

Investing in Safety

The financial case for investing in *by and for* services supporting victim-survivors with No Recourse to Public Funds



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Published by Southall Black Sisters, Latin American Women's Rights Service, Safety4Sisters, Ubuntu Women Shelter and The Angelou Centre



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When migrant victim-survivors of violence against women and girls (VAWG) with No Recourse to Public Funds (NRPF) are able to access specialist, intersectional support designed and delivered *by and for* Black, minoritised and migrant women ('*by and for*' services), net savings are generated to local public services totalling **£18,024** per woman over three years.

For local public services, net savings over three years for each victim-survivor with NRPF are:

- **£11,444 net savings to the NHS**
- **£4,928 net savings to children's social care**
- **£936 net savings to housing and homelessness services**
- **£643 net savings to police**
- **£73 net savings to MARAC**

When scaled up to a cohort of 40 women, **£720,960** net savings are generated over three years.

Applied **nationally for all victim-survivors** with NRPF, net savings are an estimated **£127,015,128**, accruing for each cohort over three years.

These savings have been calculated by the accompanying Cost Benefit Calculator (Southall Black Sisters, et al 2024). They are conservative estimates, excluding many unquantifiable and longer-term impacts.

Violence against women and girls (VAWG) is a systemic human rights abuse endemic in the UK. Domestic abuse alone costs the UK economy £74 billion annually (HM Government 2021a). Significant parts of this cost fall to local public services, including the NHS, police, social care, housing and homelessness services, and specialist structures such as Multi Agency Risk Assessment Conferences (MARAC). In this report, we evidence the cost benefit to those local public services of funding specialist services to victim-survivors of VAWG, designed and delivered *by and for* Black, minoritised and migrant women (*'by and for'* services). Our analysis is specific to migrant women with No Recourse to Public Funds (NRPF) who are subject to VAWG – themselves part of an estimated population of 2.58 million people in the UK living with NRPF (Cuibus & Fernández-Reino 2023).

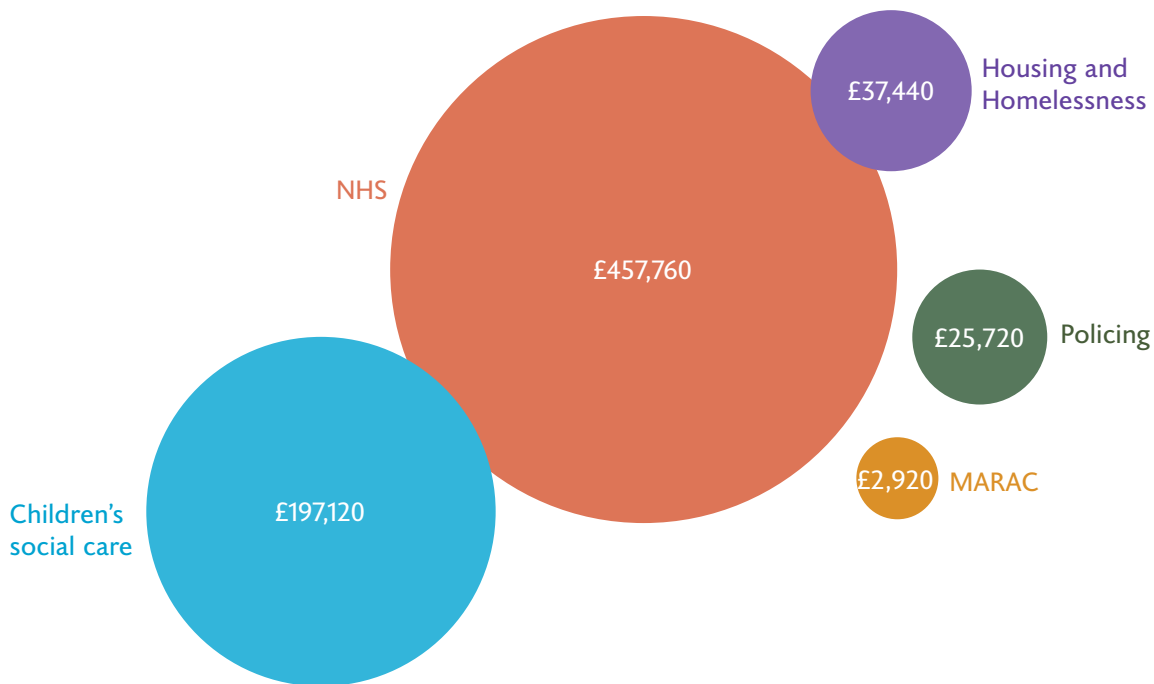


Figure 1: Three-year net savings across local public services for a cohort of 40 women

We calculate that local public services generate a **net savings average of £18,024 per woman over three years** when they fund *by and for* services. These services have developed an intersectional model of delivering outcomes over forty plus years. Our findings are set out in the accompanying Cost Benefit Calculator (Southall Black Sisters, et al 2024). When scaled up to a **cohort of 40 women, £720,960 net savings** are generated over three years (figure 1); **if applied nationally, net savings**

become an estimated **£127,015,128**. We scaled-up based on a study commissioned by the Domestic Abuse Commissioner that estimated that about 32,000 victim-survivors would report domestic abuse to an authority, and that around 20-30 percent of them will seek services (Scanlon, et al 2022).

Of these net savings, 62 percent accrues to the NHS and 27 percent to children's social care, with the remainder creating savings for housing and homelessness services, police, and MARAC. For a projected cohort of 40 women, net savings to local NHS services are £457,760 over three years, and £197,120 to children's social care (figure 1). For housing and homelessness services, the net savings for 40 women over three years are £37,440. Police net savings are £25,720, and net savings to MARAC are £2,920.

VAWG is a key driver of avoidable costs and demands on local public services. Domestic abuse alone costs the NHS £2.33 billion annually (Oliver, et al 2019) and is the main cause of children's social care assessments (Association of Directors of Children's Services 2022). VAWG is a key driver of the demand for temporary accommodation which now costs local authorities £1.7 billion annually (Shelter 2023b) and domestic abuse costs the criminal justice system another £1.7 billion (Oliver, et al 2019). NRPF makes women three-times more likely to be subjected to VAWG than the wider population of women (Woolley 2019), creating disproportionate, often life-long, harms that violate and erase the lives of women and their children. Our findings – in alignment with existing evidence on the cost effectiveness of ending-VAWG interventions (Mallender, et al 2013) – demonstrate that demand reduction and cost savings are attainable with appropriate investment. These findings are in accordance with strategic shifts prioritising VAWG across policy in health, children's social care, and policing, and increasing public pressure to end VAWG.

Our analysis is produced by the No Recourse No Safety partners of *by and for* services: Southall Black Sisters (SBS), Latin American Women's Rights Service (LAWRS), Safety4Sisters, Ubuntu Women Shelter and The Angelou Centre. Combined, the partners directly support around 1,000 victim-survivors of VAWG with NRPF each year. Our aim in producing a cost benefit analysis is to create clarity about the costs of the dual perpetrations of state and gender-based violence against women with NRPF. Together with the Cost Benefit Calculator (Southall Black Sisters, et al 2024), we have provided the evidence for business cases by Domestic Abuse Partnership Boards and commissioners to invest in outcomes that reduce demand and generate cost savings. 25 years on from the introduction of the NRPF condition in the Immigration and Asylum Act 1999, this report is part of sustained campaigning efforts by the No Recourse No Safety partners to have the NRPF condition lifted, by driving visibility of migrant women, their needs, and the moral, financial and system cost of denying safety by refusing recourse.

Local Domestic Abuse Partnership Boards and Their Member Organisations

- Use the Cost Benefit Calculator (Southall Black Sisters, et al 2024) to create an invest to save business case, and subsequently fund *by and for* service outcomes for victim-survivors with NRPF, scaled to the level of local need
- Ensure representation of victim-survivors with NRPF at Boards
- Ensure strategic and financial commitment from all local public bodies affected by VAWG, including the NHS

All Commissioners with VAWG Responsibilities, Including NHS and Public Health Commissioners, Children's Social Care, Housing and Homelessness Services, and Police

- Fund *by and for* services for victim-survivors with NRPF, in proportion of net savings accruing to each local public body and in accordance with strategic and principled responsibility to prevent and reduce harm
- Put in place funding in accordance with the full flexibility of procurement legislation, by awarding funding non-competitively where possible, funding full cost recovery, and using grants for innovation and flexibility

NHS

- Recognise that the NHS bears the single greatest cost-burden of VAWG against victim-survivors with NRPF
- Address barriers to accessing NHS services for victim-survivors with NRPF, and formally oppose policies charging migrants for access to services, and data-sharing with Immigration Enforcement

Children's Social Care

- Recognise VAWG is the single greatest driver of children's social care demand
- Meet duties in providing Section 17 support to migrant victim-survivors with NRPF and their children

Trusts and Foundations

- Offer catalytic funding and advisory support, offsetting systemic underfunding of *by and for* services

Researchers

- Use our findings and methodology to further evidence the impact of the interface between victim-survivors with NRPF and public services

Violence against women and girls (VAWG) is an endemic harm that derails and destroys lives and underwrites the UK's structural gender inequality. VAWG is one of the key drivers of complex and avoidable public service costs in the UK, with far reaching impacts across health, social care, housing, criminal justice, and poverty alleviation. VAWG produces severe and often life-long harms for women and children, creating demand for local public services along the life-course.

For migrant victim-survivors of VAWG ('victim-survivors') whose migration conditions determine they have No Recourse to Public Funds (NRPF), the severity and sustainment of abuse is worsened by living in a doubly hostile environment: the hostile environment designed by UK Government policy, and the hostile environment created by the perpetrators of VAWG. We term this double harm the 'dual perpetration'. Its impact on victim-survivors with NRPF produces complex and large-scale demand for safety and support that affects the system efficacy and budgetary position of local public services tasked with addressing VAWG.

This report is a cost benefit analysis quantifying the financial impact of the dual perpetrations, comparing the cost to public services where victim-survivors with NRPF are supported to achieve positive outcomes through the intersectional support of services designed and delivered *by and for* Black, minoritised and migrant women ('*by and for*' services), and situations where they do not have access to these services. Our aim has been to provide financial evidence to the moral case to support victim-survivors with NRPF. However, we embarked on this research unsure whether a positive net saving would emerge, because so many of the needs resulting from the dual perpetrations go unmet.

Our analysis finds that in a context of increasing demand and complexity, over three years, the dual perpetrations cost local public services £56,910 per victim-survivor with NRPF. Funding a *by and for* service to address victim-survivors' needs can provide safety and recovery, and create a net saving of £18,024 over three years per victim-survivor with NRPF.

We have used the figure of 40 as an estimated cohort size, but within the Cost Benefit Calculator (Southall Black Sisters, et al 2024) the cohort size can be varied. This figure was developed because on top of our 30 case studies of women who progressed with *by and for* service, it is our estimate that 10 women would not have

done: so, a progression rate of 30 in every 40 women, or 75 percent. Envisioning a cohort of 40 women a year, this rises to £720,960 in net savings. Of these net savings:

- £11,444 accrues to local NHS
- £4,928 to children's social care
- £936 to local authority housing and homelessness services
- £643 to police
- £73 to MARAC

The savings are consistent with wider studies which conclude that 'the overall message [...] is the cost of domestic violence is so significant that even marginally effective interventions [...] prove to be cost-effective' (Mallender, et al 2013).

More than a decade of austerity has resulted in the deepening deprivation and marginalisation of vulnerable migrant women, creating social harms that undermine the long-term system effectiveness and financial security of local public services. With over 9.5 million foreign-born people in the UK – an estimated 2.58 million of whom have NRPF (The Migration Observatory at the University of Oxford 2022; Cuibus & Fernández-Reino 2023) – action is needed to address the scale and impact of gender-based violence against migrant women. This analysis demonstrates that *by and for* services provide a means of cost-saving while substantially improving outcomes for women and the local public service system. It reveals how the repeat referrals, service failure, escalating harms, poor service continuity and outcomes which are often present in the disrupted experiences of victim-survivors with NRPF can all be positively affected by *by and for* services.

This analysis is based on the accompanying Cost Benefit Calculator (Southall Black Sisters, et al 2024); both are the work of the No Recourse No Safety partners: Southall Black Sisters (SBS), Latin American Women's Rights Service (LAWRS), Safety4Sisters, Ubuntu Women Shelter, and The Angelou Centre. This cost benefit analysis is situated within a wider call to end the human and societal harm of the NRPF condition.

Domestic Violence Indefinite Leave to Remain (DVILR) and Migrant Victims of Domestic Abuse Concession (MVDAC) (formerly known as the Destitute Domestic Violence Concession (DDVC))

SBS have been leading a campaign spanning thirty plus years to reform domestic abuse, immigration and NRPF law. SBS were instrumental in the introduction of the DVILR in 2002 allowing victim-survivors on spousal/partner visas the right to remain indefinitely in the UK and in the introduction of the DDVC in 2012, giving those with NRPF rights to benefits and housing from the local authority under the Homelessness Act 2002 while they apply to regularise their status under the DVILR. The DVILR and the MVDAC have assisted thousands of

victim-survivors in escaping domestic abuse (Southall Black Sisters 2020) and the No Recourse No Safety partners are calling for this model to be extended to all victim-survivors regardless of visa status and the MVDAC to be extended for a period of at least 6 months.

This model is widely praised by service providers and international researchers as an international model of best practice (The Institute for Research into Superdiversity 2024). The model encourages victim-survivors to come forward and seek help as it gives both status and support. There is no evidence of these conditions being used to abuse the immigration system. The combined model of the MVDAC and DVILR has also been recommended by the Women and Equalities Committee's report *So-called honour-based abuse* (2023), and by *Living at the Edge* (Dhaliwal & Kelly 2023), the independent evaluation of the Support for Migrant Victims pilot scheme which was carried out by the Child and Woman Abuse Studies Unit (CWASU) at London Metropolitan University. It is also supported by the Domestic Abuse Commissioner (Domestic Abuse Commissioner 2021).

However, unlike women on spousal/partner visas who are eligible to apply for the DVILR and MVDAC, women on non-spousal/partner visas with NRPF and undocumented women are not. Though the government announced the extension of the MVDAC to partners of work and student visa holders in February 2024, these victim-survivors are ineligible to apply for the DVILR. The resulting cliff-edge renders the extension ineffective. These victim-survivors thus continue to face a stark choice between domestic abuse or deportation and/or destitution. Many are unable to even enter a women's refuge as they cannot pay their rent or living costs as they are not eligible for housing or other social security benefits. Women and their children are vulnerable to homelessness and exploitation; and can be locked in new, dangerous situations or driven back to abusive relationships (Southall Black Sisters 2020).

Chapters

Chapter 1: Violence Against Women and Girls explains the scale and nature of harm resulting from the dual perpetrations. *Chapter 2: The By and For Service* explains the practice and outcomes of the intersectional services modelled in this cost benefit analysis. *Chapter 3: Findings* presents the overall findings of the cost benefit analysis. *Chapters 4 – 8* set out the cost benefit findings to the service areas in the calculation: NHS, children's social care, housing and homelessness services, policing, and MARAC. These chapters include a contextualising of VAWG within current policy priorities and an exploration of the needs and demands which produced the costs and subsequent net savings. *Chapter 9: Additional Public Service Impacts* illustrates the wider impacts of *by and for* outcomes not included within the calculation. *Chapter 10: Conclusion and Recommendations* provides recommendations to actors

within the VAWG system, including public sector commissioners, researchers, and independent trusts and foundations.

Methodology

Findings are based on the accompanying Cost Benefit Calculator (Southall Black Sisters, et al 2024) published by the No Recourse No Safety partners comprising SBS (London), LAWRS (London), Safety4Sisters (Manchester), Ubuntu Women Shelter (Glasgow), and formerly, The Angelou Centre (Newcastle). This report and the Cost Benefit Calculator (Southall Black Sisters, et al 2024) are funded by the Comic Relief Change Makers grant, 2021-2024, with delivery led by SBS.

The Cost Benefit Calculator (Southall Black Sisters, et al 2024) quantifies the difference between two scenarios: (1) where the *by and for* service is available to victim-survivors with NRPF, and (2) where it is not. Examining the difference in impacts and costs between the two scenarios, we identify the potential net saving to local public services. These local public services are those quantifiably impacted by the dual perpetrations: physical and mental health services; children's social care; police; housing and homelessness services; and MARAC. Additional cost impacts which cannot be quantified or occur outside our three-year timeframe are excluded from the Cost Benefit Calculator (Southall Black Sisters, et al 2024) but described in Chapter 9.

The Cost Benefit Calculator (Southall Black Sisters, et al 2024) is based on 30 case studies provided by the No Recourse No Safety partners in 2022/23. All cases received a *by and for* service personalised to their needs, including a mixed offer of (i) intersectional advocacy, (ii) support to access immigration advice, (iii) intersectional counselling, (iv) groupwork, and (v) specialist refuge for up to 16 weeks. This offer is described in Chapter 2. The Cost Benefit Calculator (Southall Black Sisters, et al 2024) looks at costs and impact over three years beginning at the point of access to the *by and for* service.

There is a shortage of quantitative research on the interface between victim-survivors with NRPF and public services. Aware of our opportunity to contribute to closing this gap, we have sought to be transparent about all our stages of calculation and subsequent analysis, including our source materials and all the assumptions we have applied in making our calculation. We do so with the intention of aiding greater visibility of this group of women.

The calculation methodology is informed by the HM Treasury *Green Book* (HM Treasury 2022) and Cabinet Office *A Guide to Social Return on Investment* (SROI Network 2012). It is also informed by existing cost benefit analyses (CBAs) and social return on investment (SROI) studies published in the housing, advice, and domestic abuse sectors.

