well. (Staff member, Guinness)

To be honest, it, it was a bit, if I can use the word, a bit of a culture shock, because whilst I felt like I was doing a good job it made me realise that there was just so much more that needed to be learnt, there. (Staff member, Guinness)

But I've had a lot, a lot of support from DAHA with [DAHA staff member] in particular cos she's been sort of the person dealing direct with me for the last sort of sixteen months, she's been amazing, [DAHA staff members] have been absolutely brilliant. (Staff member, Guinness)

Types of Support Offered

Members of staff were asked about the nature and types of support that a resident experiencing domestic violence and abuse could expect to receive. It was clear across both organisations that one of the key lessons from DAHA was a policy of flexibility. Support was bespoke and tailored to the individual needs of the survivor. This applies also to the length of time support is offered.

Every person's very different; so, you know... So support can change drastically from what they originally set out to achieve, which could be immediate safeguarding, and then as things move on it could be that we've got to address other things...So our support completely changes, it evolves with the person as we go really. (Staff member, Gentoo)

...so we're there and we're there till the person doesn't need us...there's no set pattern and we don't have a, a pattern as in, you know, we'll only work with you for three months, we, we can work with people a lot longer if we, if that's what's needed. (Staff member, Gentoo)

An array of domestic abuse support was on offer in both organisations and while some of these measures were in place prior to achieving accreditation, as is discussed in the next section, the support that was now offered was much more comprehensive with case and support workers able to utilise an extensive range of measures when supporting survivors. This included immediate safeguarding, moving home, assistance with criminal proceedings, finances, mental health support, amongst others.

But we look at everything, we don't just look at the immediate safeguarding; it could be, you know, the family, it's, you know, financial, it's, it's housing, it's everything, so, because obviously domestic abuse doesn't just affect one particular area, it affects everything, so we look at all of that. (Staff member, Gentoo)

So once that report comes in we deal with it, we work with agencies, Police, we work with the safeguarding units, we attend multiagency meetings, we, you know, we'll even handhold; in some circumstances if some people are scared to report it to the Police and it really needs to be reported to the Police we would even agree to sit with them at the Police station and hold their hand just to support them...it's making sure that they understand that if they're experiencing domestic abuse or they have safeguarding issues that they can just pick up that phone and they can talk to us and that we can get somebody to work closely with them to get it resolved for them and get, you know, make sure that they're safe at all times and, and get the support in place that they need. (Staff member, Guinness)

Those who are suffering from domestic violence and abuse are often left with severe financial hardship, due to loss of control over their own and household finances, rent arrears and debt taken out by the perpetrator. Case and support workers frequently find themselves assisting with financial matters that have resulted as a consequence of the abuse. Hardship funds have also been made available for survivors who are in extreme financial situations.

But a lot of the time financial, finances for us, as a business, is a big part of the domestic abuse and it's very, very rare that there won't be some form of issue with money...there's normally some form of issue, whether it be directly with us, but we would look at all of it. (Staff member, Gentoo)

I'm just thinking of one of my cases. Husband and wife, it was a, it was a stalking case; so he'd been removed from the family property but she found out later that there'd been ridiculous amounts of debt... yeah...like I said, it's something that we see regular. (Staff member, Gentoo)

One of the more innovative aspects of DAHA accreditation is the training of staff members, in particular property maintenance staff, to spot something that is 'not quite right'. If there is damage to a property without explanation or the behaviour of a resident raises the suspicions of maintenance staff that abuse may be occurring, this is then reported internally as outlined in the quote below. Contact will then be made with the (often female) resident by specialist case and support workers to assess whether abuse is in fact taking place. This intervention is aimed at identifying and preventing further domestic violence and abuse at the earliest possible opportunity.

What they'll do is, they're part of the Property team, so they will, so on their handheld, it's dead easy for them, they, all, all they have to do is there's a something not quite right box, ping that off, it comes to an email group which includes Julie, who leads this...and it goes to a number of others, and they will look at the issue, they will determine who's gonna lead it; if it's a safeguarding concern [staff member] will identify the partner agencies, whether the case is known to, up to them or not, and if it's not we'll decide how sensitive it is to take this forward, depending on what this person has seen or observed. Sometimes it's a child safeguarding con, concern, sometimes it's domestic abuse, sometimes it's adult, vulnerable adult. So we make it dead easy for the repair staff, they've just got to tick something on there. (Staff member, Gentoo)

...so we will look at that and think is this really out of character for this person to have had something? And sometimes when we, when we contact people it's completely, it's totally unrelated to anything and it's been, I don't know, antisocial behaviour or something, but then you get the few times where it, it's the marker for us and actually there's a lot more going on... (Staff member, Gentoo)

...it could be something as simple as I've had, I need a lock change doing. So yeah, but that would get flagged up, we would, we would look into that further anyway. (Staff member, Gentoo)

Organisational Impact of DAHA Accreditation

When staff were asked about the overall impact that DAHA Accreditation had had on their organisation, in addition to learning new strategies to detect and combat abuse, for many it was a sharpening up of policies that were already in place. The support available had not only expanded into new areas as a result of accreditation but it was now more systematic and coherent.

What DAHA has done is provide us with some excellent kinda critique and some assessment to help us to improve things even further...we've got some better policies, some more sorta developed policies, if you like, and procedures, more sophisticated approaches. (Staff member, Gentoo)

I thought I knew an awful lot but in real, once I started working with DAHA, I realised that actually I didn't either (laughs) and I've been working with it for fourteen years. (Staff member, Guinness)

So I think, like I say, that framework, that structure, that guidance, that expertise, which we didn't have in the same fashion prior to DAHA. (Staff member, Gentoo)

A significant impact of working with DAHA has been the increased awareness of domestic abuse in properties, across the majority of the staff team. It is no longer the case that a single support professional within the organisation would be working to combat and prevent abuse, post-accreditation, responsibility and a duty of care for residents experiencing abuse is apparent across the organisation.

I think for our organisation it's raised so much awareness...we're all made up of different departments; so, for example, we have a lettings department, we have a customer support team; and so the customer support team do a bit of work with domestic abuse, and the lettings department may have...domestic abuse coming in and we may have management leads where there's, you know, we're asking them to work with us so they're getting involved. Our customer accounts team will get involved if there's financial abuse, they may pick that up. So we've got our repairs officers out there and they're in the properties so they can see it and they can hear it. Everyone from our customer liaison officers...to surveyors, we've got our own care services, so, you know, our care teams, everybody out there, it's that amazing awareness. (Staff member, Guinness)

Increased confidence in making assessments in cases of abuse and formulating an appropriate response was mentioned by many staff members. The organisation having gone through accreditation had given staff a 'system' to turn to.

...we spent a lot of time building confidence, you know, what would you say if somebody said this to you? Where would you go? Who would you report it to? How, how would, you know, how, how would you work out what's an emergency, what isn't? And how they sort of interact with a customer...we'd done quite a lot of work about, around that and a lot of people feel so much more confident... obviously they've got new procedures, new policies and, you know, we've got a system in place for 'em to report it to, and then we've got a specialist team that actually deal with it from beginning to end. (Staff member, Guinness)

Finally, an important aspect of achieving DAHA Accreditation is demonstrating multi-agency working and the importance of working collaboratively with external agencies to assist survivors. This appeared to have worked well for the housing providers.

