

Final Evaluation Report:

WHOLE HOUSING APPROACH PILOT IN CHESHIRE EAST

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Acronyms

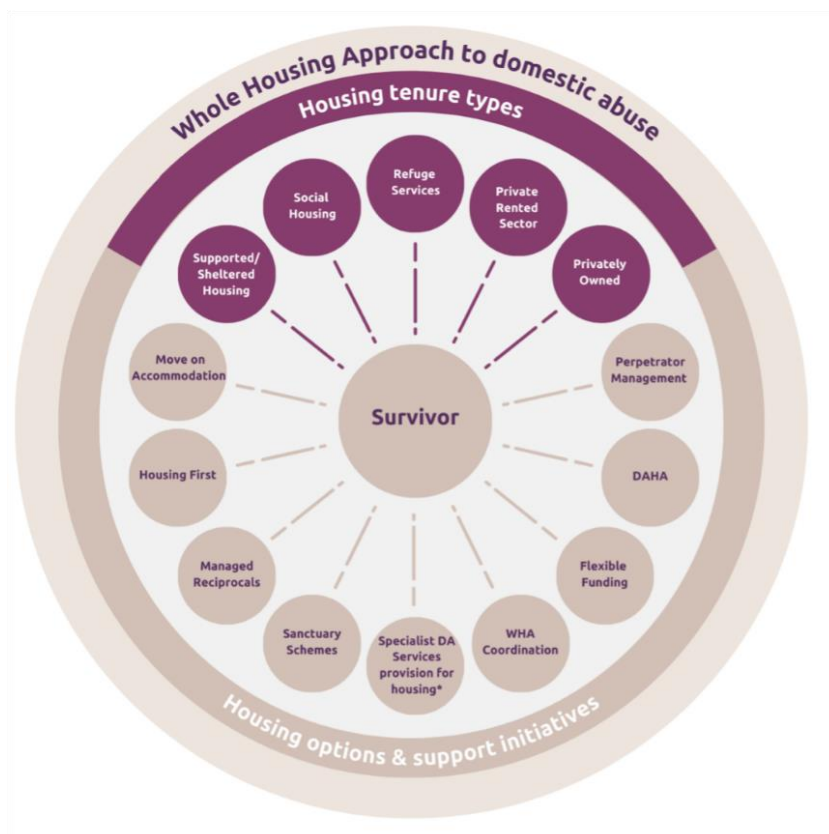
BCR	Benefit-Cost Ratio
CBA	Cost-Benefit Analysis
CE	Cheshire East
CEC	Cheshire East Council
DAA	Domestic Abuse Act 2021
DA	Domestic Abuse
DAHA	Domestic Abuse Housing Alliance
IDVA	Independent Domestic Violence Advocate
MARAC	Multi Agency Risk Assessment Conference (for domestic abuse)
MD	Multiple Disadvantage
MDT	Multiple Disadvantage Team
MyCWA	My Cheshire Without Abuse (refuge provider and third sector partner)
NRPF	No Recourse to Public Funds
PCC	Police and Crime Commissioner
POH	Privately Owned Housing Sector
PRS	Private Rented Sector
RSL	Registered Social Landlord
SEA	Surviving Economic Abuse
STADA	Standing Together Against Domestic Abuse
WHA	Whole Housing Approach

Executive Summary: Has the Whole Housing Approach (WHA) delivered better housing for survivors?

The Whole Housing Approach pilot in Cheshire East 2022-2024

The Whole Housing Approach (WHA) is a framework for addressing the housing and safety needs of victim-survivors of domestic abuse in a local authority area. The goal is to improve housing options and outcomes for people experiencing domestic abuse so that they can achieve stable housing, live safely, and overcome their experiences of abuse.

The national charity Standing Together Against Domestic Abuse ('STADA') works with local authorities to promote delivery of the WHA model. The 14 components of the WHA bring under one umbrella all main housing tenure types alongside the housing options and support initiatives needed to help people experiencing domestic abuse to maintain or access safe and stable housing (see figure below). *Purple circles* indicate the primary tenure categories, and *beige circles* denote the housing alternatives, initiatives, and domestic abuse support available to victims/survivors across primary tenure categories.