The calculation is constructed with the aid of insights from an Advisory Group comprising senior public servants from local and regional public sector bodies and relevant voluntary and community organisations and foundations.

Advisory Group

The Advisory Group comprised senior policy-makers, network conveners, and commissioners from across the relevant public service budgets of health, local government and housing, children’s social care, police, as well as funders and researchers. Tasked with providing challenge and insights, the Advisory Group met five times between June – November 2023, informing and reviewing each stage of the calculation process, including our methodology and subsequent data interpretation.

The members were:

- Yolande Burgess, Strategy Director – London Communities (London Councils)
- Sinead Dervin, Head of Health and Justice for London (NHS London)
- Debdatta Dobe, Head of Commissioning – Vulnerable Children (Birmingham City Council)
- Annabel Durling, Fund Manager (Esmee Fairbairn Foundation)
- Joan Flood, Community Safety Lead (Newcastle City Council)
- Carol Judge-Campbell, Victims and Vulnerability Principal (Greater Manchester Combined Authority)
- Clare Kelly, Associate Head of Policy and Public Affairs (The National Society for the Prevention of Cruelty to Children)
- Jain Lemom, Head of Tackling Violence Against Women and Girls (London Mayor’s Office for Policing and Crime)
- Tom McNeil, Assistant Police & Crime Commissioner (West Midlands Police and Crime Commissioner)
- Dr Andy Myhill, Evidence and Evaluation Advisor (College of Policing)
- Dr Kath Scanlon, Distinguished Policy Fellow and Deputy Director (London School of Economics)
- Asmita Sood, Policy, Campaigns and Partnerships Manager (SBS)
- Commander Kevin Southworth, Lead for Public Protection (Metropolitan Police Service)
- Henry St Clair Miller, Head of Refugee and Migrant Services (London Borough of Islington and the NRPF Network)
- Amy Stringer, Consultant Social Worker, Children’s Services (London Borough of Hackney)
- Shakila Taranum Maan, Head of Legal Services and Community Engagement (SBS)

We are grateful to all members of the Advisory Group for their robust input and advice. Additional input was received from others, including Chloe Collins (NHS England); Dr Krishna Misra (Guys and St Thomas’ NHS Trust); Dr Liz Henderson (NHS England (London Region)); Harjeet Chakira, Simon Inglis, and Davin Parrott

(West Midlands Police and Crime Commissioner); Sarah Faber (Big Issue Invest); Selma Taha, Dr Hannana Siddiqui, and Sanskriti Sanghi (SBS); Elizabeth Jiménez-Yáñez and Gisela Valle (LAWRS); Jasmine Mohammad (Safety4Sisters); Florence Kroll (Royal Borough of Greenwich); Arthur Lewis (NRPF Network); and Andrew Wadey (Metropolitan Police).

Case Studies Cohort

The 30 case studies were collected from the No Recourse No Safety partners in winter/spring 2022/23. The cohort was defined as being (1) women with NRPF currently subjected to VAWG who had (2) been in the UK for more than 12 months and who (3) had received a *by and for* service.

The immigration status of the cohort was that 20 were documented, 9 were undocumented with route to regularise their status, and 1 was undocumented and had no route to regularise her status. We judged 18 of the cases to be 'severe' abuse.

19 of the women had dependent children. Averaged across the cohort, the average number of dependent children per woman was 1.19.

Data was collected in two stages. No Recourse No Safety partners first completed a quantitative datasheet based on individual case notes showing women's level of need and corresponding access to public services for 12 months prior to the service and up to 36 months post-entry to service. Where data up to 36 months post-entry to service was not available, professional judgement was applied and cross-referenced with any available national data. In the second stage, partners provided written accounts of cases. These were then discussed in semi-structured interviews, producing a consolidated and detailed account of each case when combined with stage one data.

Throughout the report, we have estimated a typical cohort size of 40 women. This relates to our sample size and is not an estimate of how many victim-survivors with NRPF there will be in any local area. This cohort size of 40 is based on the estimation by No Recourse No Safety partners that around 25 percent of women referred to services will not be able to engage. Therefore, our cohort of 30 case studies represented the 75 percent of a cohort who do proceed towards safe outcomes, while another 10 women represent the 25 percent who do not engage or progress, making a total of 40 women per cohort. Local areas that use the Cost Benefit Calculator (Southall Black Sisters, et al 2024) to estimate savings are able to input their own cohort size.

Categorisation of Case Studies

The case studies ('cohort') were sub-divided into six sub-cohorts, distinguished by two factors.

First was the access women had to regularising their immigration status, therefore determining their access to recourse. We identified three statuses: ‘documented’; ‘undocumented with route to regularise’; and ‘undocumented and with no route to regularise’.

Second was what we judged to be the severity of abuse. The cohort was divided between the most severe (‘severe and complex’) and other cases. While we must be clear that the concept of ‘severity’ is problematic, we are using it for the practical necessity of drawing distinctions between an extremely diverse cohort of women. We do not intend to indicate a hierarchy of abuse as this would be reductive of women’s lived experiences.

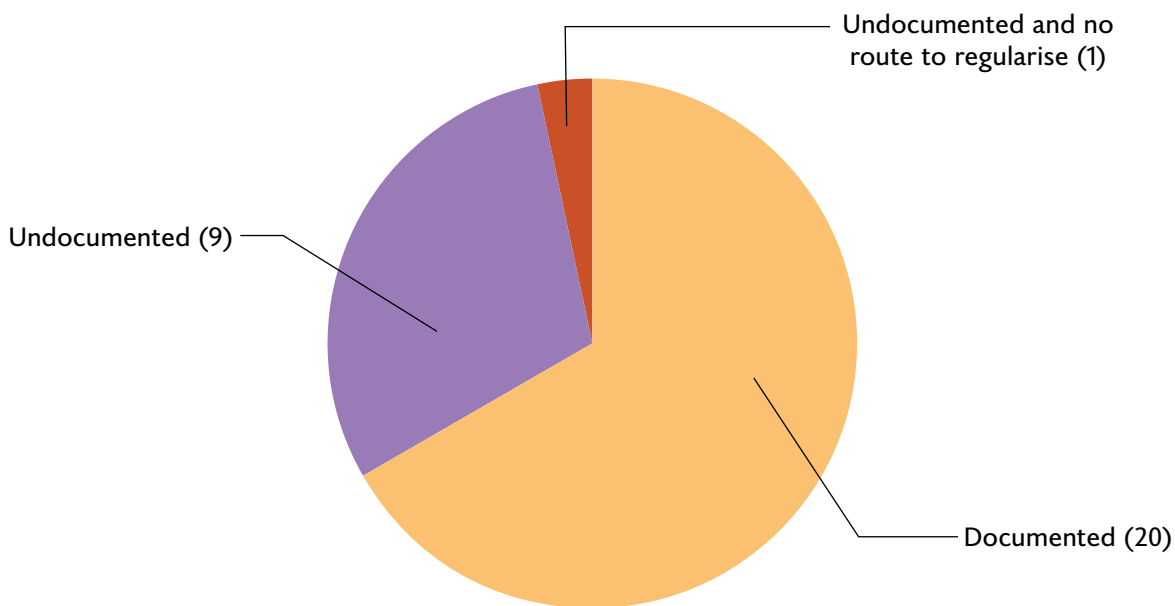


Figure 2: Immigration status of victim-survivors in the case study cohort

The six sub-cohorts are:

Undocumented with no route to regularise

- 3 percent of the cohort (1 case)
- This was a case in which severity, including strangulations, put the woman at risk of homicide

Undocumented with route to regularise – subject to severe and complex abuse

- 10 percent of the cohort (3 cases)
- This includes women subject to severe economic abuse, subjected to serious assaults while pregnant, and one woman at risk of homicide

Undocumented with route to regularise

- 20 percent of the cohort (6 cases)
- Characterised by high levels of coercion and immigration abuse, alongside other harms

Documented – subject to severe and complex abuse

- 47 percent of the cohort (14 cases)
- More likely to present to services than undocumented women facing the same severity

Documented

- 20 percent of the cohort (6 cases)
- More likely to present to services than undocumented women facing the same severity

Calculating the Cost Benefit

The cost benefit calculation (figure 3) is worked out by understanding which public sector costs are affected by either the presence or absence of the *by and for* service and its outcomes. The net saving is the difference in costs between (i) the scenario where the *by and for* service is absent, and (ii) the scenario where the *by and for* service is available.

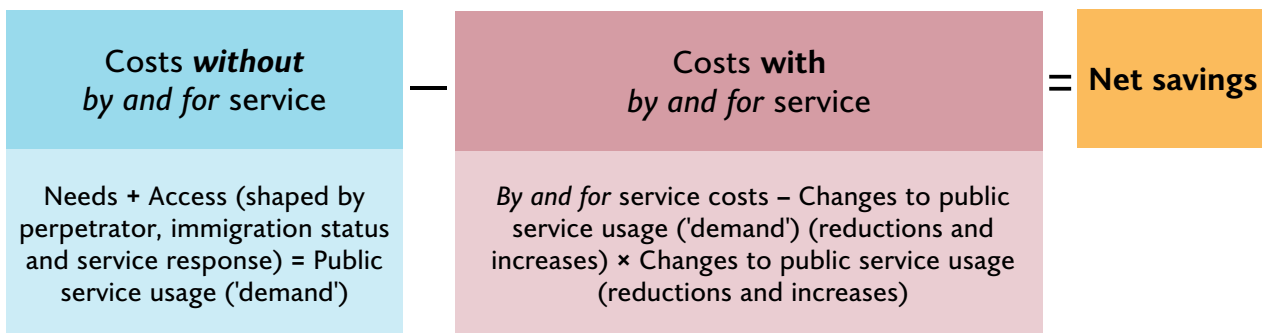


Figure 3: Cost benefit calculation

Duration

Costs were modelled over three years from the point of entry into the *by and for* service. This time frame shows savings relevant to commissioners' immediate and medium-term budgets. We did not have the longitudinal data to model cost changes over the 10-year timeframe recommended by HM Treasury *Green Book*. Instead, in Chapter 9 we have sought to describe longer-term cost benefits.

Constructing Public Service Costs

Costs were constructed using existing publicly available research. Costs around policing and sexual violence were constructed with support from NHS London and the West Midlands Police and Crime Commissioner. Limitations on published information about public sector costings hindered what impacts could be included in the Cost Benefit Calculator (Southall Black Sisters, et al 2024), leading to an underreporting of cost changes.

As costs were constructed, we sense-checked emerging findings with the Advisory Group and through 1-1 discussions with public sector practitioners and GPs. This was important in a field of work with limited evidence around service use and around the granular costs of public services. The Cost Benefit Calculator (Southall Black Sisters, et al 2024) includes a full bibliography of the sources for all costs.

Cost Adjustments

By and for service outcomes have a mixed short-term impact on public services: some costs increase because they bring out previously unmet needs, while some costs decrease or cease because needs are effectively and immediately met and resolved. Though not all changes are attributable to the *by and for* service, the Advisory Group and No Recourse No Safety partners recommended that a baseline rate of attribution was 90 percent, and this is the baseline modelled within the Cost Benefit Calculator (Southall Black Sisters, et al 2024) and the analysis in this report. All net savings cited in this report are modelled on this attribution rate of 90 percent.

Regional Cost Variations

While we would have preferred the Cost Benefit Calculator (Southall Black Sisters, et al 2024) to reflect regional variations to public service costs, without an available, recommended approach it was decided this would be unreliable. Instead, the Cost Benefit Calculator (Southall Black Sisters, et al 2024) gives UK average costs.

Risks

Conducting time-change research on a diverse, complex cohort in an area of study with little disaggregated research produces several limitations. There is little secondary data to check against or replace uncertainties in our own data. For example, there is no available data exploring differences that could be related to ethnicity or country of origin across our cohort. With our own case study cohort numbering 30, we could not always disaggregate and understand differences and patterns between women's needs and public service demand. Our methodology limitations prohibited us from exploring 'why' women interfaced with services in certain ways, limiting our ability to project longer-term usage.

A significant risk is that we are not comparing like-with-like outcomes. Access to public services ('demand') does not equate to positive or appropriate outcomes, and without better evidence and a larger-scale study cannot be compared to the tailored and closely evidenced outcomes of *by and for* service pathways.

Conducting cost benefit analyses carries the risk of optimism bias in the researcher. Because this report is intended to be a robust study capable of informing local public service business and commissioning decisions, we have been conservative in our estimation of positive net savings. We began this project with the understanding

that the calculation could produce an overall net loss rather than a net saving. Our conservatism was enforced by our testing with the Advisory Group, our limitation of a three-year window for modelling impact, and our exclusion of cost areas where there was not sufficient secondary data to draw from and test against.

Finally, by estimating a per head cost of *by and for* services, we risk baking into the model current funding inequalities which have left *by and for* services severely underfunded. *By and for* services are cost effective both because they achieve outcomes other services cannot, and because their prices have been kept artificially lower through commissioning funding cuts. Imkaan have estimated this underfunding shortfall to mean *by and for* organisations typically operate at 39% under budget (Sheil 2020). Future funding of *by and for* services should seek to address this underfunding to ensure sustainment and quality of outcomes.

Chapter 1:

Violence Against Women and Girls

VAWG is one of the most deeply rooted and widely impacting social harms in the UK. Domestic abuse is just one form of VAWG, yet it alone is estimated to be perpetrated against 1.4 million women in England and Wales annually (Office for National Statistics 2023).

The UN Declaration on the Elimination of Violence Against Women (1993) defines violence against women as, ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’. In our cohort, VAWG manifested as rape and sexual violence, physical violence including stabbings, strangulations and physical assault, extreme coercion and control, economic abuse, immigration abuse through threats of deportation, denying medical access, sexual and domestic exploitation, modern slavery, and emotional and psychological abuse.

Significantly, the UN Declaration continues on to state that VAWG includes ‘physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs’. In the case study cohort, psychological violence perpetrated by the state through the NRPF condition resulted in fear, reporting and threats of criminalisation, service debts and deportation, with women being unable to flee relationships, seek help for emergency medical care, or disclose abuse to protect themselves and their dependent children, because of the prohibitions and discriminations produced by the NRPF condition.

Dual Perpetrations

‘Being subject to immigration controls can change every single aspect of the experience of VAWG and of help-seeking – from being able to invest in being in the UK in case they are sent back, the additional costs of accessing their rights (legal fees, visa costs), and the ongoing threat of criminalisation’

– National Lottery Community Fund
Women and Girls’ Initiative (2020)

Around 2.58 million migrants in the UK are estimated to have NRPf attached to their immigration status (Cuibus & Fernández-Reino 2023). This makes their being in the UK contingent on reduced or prohibited access to otherwise universal rights and protections. Around 32,000 victim-survivors with NRPf are estimated to report domestic abuse to an authority according to a 2022 study commissioned by the Domestic Abuse Commissioner (Scanlon, et al 2022). This forms an expansive and diverse cohort of women who are specifically made less safe by the design of the hostile environment.

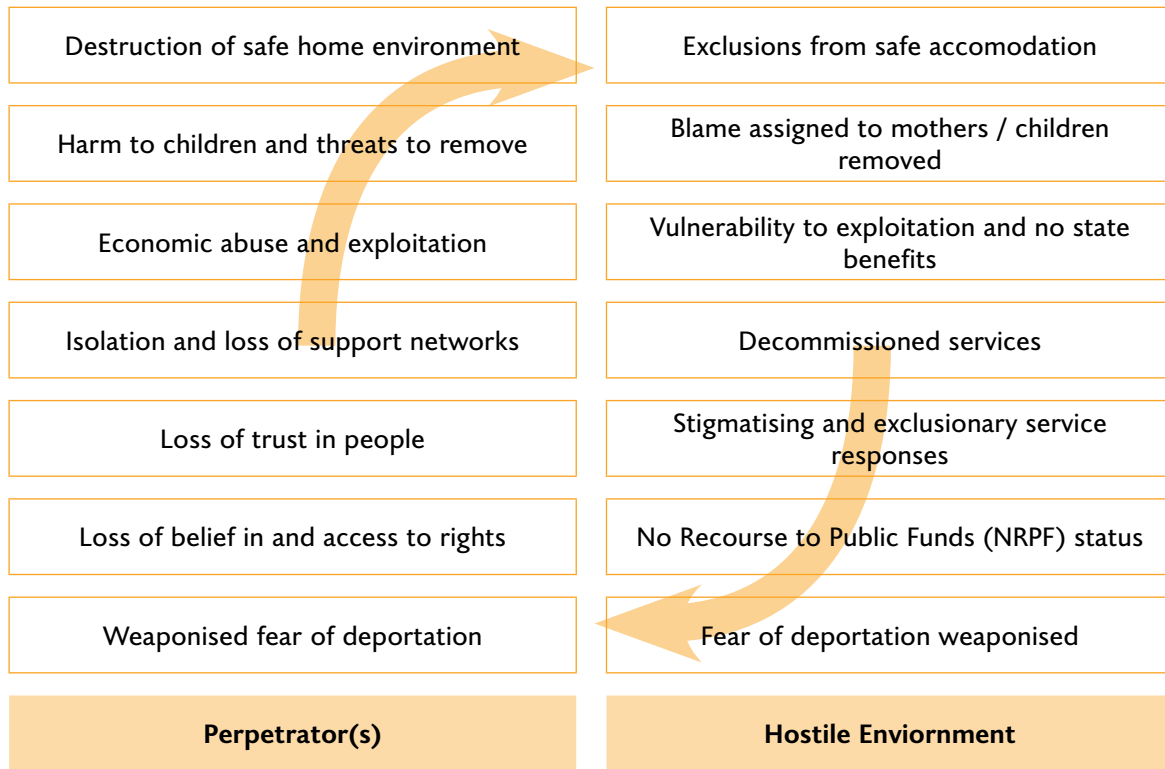


Figure 4: The mirroring of harms between the dual perpetrations

NRPf is a product of the hostile environment. It places prohibitions on access to most benefits, including welfare and housing benefits, and tax credits that are paid by the state. The NRPf prohibition affects access to essential services, including imposing charges for secondary care NHS services (for example, maternity services) and most access to social housing, including refuge unless women are self-funding.