...as a company we're really good with multiagency working, we totally get that, and I think we're really good with working relationships. So there's, there's good sort of back and forth between us all as in, you know, when we're looking at safeguarding of customers. (Staff member, Gentoo)

5 The Financial Case for DAHA Accreditation

Introduction

This section of the interim report explores the potential cost offsets when a UK housing provider secures DAHA Accreditation. DAHA Accreditation has a very low equivalent cost per household and in many instances, the systems set in place through Accreditation will not be needed. However, when someone is protected through the presence of DAHA Accreditation and the risks around domestic abuse are effectively managed, there may be financial benefits because significant spending, which would have otherwise happened, is not necessary. Through the use of case studies and estimations, it is possible to explore what kinds of reductions in spending might be seen for housing providers using DAHA and for wider public expenditure. By reducing the risks of domestic abuse, DAHA Accreditation has the potential to lower associated risks of eviction, rent arrears, property damage and ‘nuisance’ issues, alongside use of often overstretched refuge services that can be avoided, as well as reducing pressures on homelessness prevention and statutory homelessness systems.

There is a reliance on estimation when it comes to this kind of analysis. This is because cost savings are being estimated on the basis of what might have happened, but did not happen, because DAHA Accreditation was there to stop it. There will, as with any sort of policy intervention or system, also be a failure rate, i.e. the protection offered via DAHA Accreditation will not always work, and someone might, for example, still experience homelessness caused by violence or abuse. Estimating the scale at which DAHA Accreditation may save money also presents some challenges, one issue here is that Accreditation makes domestic abuse more visible by improving systems, bringing abusive situations to light that may have remained hidden or not become visible until much later.

DAHA Accreditation might therefore both reduce and increase costs, sometimes stopping domestic abuse that would have escalated into a crisis situation with high financial costs, while at other times revealing abuse that may not have come to light, effectively increasing costs, being in mind that DAHA Accreditation is designed to prevent a crisis and the associated high costs from occurring. However, with careful estimation, based on lived experience¹⁴, it is possible to explore the likely cost offsets that DAHA Accreditation can provide and start to estimate what the global cost offsets might be for a housing provider and wider public expenditure.

The potential for reducing expenditure

In exploring the costs and the potential cost offsets resulting from DAHA Accreditation, it is important to consider that DAHA Accreditation is designed to work as part of an integrated strategy to counteract domestic abuse. The *Whole Housing Approach*¹⁵ is designed to enable access to safe and stable housing across all housing tenures for people at risk of domestic abuse. DAHA Accreditation is designed to function as the cornerstone of an integrated system, enabling earlier identification and intervention for domestic abuse through housing providers. The Whole Housing Approach is intended to reduce homelessness caused by domestic abuse, a major factor in causing family homelessness, which is mainly experienced by lone women parents¹⁶ alongside being associated with youth homelessness, through enabling people experiencing domestic abuse to remain safely in their own homes or relocate to new housing if they choose to do so. A Whole Housing Approach system has some implications for costs, as when DAHA Accreditation is working within such a system, it will sometimes trigger expenditure that would not otherwise have occurred. For example, if someone’s experience of domestic abuse is detected much earlier than it might otherwise have been, and the response is to provide help that enables the person to remain safely at home.

One set of potential financial savings centres on stopping domestic abuse. If abuse is detected earlier because of the monitoring built into DAHA Accreditation, then an intervention may stop the abuse from escalating. The financial costs to the criminal justice system, the damage to someone’s mental and physical health and livelihood which also has an economic cost, can be stopped before more damage is done. Simply stopping domestic abuse has a significant financial saving for society.

DAHA Accreditation, working within a Whole Housing Approach is also designed to prevent homelessness. There is broad evidence to suggest that prevention, which enables someone at risk of homelessness to stay in their own home, or which stops an experience of homelessness from occurring through rapid rehousing, will often cost less, financially, than if homelessness occurs¹⁷. European and North American evidence also indicates that, once homelessness occurs, costs tend to go up, i.e. it quickly starts to become financially more expensive to stop homelessness once it has happened, than to prevent homelessness from occurring in the first place¹⁸.

Where homelessness becomes long-term or repeated, the costs of solving it can become very high, because physical and mental health and general wellbeing can deteriorate markedly¹⁹. This makes interventions to stop this form of homelessness expensive, often progressively more expensive, as health and support needs become more complex over time, requiring greater levels of spending on health, social care and other support than would have often been the case, had homelessness been prevented²⁰.

There is growing evidence that repeated and sustained homelessness, which was thought to be a complex social problem disproportionately experienced by men, is much more widespread among women than was previously thought. This is because women in this situation were not as visible, which meant that research and counts of homeless populations tended to miss them²¹. Domestic abuse as a trigger of women’s long-term and repeat homelessness, as a traumatic experience that leaves lasting mental and emotional effects, alongside evidence of experience of gender-based domestic abuse while homeless, means that systems to help prevent homelessness are vital. From a financial perspective, the longer and more damaging a woman’s experience of homelessness is, the higher the likely financial costs in resolving it.