STADA, together with funder The National Lottery, decided to pilot all 14 elements of the WHA in one English local authority. Whilst the WHA had previously been piloted in three English local authority sites, it was felt that those pilots only partially implemented the model (i.e. selected components) whereas this pilot would seek to implement *all* components. Cheshire East, in partnership with STADA, piloted the model over three years from 2022 to 2024. Cheshire East was chosen as the pilot site following a national selection process.

This evaluation

An independent evaluation was commissioned from the Connect Centre for International Research on Interpersonal Violence and Harm at the University of Central Lancashire (Principal Investigator Dr Lis Bates, with Professor Emerita Nicky Stanley, Dr Kelly Bracewell and Dr Maria Turda), together with partners the University of Glasgow (Professor Annette Hastings) and economic analysis specialists Mutual Ventures (Principal Consultant Agata Miskowiec). This was a highly experienced and qualified research team with expertise across domestic abuse and housing.

The purpose of the independent evaluation was twofold: (A) to assess the pilot's effectiveness and impact, and (B) to provide recommendations for the future rollout of the WHA in other areas. It examined the following questions:

- What difference have the WHA interventions/activities made for domestic abuse survivors? (Answered via outcome evaluation in Chapter C). Have they met the overall aims of getting more survivors into longer-term secure tenancies, sooner, and with a greater range of suitable accommodation options? Key outcome measures are analysed for the pilot site compared with (a) a naturally occurring comparison local authority site and (b) Cheshire East in the year prior to the pilot (January-December 2021).
- In what ways is the WHA model more effective than non-WHA delivery of housing interventions? (Answered in Chapters B & D). These questions are answered via a process evaluation exploring how the observed outcomes were achieved; whether the model was implemented as designed ('fidelity to the model'); and whether the model was accessible and acceptable to its target population (survivors).
- What are the costs and benefits to local authorities and commissioners of implementing a WHA model? (Answered in Chapter E).
- What recommendations can be made to commissioners and policy-makers for implementing a WHA model? (Answered in Chapter F).

The evaluation team adopted a mixed-methods design combining quantitative and qualitative data. Analysis of existing agency and administrative data was combined with new primary data collection from 22 stakeholder interviews and 14 interviews with survivors in Cheshire East. Outcomes data for survivors, perpetrators and children was collected against key pilot metrics, for a baseline year prior to the pilot (2021) and each of the three pilot years (2022-2024), as well as, where available, from a comparator local authority. Chapter A gives further detail on the methods; Appendix 5 contains the Baseline and Evaluation datasets.

Economic analysis specialists Mutual Ventures conducted a cost-benefit analysis. Cost data (actual service spend, including staff time) and benefits data (qualitative benefits data; and, where possible, quantification of benefits to partner agencies) was analysed using established methods (HM Treasury's Green Book; and the Greater Manchester Cost-Benefit Analysis model) to ensure rigour and comparability. In line with this guidance, Mutual Ventures estimated the economic costs and benefits to the public finances and wider society as a result of the WHA interventions by valuing them in monetary terms rather than only focusing on funding and affordability for the public sector. Quality assurance was undertaken to ensure consistency between outputs of the economic modelling and the evaluation work.

Summary of key findings

The Full Evaluation Report, Chapter F, sets out full conclusions and recommendations. Here we summarise the key findings from the evaluation about the impact of the WHA pilot in Cheshire East.