Among its impacts, it hardens internal borders, accentuating the threat of being criminalised and deported, and requires a range of public and private agencies to report on immigration (National Lottery Community Fund Women and Girls' Initiative 2020). For migrant women subject to VAWG, the intersection of intimate and public hostile environments creates a dual perpetration that results in VAWG victimisation at three-times the rate of the wider population (Woolley 2019). The dual perpetrations mirror one another in their impacts on women's safety (figure 4). In doing so, they put victim-survivors with NRPf at greater risk of more severe abuse, delay access to safety and create greater vulnerability to multiple perpetrators.

‘Insecure immigration status and no recourse to public funds are significant barriers to safety for adult and child victims of domestic abuse’

– *Child Safeguarding Practice Review Panel (2022)*

Perpetrators exploit the ‘everyday bordering’ (Yuval-Davis, et al 2018) of NRPF to enable reliance, fear, and confusion around women’s rights which inhibit women’s access to safety. In one study, over half of the victim-survivors with NRPF (54 percent) had been told by perpetrators they would lose their visa if they reported the abuse (McIlwaine, et al 2019). So effective is the psychological removal of rights, that LAWRS observe one of the perpetrators’ first acts of abuse is to tell women they have no rights and consequently, no safety (McIlwaine, et al 2019).

When victim-survivors with NRPF seek help, they are more likely to face significant barriers to access, including being wrongly refused, and receiving lesser treatment by services (Woolley 2019). The hostile environment leads to regular exclusion from key services, such as refuge, the decommissioning of *by and for* services on which victim-survivors are reliant for disclosure and intersectional support, and aggressive and illegally applied charging policies which affect access to essential secondary NHS care. For example, during the Covid-19 pandemic, the *by and for* service, The Angelou Centre, reported having to challenge 12 commissioned refuges, 4 police areas and 5 out of area adult social care services for their exclusion of victim-survivors who should have been granted access through their change of conditions (Women’s Resource Centre 2021). The Angelou Centre found that ‘high-risk’ victim-survivors with NRPF had to access an average of 7 to 9 agencies before eventually being referred to the intersectional support at their *by and for* service.

Impact on Local Public Service Demand

Policy failures around NRPF impact heavily on local public services, generating a wide range of avoidable harms including escalating violence, exploitation, and homelessness. In housing and subsistence alone, the NRPF Network reports that £44 million was spent by just 66 authorities supporting 2,450 NRPF households in 2019/20 (Benton, et al 2022). A similar 2016/17 study found annual spend by individual London councils was £1.7 million annually on housing and subsistence to NRPF families (London Councils acc. 2024).

Chapter 2:

The *By and For* Service

‘Women’s narratives repeatedly underline the importance of *by and for* rather than generic support. The importance was repeatedly underlined; this not only enabled women to ‘speak’ and recover voice but the depth of conversations needed for healing and recovery they were able to have with those they trusted were markedly different from any others’

– Thiara & Roy (2020)

The complexity of harms and needs experienced by victim-survivors with NRPF is shaped by their intersectional experience of race, sex, gender, culture, and migration, as well as country of origin, religion, sexuality, class, education, disability, and experience of poverty and marginalisation. This intersectionality shapes many aspects of women’s lives, including access to services. When services supporting victim-survivors with NRPF start from recognising and attending to their intersectional experience from a place of solidarity and mutual recognition, services achieve better outcomes.

Intersectionality is central to the approach of independent ending-VAWG services led and delivered *by and for* Black, minoritised and migrant women and girls. This is different to other services. *By and for* services have developed intersectional practice in the UK over forty plus years. Being governed, designed and delivered *by and for* Black, minoritised and migrant women and girls make these services distinct culturally, historically and in practice, method, and outcomes from mainstream VAWG provision and from public services (Thiara & Harrison 2021; Thiara & Roy 2020).

Defining Intersectional Advocacy

- Recognising the overlapping issues of oppression, discrimination and social identity in each woman’s life
- Being open to exploring how these have played out in her life, the layers of abuse and violence she has encountered – working with current issues and historic legacies

- Understanding the complexities of family and community, and how this may make certain forms of action more difficult to take
- The importance of voice – finding, using and centring it
- Creating spaces in which Black, minoritised and migrant women feel recognised, within which they can belong
- Challenging other organisations to recognise this complexity, to not offer options which are inappropriate for Black, minoritised and migrant women
- Recognising who is not using services and offering routes to reach out

Within *by and for* services, shared identity and experience enable victim-survivors to create safe attachments with staff in whom they ‘see themselves’ (Thiara & Roy 2020). This ‘relatability encompassing many dimensions’ sustains engagement and produces stronger, holistic outcomes. Holding a broad and deep knowledge across victim-survivors’ continuum of oppression, including subjection to racism and inequality, enables *by and for* services to identify and address the whole woman’s needs, harness victim-survivors’ coping mechanisms within a shared cultural framing, create experiences of shared healing, and reduce exclusion and disengagement and victim-survivors having to ‘explain’ themselves or otherwise be judged or misunderstood as they may be by other services (Thiara & Harrison 2021). Research shows 89 percent of Black, minoritised and migrant women and girls prefer *by and for* services (Mayor of London 2018; Imkaan 2015), with that percentage potentially higher for migrant women. Being able to access services where women know they will not be ‘stereotyped, exoticized or subject to racism is a form of safety’ (National Lottery Community Fund Women and Girls’ Initiative 2020). Safety is defined by this contrast to experiences elsewhere in the hostile environment.

Properly resourced *by and for* provision contributes substantively to better system outcomes. Intersectional expertise and expertise around immigration are unique contributions to systems addressing VAWG and help create significantly better outcomes, as evidenced in our case study cohort. After police, *by and for* services are the most reported to service for victim-survivors with NRPD disclosing abuse (McIlwaine, et al 2019) and they are effective at trust-building and engagement in ways other services are not, leading to positive outcomes sooner.

The *By and For* Service Modelled in the Cost Benefit Analysis

The *by and for* service modelled in the Cost Benefit Calculator (Southall Black Sisters, et al 2024) is needs-led and holistic. It therefore cannot be specified in

advance: instead below we define what is typical in range and type of services made available to achieve outcomes. Our modelling recommends an average per head spend of £8,132 for the duration of the service. The services made available on a needs-led basis under this per head spend include:

- specialist refuge (for up to 16 weeks)
- intersectional counselling
- psycho-educational and social group work
- intersectional advocacy
- access to immigration legal advice to secure the MVDAC and change in conditions.

Outcomes

By and for services are a point of significant change in the lives of victim-survivors with NRPF, creating outcomes that positively affect their immediate safety and subsequent recovery and independence. These outcomes positively affect women and their children. A non-exhaustive list of the outcomes achieved by *by and for* services includes:

- **Protection and recovery**
 - Reduction in violence and abuse
 - Safe accommodation and subsistence
 - Access to immigration solicitors and Office of the Immigration Services Commissioner (OISC) advisors
 - Access to MVDAC and change in conditions
 - Access to benefits and increased financial security
- **Increased agency and independence**
 - Women able to disclose
 - Women feel safer
 - Women more confident of their rights
 - Improved confidence about the future
 - Improved engagement with safeguarding and other statutory services
 - Improved social networks and feelings of belonging
 - Improved access to education, training and employment
- **Mental and physical health**
 - Safety from injury and reductions in acute care admissions
 - Self-reported improvements in wellbeing
 - Improvement in mental health including reductions in depression, anxiety and Post-Traumatic Stress Disorder (PTSD)

- Self-reported ability to cope day to day
- Improved physical health
- Improved self-management of long-term conditions and injuries
- Sexual safety and autonomy

● **Family**

- Increased parenting capacity and confidence
- Increased family resilience
- Improved children’s wellbeing and mental health
- Reduced adverse childhood experiences (ACEs)
- Improved attendance at school
- Improved engagement with children’s safeguarding
- Step-down and closure of children’s safeguarding

It should be noted that outcomes are contingent on the full cost recovery funding of *by and for* services – and therefore the funding provided must incorporate rises in inflation and other cost changes. Successive reports have shown that systematic underfunding of *by and for* services has risked reducing resources to unsafe levels (Damm, et al 2023; Domestic Abuse Commissioner 2022). Imkaan has estimated the sector is underfunded by 39 percent, with an additional 1,172 refuge beds needed to meet demand for all Black, minoritised and migrant women (Sheil 2020). Without sufficient resourcing, the outcomes and net savings identified in this report will be at risk.

The **cost benefit calculation quantifies** the difference in demand and costs to local public services over three years where the *by and for* service is made available to victim-survivors with NRPf. This is compared to scenarios in which the *by and for* service is not made available. Over three years, the *by and for* service generated net savings to local public services of £18,024 per woman (figure 5).

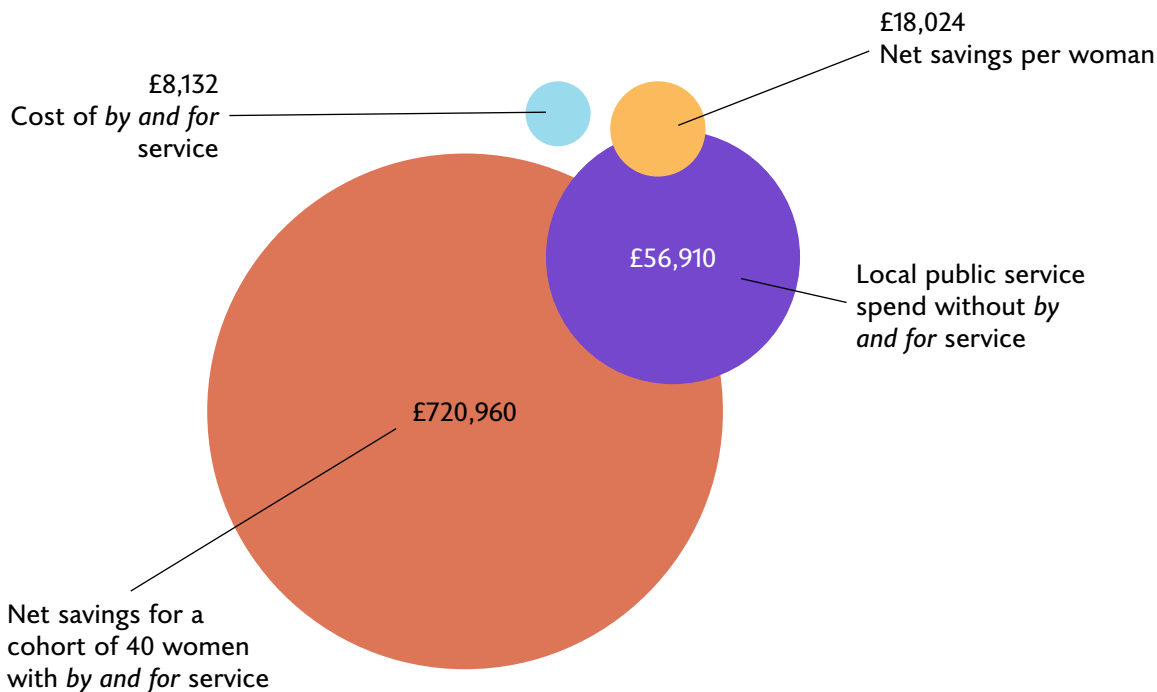


Figure 5: Three-year costs and net savings to public services

This total combines savings (figure 6) to:

- NHS of £11,444
- Children's social care of £4,928
- Housing and homelessness services of £936
- Police of £643
- MARAC of £73

Without the *by and for* service, the average cost per woman to public services over three years was £56,910: 60 percent to NHS services and 23 percent to children's social care.

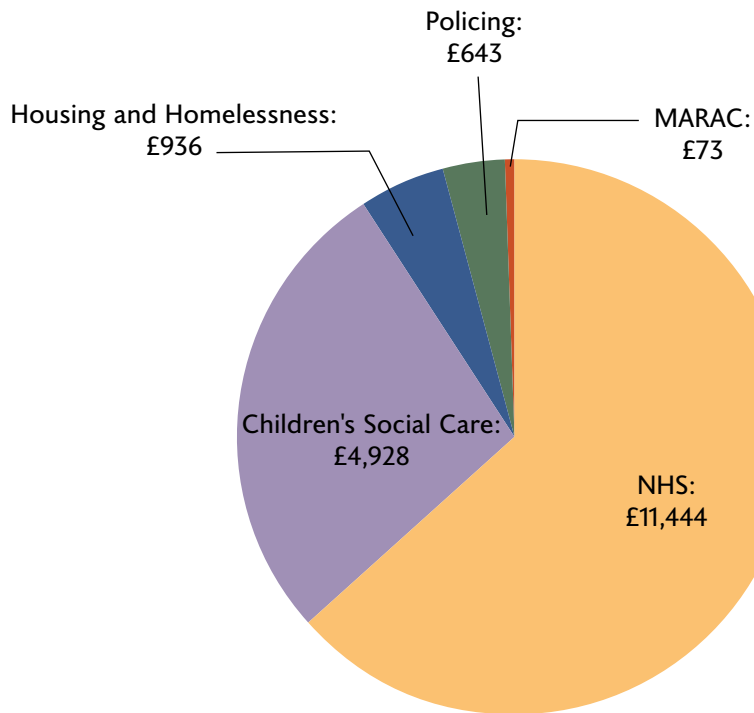


Figure 6: Three-year net savings to local public services

When scaled up to a projected cohort of 40 women:

- Total net savings over three years are £720,960 across all public services
- £457,760 to the NHS
- £197,120 to children's social care
- £37,440 to housing and homelessness services
- £25,720 to police
- £2,920 to MARAC

When scaled up to the estimated 7,047 victim-survivors with NRPF nationally projected to seek services in a 2022 study commissioned by the Domestic Abuse Commissioner (Scanlon, et al 2022), the national net saving is £127,015,128 over three years. This is based on the estimate that 32,000 victim-survivors are estimated to be subject to domestic abuse, and around 20-30 percent of women in the cohort will seek services (Scanlon, et al 2022).

Already deducted from the net savings is the cost of putting in place the *by and for* service intervention, which costs £8,132 per woman. The service is explained in *Chapter 2: The By and For Service*.

These net savings represent the impact *by and for* services have on demand for local services. Discussed in more detail in later chapters, this impact sometimes generates increased demand in the short term – by breaking down access barriers, for previously unmet need, for example access to mental health interventions, but more commonly reduces costs by effectively concluding needs through sustained safety and regularising women's immigration status. The Cost Benefit Calculator

		Cost (per incident)	Cost (annual)
NHS (physical health)	Assault / minor injuries	£273	
	Serious assault	£4,683	
	Serious sexual assault / rape	£1,512	
	Suicide attempt	£4,615	
	Sexually transmitted infection (STI)	£3,879	
	Pregnancy	£1,567	
	Miscarriage	£800	
	Physical health needs unmet and aggravated by abuse	£202	
NHS (mental health)	Anxiety and depression		£3,011
	Post-Traumatic Stress Disorder / Complex trauma		£891
	Psychiatric		£6,066
	Self-harm	£933	
Children's Social Care	Family / early help		£637
	Safeguarding referral		£1,086
	Child assessed as 'in need'		£4,930
	Child placed under child protection		£6,429
	Child is taken into care (first year)		£48,496
	Child looked after (subsequent years)		£42,277
	Section 17 housing provision	£4,827	
Housing and Homelessness services	Street homeless	£1,654	
	Refused homeless presentation	£760	
Police	Police call out	£460	
	Recorded crime (no arrest)	£580	
	Recorded crime (arrest)	£526	
	Charge	£7,159	
	Homicide	£21,077	
	Protection Orders	£1,222	
MARAC	Referral	£576	

Table 1: Public service pathways – annual and per incident costs

(Southall Black Sisters, et al 2024) models changes in demand across 28 public service pathways identified in our case study cohort as being routinely affected by *by and for* service outcomes (table 1).

Attribution

90 percent of the changes to demand and costs on local public services have been attributed to the *by and for* service outcomes. This percentage of attribution can be amended in the Cost Benefit Calculator (Southall Black Sisters, et al 2024) to reflect local variations.

Sensitivity test

The net savings are costed on the basis of a baseline assumption that 75 percent of each cohort will progress to outcomes. The Cost Benefit Calculator (Southall Black Sisters, et al 2024) enables this assumption to be varied. The sensitivity test (Appendix) sets out scenarios in which the percentage of the cohort progressing varies between 85-55 percent. Across all scenarios, there was a positive net gain, even when only 55 percent of the cohort positively progressed towards outcomes.

Comparative Case Studies

Figures 7 and 8 set out two case studies from our cohort, illustrating different outcomes in cases with and without the *by and for* service being accessible to victim-survivors. The scenarios are based on perpetrator behaviours at the time of intervention. The case studies illustrate the experiences of dual perpetrations, and the delays and missed opportunities that contribute to need going unmet and harms increasing. In Sara's case (figure 7), we estimate that access to a *by and for* service at the earliest opportunity would have saved local public services £62,989. In Kalisa's case (figure 8), we estimate the saving would have been £9,587. In both cases, eventual referral to *by and for* services secured them safety and recovery.

Sara's story: unplanned pregnancy and severe abuse

Sara arrives in the UK on a spousal visa. Abuse begins immediately. She is routinely locked indoors, subject to assault and rape. Resulting trauma and anxiety leave her weakened and unable to eat or care. She has no knowledge of her rights and her husband attends all her appointments.