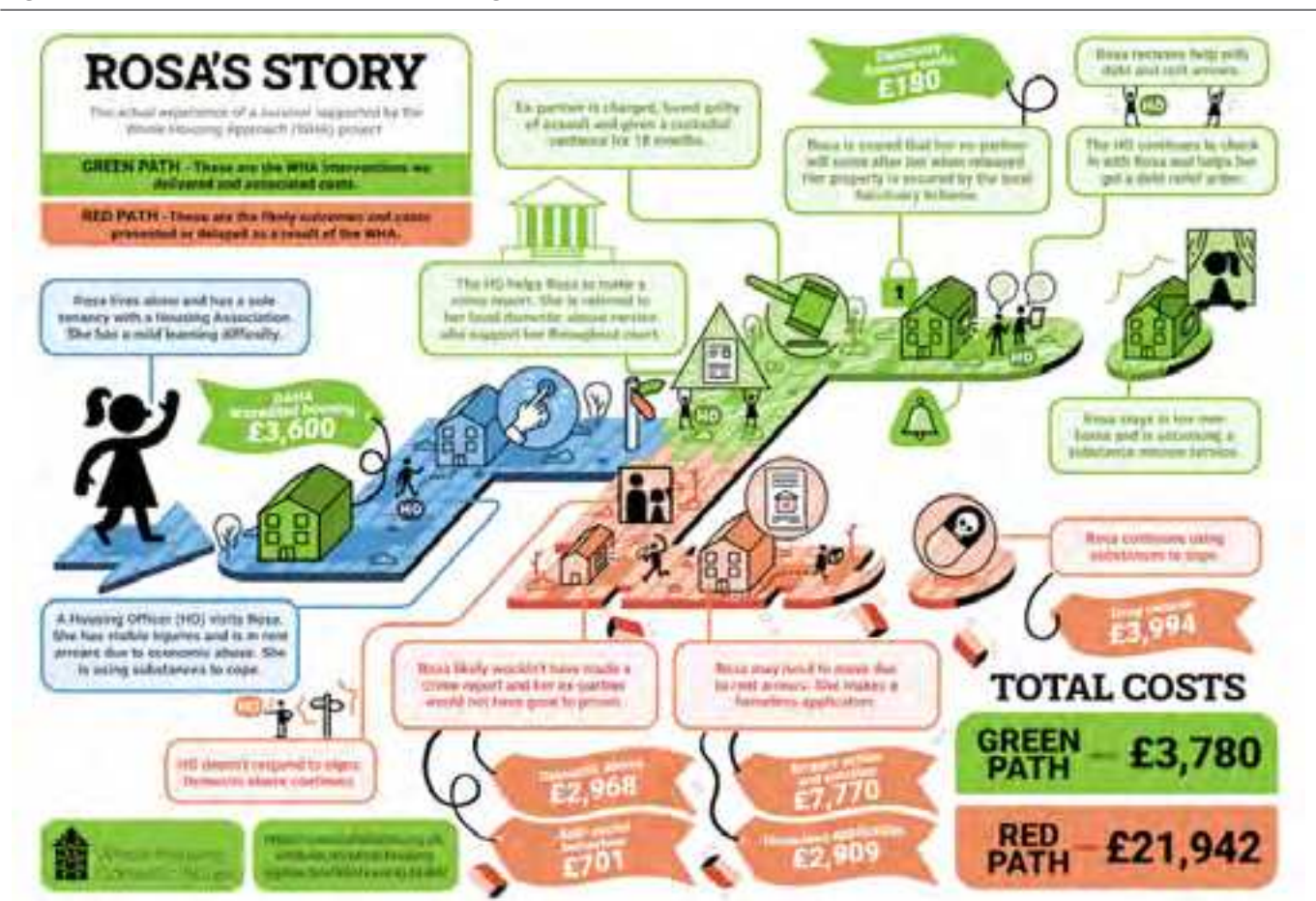
Looking at the role of DAHA Accreditation within a Whole Housing Approach (WHA), calculations have been made based on the trajectories of real individual women, whose details have been anonymised (Figure 1).

¹⁴ The modelling used here is based on the lived experience of women and women with children who became homeless through the experience of domestic violence/abuse from earlier research conducted by the authors. The examples given are amalgams, typical of lived experience but not relating directly to any specific individual.

¹⁵ https://www.dahalliance.org.uk/media/10888/p1010-st-whole-housing-project-report_final.pdf

¹⁶ <https://www.gov.uk/government/collections/homelessness-statistics>

Figure 1: Calculations of a financial savings based on a WHA case study



Source: DAHA

This approach summarises where the potential cost savings from DAHA Accreditation are from preventing homelessness and how this prevention in turn may reduce a range of other costs. In the example here (Figure 2) this includes costs to the landlord, a homelessness application and costs to the criminal justice system.

Financial considerations are an important element in policy analysis and are part of what this interim report is designed to explore. However, the human cost of domestic abuse is far more important. The crime survey covering England and Wales over the period 2018/19 was used to estimate that 5.7% of adults, some 2.4 million people, had experienced domestic abuse in the last year²². Almost one in three women aged 16-59 will experience abuse in their lifetime and, on average, two women a week are killed by a current or former partner in England and Wales²³. The trauma, physical and mental harm caused by domestic abuse is difficult to calculate, but what data there are suggest a social problem occurring on a vast scale.

The potential value of DAHA Accreditation has to be seen in this light, as something that reduce human suffering and protect human rights, rather than in simple financial terms. Concerns that levels of domestic abuse are increasing in association with the COVID 19 have been highlighted by recent Police statistics. The Office for National Statistics is planning to publish data on levels later this year²⁴.

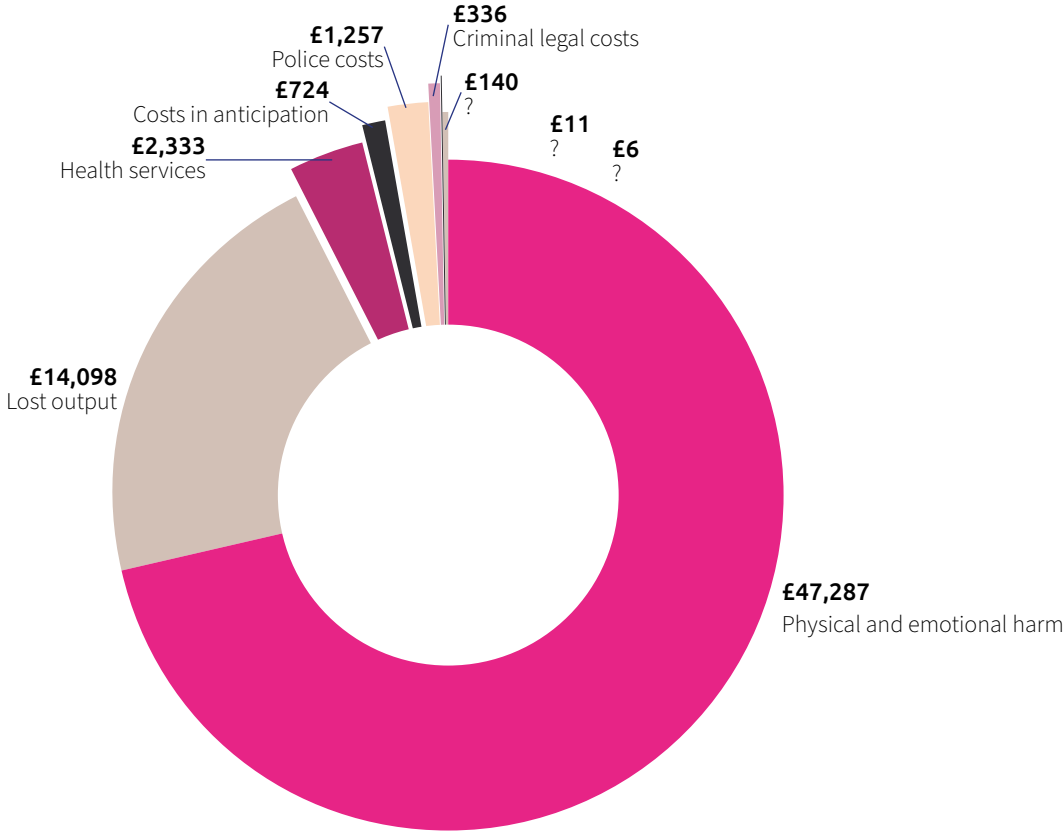
22 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsendlandandwales/yearendingmarch2019>

23 <https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/domestic-violence-the-facts/>

24 www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/coronavirusandcrimeinenglandandwales/august2020

The societal cost of domestic abuse

Figure 2: Estimated Cost of Domestic Abuse in England and Wales (£ Millions) 2016/17



Source: Oliver, R et al. (2019)²⁵

In 2019, research commissioned by the Home Office estimated that economic and social costs of domestic abuse was some £66 billion in England and Wales for the financial year 2016/17²⁶. This included a financial cost being attached to the trauma experienced by people who were subject to domestic abuse, of some £47 billion, using approaches developed by Health Economics. Alongside this a series of estimated costs for different elements of publicly funded services were calculated (Figure 2).