Housing outcomes for survivors, children and perpetrators

- 1) Quantitative outcomes data clearly shows improvements under the pilot compared with baseline year figures for the following measures:
 - More domestic abuse was identified amongst housing clients
 - More survivors and children were supported with housing
 - Fewer survivors were made homeless (successful discharge of Prevention Duty)
 - More survivors and children were supported to safely remain in their own homes
 - More perpetrators were removed from properties, and rehoused
 - Improved partnership working between domestic abuse and housing teams
 - More Registered Social Landlords (RSLs) achieved DAHA accreditation
 - Improved professional knowledge and confidence on domestic abuse
 - More survivors were offered domestic abuse support in temporary accommodation
 - Increased use of flexible funding to support survivors with housing
 - More professionals (across tenure types) were trained about domestic abuse
- 2) However, quantitative outcomes data does not yet evidence success in all the pilot's outcomes. For example, it is not clear whether:
 - More survivors moved into longer-term accommodation, earlier
 - More housing interventions were delivered earlier
 - Fewer survivors lost their tenancy status if they relocated
 - Fewer survivors were in emergency or temporary accommodation for less time
- 3) Taking into account the large improvements in data collection, consistency, granularity and reporting achieved over pilot years 2 and 3, and the expected time-lag between new activities under the pilot and read-across into measurable outcomes data, it is understandable that data may not yet show a clear picture of change across all outcomes. The data should continue to be monitored to assess the picture of success or otherwise on these outcomes for survivors.
- 4) Survivors overall expressed preferences for social housing (with secure tenancies), as more affordable and secure. Meeting this preference continued to be challenging in Cheshire East, despite the pilot, due to ongoing shortages of housing stock.
- 5) Work with perpetrators is showing signs of change, albeit not as much activity was delivered under this component as the pilot team would have liked. Some change is seen in the outcomes data, which show that more perpetrators were removed from properties and re-housed under the pilot compared with the baseline figures. As well, survivor interviews highlighted housing support that had been offered to their partners (albeit some perceived that perpetrator housing was being prioritised over theirs).

Cost-benefit analysis

- 6) The fiscal benefit-cost ratio (BCR) is 10.2, meaning that for every £1 invested in the WHA housing intervention, £10.20 in public sector savings is generated. This reflects exceptional value for money that can be achieved from whole housing interventions (according to HM Treasury Green Book, a BCR greater than 4 is considered very high value for money). Some limitations should be noted:

(a) these fiscal benefits are best understood as efficiency gains (e.g. reduced demand on stretched services) rather than immediate, cashable savings.

(b) the reported fiscal benefit-to-cost ratio represents an average across the programme as a whole. As demonstrated by the case study analysis conducted by STADA, the financial return varies significantly between individual cases, depending on the level of need and the intensity of support required. For those exploring the adoption or scaling of similar interventions, this variability underscores the importance of considering the complexity of beneficiaries' needs when estimating potential fiscal returns.

(c) these benefits are dispersed across multiple public agencies, including local authorities, the NHS, the police, and the wider criminal justice system. If we apply a narrower lens that takes into consideration:

all costs borne by the local authority (although in Cheshire East, STADA also contributed to some costs), and

only those benefits that can be directly accrued to the local authority (in this case – housing benefits only)

then the local authority-only BCR falls to 1.2. This means that for every £1 spent by the local authority, only £1.20 is saved in directly attributable housing costs. In practice, the actual benefit to the local authority is likely to be higher, as it also shares in benefits from areas such as domestic abuse prevention, reduced school truancy and so on.

- 7) The social benefit-cost ratio is 39.4, reflecting the extremely high public value generated beyond direct fiscal savings.
- Overall, our cost-benefit analysis concluded that “the WHA housing intervention in Cheshire East represents a highly cost-effective and socially valuable intervention”. While the full benefits are spread across multiple public sector partners, the overall return on investment is compelling. However, the distribution of benefits also highlights the limitations of siloed funding structures. To unlock the full potential of this type of intervention, pooled funding arrangements – allowing for shared investment and shared return across public partners – could be considered.

Improved domestic abuse knowledge and partnership working between domestic abuse and housing teams

The process evaluation found specific successes to be:

- 8) Much improved general awareness of domestic abuse across a wide range of Cheshire East Council (CEC) teams and partners. This extends to teams who did not previously see domestic abuse as their business.
- 9) Better referral pathways from housing teams, wider council teams, Registered Social Landlords, supported and sheltered housing teams and other partner agencies into Cheshire East Council's Domestic Abuse Hub.
- 10) Much improved professional confidence and knowledge within Cheshire East Council and its partners to identify and support domestic abuse survivors.
- 11) Greatly improved partnership working, integration and knowledge exchange between housing and domestic abuse teams at all levels, supported by cross-disciplinary expertise and roles, close co-working and joint training. This meant cases could be progressed more quickly and a greater range of accommodation options considered for survivors.
- 12) Better awareness of and support for survivors with multiple disadvantages and those from minoritised groups.