After attempted strangulation, Sara flees to a friend.

The police are called. Sara attends A&E. A risk assessment results in MARAC and homelessness referral, the latter of which is refused. Sara is referred to the Sexual Health Clinic for a STI. Sara finds out she is 5 weeks pregnant unplanned. **£6,272**

Sara's outcomes with *by and for* service

£8,132 Sara is referred to *by and for* refuge, receiving subsistence and wrap-around holistic first-language support including 16 counselling sessions.

£966 Previous injuries result in an ambulance call out. Sara is supported to make a statement to police but does not press charges.

£7,492 Registered with a GP and supported to attend and manage medications. Sara receives 5 months' pre-natal Community Mental Health Team psychiatric support. Staff liase with the midwife team and the baby is born healthy.

£2,885 Sara receives a DDVC in 17 days followed by Indefinite Leave to Remain within 4 months, and divorce.

£5,475 Accepted into temporary accomodation and then a housing association tenancy. Better physical health and coping well with motherhood. Improving her English through ESOL classes and has a network of friends.

£31,222
annual cost **with** *by and for* service

Sara's predicted outcomes without *by and for* service

£10,485 Escalating abuse results in more frequent hospital admissions. Sara's mental and physical health severely deteriorates. Struggles to attend pre-natal appointments.

£2,073 Police attend twice. Perpetrator is arrested on both occasions but Sara is not able to make a statement and the charges are dropped. Referrals are made to MARAC but Sara is unable to engage with mainstream services.

£10,680 Sara attempts suicide resulting in a psychiatric in-patient stay and ongoing Community Mental Health Team intervention.

£64,701 Sara remains with the perpetrator. She gives birth to the baby as a high risk pregnancy. The child is taken into care.

£94,211
projected cost **without** *by and for* service

Figure 7: Case study of 'Sara', a documented victim-survivor

Kalisa's story: undocumented and vulnerable to multiple perpetrators

A talented Jamaican footballer, Chelsea Women's FC invite Kalisa to the UK on a six-month visa. She has learning disabilities and no family in the UK.

Visa lapsed and homeless, Kalisa accepts accommodation from the perpetrator. Psychological abuse begins, including threats of violence and deportation.

Kalisa's mental health and ability to cope substantially deteriorate. She moves between multiple perpetrators and is severely beaten. Street homeless, police refer her to *by and for* service. **£2,114**

Kalisa's outcomes with *by and for* service

£8,132

In refuge, counselling helps Kalisa stabilise her mood although she is not ready to access GP support.

£2,885

Kalisa's immigration claim is complicated and it takes a long time. She begins reading and writing lessons and secures private rented accommodation once granted recourse.

£13,131
cost of *by and for* service

Kalisa's predicted outcomes without *by and for* service

£14,538

Homelessness application refused, Kalisa's cycle of victimisation is now interspersed with periods of street homelessness and police call-outs. She is vulnerable to escalating violence.

£6,066

Kalisa's mental health severely worsens. She is unable to cope or successfully seek help. In crisis, she is subject to a psychiatric admission. Discharged, her victimisation continues.

£22,718
projected cost **without**
by and for service

Figure 8: Case study of 'Kalisa', an undocumented victim-survivor

Chapter 4: Cost Benefit to the NHS

Local NHS services are the single greatest beneficiary of the cost benefit produced by the *by and for* service. Net savings to the NHS are £11,444 per woman over three years. This is 62 percent of the savings generated by the *by and for* service.

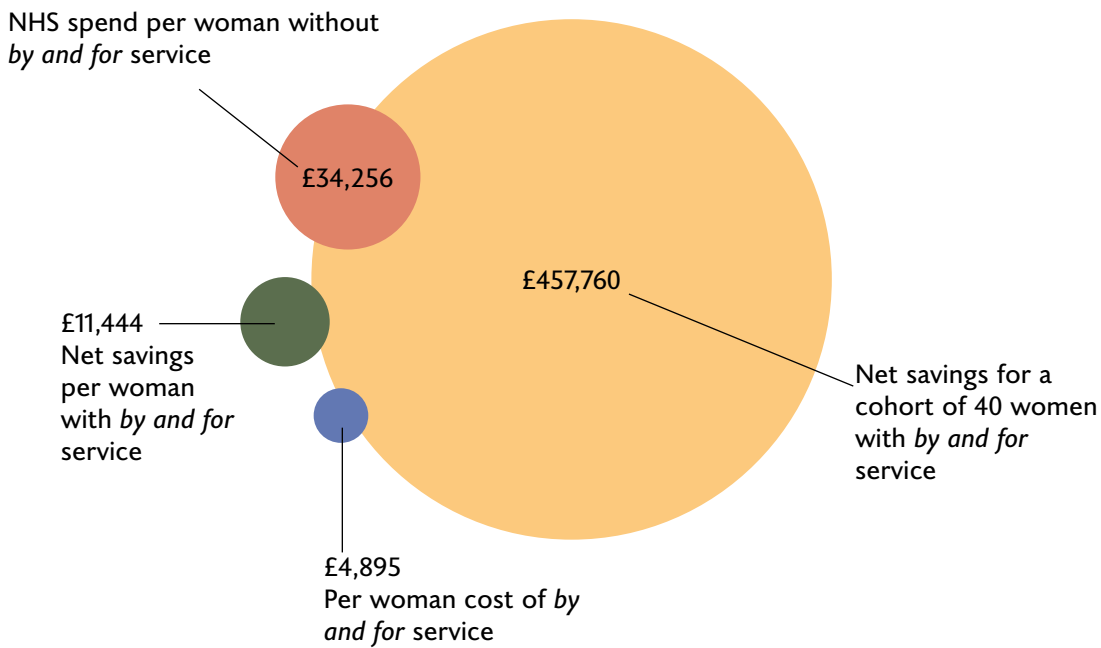


Figure 9: NHS spend and net savings over three years

The high value of these net savings is because VAWG has a wide-ranging negative impact on physical and mental health, including exacerbating and preventing treatment of long-term conditions, and control of medical disclosure and access. VAWG produces demand in different forms – emergency, single use and ongoing primary care and specialist long-term care – across primary, secondary, and tertiary NHS provision. Therefore, *by and for* services are able to generate reductions in demand across a number of pathways.

The Cost Benefit Calculator (Southall Black Sisters, et al 2024) modelled changes to demand across eight physical health and four mental health pathways:

- Physical health:
 - Assault (A&E Category 4) – minor injuries
 - Serious assault (A&E Category 2) – including woundings

- Serious sexual assault and rape
 - Suicide attempt – which is often ingestion of poisonous liquid
 - Sexually Transmitted Infection (STI) – transmitted by perpetrator
 - Pregnancy – planned or unwanted
 - Miscarriage – resulting from abuse
 - Long-term physical ill health resulting from or exacerbated by abuse – such as long-term conditions or permanent injury
- Mental health:
- Anxiety and depression
 - PTSD / complex trauma – accumulated VAWG trauma across the life course
 - Psychiatric needs – including bipolar disorder, schizophrenia
 - Self-harm

VAWG produced extensive health harms in the case study cohort. On average, women had 1 to 3 long-term health issues resulting from or exacerbated by abuse. Perpetrators routinely controlled access to medical disclosure and attention.

VAWG as a Strategic Priority

The £11,444 net savings have relevance to an NHS increasingly aware of the need to tackle VAWG and related gendered disadvantages that impact on health needs, access, and inequalities. Domestic abuse alone costs health services £2.33 billion annually, according to Home Office estimates (Oliver, et al 2019). It is estimated that between 4 and 19.5 percent of women attending healthcare settings in England and Wales – particularly psychiatric, obstetrics and gynaecology, and emergency departments – may have experienced domestic abuse in the year prior (British Medical Association 2016). VAWG contributes to women in the UK spending a ‘significantly greater proportion of their lives in ill health and disability when compared with men’ (Department of Health and Social Care 2022), as well as the growing 7.7-year life expectancy gap between the most and least deprived women (Marmot, et al 2020).

The Department of Health and Social Care has set out commitments for the NHS to take an ‘increased role in prevention, early identification and provision of support for victims’ in its *National Women’s Health Strategy for England*, emphasising support to ‘groups of women that are disproportionately affected by violence against women and girls’ (Department of Health and Social Care 2022). Tackling VAWG is necessary to achieve planned reductions in health inequalities, including the target to narrow the gap in healthy life expectancy by 2030 (HM Government 2022b) and prioritising health inequalities for marginalised populations, including ‘vulnerable migrants’ in the National NHS Objectives 2023/24 (NHS 2023).

VAWG leads to greater risk of pregnancy and to poor obstetric outcomes (Knight 2019). The Government has committed to a 50 percent reduction in maternal mortality, stillbirth, and neonatal deaths by 2030 (Knight 2019) and has made maternal health one of five clinical priorities in tackling health inequalities in the National NHS Objectives 2023/24 (NHS 2023). There is a strong correlation between women's intersectional location, risk of harm during pregnancy, and their outcomes in maternity services. Migrant women are nearly one in four maternity deaths (23 percent) in the UK (Knight, et al 2016) and the Government has highlighted the need for 'continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups' (NHS 2023).

The close relationship between mental health and VAWG has relevance to proposed national policy in the *NHS Major Conditions Strategy: Case for Change and Our Strategic Framework* – under which mental health now sits. It commits to 'consider the differential impact on gender [...] and take a life course approach to health, considering wider determinants of health' (Department of Health and Social Care 2023).

This strategic relevance to tackling VAWG by the NHS reflects wider public and evidential pressure around gender-informed health and the impact of intersectional health inequalities. The net savings resulting from *by and for* services are part of a wide evidence base demonstrating how VAWG and racial inequality drive substantial avoidable health harms and costs (Thiara & Harrison 2021).

Physical Health Cost Benefit

Violence is one of the most common harms of VAWG. It is a tactic of dominance and subjugation, mental and physical. It runs along a continuum which, at its most severe, results in death. A domestic abuse homicide costs £2.2 million (Oliver, et al 2019). Disabling injuries create vulnerability to further abuse and violence produces a context for poor physical wellbeing and behaviours, chronic injuries, and long-term conditions including diabetes, thyroid problems, and high blood pressure.

At the intersection where victim-survivors are pregnant, disabled, and/or have learning disabilities, perpetration becomes more prevalent and more severe. Perpetrators exploit the social and structural barriers of disability, putting disabled women at more than twice the risk of VAWG and women with learning disabilities at 1.6 times more at risk (Public Health England 2015). Around a third of abuse begins during pregnancy (British Medical Association 2016). Sexual violence and coercion can result in unwanted or forced pregnancy, forced terminations, higher risk of miscarriage, and higher rates of sexually transmitted infections (Garcia-Moreno & Watts 2000). Victim-survivors of VAWG are at greater risk of unwanted pregnancy, with 2 percent of rape victim-survivors becoming pregnant as a result of assault and 25 percent of trafficked and sexually exploited women pregnant as a result of the abuse (British Medical Association 2016).

In the case study cohort, the average NHS spend on physical harms was £27,792 per woman over three years (figure 10). The *by and for* service produced a net saving from this spend of £11,091 per woman. Serious assault represents the single highest cost (£25,295) and subsequently generates the highest net saving (£12,114) of any physical health response.

	Costs without <i>by and for</i> service		Costs with <i>by and for</i> service		Net saving (at 90% attribution)
	Spend without <i>by and for</i>		Spend with <i>by and for</i>	<i>By and for</i> cost	
Serious assault	25,295		8,221	3,614	12,114
Assault / minor injuries	764		248	109	366
Suicide attempt	720		234	103	345
Pregnancy	235		71	34	118
Serious sexual assault / rape	88		29	13	42
Miscarriage	18		5	3	9
Sexually Transmitted Disease	67		270	10	-191
Physical health needs unmet and aggravated by abuse	605		2,420	86	-1,711
Total	27,792		11,497	3,971	11,091

Figure 10: Physical health costs and savings per woman over three years with and without *by and for* service*

Analysis of the case study cohort (figures 11 and 12) shows the distortion between need and demand, where high levels of need do not necessarily result in treatment, and therefore do not subsequently lead to significant savings when unmet need is reduced. For example, rape and serious sexual assault cost NHS services £1,512 per incident in the Cost Benefit Calculator (Southall Black Sisters, et al 2024) and was systematically perpetrated across the cohort (figure 11). However, only 1 woman accessed NHS services after an incident, resulting in an access rate of 0.3 percent. The result is a net saving of just £42 per woman over 3 years (figure 10), despite the *by and for* service ending perpetration of rape and its harms. This demonstrates the complicated relationship between health harms experienced by victim-survivors with NRPF and resulting demand and costs on the NHS.

* Any discrepancy in calculation is due to decimal points being rounded off by the Cost Benefit Calculator (Southall Black Sisters, et al 2024).

Similarly, marginal net savings for miscarriage (£9) and pregnancy (£118) (figure 10) obscure the significance of these events in a cohort where an estimated 5 percent were pregnant in the 12 months prior to *by and for* service. Increased exposure to obstetric complications risks lifelong impacts of neuro-developmental problems, cognitive deficits, and poor mental health to the child (Oram, et al 2022). However, because this cohort are more likely to receive less than the recommended safe access to antenatal care, relatively low quantifiable net savings were produced (Nellums, et al 2021).

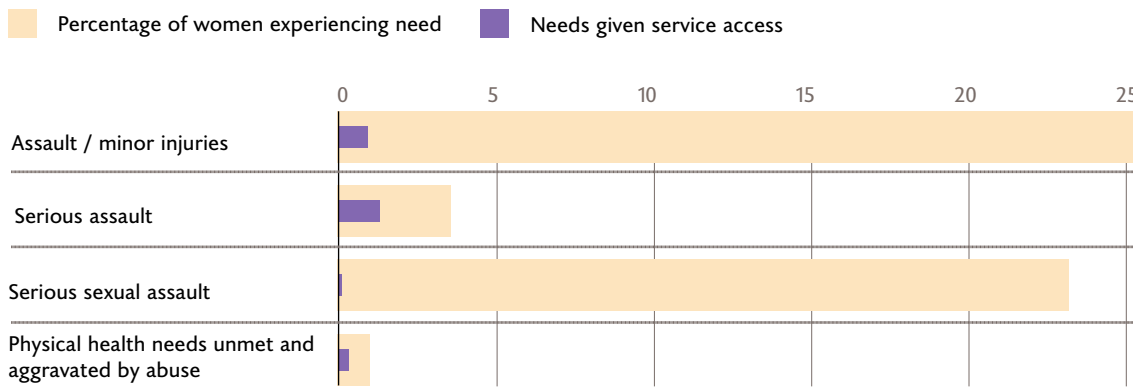


Figure 11: Rates of needs and access for physical health harms (a)

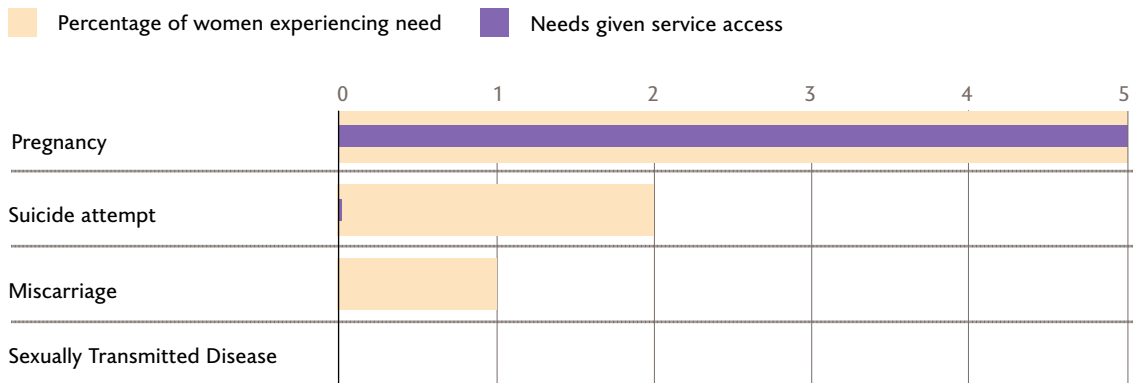


Figure 12: Rates of needs and access for physical health harms (b)

The net savings do not quantify the value in reducing harm to mother and child in enabling sustained engagement with maternity services, and in securing waivers for the prohibitive £5,371 median charge to NRPF women for NHS maternity services (Nellums, et al 2021).

Long-term conditions, permanent injuries and sexually transmitted infections were needs typically unmet prior to the *by and for* service. *By and for* services therefore, produced a short-term uplift in treatment costs within the three-year time frame of our calculation. Over a longer-time frame, this earlier access to treatment facilitated by the *by and for* service would have resulted in overall cost reductions. For example, the NHS accrues £4,124 annually for every timely diagnosis of diabetes (Benton, et al 2022).

Mental Health Cost Benefit

The symbiotic relationship between VAWG and poor mental health drives prevalence in one another. VAWG increases likelihood of mental health disorders by 2 to 3 times (Oram, et al 2022). It can lead to anxiety, depression, substance use disorder, PTSD, personality disorders, psychosis, self-harm, suicidality (Oram, et al 2022) and co-morbidities with physical health conditions (Women’s Resource Centre 2021). Parenting stress, anxiety, depression, and post-partum depression are all linked to increased rates of VAWG (Thiara & Harrison 2021).

Black, minoritised and migrant women are more likely to experience poor mental health (Thiara & Harrison 2021). Migrant victim-survivors subject to the dual perpetration of VAWG and NRPF have further increased risk of mental health harms through loss of their rights, social isolation, poverty, experiences of racism, mistrust and gate-keeping, internalised harmful beliefs, lack of safety, and erosion of safe and secure sense of self. One study found NRPF status negatively impacted on the mental health of 92 percent of Black women with NRPF (Smith 2021).