The 2019 report breaks this down further into unit costs, which are reproduced here (Table 1), alongside estimates of current costs, based on the original report, with adjustments for inflation²⁷. According to the 2019 report, the 'unit cost' for an average domestic abuse victim, estimated by dividing total cost estimates by the total estimated number of domestic abuse victims, were £34,000 in 2016/17, rising to an estimated £36,000 at 2019 prices²⁸.

These costs are *illustrative*, they represent an average, estimated picture that is designed as way to broadly understand what the effects of domestic abuse on each individual and on wider society are. It is important to note that data limitations identified by the researchers for this work were seen as making it likely that the average cost of domestic abuse was actually higher than the estimated £66 billion²⁹.

25 Ibid.

26 Oliver, R. et al. (2019) *The economic and social costs of domestic abuse* London: The Home Office

27 Using the Bank of England inflation calculator.

28 Figures are rounded to the nearest £100.

29 Oliver, R. et al. (2019) op. cit.

Table 1: Estimated unit costs for domestic abuse in England and Wales (Adjusted for Inflation)

Unit costs	2016/17	2019
Costs in Anticipation	£5	£5
Physical and emotional harm	£24,300	£25,758
Lost output	£7,245	£7,680
Health services	£1,200	£1,272
Victim services	£370	£392
Police costs	£645	£684
Criminal legal costs	£170	£180
Civil legal costs	£70	£74
Other	£5	£5

Source: Oliver, R et al. (2019) ³⁰ and Bank of England Inflation Calculator³¹

Costs in anticipation refer to insurance and defensive spending, which are calculated around crimes like burglary (like someone putting in an alarm system), but these are estimated to be low here, because when abuse occurs, people are often living together. Costs of emotional and physical harm are estimated over time, as domestic abuse is often a sustained experience, unlike most other crime and include fear, anxiety and depression, assigning a financial ‘cost’ to the consequences of lost quality of life. Loss of output refers to time off work or inability to work due to abuse. Health services are estimated costs to the NHS. Police, criminal and civil costs are estimated separately. Victim services includes estimated housing costs paid by central government incorporating temporary housing, homelessness services and repairs and maintenance (estimated at around £550m in total). Victim services costs also covers the money spent by charities and the time given up by volunteers to support victims of domestic abuse³².

The financial costs of homelessness associated with domestic abuse

Homelessness is a highly gendered social problem in the UK. It is generally thought of in terms of being something disproportionately experienced by men. However, looking at the most populous part of the UK, England, which has around 80%³³ of total population, it can be seen that higher numbers of women experience homelessness (Table 2). During the period 2007 to 2017, 588,910 households were accepted as statutorily homeless by English local authorities of which 272,120 (46%) were lone parent families headed by a woman and 63,330 (11%) were lone homeless women³⁴. Between 2007-2017, the reason for statutory homelessness was recorded as ‘violent’ relationship breakdown in 72,290 cases, some 12% of the total³⁵

Data collection and the ways in which homelessness is defined changed after 2017 in England, following a policy change introduced by the Homelessness Reduction Act, which placed a greater emphasis on prevention. The data for 2018 and 2019 are summarised in Table 3. Women headed households accounted for half those to whom local authorities owed a preventative duty (they were at risk of losing their home) and 40% of households owed a relief (rapid rehousing following homelessness).

Table 2: Statutorily homeless households owed the main duty in England 2007-2017

Year	Total acceptances	Household headed by a woman*
2007	64,970	57%
2008	57,510	57%
2009	41,780	57%
2010	42,390	57%
2011	48,510	57%
2012	53,480	57%
2013	53,210	56%
2014	53,410	57%
2015	56,500	57%
2016	59,260	56%
2017	57,890	57%

*Lone woman or lone woman parent. Source: MHCLG.

Data for 2018/19 show 263,620 households were found to be owed a homelessness duty by English local authorities of which 23,920 (9%) were reported to have support needs as a result of having been at risk of, or having experienced, domestic abuse. The figures for 2019/20 were 280,010 households owed a homelessness duty, of which 26,890 (10%) had support needs around domestic abuse. Populations of 5,290 (2018/19) and 6,040 (2019/20) who were at risk of sexual abuse or exploitation were reported among households owed a homelessness duty³⁶.

The costs of homelessness associated with domestic abuse depend on the trajectory that someone takes through homelessness. In essence, if someone receives a relatively low cost, effective preventative intervention, compared to actual homelessness being triggered by domestic abuse, financial costs may be significantly lower.

Table 3: Homeless households owed a homelessness duty in England 2018-2019

Year	Totals	Household headed by a woman*
Owed a preventative duty		
2018**	108,590	51%
2019	149,520	50%
Owed a relief duty		
2018**	87,520	40%
2019	137,320	39%

*Lone woman or lone woman parent. Source: MHCLG.
** Data are only published for 9 months (quarters 2, 3 and 4)

Taking a quite basic example, if someone who was at risk of domestic abuse, supported through a housing provider with DAHA Accreditation was able to retain their own home through a sanctuary scheme³⁷ intervention, the costs might often be lower than if homelessness occurred. So for example (Table 4), if someone had homelessness prevented and domestic abuse stopped through installation of a sanctuary scheme, the costs would be X, but if there were no system like DAHA Accreditation to report the abuse and act on it, they applied to a local authority for assistance, were housed in a refuge or other supported housing for three months and eventually found alternative accommodation, the costs would be Y. In London and some other areas with housing markets under high stress, with a lot of pressure on social housing supply, the wait in a refuge, supported housing or other temporary accommodation could be sustained, going on for months rather than weeks.

30 Ibid.

31 Note that it is not possible to adjust for inflation until a year is complete, which is why 2019 figures are used here. As the Bank of England inflation calculator uses calendar years, costs for 2017 and 2019 were used.

32 Ibid.

33 Percentages are rounded.

34 Source: MHCLG.

35 It is not possible to directly relate the data on the cause of homelessness with household composition in these data.

Pressure on refuges and other emergency services can be reduced, by using DAHA Accreditation and other preventative systems to avoid homelessness and other human and financial costs generated by domestic abuse. Prolonged stays in what is intended as emergency accommodation are undesirable on multiple levels. Women at risk of domestic abuse need a safe, settled home of their own, which in circumstances where it cannot be retained through prevention, needs to be arranged quickly both for their health and wellbeing. This is also important because of risks that exist when refuge services need space for emergencies and cannot find it, these services should not be accommodating women for prolonged periods, when their homelessness could have been avoided with the right preventative systems, including DAHA Accreditation, in place.