Paradigm shift from short-term thinking to range of accommodation options within Cheshire East

- 13) There has been a shift from short-term thinking ('refuge only') to considering a wider range of accommodation options for survivors. In Cheshire East, this has mostly focused on improving support for survivors to stay in their own homes, via sanctuary schemes and flexible funding. Survivors appreciate this work, with several referencing the importance of feeling safe and secure at home. Whilst stakeholders hailed the importance of sanctuary schemes, a new provider only became operational towards the pilot end, and so measurable outcomes have yet to be seen. Flexible funding, again hailed by stakeholders and survivors, has been a success, with more funds distributed—but sustaining the success of the flexible funds relies on the Council continuing to provide money for those funds.
- 14) Whilst this shift was evident from the process evaluation and stakeholder interviews, the data on quantitative outcomes does not yet clearly evidence a mindset move from short-term thinking to a wider range of accommodation options within Cheshire East. A similar number of survivors were in refuge at pilot end compared with the initial baseline; there was no increase in numbers under sanctuary schemes, and there was no reduction in the numbers in temporary or emergency accommodation.

Mechanisms underpinning success

- 15) The process evaluation found that specific mechanisms underpinning pilot successes were:
 - Meeting the Part 4 accommodation duty under the Domestic Abuse Act 2021
 - Making domestic abuse a strategic priority in the local authority: 'everyone's business'
 - New structures under the pilot especially the WHA Steering Group

- Dedicated new posts in Cheshire East Council under the pilot, especially the WHA Coordinator, Housing and WHA IDVAs and Homechoice domestic abuse caseworker
- Support from STADA's WHA pilot team and their wider housing experts
- Dedicated funding under the pilot, especially flexible funds for home improvements
- Close engagement with By & For partner services
- Delivery of domestic abuse training to a wide range of Council teams and partners
- Data improvements, supported by a new Data Analyst post
- Domestic Abuse Housing Alliance (DAHA) Accreditation for the Council and Registered Social Landlords (RSLs)
- Ensuring survivor voices were sought throughout the pilot

16) The pilot has also brought broader benefits beyond Cheshire East Council teams: especially closer partnerships with By & For services which allowed the needs of minoritised and disabled survivors to be better understood and catered for.

Fidelity to the model

17) Not all 14 components were implemented in Cheshire East as per the WHA Model template, but this did not prevent a Whole Housing Approach being effective. Some components were deemed not relevant to the local context (e.g. Managed Reciprocal); others were implemented in different ways (e.g. Housing First; Move-on). Some elements were not fully implemented due to lack of time (planned perpetrator work); or because it was hard effectively to engage the partners required to drive change (e.g. Private Rented Sector (PRS), Privately Owned Housing sector (POH)).

18) The pilot demonstrated that implementing all WHA components simultaneously and with high fidelity to the 14-component template is not always necessary. Furthermore, high fidelity implementation may not be financially feasible for many local authorities. A more flexible approach is possible, allowing components to be adapted for local context and the most impactful and cost-effective components to be prioritised.

Summary of Recommendations

Learning from the Cheshire East pilot allows us to conclude the following core principles for rolling-out a WHA model in other areas:

- a. High fidelity to the 14-component WHA Model is not crucial to success. A successful WHA can be established without every component needing to be implemented according to a prescriptive blueprint. A flexible model, such as that described by STADA, is achievable - but must not become a pick and mix of convenience or a race to the bottom.
- b. It is vital to consider each component carefully for local context. Whilst the model could be less prescriptive about how each component is implemented, and more flexible to local context, all 14 components are important. All 14 should form a checklist for meaningful engagement for local authorities, who should explain what they are doing to address each component, or give a rationale as to why some will not be implemented or will be implemented differently.
- c. A flexible 'minimum standards' approach (and/or a gold-silver-bronze accreditation model) could support a more flexible implementation of a Whole Housing Approach. For instance, rather than mandating Housing First, that component could focus on improvement of specific core outcomes for survivors with multiple disadvantages and homelessness.
- d. Core criteria, considerations and outcomes could be provided by STADA for each component, offering local authorities more control over the method of implementation, but ensuring that they evidence how they have considered and met core standards.
- e. There are pitfalls with moving away from any prescriptive model and safeguards will be needed. STADA is well placed to oversee a standards/accreditation model (having a successful track record with DAHA) but will need to guard against lowest common denominator implementation e.g. authorities using the WHA terminology but not accurately implementing the activities. Support from the STADA team proved highly important to pilot success in Cheshire East – especially on design, implementation, expert knowledge on key aspects e.g. PRS, multiple disadvantages, data improvement. Consideration is needed to how to 'bottle' and offer the core parts of that STADA support to other local authorities without the intense support and additional funding that a pilot brings. STADA could support local authorities by providing:
 - Best practice WHA resources and updating how-to guides;
 - A peer-support model with other local authorities who are further down the implementation journey;
 - STADA expert support on particular components or issues via a 'helpdesk'.
- f. This evaluation has found that some core roles/posts are crucial to successful implementation of a Whole Housing Approach, namely a WHA Co-ordinator, WHA IDVA, and a DA worker within housing. We recommend retaining these key posts/roles as non-negotiable elements for local authorities implementing a Whole Housing Approach. The cost-benefit analysis shows that the costs of these posts are recouped in benefits and savings.