The cost benefit findings correspond with this existing research (figure 13). In every case in our cohort, women suffered poor mental health resulting from the dual perpetrations. All women suffered from anxiety and depression (100 percent) frequently so severe it impaired their daily function. In over 3 in 4 cases (77 percent), women suffered PTSD or complex trauma, and nearly 1 in 10 (9 percent) self-harmed. No Recourse No Safety partners estimate prevalence of psychiatric needs at three percent. These mental health impacts are substantive and sometimes life-long.

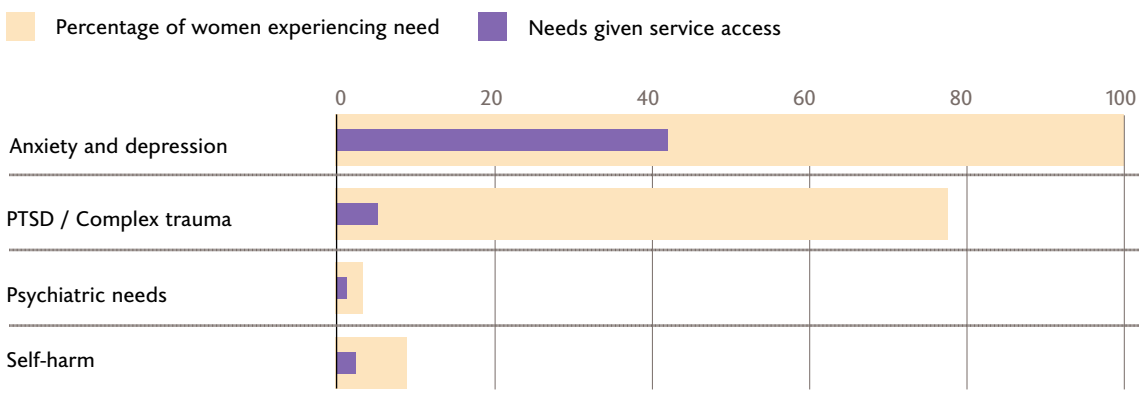


Figure 13: Prevalence of mental health needs and public service access

Figure 13 shows that a small proportion of mental health needs resulted in NHS access. Anxiety and depression were given access in 42 percent of cases. 2 in every 10 women (20 percent) self-harming or with psychiatric needs accessed mental health support. As other studies have found for Black, minoritised and migrant women, there was a low level (8 percent of cases) of access for mental health support for PTSD and complex trauma, with low access shaped by the lack of understanding

in mainstream assessments and services about the causes and manifestations of trauma in Black, minoritised and migrant women (Thiara & Harrison 2021).

The *by and for* service had a mixed impact on this existing public sector demand (figure 14), reducing and resolving some needs, while in others increasing access to needs requiring secondary and tertiary NHS services. Net savings were generated for anxiety and depression (£401 net saving) and self-harm (£157 net saving) as *by and for* services created safety, stability, and offered emotional and peer support and intersectional counselling. At the same time, intersectional advocacy overcame access barriers to produce an increase in access and costs for psychiatric treatment (-£219 net saving) and treatment of PTSD/complex trauma (£14 net saving). The combined cost-benefit across mental health services was a net saving of £353 per woman over 3 years. Clearly this does not convey the full mental health benefits of *by and for* outcomes.

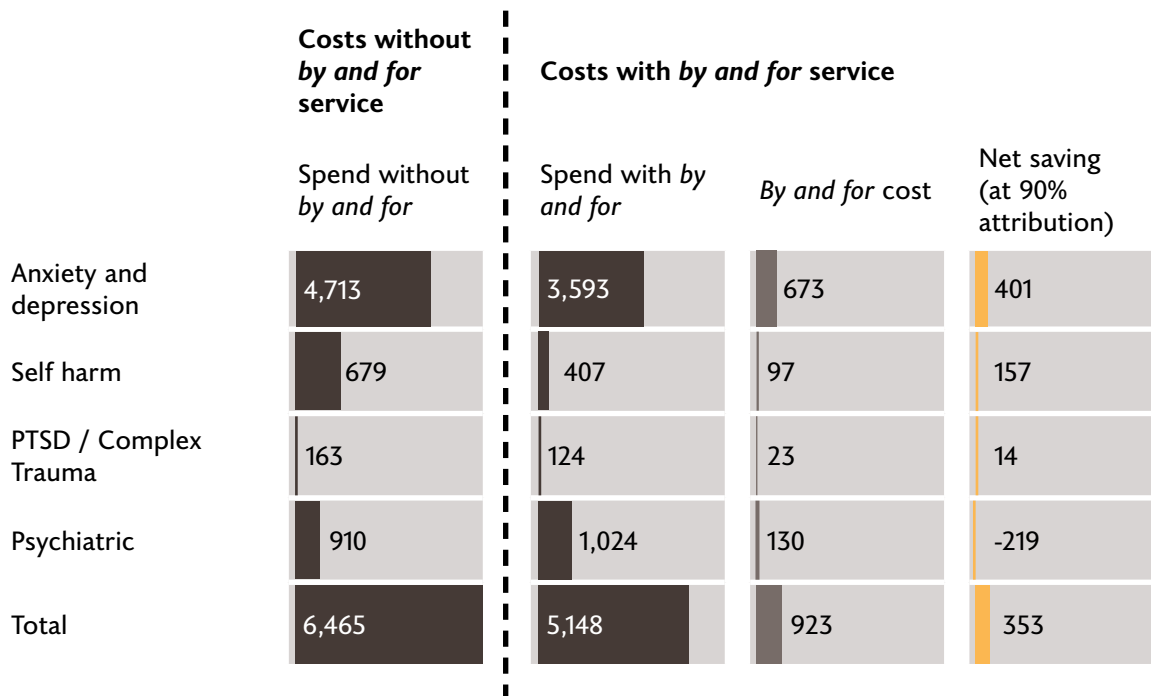


Figure 14: Mental health costs and savings with and without the *by and for* service*

Not included within our mental health costs are costs related to completed suicide. Attempted but not completed suicide was a need present in the case study cohort. Each suicide is estimated to cost £1.67 million (Department of Health 2016). VAWG and suicide are strongly related. Previous estimates suggest 3 women a week who die by suicide were subjected to VAWG (Walby 2004), and women who self-harm are 75 times more likely to be in an abusive relationship (Walby 2004). Amongst Black, minoritised and migrant victim-survivors, the rate of attempted suicide is disproportionately higher, with 4 percent of Black, minoritised and migrant victim-survivors attempting suicide (Thiara & Harrison 2021). Suicide attempts and deaths by suicide are 2.5 times higher for Asian women aged under 30 than for

* Any discrepancy in calculation is due to decimal points being rounded off by the Cost Benefit Calculator (Southall Black Sisters, et al 2024).

white women, with self-poisoning being the most common method of self-harm (Thiara & Harrison 2021).

Additional Health Costs

Further health costs affected by *by and for* outcomes have not been capturable within the Cost Benefit Calculator (Southall Black Sisters, et al 2024). These include quality-adjusted life year (QALY) savings, such as reducing the £26,670 QALY costs of anxiety resulting from violent crime (Heeks, et al 2018). Our timeframe means we leave uncounated the significant long-term health benefits of living safe lives.

Poverty

Even before the Covid-19 pandemic and the cost-of-living crisis, poverty was costing the NHS £29 billion in excess costs each year (Bramley, et al 2016). Three quarters of this avoidable cost was in acute services. One third of Primary Care Trust per person spend in 2016 was spent on the health impact of poverty (Bramley, et al 2016). NRPF status contributes to this by creating destitution in 27 percent of the women it is imposed on (Bates, et al 2018). This drives a growing population of 3.8 million people in the UK experiencing destitution, including 1 million children (Fitzpatrick, et al 2023).

Delayed Care

Reducing barriers to timely NHS access is one of the 3 leading national objectives for the NHS in 2023/24 (NHS 2023). Also prioritised is 'rebalancing the health and social care system towards proactive prevention by managing personalised risk factors' as one of the 5 aims of the expected Major Conditions Strategy from the Department of Health and Social Care. The Major Conditions Strategy is itself a move to consolidate focus on co-morbidities. This urgency is in response to the huge avoidable costs of delayed care, such as the £3 billion annual costs of poor diabetes control including lack of early detection (Naylor, et al 2012).

Achieving all these requires timely access, however this is prevented by extended exposure to the dual perpetrations of abuse (Benton, et al 2022). One study found an average of 36 weeks' delay for 'urgent' and 'immediate' NHS treatment for patients with NRPF, with 2.5 years being the longest delay for NHS treatment for a life-changing condition reported by a migrant with NRPF in the study (Doctors of the World 2020). Delays are shaped by the instruments of the hostile environment: the orchestrated fear for migrants around the consequences on their immigration status of help-seeking, misapplied charges and subsequent debts (one study found misapplied charging in 22.5 percent of cases (Doctors of the World 2020)) and experiences of wrongly made primary care refusals. Operating in tandem are the barriers created by perpetrators who refuse access and prohibit disclosure and treatment by managing and attending appointments, often acting as interpreters to women they had prevented from having access to English language learning.

Drug and Alcohol Treatment

Drug and alcohol misuse is strongly related to VAWG victimisation, both as a contributing vulnerability and a coping mechanism. A 2005 survey of London refugees found almost two-thirds of victim-survivors with substance misuse issues had developed problematic substance use following abuse (Drugscope & London Drug & Alcohol Network 2013). Where drug and alcohol dependence is a factor, it drives costs through treatment, disrupted engagement, triggering potential prejudice in services and negatively impacting health. However, our study cohort contained no cases of problematic alcohol and drug use and a lack of research on migrant woman meant we were unable to use secondary research to estimate prevalence over a wider cohort.

Chapter 5: Cost Benefit to Children's Social Care

Children's social care is the second most significant beneficiary of the net savings produced by the impact of *by and for* services. Children's social care accrues a net saving of £4,928 per woman over three years, amounting to 27 percent of total net savings to all local public services. A cohort of 40 victim-survivors would generate net savings of £197,120 to children's social care over three years.

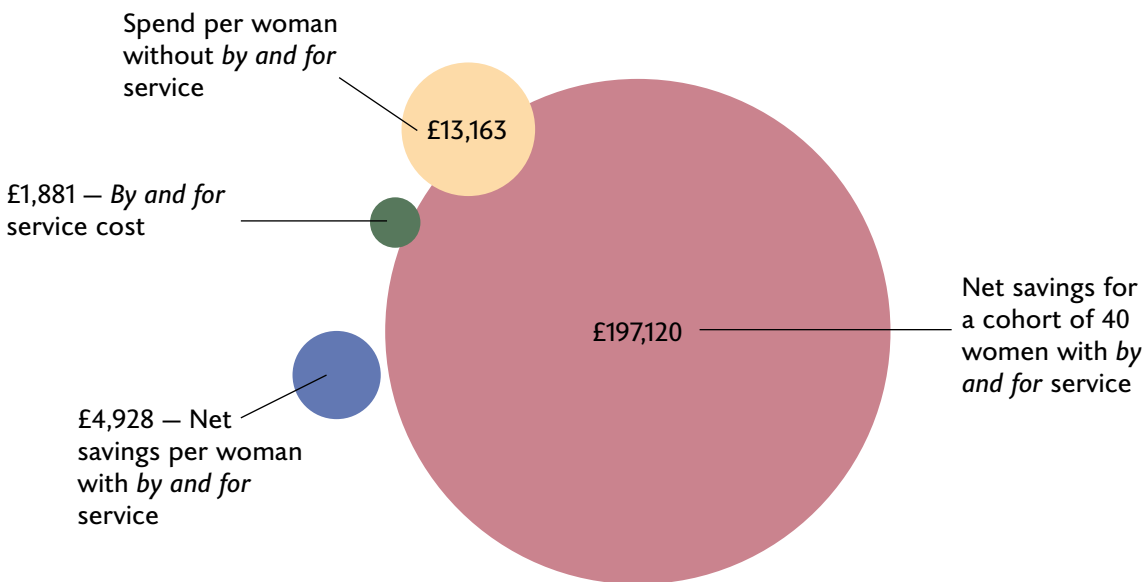


Figure 15: Children's social care spend and net savings over three years

VAWG drives children's social care demand. The position of children's social care as the second highest accruing beneficiary of *by and for* service outcomes reflects the significant impact of VAWG on dependent children and on the material safety of their childhood, and on parenting capacity.

Domestic abuse is the most prevalent factor identified in children's social care assessments (160,690 in 2021/22 (Association of Directors of Children's Services 2022)). In serious case reviews, domestic abuse is a factor in 59 percent of the cases (Association of Directors of Children's Services 2022). The net savings also reflect social care statutory safeguarding duties which both directly (Domestic Abuse Act 2021) and indirectly (The Children Act 1989) require children's social care to prevent and address VAWG.

The Cost Benefit Calculator (Southall Black Sisters, et al 2024) identified children's social care pathway costs for:

- Early-stage interventions:
 - Early Help / family / parenting support
 - Children's social care referral and assessments

- Safeguarding:
 - Child in Need – children afforded this status
 - Child Protection – children with child protection plans
 - Child Looked After – in the first year of being taken into care, and subsequent years

- Section 17 housing:
 - Accommodation provided to families with Child in Need status

VAWG as a Strategic Priority

The annual cost to public services attributed to adverse childhood experiences, including exposure to domestic abuse, is £42.8 billion (Hughes, et al 2020). Per child, the lifetime cost of childhood exposure to domestic abuse is £38,500 (Molina 2020). This occurs in a context of rising children's social care spend: in the ten years to March 2022, the numbers of looked after children and children under child protection grew 18 percent (Action for Children, et al 2023); while at the same time, unit costs are rising, with the average annual cost of a looked after child in placement growing to £64,000 in 2019/20, up £11,000 from 2010/11 (Oldfield, Siu & Sheikh 2021).

Public policy increasingly recognises the importance of addressing VAWG when seeking to support family resilience and safeguard children. The Domestic Abuse Act 2021 identifies children as victims of domestic abuse in their own right when abuse is perpetrated against their parent or carer. The Government's *Tackling Domestic Abuse Plan* (2022) talks of taking a 'whole family approach'; a commitment furthered in the 'family first' approach set out in the Department for Education's *Children's Social Care: Stable Homes, Built on Love Government Consultation Response* (2023).

Through current efforts to re-balance the safeguarding system by centring family resilience, VAWG is also centred. The 2022 *Child Safeguarding Practice Review Panel* report described a 'consensus that the safeguarding system is not currently 'getting it right'. The Review describes a system of

'siloed, sporadic interventions in children and families' lives, where resources become dedicated to assessing, referring,

and convening meetings of professionals to talk about children, without enough attention on the people around children who love them. This approach is not only ineffective but also expensive, and so as resources have become scarcer, the system has started to spiral out of control'

– McAlister (2022)

This refocusing of children's social care on family, as well as a child is accompanied by an intention to focus more on the underlying intersectional inequalities and racialisation driving social care demand, including poverty, deprivation, and the impact of NRPF on families and children (McAlister 2022; Child Safeguarding Practice Review Panel 2022; Russell, et al 2022). There is greater acknowledgment that Black, minoritised and migrant children are 'less likely to have safe responses' in children's social care (Davis 2022) and are more likely than other children to be removed from the care of their mothers (Department for Education 2022).

Cost Benefit

The cost benefit of *by and for* service outcomes to children's social care is calculated to be £4,928 per woman over 3 years (figure 15). This shows the significant cost pressure of VAWG on children's social care demand, even for a cohort who face barriers to accessing children's social care safeguarding support.

	Costs without <i>by and for</i> service		Costs with <i>by and for</i> service		Net saving (at 90% attribution)
	Spend without <i>by and for</i>	Spend with <i>by and for</i>	<i>By and for</i> cost		
Child in need	4,406	1,884	630	1,704	
Child Protection	2,960	1,266	423	1,145	
Child Looked After (continued)	2,290	979	327	885	
Section 17 housing	1,743	763	249	658	
Referral and assessment	1,471	790	210	423	
Early Help	293	125	42	113	
Child Looked After (year 1)	0	0	0	0	
Total	13,163	5,806	1,881	4,928	

Figure 16: Children's social care costs and savings with and without the *by and for* service*

* Any discrepancy in calculation is due to decimal points being rounded off by the Cost Benefit Calculator (Southall Black Sisters, et al 2024).

The £4,928 net saving to children's social care combines savings at all stages of the safeguarding pathway (figure 16). The highest net saving to a pathway stage is to child in need status (£1,704). The less prevalent but far costlier child protection pathway provides the second greatest net saving (£1,145), followed by child looked after (£885), which is less prevalent yet, but has higher unit costs.

Victim-survivors in the case study cohort had an average of 1.19 dependent children. This average includes the women who had no children. Victim-survivors in the cohort experienced an average of 1.13 children's social care referrals in the 12 months prior to *by and for* service (figure 17). This correlates with wider studies on the causal relationship between domestic abuse and children's safeguarding, with one local authority reporting to the Association of Directors of Children's Services that domestic abuse is a 'significant factor' in 36 percent of children in need plans and 55 percent of child protection plans (Association of Directors of Children's Services 2022). Within the case study cohort, 38 percent of children's social care referrals resulted in children being assessed as 'in need'. In 12 percent, an offer was made of family support or early help. Because of increasing gatekeeping of Section 17 housing access, only a small proportion were given access to housing through Section 17, resulting in net savings of £658 (figure 16).