Table 4: Basic cost saving calculation for preventing homelessness being caused by domestic abuse

	Successful prevention
Sanctuary scheme	£821
Homelessness	£906
Total	£1,727
Application as homeless	
Stay in refuge for 90 nights	£3,066
Rehoused	£906
Total	£3,972

Sources: Pleace, N. and Culhane, D.P (2016) *Adjusted for inflation

The analysis is not, however, quite this simple. An estimate must be adjusted to allow for the costs of DAHA Accreditation. It is also the case that this kind of modelling of costs and potential savings misses out some of the other costs, for example the legal and support costs that might be associated with a sanctuary scheme installation, such as a restraining order on someone committing abuse and possibly some Police time. Equally, if domestic abuse had continued because it was not detected, in the absence of systems like DAHA Accreditation, someone may have experienced severe effects on their health and wellbeing for a sustained period, this might then mean that they were unable to work (lost productivity, see Table 1) or had to make use of emergency health services, which can be relatively expensive compared to a GP visit.

These kinds of broad estimate are also extremely sensitive to even minor changes in the assumptions. For example, if the perpetrator was arrested, charged and imprisoned, alongside the installation of a sanctuary scheme, or sectioned under the mental health legislation, the cost of intervening in the right way for the public sector might much higher than if the person at risk takes flight and seeks help from local authority and homelessness services. Then again, there could be a scenario where that happens and the perpetrator is arrested, charged and imprisoned, which would mean that public expenditure was still higher.

The cost of DAHA Accreditation

The implementation of DAHA Accreditation depends on how much is spent on staffing relative to the size of the housing stock held by a housing provider. Some housing providers have made relatively senior appointments to implement and oversee their DAHA Accreditation, combined with other staffing support, so for example three appointments, one on £35,000, another two on £28,000 each, would start to sound quite expensive, at £91,000 a year, plus employer contributors which, if for example there is a pension scheme, can be significant. Add to this the cost of training to secure and sustain DAHA Accreditation and the level of spending might reach over £100,000, depending on the number of specific appointments made, how far DAHA was integrated into the existing workload of housing management and other staff and other considerations. DAHA’s own estimates range between over £200,000 to under £100,000 depending on the specifics of how Accreditation is implemented.

Collectively, DAHA Accreditation was held by 13 housing providers in the Spring of 2020 which had over 230,000 units of housing under management. When looked at in terms of cost per unit, i.e. cost per house or flat, the costs of DAHA Accreditation start to look much lower. So, for example, a housing provider spending £250,000 a year on DAHA Accreditation, with 40,000 housing units under management, would have a cost per unit of £6.25, or still only £8.33, if they were spending the same amount, with 30,000 rather than 40,000 housing units under management.

DAHA Accreditation is designed as a universal protection, as something that is designed to find domestic abuse and trigger a WHA response that will minimise the human and financial costs. The low costs per unit of DAHA Accreditation make this a feasible strategy, if Accreditation were much more expensive per housing unit, the universal protection offered by Accreditation would be harder to operationalise.

It can be easier to make the financial case an intervention when it is only made accessible under certain circumstances. A major difference between North American and British homelessness prevention is that the former is ‘targeted’, it is aimed only at particular people and households who are assessed as being at risk of homelessness. To access a North American preventative service, someone often has to have high and complex needs and seen as at risk of becoming long-term or repeatedly homeless³⁸. In England and Wales, there is still an assessment, but anyone within a very broadly defined group of people who seek assistance from a local authority can access relatively extensive prevention and relief (rapid rehousing) services.

In theory, it can be argued that North American prevention services should be more cost effective than British ones, because the former are only used when there is assessed to be a risk that someone is at real risk of long term or repeated homelessness that they are not likely to be able to exit on their own. While things may go wrong, a North American preventative service does not spend money where it is not quite carefully assessed as being needed, whereas British preventative services are much more freely available. The operational problems with the North American model are twofold³⁹. First, homelessness prevention has to be able to react to an emergency and the greater and more complex the system for assessing whether someone is eligible for a service, the less likely it is that it will be able to react quickly enough. Second, there is generally less protection because the services are less widespread and less accessible.

In many instances, there will be no direct return on the investment, because the systems will not be needed, i.e. there is some redundancy built into DAHA Accreditation in order that protection against potential domestic abuse is available to everyone housed by a housing provider. DAHA Accreditation is designed as universal protection, not as a targeted service, it is designed to be present everywhere because it might be needed anywhere. DAHA Accreditation is also designed as a preventative system in and of itself, it is designed to work within a WHA framework, to detect domestic abuse and help deliver the right response.

It is possible to imagine a scenario in which DAHA Accreditation was only applied in certain circumstances. For example, a system like those increasingly being used in the USA, to predict where social problems including domestic abuse and homelessness are most likely to occur (increasingly using machine intelligence⁴⁰), might be employed so that DAHA Accreditation only covered what were defined as ‘high risk’ households.

The potential problems with this kind of approach are twofold. First, the costs of targeting DAHA Accreditation might exceed the costs of ensuring that all the housing units that a housing provider has are covered. Second, the accuracy of various systems designed to ration services to maximise the effectiveness of expenditure remains questionable. Households not needing the protections of DAHA Accreditation might still be included while those which did potentially need those protections would be excluded, as soon as there was any inaccuracy within whatever system was being used.

Estimating cost effectiveness

The test for DAHA Accreditation in terms of cost effectiveness and the potential for cost offsets is threefold:

- Is the cost of DAHA Accreditation offset by the savings a housing provider is likely to make? i.e. is the overall cost and cost per housing unit low enough, relative to what is likely to be saved in housing management expenditure, including dealing with issues that may arise like rent arrears, ‘nuisance’ calls from surrounding households, property damage and eviction.
- Does the wider potential for savings across public expenditure justify expenditure on DAHA Accreditation? i.e. is there a case for general public investment in DAHA Accreditation as a means to help prevent the human, social, economic and public finance consequences of domestic abuse.
- What is the likely financial difference between a housing provider with DAHA Accreditation enabling a WHA response to domestic abuse, compared to what the financial costs would be likely to be if it were not in place? Systems like DAHA Accreditation within a WHA approach can trigger expenditure that would not otherwise have occurred, e.g. finding women with high needs whose experience of domestic abuse would have otherwise gone undetected. Equally, the intervention following DAHA Accreditation and a WHA approach working well may not necessarily always cost less than would have been the case where those systems not present. DAHA Accreditation might find someone experiencing domestic abuse who wants to move away, rather than remain where they are, which might not have dissimilar financial costs to a someone going through the statutory homeless route.

For there to be a convincing financial case for DAHA Accreditation, in terms of presenting the model as likely to *save* money, expenditure has to be offset by savings, so for example, spending £250,000 a year on DAHA Accreditation would need to be balanced by more than that amount in reduced expenditure elsewhere. DAHA Accreditation can also be clearly financially justified if it is financially neutral, i.e. the expenditure is more or less matched by a very similar level of savings.

DAHA Accreditation could also have a net cost, with more being spent that is directly saved. However, if this were the case, that should not necessarily be seen as an inefficient use of funding. If DAHA Accreditation did have a net cost but delivered better detection rates and better early detection of domestic abuse, the social benefits of investment become significant, i.e. because it leads to an improvement in society and living conditions across the UK, expenditure is justifiable in those terms. For example, there is an expectation that schools, hospitals and the Police should be efficient, not doing things that waste public money without any tangible benefits, but these services are not expected to generate savings elsewhere, they are a public good, funded and supported by the State because they are seen as socially necessary.