- g. Implement key WHA structures including a WHA Steering Group which brings together key statutory and non-statutory partners (including By&For services);
- h. Commit to collecting and reporting consistent, disaggregated, data to evidence core outcomes for survivors. Where necessary, commit to making data improvements and/or integrating data reporting across services.
- i. Ensure ringfenced flexible funding to support survivors to stay safely in their own homes, or to move on to longer-term accommodation.
- j. Ideally, implementing authorities should commit to a minimum three-year WHA. This evaluation shows that fully embedding a WHA takes at least three years, and even then certain activities and data capture are only just underway meaning that quantitative outcomes may take longer to evidence.
- k. Expert input from survivors and By&For services is crucial, and should be built in throughout the design, implementation and evaluation of a WHA.

This evaluation evidences that for every £1 invested in the WHA housing intervention, £10.20 in public sector savings is generated - exceptional value for money. This should reassure local authorities that, even facing tight spending envelopes, some dedicated funding for a WHA is money well spent.

A: BACKGROUND

A1 Housing, homelessness and domestic abuse

A1.1 Housing and Domestic Abuse (DA): Key issues

The UK Femicide Census data 2008-2019 indicates that 70% of all femicides (i.e. approximately 1000 women) took place in the victim's home, and in more than half of these cases the perpetrator (most commonly a spouse or current/ex-intimate partner) was a cohabitant¹. Research consistently indicates that the risk of violence and homicide increases after separation creating additional difficulties and risk in making the decision to leave.

Domestic abuse is a housing issue.² It is a major cause of statutory homelessness across England and Wales.^{3 4}

- Statutory homelessness statistics show that 17% of homelessness applications in England result from relationship breakdown, including DA.⁵
- In 2022-2023 the most common reason for loss of last settled home for households with children was due to DA.⁶ This equates to 12,000 households or 27.7% of all households owed a relief duty, a 5.4% increase from 2021-22.
- For single households, there were 14,550 households in 2022-2023 owed a homeless relief duty due to DA.⁷
- Histories of abuse are a common feature among women presenting as rough sleeping homeless.⁸

DA was originally framed as housing issue in the UK, but criminal justice responses have since taken precedence.^{9 10 11} Studies since the late 1970's have consistently indicated that

¹ Long, J., Harvey, H., Harper, K., Ingala Smith, K., & O'Callaghan, C. (2020). Femicide census. Profiles of women killed by men. *Femicide census*. <https://femicidescensus.org/>.

² Henderson, K. (2019). *The role of housing in a coordinated community response to domestic abuse* (Doctoral dissertation, Durham University). <http://etheses.dur.ac.uk/13087/>

³ Mayock, P., Bretherton, J., & Baptista, I. (2017). Women's Homelessness and Domestic Violence: (In)visible Interactions. In P. Mayock & J. Bretherton (Eds.), *Women's Homelessness in Europe* (pp. 127–154). Palgrave Macmillan.

⁴ Solace Women's Aid. (2016). *The Price of Safety: How the housing system is failing women and children fleeing domestic abuse*. London: Solace Women's Aid.