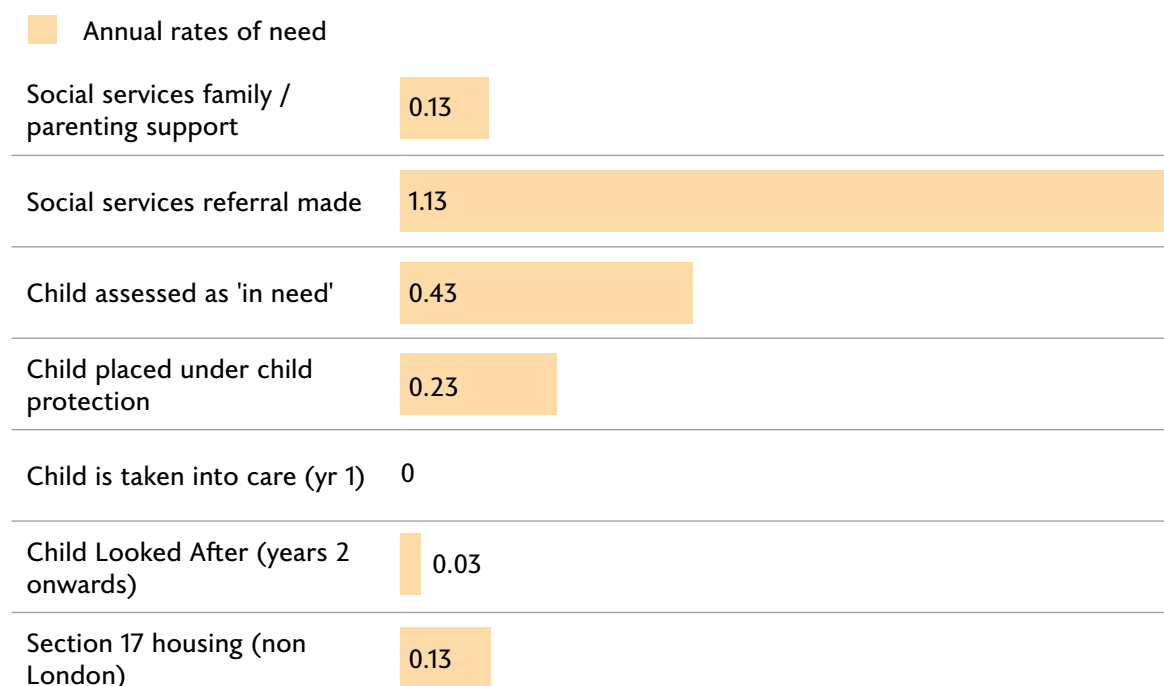


Figure 17: Prevalence of children's social care needs and response per woman in case study cohort (an average of 2.19 children per woman)

The Cost Benefit Calculator (Southall Black Sisters, et al 2024) does not include the full breadth and duration of positive impacts to children generated by *by and for* services. These benefits often fundamentally shape a child's life-course, and influence health, behaviour, and future relationships over many years, including reduced exposure to criminality. For example, 1 in 4 gang-associated young people have been exposed to domestic abuse, as have 1 in 4 young offenders (Molina & Levell 2020).

Exposure to VAWG impacts on children's behaviour and requires them to develop coping behaviours. Exposure to VAWG doubles the risk that by age four children will display 'substantially aggressive behaviour' (Oram, et al 2022). Exposure contributes towards negative social and emotional behaviours, including distress, low self-esteem, damaged protective behaviours, lack of conflict resolving skills, anti-social behaviour, hyper-vigilance, shame and apathy, insomnia, and risky health behaviour (Early Intervention Foundation 2020; Molina & Levell 2020). All of these human costs affect children in the immediate and longer term, impact children's social care, education provision, and demand for children's health services. The reduction in these harms by *by and for* service therefore represents a wider positive benefit to children's outcomes than is captured in the £4,928 net saving.

The impact of exposure to VAWG begins in utero. Traumatic stress in foetuses can lead to life-long mental health problems and anxiety and depression are more frequent to children of victim-survivors (Oram, et al 2022). Repeated activation of the stress response system during childhood can impact on brain development and structure and result in language skills delay (Hughes, et al 2020). Exposure risks negatively impacting immune functioning and metabolic health and contributing to early development of chronic health conditions, and to injury (Hughes, et al 2020). Children who experience physical and mental health problems will go on to earn an average of £400,000 less across their lifetime than their peers, perpetuating generational inequalities (Asmussen, et al 2022).

Chapter 6: Benefit to Housing and Homelessness Services

The *by and for service* was calculated to generate an average £936 net savings to housing and homelessness services per victim-survivor with NRPF over 3 years. This is saved from what was a spend of £1,955 when the *by and for service* is not present. For a cohort of 40 women, the net savings to housing and homelessness services are £37,440 over 3 years. This is 5 percent of the net savings to all local public services.

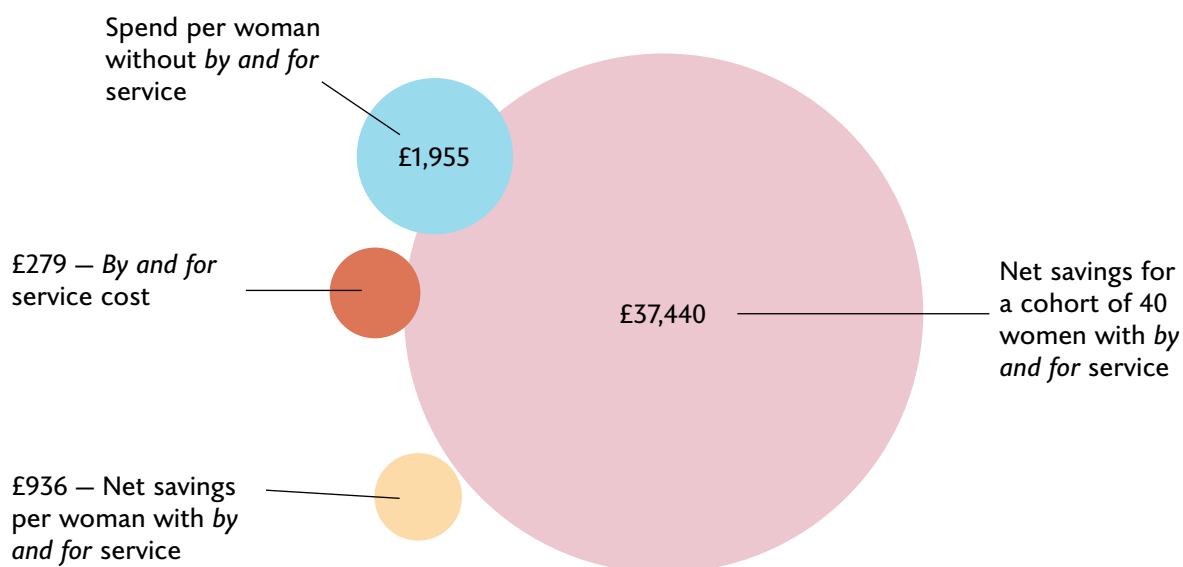


Figure 18: Housing and homelessness spend and net savings over three years

The cost of temporary accommodation for homeless families in the UK is now £1.7 billion, a 62 percent rise in 5 years (Shelter 2023b). Violence against women and girls is a major causal factor in this rising homelessness and uncapped cost pressure. Up to 40 percent of homeless women state domestic abuse as a contributory factor (Refuge 2023). With the exception of women with dependent children qualifying under Section 17 of the Children Act 1989, victim-survivors with NRPF only have access to housing at the discretion of services. The Cost Benefit Calculator (Southall Black Sisters, et al 2024) therefore includes two pathway costs related to housing:

- Street homelessness services – modelled on offer at Greater Manchester Combined Authority
- Investigation, and refusal of homelessness applications under Homelessness Reduction Act 2017

VAWG as a Strategic Priority

In 2022, 1 in every 208 people was homeless, amounting to 271,421 people including 122,761 children (Shelter 2023a). Of the homeless population, 245,590 were housed in temporary accommodation, 15,329 in hostels for single adults, and a further 3,558 in Section 17 accommodation.

Though there is no national strategy for homelessness reduction, it is a significant uncapped financial pressure on local authorities. A 2020/21 study of 68 local authorities found £57 million annually was spent on accommodation and financial support to people with NRPF (NRPF Network 2021); in another study, one local council reported spending £3.1 million annually housing families with NRPF under Section 17 (Benton, et al 2022). Homelessness disrupts employment, health, and emotional security, as well as access to essential services and support, such as children’s schools. Homelessness for victim-survivors with NRPF creates greater risk of revictimization and other forms of exploitations (Selvarajah 2023).

Intersectional disadvantage drives homelessness and demand on local authority homelessness responses. The dual perpetrations make migrant women and their children more vulnerable to homelessness and its disruptions. Migrants are more likely to be renters and to live with overcrowding (Benton, et al 2022). Migrants with NRPF are even more vulnerable, with 48 percent subject to overcrowding, rising to 60 percent for Black women with NRPF (Smith 2021). The same inequality trends are visible across VAWG victim-survivors: 10 percent of victim-survivors with NRPF report homelessness, compared to 3 percent of all other victim-survivors (Bates, et al 2018).

Housing and Homelessness Services Cost Benefit

Included within the £936 net saving identified in the Cost Benefit Calculator (Southall Black Sisters, et al 2024) is a proposed £279 contribution to funding towards by

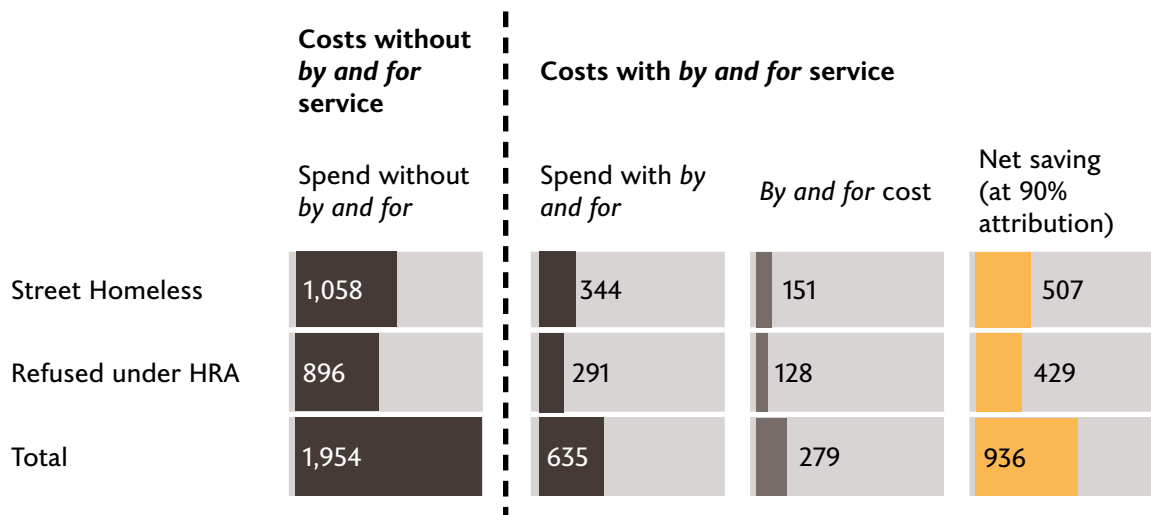


Figure 19: Housing and homelessness costs and savings with and without the *by and for* service

and for provision (figure 19) which steps women away from the disadvantages that leave them economically vulnerable to homelessness. This £279 includes funding towards *by and for* provision of up to 16 weeks of specialist refuge while status is secured, and securing a MVDAC (previously known as DDVC) and change of status that grant access to housing benefits. This compares to, for example, the £50-90 a night per person cost of temporary accommodation in the South-East (Greater Change 2023).

Over half the cohort (53 percent) experienced an episode of homelessness in the 12 months prior to accessing the *by and for* service (figure 20). In just over a third (34 percent) of these cases, women were provided with a short-term service funded by a mixture of agencies. It was often this episode of homelessness that resulted in referral to the *by and for* service. Examples include: sleeping rough in the park with a child; being provided with one night’s accommodation by police and then returning to the perpetrator; leaving one’s perpetrator only to be revictimized in the next home; and one woman and child moved four times under Section 17 including periods in mixed hostels.

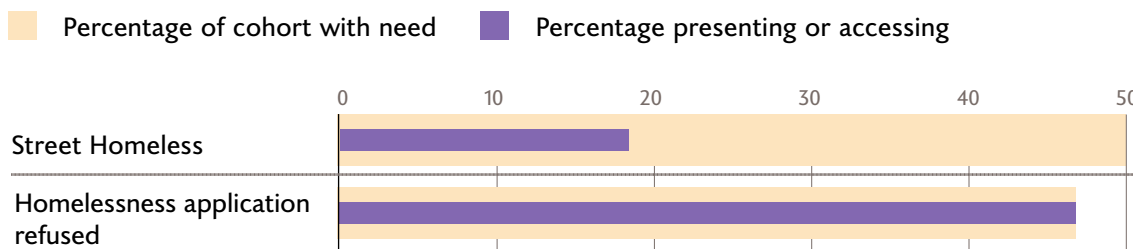


Figure 20: Prevalence of housing and homelessness needs and public service access

Nearly half of the women in our case study cohort (47 percent) were presented and refused homelessness support under the Homelessness Reduction Act 2017 (figure 20). Rejections were also made to presentations under Section 17 of the Children Act 1989: a practice already evidenced in wider research (Dickson & Rosen 2020; Jolly 2018). These refusals are part of wider patterns of gatekeeping, including ‘unlawful delays, failure to provide emergency accommodation, unsuitable offers of short and long-term accommodation, unlawfully high evidence thresholds, and victims and survivors being inappropriately instructed to stay in their borough/leave their borough’ (Selvarajah 2023). In an increasingly fractured housing system, the net saving evidenced in the Cost Benefit Calculator (Southall Black Sisters, et al 2024) does not convey the real cost savings produced by averting women from potentially moving through multiple housing interventions before finding security.

Chapter 7: Cost Benefit to Policing

The Cost Benefit Calculator (Southall Black Sisters, et al 2024) identified £643 net saving to police per woman over three years resulting from *by and for* service outcomes. Scaled to a cohort of 40 women, the net saving to police is £25,720 over three years.

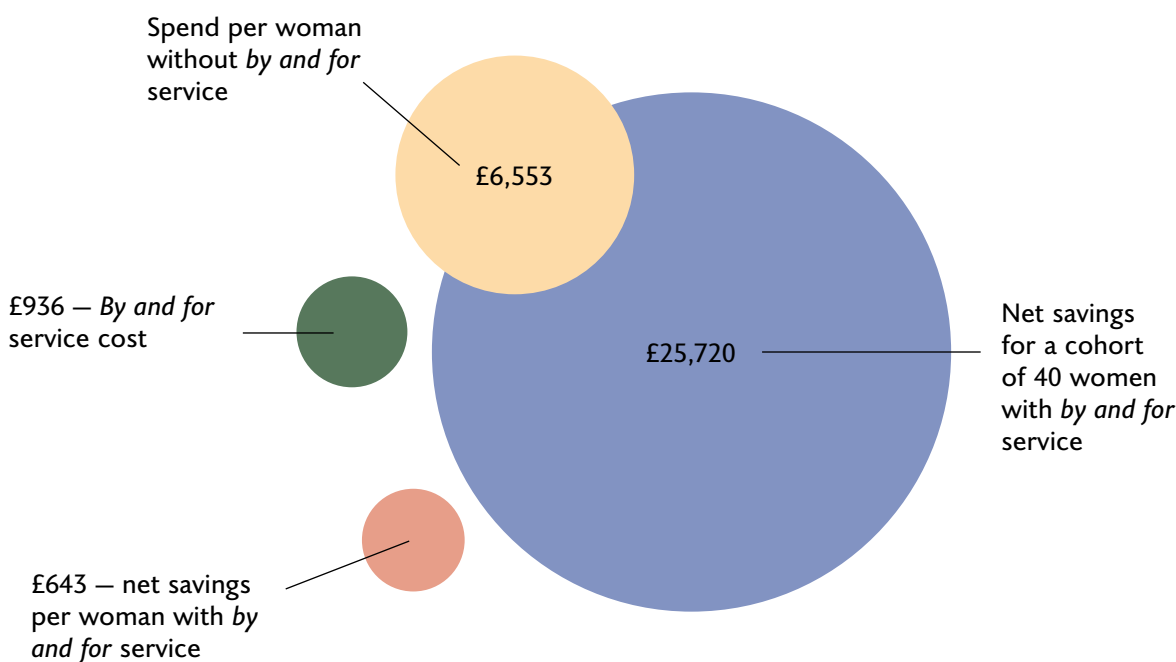


Figure 21: Police spend and net savings over three years

The Home Office estimates total annual policing cost of domestic abuse at £1.26 billion (Oliver, et al 2019), with domestic abuse making up 16.2 percent of all offences recorded by police (Office for National Statistics 2023). However, for Black, minoritised, and particularly migrant women, access to the protections of policing and subsequent criminal justice outcomes are complicated and limited by the threat and fear of criminalisation related to migration status, and misinformation and limitations on awareness around women's rights.

Demand and costs were calculated across the steps of the policing pathway:

- Police call-out
- Recorded crime where no arrest was made
- Recorded crime resulting in arrest

- Criminal charge
- Protection order being put in place

VAWG as a Strategic Priority

So prevalent is VAWG and its pressure on policing, that His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) describe VAWG as an 'epidemic of violent and abusive offending' (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services 2021). Demand around VAWG continues to increase, with incidents of sexual offences recorded by police having tripled in recent years, and domestic abuse related offences recorded by police having risen 9 percent in the 12 months to March 2020 (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services 2021). Arguably, public demand for improvements and reform of the policing of VAWG has never been more visible.