Cost offsets for housing providers

The costs of evicting someone range considerably depending on the circumstances. In 2010, Shelter estimated the cost to a local authority evicting someone from a council tenancy was typically⁴¹:

- £1,119 in eviction costs
- £1,900 in rent arrears being written off
- £2,787 in costs for re-letting the property
- Around £5,806 in total, or the equivalent of £7,500 in 2019 prices.

More recent analysis⁴², based on the 2010 Shelter research and additional data from the social landlord Gentoo covering the period 2015-2017, which has DAHA Accreditation, suggests a similar level of cost:

- Average cost of home sitting empty for 29 days, £320
- Administrative costs, £500
- Cost of eviction, £1,200
- Average cost of repairs for reletting, £1,800
- Rent arrears write off (average), £1,900
- A total of £5,720 at 2017 prices, £6,062 at 2019 prices.

Other exercises have estimated eviction costs as being as high as £30,000, although these estimates assume that there is serious damage to the property and considerable rent arrears, alongside the legal and other costs. If it assumed that the typical cost is closer to £6-£7,000, the potential for DAHA Accreditation to save money is apparent. To take an estimated example, if a housing provider were paying the equivalent of £9 per housing unit for DAHA Accreditation and running with 20,000 units of housing under management, it would be spending £180,000 a year. Stopping 10 evictions a year at £7,000 would offset the costs of DAHA Accreditation by 38%, while stopping 20 would offset the costs of DAHA Accreditation by 77%, and so forth. Evictions that would otherwise have occurred due to domestic abuse would only, in this illustrative example, have to be stopped in the equivalent of 0.15% of stock (30 units) before the costs of DAHA Accreditation was more than offset by savings (evictions from 30 homes would cost £225,000).

Evictions are the highest set of costs associated with domestic abuse that a social landlord is likely to bear, at least in relation to what any single household is likely to cost. Estimating costs for other issues that may be associated with domestic abuse, which include rent arrears, damage and nuisance calls is difficult because the magnitude and costs will be variable. There is some research evidence⁴³ indicating that financial control by abusive men can be at the root of rent arrears and the extent of eviction linked to domestic abuse may be ‘masked’ by evictions for rent arrears where the underlying causation is domestic abuse⁴⁴.

Again, adopting an illustrative example, if a housing manager is costing a housing provider £30,000 a year, around £14.70 an hour, assuming a 39-hour week, the potential for DAHA Accreditation to reduce expenditure again becomes apparent. Assuming, the same landlord as before, with 20,000 housing units for which it costs the equivalent of £8 a year each to maintain DAHA Accreditation. If DAHA Accreditation reduces housing management time spent on noise, rent arrears, property damage and complaints from neighbours by the equivalent of two full time posts at £30,000 each, that offsets the cost of Accreditation by one third.

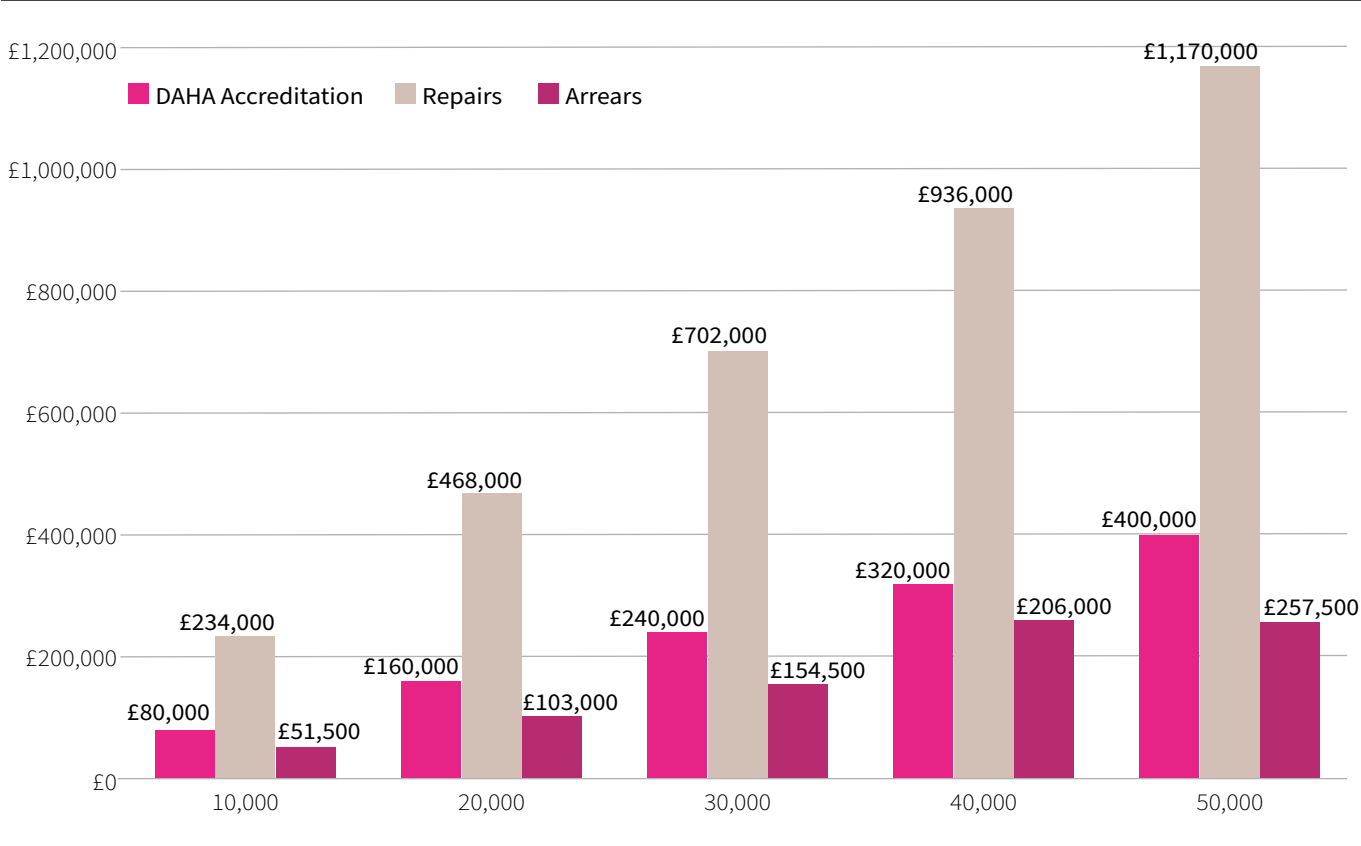
The research with data from the social landlord Gentoo from 2015-2017 estimated that 13% of all repairs were linked to domestic abuse. Gentoo has some 29,000 housing units in management and 13% of repairs. The average cost of repairs linked to domestic abuse was reported as £1,200 per household, compared to £860 for a typical household⁴⁵ over the course of 2015-17. This meant that while the repair work linked to domestic abuse accounted for 13% of calls, it represented closer on 21% of costs. The typical cost per repair was not very high, at around £88.