Policing priority is to build victim confidence in policing and criminal justice outcomes (HM Government 2022b; HM Government 2021a), to bring more perpetrators to justice, enable earlier intervention, and ensure women are protected. These intentions are underwritten by a series of policing reviews that have been highly-critical of institutional racism and misogyny, which victim-survivors with NPRF are at high risk of experiencing. These include the Independent Office for Police Conduct report, Operation Hotton, in January 2022 (Independent Office for Police Conduct 2022), the National Police Chiefs Council and College of Policing review of police-perpetrated VAWG in October 2022 (College of Policing & National Police Chiefs' Council 2022), the HMICFRS report in November 2022 (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services 2021), the final report of the Baroness Casey review of the Metropolitan Police in March 2023 (Casey 2023), and ongoing reforms to police responses to sexual offences by Operation Soteria.

HMICFRS demands 'immediate, urgent action across all agencies to better tackle these crimes', noting that, 'it is still too often the case that there are inconsistencies, or even failures, in the support provided to victims and survivors' (HM Government 2021a), and policing strategy around VAWG has lacked the funding and urgency focused on 'other high-harm areas of policing, such as terrorism or county lines' (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services 2021). It is not helped that Policing strategy for VAWG is split over several national strategies: Tackling Domestic Abuse (HM Government 2022a), Tackling Violence Against Women and Girls (HM Government 2021a), and Beating Crime Plan (HM Government 2021a).

A significant barrier to the effective policing of VAWG is the lack of a firewall between police and Immigration Enforcement, making migrant women afraid to report. This is a design of the hostile environment and a situation described by the Liberty and Southall Black Sisters' 2018 super complaint to HMICFRS as making 'a

mockery of the concept of safe reporting and of equality of access to protection’ (Liberty & Southall Black Sisters 2018). This situation sustains in a context where racial discrimination is described as operating at a ‘structural level’, according to the Chair of the National Police Chiefs’ Council (Dodd 2024). The campaign to introduce a firewall is being led by LAWRS (McIlwaine, et al 2019).

Cost Benefit

The net saving to police of £643 per woman over 3 years (figure 22) is the result of *by and for* services enabling lasting safety for victim-survivors with NRPF. The savings to each step of the policing pathway correlate to the original size of the demand (see figure 23). Therefore, net savings are primarily around police call outs (£249) and recorded crimes which led to no arrest (£251).

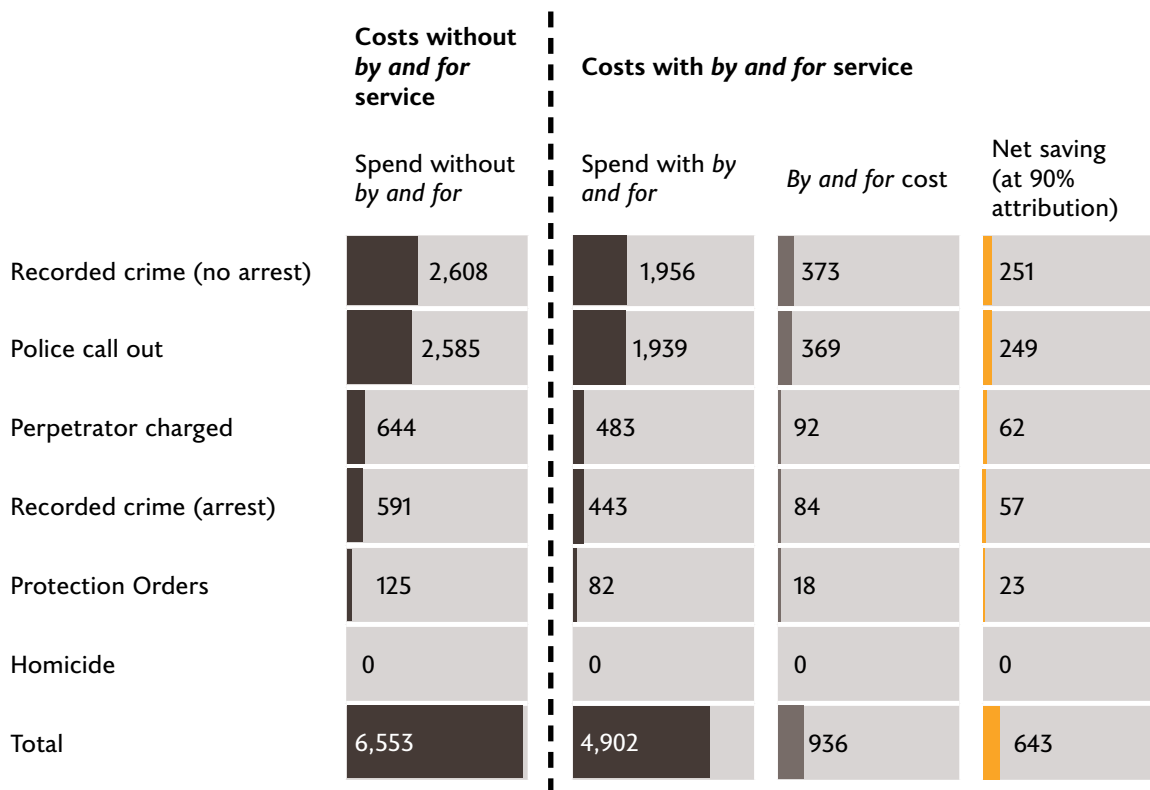


Figure 22: Policing costs and savings with and without the *by and for* service*

Across the case study cohort in the 12 months prior to *by and for* service, there were 30 police calls outs. 19 of these resulted in no further action, while 11 resulted in arrests. This led to two charges being made (0.13 on average per year across the cohort). Net savings for arrest are just £57, and £62 net saving related to charging. There were no incidents of homicide, and we estimated a 0.003 percent annual probability of homicide by perpetrators (estimated at roughly twice the risk of the wider population of victim-survivors).

* Any discrepancy in calculation is due to decimal points being rounded off by the Cost Benefit Calculator (Southall Black Sisters, et al 2024).

Policing costs with and without the *by and for* service do not reflect the severe level of need: most need is going unmet. For example, incidents of rape cost the police £16,290 (Oliver, et al 2019), yet this high cost is not occurring within this cohort because despite the extensive perpetration of rape against victim-survivors, this did not result in police contact or action. We see an average rate of only 1.13 annual call outs to police across the cohort (figure 23), despite our evidenced high rates of violence and risk. Low reporting – common across all victim-survivors – is made lower among migrant women because perpetrators routinely tell women that if they report they won’t be believed, and risk detention, deportation, and other punitive consequences (McIlwaine, et al 2019). The absence of a firewall between police and Immigration Enforcement means these consequences may be real. These factors undermine women’s confidence to report, creating attrition at each stage of the policing pathway so that the later pathway costs and net savings are low.

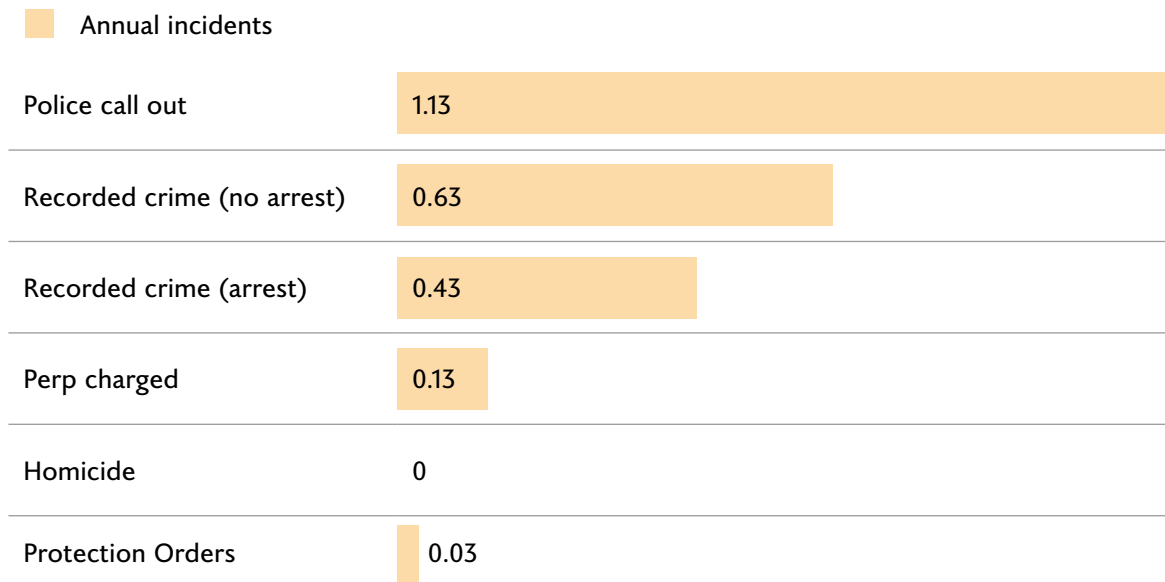


Figure 23: Prevalence of policing needs and response in case study cohort

Our findings echo existing research on inequalities in police protection. A recent study found that in cases involving victim-survivors with NRPF, compared to the wider population, rates of perpetrator arrest were 11 percent lower, rates of criminal investigation less than half (from 66 percent to 32 percent), criminal charges against perpetrators were halved (from 39 percent to 19 percent), and women were substantially less likely to be granted a Protection Order (26 percent down from 40 percent) (Bates, et al 2018).

Chapter 8: Cost Benefit to MARAC

MARACs cost around £18 million annually in England (SafeLives 2020). 60 percent of our cohort are estimated to qualify as ‘high-risk’ cases to be seen by MARAC. Complexity of NRPF barriers would have likely led to MARAC referrals amongst some of the remaining cases. Averaged across the cohort, the Cost Benefit Calculator (Southall Black Sisters, et al 2024) found a net saving to MARAC of £73 per woman over three years.

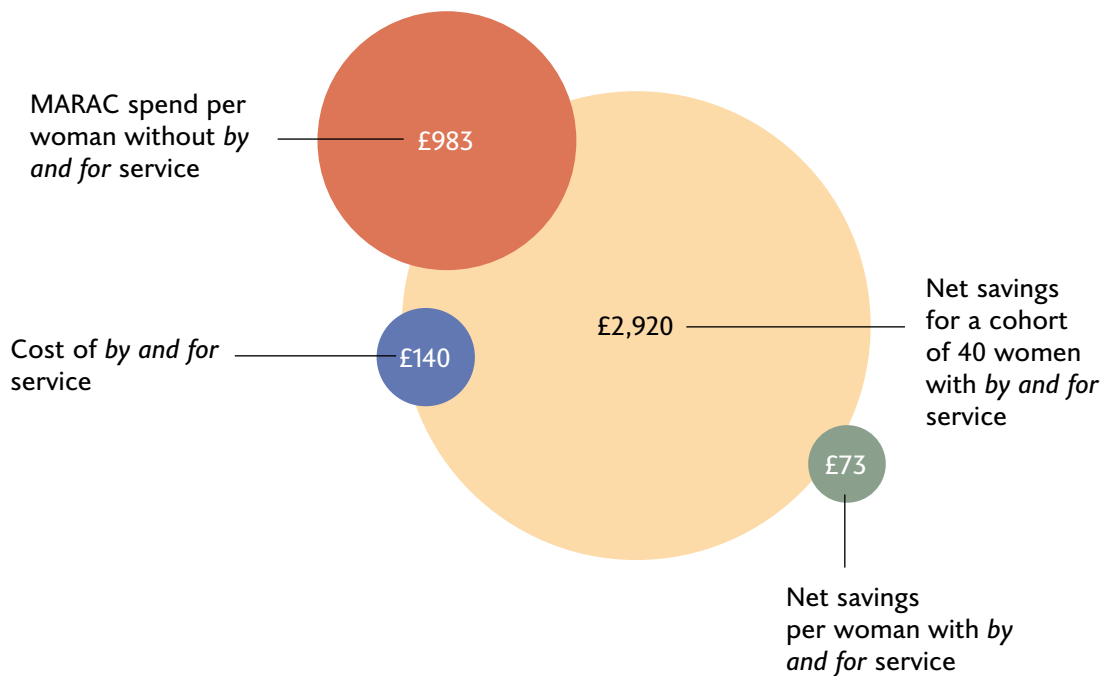


Figure 24: MARAC spend and net savings over three years

MARAC Cost Benefit

The net saving to MARAC of £73 per woman over three years (see figure 24) is generated at a time where MARACs’ ability to reduce harm is increasingly challenged by growing demand (Walklate, Godfrey & Richardson 2021; McLaughlin, et al 2014; Steel, Blakeborough & Nicholas 2011). In 2022/23, 273 MARACs had to oversee 111,418 cases (SafeLives 2023; Office for National Statistics 2023) and the proportion of Black, minoritised and migrant women in MARAC as part of this rising demand has risen to 16.6 percent (SafeLives 2023).

By and for services observe that the complexity resulting from the dual perpetrations mean victim-survivors with NRPF often achieve the poorest outcomes in

MARAC, as evidenced by all but one of the MARAC referrals in the cohort being a repeat case in which safety had not been achieved or sustained.

Relatively low net savings to MARAC would increase over longitudinal studies capable of evidencing the impact of *by and for* services on repeat victimisation. In the timeframe of our study, MARAC savings are distorted by widespread under-referring of migrant women to MARAC. In the case study cohort, assessments that would trigger MARAC referrals were often not completed, even in some cases after multiple hospital referrals for injury. Over the three years modelled in the Cost Benefit Calculator (Southall Black Sisters, et al 2024), the change in demand resulted in a shift in average per woman cost of MARAC from £983, reducing to £761 (figure 25).

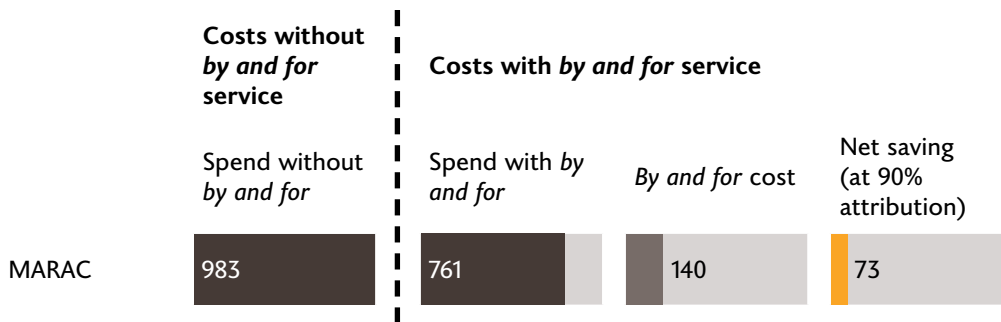


Figure 25: MARAC costs and savings with and without the *by and for* service*

* Any discrepancy in calculation is due to decimal points being rounded off by the Cost Benefit Calculator (Southall Black Sisters, et al 2024).

Chapter 9:

Additional Public Service Impacts

In this chapter, we illustrate the impacts to public service cost and demand omitted from the Cost Benefit Calculator (Southall Black Sisters, et al 2024) for technical and methodological reasons; data not existing in our cohort or existing secondary research; impacts occurring beyond our three-year timeframe; impacts that are too diffuse to financially quantify; impacts beyond just local public services. In this chapter, we describe some of these unquantified impacts to give a fuller picture of the change achieved by *by and for* outcomes.

Human and Emotional Harms

A significant benefit uncoded in our calculation is the prevention and reduction of human and emotional harms to victim-survivors with NRPF and their dependent children, both in the short-term window of the cost benefit calculation and ending across their life course. The human and emotional harms of VAWG – especially VAWG that is sustained, high severity, and repeat, such as that which VAWG victim-survivors with NRPF are disproportionately subjected to – has far reaching impacts on women’s quality of life and that of their dependent children. VAWG isolates, breaks trust, internalises harmful beliefs, and controls, inhibits and exploits women’s capacity, resources and societal contribution, increasing exposure to poverty, destitution and disadvantage.

The Home Office estimates the annual cost of human and emotional harms from domestic abuse to be £47.29 billion in 2016/17 (Oliver, et al 2019). This cost represents the reduction in women’s health-related quality of life. Within this are included individual costs of VAWG such as the £270,890 human and emotional costs of a woman’s individual subjection to sexual exploitation (Heeks, et al 2018), and £58,860 human and emotional costs for subjection to rape (Oliver, et al 2019).

Human and emotional harms create a sequence of impacts, including affecting how women engage with local services, because perpetrators distort women’s ability to trust and engage with others. Their trust in help-seeking is the deliberate target of perpetrators, who campaign to prevent women disclosing and engaging with services. The result can be disrupted and chaotic presentations to services, resulting in further cycles of re-traumatisation, creating additional costs for repeat

or more intensive and specialised engagement (Department for Levelling Up, Housing and Communities 2023).

Poverty

Poverty and the dual perpetrations of VAWG and NRPF are strongly correlated, each disadvantage driving vulnerability to the other. Women are on average substantially poorer than men: the average lifetime earning gap between men and women in the UK in 2019 was 40 percent (Andrew, et al 2021). Women on a household income of £10,000 or lower are six times more likely to be subjected to VAWG (Marmot, et al 2020); nearly one in four (23 percent) destitute women with NRPF are subjected to VAWG, compared to 7.5 percent of the wider women's population (Woolley 2019).

Perpetrators exploit gendered structural inequalities, propagating financial dependency that entraps women, particularly those with dependent children. The structural inequalities designed by the hostile environment compound women's financial dependency. NRPF status increases vulnerability to insecure employment, zero-hours contracts, and poor pay and conditions, increasing vulnerability to exploitation and dependency to perpetrators and employers. Influenced by exclusions from low cost social housing, NRPF families experience problem debt at four times the rate of the wider population (Benton, et al 2022).

Poverty impacts local public services through increased homelessness, crime, VAWG, child sexual abuse and exploitation, domestic and labour exploitation. In the UK in 2016, the equivalent of four percent of GDP is spent on the costs of poverty: £78 billion (Bramley, et al 2016). This amounts to 20 percent of spend in relevant public services including health, schools, adult and children's social services and criminal and family law (Bramley, et al 2016).

Exploitation, Modern Slavery, and Trafficking

Poverty, exclusion, migration, and abuse make victim-survivors with NRPF vulnerable to forms of exploitation, including trafficking and modern slavery. This has 'severe consequences' for health and wellbeing (Such & Salway 2017). The National Crime Agency estimates 'tens of thousands' of people are subject to modern slavery (National Crime Agency 2023), costing the UK £559.5 million annually (Reed 2018).

Lost Output

The dual perpetrations trap women in low-paid and underperforming roles. The Home Office estimates that each year perpetration of domestic abuse costs the UK £14.1 billion in lost output through time lost at work and reduced productivity (Oliver, et al 2019). Output loss due to specific VAWG includes £17,130 lost output per rape, and £6,560 lost output as a result of stalking (Oliver, et al 2019). The dual perpetrations trap women in low-paid and underperforming roles. This lessens tax receipts and contributes to rates of in-work poverty. For each victim-survivor able

to return to work on national average wage, tax and National insurance contributions of £6,091 accrue to the Exchequer (Lift the Ban 2018).

Integration

NRPF status and VAWG are barriers to integration, forcing exclusions which undermine the social contribution and social status of migrant women and children. This exclusion is part of a social fragmentation estimated to cost the UK £6 billion annually in 2014 figures, or around 0.5 percent of GDP (Social Integration Commission 2014). Research finds integration underpins social cohesion, reduces educational and health inequalities, and supports employment, and that poor social cohesion is a community-level risk factor for higher levels of gendered violence (Benton, et al 2022). Positively, several studies have found early investment in integration is evidenced to 'yield disproportionate returns' (Lift the Ban 2018).

Adult Safeguarding

Disabled women are twice as likely to be victim-survivors of abuse, and to face barriers to disclosure where there is reliance on perpetrators for care or medical access (British Medical Association 2016). Statutory Guidance issued under the Care Act 2014 confirms local authority safeguarding duties towards adults experiencing or at risk of abuse and whose care and support needs mean they are unable to protect themselves. A survey of 67 local authorities found 570 adults with NRPF being supported under any Care Act 2014 duties (Benton, et al 2022).

However, the No Recourse No Safety partners report that across the cohort of roughly 1,000 victim-survivors with NRPF they directly support annually, safeguarding support from adult social care is 'practically non-existent', rendering the Care Act 2014 safeguards unattainable and the adult social care costs related to VAWG unknown.

Criminal, Family and Civil Law Costs

The annual cost of domestic abuse to criminal justice (including policing) and law is £1.7 billion (Oliver, et al 2019). Criminal justice costs per incident of domestic abuse are estimated at £2,959 (Nef Consulting 2016), rising to £649,000 for domestic homicide (Oliver, et al 2019). For victim-survivors with NRPF, the annual total criminal and legal cost is estimated to be £915 per woman (Scanlon, et al 2022): a lower spend resulting from high costs and prohibited access to the legal system.

Crown Prosecution Service (CPS)

Domestic abuse consistently represents a third of all crime received by the CPS and almost 20 percent of CPS casework (Crown Prosecution Service 2022). The CPS has made commitments to increase domestic abuse prosecutions and improve criminal justice outcomes for victim-survivors. However, there has been an annual fall in the number of domestic abuse cases taken by police to the CPS, declining by

6.5 percent between 2020 and 2021 (Crown Prosecution Service 2022).

Legal Costs

Hard to quantify are the efficiency savings *by and for* services generate for legal provision. The collapsing legal system in the UK has impacted on both quality and availability of provision. Women within the case study cohort had experienced poor legal advice which had led to delays in securing their rights and safety. *By and for* services work closely with solicitors to redress issues of wrongful advice, advocate and support women to effectively engage, and provide cultural context to augment the legal case. Local authorities can provide or fund the legal support for victim-survivors with NRPF to regularise their status or secure change of conditions. *By and for* services can reduce these costs by aiding evidence collection and early action before women become undocumented. This targeted advocacy can significantly reduce the costs of the legal process – and do so in a context where lack of Legal Aid capacity is creating avoidable delays in the regularisation process, forcing some local authorities to pay the higher costs of private legal advice.

Family Law

The family law system in the UK is so overwhelmed that the President of the Family Division of the judiciary, Andrew McFarlane, has described attempts to cope with demand as ‘running flat out up a down escalator’ (McFarlane 2019). This demand is significantly shaped by domestic abuse: between 50 to 85 percent of family law cases are estimated to involve domestic abuse (Justice 2022; Cusworth, et al 2021; Rights of Women 2018). Studies have found 79 percent of family law cases involving victim-survivors are being used by perpetrators to sustain abuse (Coy, et al 2012).

Within the case study cohort, perpetrators used the family courts to sustain control and abuse. Within the cohort, there were cases of perpetrators utilising the family court to sustain their strategies of abuse, in one case for over 6 years. In another case, Children and Family Court Advisory and Support Service's involvement had continued for over 12 months and Legal Aid for nine months. The sustainment of control through these family law processes had significant negative impacts on the security and stability of women and children.

Voluntary and Community Sector

Victim-survivors with NRPF often rely heavily on support through grassroots and more formalised voluntary and community sector activity. This is work funded independently and through local public sector grants and commissioning. The scope of support can include anything from debt advice at the Citizens Advice Bureau, through to food banks and parenting groups hosted by local community and religious groups.

By and for services also provide a conduit of access to this ecosystem of voluntary and community sector support, maximising the social capital women are able to

draw on, and supporting sustained engagement. This type of grassroots support is of most significance to undocumented women with no route to regularise their status, and therefore, with most prohibited access to mainstream services and at high risk of exploitation and abuse.

Chapter 10:

Conclusion and Recommendations

No woman subject to violence should be subject to the dual perpetration of the hostile environment policy. This is a moral position long evidenced and articulated by *by and for* specialists and many within the migration and safeguarding sectors.

This cost benefit analysis provides a robust and clearly evidenced financial case to support this moral argument. Using detailed case study data, published research, and in conversation with the senior public sector representatives of our Advisory Group, we have built a Cost Benefit Calculator (Southall Black Sisters, et al 2024) that shows improving safety and support to victim-survivors of VAWG with NRPF generates net savings across local public services. It demonstrates that net savings are produced when public sector commissioners put in place *by and for* services designed to create positive outcomes for victim-survivors with NRPF. These benefits are realised for the NHS, children's social care, housing and homelessness services, policing, and MARAC.

The cost benefit analysis finds that by putting in place *by and for* service at an average cost of £8,132 per head, local public services generate a net saving of £18,024 per woman over three years. Breakdown of net savings:

- £11,444 accrues to local NHS
- £4,928 to children's social care
- £936 to local authority housing and homelessness services
- £643 to police
- £73 to MARAC

Across a cohort of 40 women, this net saving rises to £720,960 over 3 years. An estimation of 7,047 victim-survivors of VAWG with NRPF nationally annually would generate potential savings of £127,015,128 over three years, if all had access to the outcomes of *by and for* services.

While the No Recourse No Safety partners and others continue to campaign for removal of the NRPF condition, the intersectional service developed over forty plus years by *by and for* services continues to create step change in the safety and outcomes of victim-survivors subject to NRPF and their children. This impacts directly on in-year and medium term spend of local public services at a time of collapsing finances and spiralling demand. In a context where local public services carry the

cost of policy decisions made in Whitehall, this cost benefit analysis evidences the case for immediate action by commissioners and local Domestic Abuse Partnership Boards to reduce VAWG prevalence and its demand on public services.

This analysis and the accompanying Cost Benefit Calculator (Southall Black Sisters, et al 2024) have been produced to create a case for change. They have also been produced to make visible the lived experience of women who are subjected to the dual perpetrations of intimate abuses and the discriminations of the government's hostile environment. The analysis hopes to contribute to a granular understanding that underpins the financial case for change, adding weight to the moral case that all women and children should be safe from abuse.

Recommendations

Local Domestic Abuse Partnership Boards and their member organisations are recommended to:

- Use the Cost Benefit Calculator (Southall Black Sisters, et al 2024) and the findings of this report to create an invest to save business case for funding *by and for* services for victim-survivors with NRPF, scaled to the level of local need.
- Ensure *by and for* services representing the lived experience of victim-survivors with NRPF have a seat at the table by membership of the Partnership Board. The Partnership Board should look to learn from the *by and for* service – developing greater visibility of victim-survivors with NRPF and addressing issues around systemic barriers to good outcomes.
- Ensure all local public services affected by and responsible for VAWG are committed strategically and financially to funding *by and for* outcomes for victim-survivors with NRPF, including NHS commissioners (with public health), children's social care, housing and homelessness services, police and MARAC.

All commissioners with VAWG responsibilities , including NHS and public health commissioners, children's social care, housing and homelessness services, policing, and MARAC are recommended to:

- Collaboratively, with other commissioners and Local Domestic Abuse Partnership Boards, use the Cost Benefit Calculator (Southall Black Sisters, et al 2024) and findings of this report to create an invest to save business case for funding *by and for* services for victim-survivors with NRPF, scaled to the level of local need, and with reference to the proportion of net savings accruing to each local public body.
- Award funding through non-competitive processes in accordance with procurement legislation, where competition does not exist locally; and use grants in accordance with trust law, wherever possible, as the best route to

innovation, flexibility, and cost-savings in funding processes.

- Ensure that all funding should be full cost recovery and increase in line with inflation.

As a steer to necessary investment levels, the Domestic Abuse Commissioner is updating her 2021 recommendation that, '£18.7m over three years should be distributed across local authorities to ensure that victims with NRPF can access accommodation and subsistence. This should be accompanied by £262.9m over three years for a dedicated cross-department funding pot for specialist 'by and for' services for survivors with protected characteristics including to provide holistic wrap-around support to migrant women with NRPF' (Domestic Abuse Commissioner 2021).

NHS is recommended to:

- Fund *by and for* service outcomes in proportion to the accrual of 62 percent of the net savings generated by *by and for* services, and in consideration for the strategic and policy recognition that violence is a health issue, and the NHS is often the first trusted service victim-survivors encounter.
- Explore and invest in addressing barriers to accessing NHS services for victim-survivors with NRPF, including but not limited to language barriers.
- Formally oppose policies which prevent and deter victim-survivors with NRPF from approaching health services for support, including charging migrants for access to services, and data-sharing with Immigration Enforcement.

Children's social care is recommended to:

- Fund *by and for* service outcomes in proportion to the accrual of 27 percent of the net savings generated by *by and for* services, with consideration for the strategic importance of safeguarding the most vulnerable families, and that VAWG is the single most prevalent factor driving children's social care referrals.
- Local authorities need to urgently meet their duties in providing Section 17 support to migrant victim-survivors with NRPF and their children. Current response leaves victim-survivors at risk and subject to homelessness and/or the breakdown of families through forced separation.

Housing and homelessness services are recommended to:

- Fund *by and for* service outcomes in proportion to their accrual net savings generated by *by and for* services and the wider benefits they receive from reduced presentation and demand from vulnerable women and families.

Police are recommended to:

- Fund *by and for* service outcomes in proportion to their accrual net savings generated by *by and for* services, and in line with strategic commitments to addressing inequalities in policing protections and improvements in responses

to forms of VAWG.

- Call for a firewall on data-sharing between the police and immigration enforcement.

Independent trusts and foundations are recommended to:

- Offer catalytic funding to local areas putting in place *by and for* services, including grants and capital funding to offset systemic underinvestment that undermines the stability and outcomes of *by and for* services.
- Work collaboratively with local commissioners and *by and for* services to provide advice and support to measuring outcomes and system effectiveness.

Researchers are recommended to:

- Use the methodologies, sources and data produced in this study – as well as the gaps it identifies – to undertake further research on needs, demand and outcomes for larger cohorts of victim-survivors with NRPF, in order to understand the cost impact of the dual perpetrations.

General and national recommendations for a coordinated response are:

The dual perpetration of abuse of migrant women can be prevented and addressed through the following wider measures:

- All agencies work in collaboration with *by and for* services.
- Sufficient national and local ring-fenced funding of *by and for* services.
- All statutory agencies must not share victim-survivor data with Immigration Enforcement.
- The MVDAC and the DVILR is extended to all victim-survivors regardless of their immigration status; and provided for at-least six months.
- The NRPF condition be abolished.

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Sensitivity Test

Sensitivity testing enables us to understand what net savings are made in different scenarios where the factors shaping savings vary. Below we set out three scenarios. In these, we vary three factors:

- (1) The overall level of impact on public service cost and demand achieved by the service. We vary this from our original baseline (table 2) by seeing what would happen if impact was decreased by 25 percent (table 3) or by 50 percent (table 4). By varying these, we can understand what happens to net savings in situations where, for whatever reason, the *by and for* service is less impactful.
- (2) The rate of attribution due to the *by and for* service. In each scenario, we vary this up and down by 5 percent and 10 percent from the 90 percent baseline of attribution modelled in the Cost Benefit Calculator (Southall Black Sisters, et al 2024).
- (3) We vary the percentage of each cohort who do not go on to achieve outcomes. In the Cost Benefit Calculator (Southall Black Sisters, et al 2024), the baseline is 25 percent of women referred do not progress to outcomes. In each of the scenarios, we look at cases where the *by and for* service is more successful – 15 percent do not attain outcomes – as well as less successful – where 25 percent and 45 percent of women do not attain outcomes.

At Base Case Level of Impact on Public Services

In the first scenario (table 2), we use the level of impact on public services as is modelled in the Cost Benefit Calculator (Southall Black Sisters, et al 2024). This is the level of impact achieved across our case study cohort and provides the baseline for the analysis and findings in this report.

In this scenario, we can see that where attribution is highest to the *by and for* service (100 percent) and the minimum number of the cohort are not engaging (15 percent), a net saving of £23,781 is accrued to local public services. Where attribution to the *by and for* service is lowest (80 percent) and most women are

not engaging (45 percent), net savings are £10,014. These two figures show the total range in savings in this scenario, from highest to lowest. These vary from the baseline of £18,024 in the Cost Benefit Calculator (Southall Black Sisters, et al 2024), where 90 percent attribution is due to the *by and for* service and 25 percent of the cohort do not attain outcomes.

In this scenario, we can see that where attribution is highest to the *by and for* intervention (100 percent) and the minimum number of the cohort are not engaging (15 percent), a net saving of £23,781 is accrued to local public services. Where attribution to the *by and for* service is lowest (80 percent) and most women are not engaging (45 percent), net savings are £10,014. These two figures show the total range in savings in this scenario, from highest to lowest. These vary from the baseline of £18,024 in the Cost Benefit Calculator (Southall Black Sisters, et al 2024), where 90 percent attribution is due to the *by and for* service and 25 percent of the cohort do not attain outcomes.

		Percentage of the cohort not achieving outcomes			
		15%	25% (base case)	35%	45%
Rate of attribution to <i>by and for</i> service	100%	£23,781	£20,026	£16,272	£12,517
	95%	£22,592	£19,025	£15,458	£11,892
	90% (base case)	£21,403	£18,024	£14,645	£11,266
	85%	£20,214	£17,022	£13,831	£10,640
	80%	£19,025	£16,021	£13,017	£10,014

Table 2: Sensitivity test based on our base case of the impact to local public services by the *by and for* service

Impact on Public Services Reduced by 25 Percent

In the second scenario (table 3), the impact on local public services by the *by and for* service is reduced by 25 percent from the baseline scenario (table 2).

In this scenario, we can see that where attribution is highest to the *by and for* intervention (100 percent) and the minimum number of the cohort are not engaging (15 percent), a net saving of £15,803 is accrued to local public services. Where attribution to the *by and for* service is lowest (80 percent) and most women are not engaging (45 percent), net savings are £5,884. These two figures show the total range in savings in this scenario, from highest to lowest.

		Percentage of the cohort not achieving outcomes			
		15%	25% (base case)	35%	45%
Rate of attribution to <i>by and for</i> service	100%	£15,803	£12,987	£10,171	£7,355
	95%	£15,012	£12,337	£9,662	£6,987
	90% (base case)	£14,22	£11,688	£9,154	£6,620
	85%	£13,432	£11,039	£8,645	£6,252
	80%	£12,642	£10,389	£8,137	£5,884

Table 3: Sensitivity test based on impact on public services by the *by and for* service reducing by 25 percent

Impact on Public Services Reduced by 50 Percent

In the third scenario (table 4), the impact on local public services by the *by and for* service is reduced by 50 percent from the baseline scenario (table 2).

In this scenario, we can see that where attribution is highest to the *by and for* service (100 percent) and the minimum number of the cohort are not engaging (15 percent), a net saving of £7,824 is accrued to local public services. Where attribution to the *by and for* service is lowest (80 percent) and most women are not engaging (45 percent), net savings are £1,754. These two figures show the total range in savings in this scenario, from highest to lowest.

		Percentage of the cohort not achieving outcomes			
		15%	25% (base case)	35%	45%
Rate of attribution to <i>by and for</i> service	100%	£7,924	£5,947	£4,070	£2,193
	95%	£7,433	£5,650	£3,866	£2,083
	90% (base case)	£7,042	£5,352	£3,663	£1,973
	85%	£6,551	£5,055	£3,459	£1,864
	80%	£6,259	£4,758	£3,256	£1,754

Table 4: Sensitivity test based on impact on public services by the *by and for* service reducing by 50 percent