Domestic abuse often includes financial abuse, but in a context where rent arrears can be quite widespread, without clear data on whether or not households containing someone who is being abused, it is difficult to be certain what the pattern of causation is. When so many people struggle to make ends meet anyway, estimating those for whom domestic abuse might be causing rent arrears, or exacerbating them, is more difficult⁴⁶. The English Housing Survey estimates that 25% of social rented tenants are in arrears, compared to around 9% of private rented households at any one point⁴⁷. Social housing rents vary between regions, being higher in the South of England, but were on average £95.12 in 2019⁴⁸.

Drawing on the work done with Gentoo data and other sources, it is possible to begin to illustrate how effectively the costs of DAHA Accreditation might be offset by operational savings for a social landlord (Figure 3). There are a number of assumptions here:

- The equivalent cost of DAHA Accreditation per housing unit under management, for this illustrative exercise, is £8 per year.
- For the purpose of this illustrative exercise, a social landlord conducts two repairs per property per year, at a cost of £90 per repair.
- Twenty five percent of households are in rent arrears, for the purposes of this illustrative exercise they are all one month in arrears, the rents are £95.12 a week, so the arrears per household is £412.
- Thirteen percent of repairs are associated with domestic abuse.
- Six percent of rent arrears are associated with domestic abuse.

Figure 4: An illustration of the potential housing management savings from DAHA Accreditation⁴⁹



Taking the first column on the left (Figure 4) as a starting point the social landlord has 10,000 units under management, and it costs them £80,000 a year for DAHA accreditation (equivalent to £8 per housing unit). If that social landlord does two repairs in each property per year, at a cost of £90 per repair, and 13% of all repairs are linked to domestic abuse, reducing that number (£234,000 on Figure 4), even by 30%, would come close to covering the cost of DAHA accreditation. Rent arrears are assumed to be present for 25% of all households and those households - again, this is for illustrative purposes - are all one month in arrears. If it is further assumed that 6% of arrears are associated with domestic abuse (2,500 households out of 10,000 are in arrears, 150 are in arrears because of domestic abuse). If DAHA Accreditation stops all those rent arrears linked to domestic abuse (£51,500 on Figure 4), then it would cover 64% of the costs of Accreditation.

Looking at a social landlord with 50,000 units under management in the last column on the right (Figure 4), the picture is similar. In this illustration, because the cost per housing unit for DAHA Accreditation is assumed to be a constant, the amount the social landlord is paying is much higher than is the case for the social landlord with 10,000 units under management, because this larger landlord needs a bigger team and more training

for more people (£400,000 on Figure 4). The repair bill, again assuming two repairs per housing unit under management at £90 a repair is, of course, much higher and if 13% of repairs are associated with domestic abuse, the cost is higher than for DAHA Accreditation. In this illustration, if DAHA Accreditation stopped 34% of the repairs linked to domestic abuse, it would pay for itself. Again, stopping a high proportion of rent arrears associated with domestic abuse would also start to significantly offset the costs of DAHA Accreditation.

From this, the potential for DAHA Accreditation to significantly offset its own costs or to pay for itself by stopping evictions and reducing other elements of housing management cost, at quite a low level becomes apparent. As soon as DAHA Accreditation stops evictions, reduces rent arrears and reduces the level of repairs associated with domestic abuse, the costs of Accreditation start to be offset. Importantly, success does not have to be at 100%, there is no need, from a financial perspective, for every eviction, repair and incidence of rent arrears linked to domestic abuse to be stopped in order for Accreditation to start paying for itself and, quite quickly, to cover all its operational costs. Peabody, the first social landlord to adopt DAHA Accreditation reported a 1,425% increase in report of domestic abuse as a result of using the approach⁵⁰.

49 Draws on Shenai, S. et al. (undated) Op.cit.

50 Source: Peabody.

Wider savings on public expenditure

There is broad evidence that homelessness prevention will typically save money. While sometimes causing spikes in public expenditure costs, for example when someone who requires expensive support who had been using any services is connected to services via prevention, it is more often the case that total spending on prevention will be less than if homelessness was allowed to occur and, particularly, if it is allowed to persist.

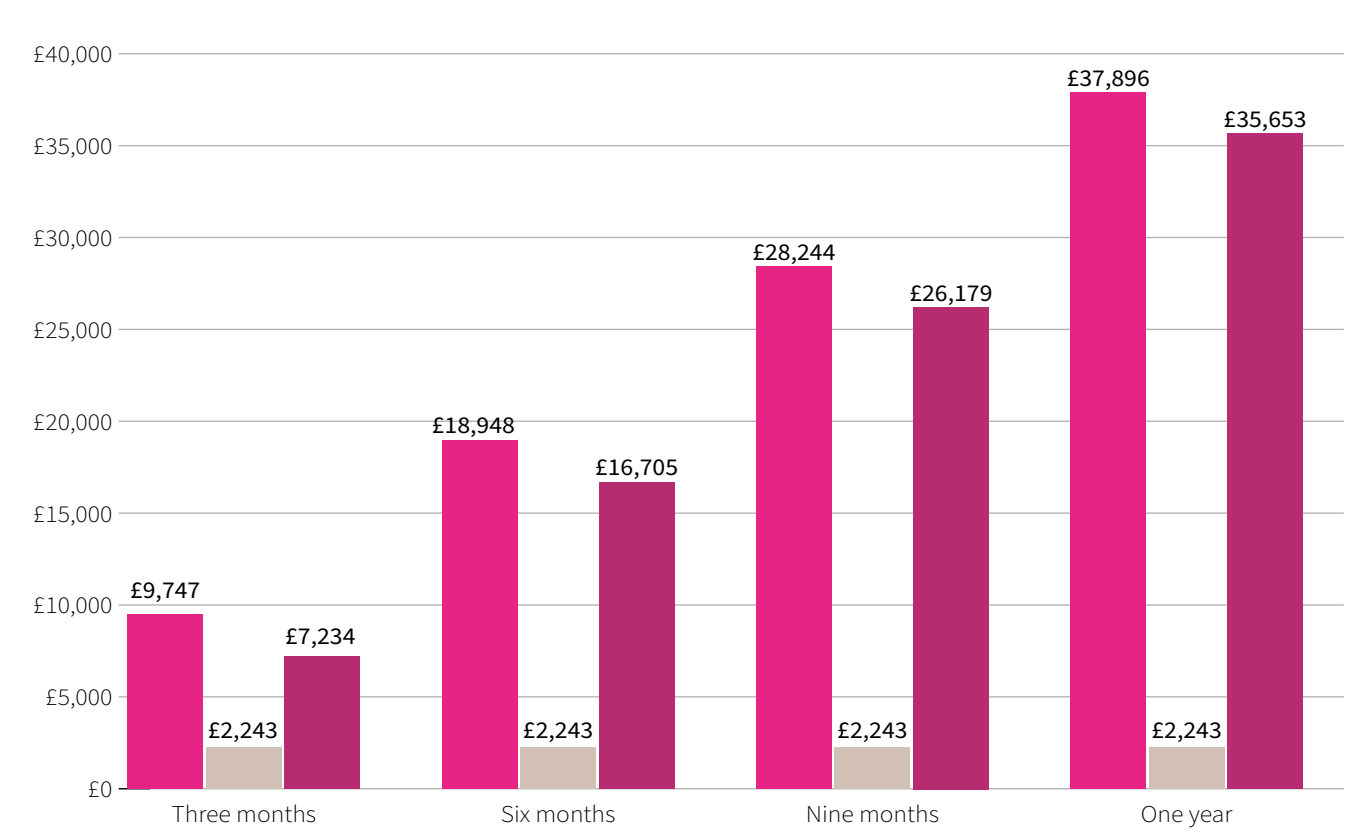
Taking the analysis from the 2016 Crisis funded research⁵¹ into the costs of homelessness being allowed to persist compared to the costs of prevention, it is possible to look at the extent to which DAHA Accreditation has the potential to reduce spending around homelessness. DAHA Accreditation is, in and of itself, a detection and triage system that is designed to work within an integrated Whole Housing Approach (WHA) when presented with possible or imminent homelessness. Allowing for this, an average cost for a

WHA approach to prevent homelessness has been taken from anonymised case studies produced by DAHA⁵². Rather than as in the comparison above, looking at the costs of DAHA Accreditation alone, here it assumed that further action to stop homelessness is taken that has a cost attached to it, such as Police intervention, installation of enhanced security and other sanctuary scheme measures, or arrangement of rapid rehousing.

Figure 5 is based on the following:

- The actual average costs of being homeless for three month and estimated costs of homelessness (lasting six, nine and twelve months) based on the results of the 2016 Crisis funded research⁵³, adjusted for inflation to 2019 prices.
- The average cost of a WHA response that prevents homelessness being triggered by domestic abuse, based on DAHA anonymised case studies.
- The estimated average savings if homelessness were prevented for occurring for three months, six months, nine months and one year.

Figure 5: Potential savings from preventing homelessness that lasts three, six, nine and twelve months



Sources: DAHA and Pleace and Culhane (2016). Average cost of homelessness for three months reported as £8,630 in 2016, adjusted for inflation using the Bank of England inflation calculator for 2019 prices to £9,474.

51 Pleace, N. and Culhane, D.P. (2016) Op. cit.
52 https://www.dahalliance.org.uk/media/10648/2_-wha-cost-benefit-analysis.pdf
53 Pleace, N. and Culhane, D.P. (2016) Op. cit.

Table 5: Potential savings from DAHA Accreditation working within a Whole Housing Approach by preventing the individual and societal costs of domestic abuse

Level of Whole Housing Approach cost*	DAHA WHA case study costs	Individual and societal cost**	Potential saving	Potential saving per £1 spent
Low	£1,246	£36,051	£34,805	£28
High	£3,780	£36,051	£32,271	£9
Average	£2,243	£36,051	£33,808	£15

*Based on DAHA WHA case studies.
** Based on Oliver, R. et al. (2019).

Finally, there are the total costs of domestic abuse, which include housing related costs, estimated for the Home Office and outlined earlier in this section⁵⁴. The average estimated cost per experience of domestic abuse was reported as £34,010 at 2016/17 prices, or £36,051 at 2019 prices. The cost offsets that might be generated through DAHA Accreditation will vary, Accreditation may, in itself, stop domestic violence from occurring, but, again, there may need to be other interventions, so again costs are compared with costs from anonymised case studies of women using WHA systems in response to domestic abuse (Table 5).

DAHA Accreditation as a public good

The point that DAHA Accreditation need not have to make a financial saving, nor necessarily pay for itself, in order to be seen as an efficient and necessary use of public money has been made above but is worth reiterating here. The human costs of domestic abuse are enormous and while social and economic costs are also important, the basic case that accreditation has the potential to reduce human suffering, trauma and mental and physical illness, with negative effects that can last a lifetime, has to be at the core of any assessment of how effective the model is. From a public policy and public expenditure perspective, the potential for DAHA Accreditation to be seen as a public good, as something that should be systematically invested in on the basis that it helps reduce domestic abuse, is a powerful argument. If domestic abuse is being reduced, that in itself is an argument for wider investment in the model, the potential for cost savings only reinforces what should already be seen as socially important because it reduces domestic abuse.

54 Oliver, R. et al. (2019) op. cit.

Conclusions

This interim report represents the initial stage of a longer analysis of the impacts and effectiveness of DAHA Accreditation. The research has been slowed down and changed by the impacts of COVID 19, which has changed the policy landscape in terms of how housing providers and domestic abuse services are able to operate and has been linked to increases in domestic abuse.

How far reaching these changes will be and the extent to which they will last is unclear at the time of writing. However, the COVID 19 pandemic has acted as a lens on domestic abuse, again showing the extent and underlying risks, which were again made evident as people were spending more time together at home. Longstanding issues with the limitations, in resources, availability, design and interconnectedness of existing policy responses to domestic abuse have, again, also been reemphasised by the experience of living with the virus.

So, all of a sudden, it's kind of been brought to, like the gaps that existed I think COVID has just made more stark and more visible, because they were always there, but more visible to more people. (DAHA Founder)

DAHA Accreditation has not happened in a vacuum. It is not the case that there were no systems in place before it arrived or that those systems did not do vitally important work. However, what emerges from the research that has been completed so far for this analysis, is that DAHA Accreditation helps creates a sense of confidence at multiple levels. For women at risk of domestic abuse, the group interviewed for this report, who are much more likely to experience abuse, contact with these systems brought them into networks of valued emotional and practical support that were able to help them, helping manage the harm and sustain tenancies in some cases and facilitating necessary moves in others. The women could feel more confident, and report feeling more confident, because there was a structure in place, and they were clear what was happening and happy with the support they were provided with.

For the housing providers, as reported in the staff interviews, DAHA Accreditation created a sense of confidence at two levels. First, there was the important sense that there was an organised, coherent strategy in place, including systems designed to identify domestic abuse quickly, helping to reduce some of the potential harm to those experiencing it. Second, there was the sense reported by staff that they had the confidence to know what domestic abuse could look like, which gave them greater confidence to report it, also knowing that systems were in place that would mean someone at risk of domestic abuse would be helped.

Financially, while more data will be collected during the course of the remainder of this research, the potential benefits of DAHA Accreditation seem self-evident. While the process of Accreditation, which involves bringing in new staffing or redeploying existing staff and taking the time and resource necessary to implement the training, is not necessarily cheap, the costs of the problems that DAHA Accreditation can help stop are often very high. The Accreditation process, even where costs may run into hundreds of thousands for a large housing provider, is rapidly offset as soon as evictions, repairs and rent arrears associated with domestic abuse are reduced. While more data are needed to look at costs in detail during the latter stages of this research, the potential for Accreditation to effectively pay for itself through reducing housing management costs appears to be a real one.

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