⁵ Fitzpatrick, S., Watts, B., Pawson, H., Bramley, G., Wood, J., Stephens, M., & Blenkinsopp, J. (2021). The homelessness monitor: England 2021. Crisis. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessnessmonitor/england/the-homelessness-monitor-england-2021/>

⁶ Department for Levelling Up, Housing and Communities, *Statutory Homelessness in England: Financial Year 2022–23* (Gov.uk, 2023) <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2022-23>

⁷ Department for Levelling Up, Housing and Communities, *Statutory Homelessness: Domestic Abuse Cohort Data 2022–23* (Gov.uk, 2023) <https://www.gov.uk/government/publications/statutory-homelessness-domestic-abuse-cohort-data-2022-23>

⁸ Hutchinson, S., Page, A., and Sample, E. (2014). *Rebuilding Shattered Lives Final Report*. London. St Mungo's.

⁹ Hastings, A., Mackenzie, M., & Earley, A. (2021). *Domestic Abuse and Housing: Connections and Disconnections in the Pre-Covid-19 Policy World*. UK Collaborative Centre for Housing Evidence. <https://eprints.gla.ac.uk/299373/> <https://housingevidence.ac.uk/wpcontent/uploads/2021/02/DA-Covid-19-report.pdf>

¹⁰ Irving-Clarke, Y. and Henderson, K. (2020) *Housing and Domestic Abuse: Policy into Practice*. London: Routledge

¹¹ Henderson, K. (2019). *The role of housing in a coordinated community response to domestic abuse* (Doctoral dissertation, Durham University).

safe and affordable housing – ‘somewhere to go’ - can offer protection from DA.^{12 13 14 15 16 17} The availability of housing (refuges, social housing, private accommodation) can influence a victims/survivor’s decision to leave a DA perpetrator.^{18 19} Therefore, access to decent accommodation, including short-term accommodation (e.g. refuge or temporary accommodation) and longer-term options (e.g. owning or renting own house privately, supported/sheltered accommodation, social housing tenancies) are fundamental to respond to and support DA victims/survivors.

Housing and homelessness practitioners have regular contact with DA victim/survivors and perpetrators.²⁰ Practitioners should therefore have a level of DA knowledge and awareness and the appropriate interventions available.²¹

However, there is limited research on DA and housing issues.^{22 23} Existing studies have found that housing organisations vary regarding staff levels of DVA training²⁴ and levels of skills and confidence, with practitioners reporting that they lack confidence and can feel ill-equipped to address these issues.^{25 26 27} Women have described housing officers as unsympathetic and ‘uninterested’ in their DA histories; or reported that they lacked understanding and/or assumed that women were lying about their experiences of DA.^{28 29}

¹² Binney V., Harkell, G., and Nixon, J. (1981). *Leaving Violent Men: A Study of Refuges and Housing for Abused Women* (reprinted 1988). Bristol: WAFE.

¹³ Morley, R. (2000). Domestic Violence and Housing. In J. Hanmer and C. Itzin (Eds.). *Home Truths about Domestic Violence* (pp. 228–245). London: Routledge.

¹⁴ National Housing Law Project. (2019). *Domestic & Sexual Violence Housing Newsletter: Issues 2 & 3*. NHLP. https://www.nhlp.org/wp-content/uploads/2019.09.27_VAWA-Newsletter_Issue-23.pdf

¹⁵ Hastings, A., Mackenzie, M., & Earley, A. (2021). *Domestic Abuse and Housing: Connections and Disconnections in the Pre-Covid-19 Policy World*. UK Collaborative Centre for Housing Evidence.

¹⁶ Vagi, R., Jones, E., Kelly, H., & Henderson, K. (2020). *Safe and stable housing: A key access to justice for survivors of domestic abuse*. Locked Out: Barriers to housing for people facing social injustice, 13-16.

¹⁷ Walby, S., Towers, J. (2018). Untangling the Concept of Coercive Control: Theorizing Domestic Violent Crime. *Criminology & Criminal Justice*, 18 (1), 7-28.

¹⁸ Walker, S.-J., & Hester, M. (2019). *Justice, housing and domestic abuse: The experiences of homeowners and private renters. Policy Evidence Summary 4*. Domestic Abuse Housing Alliance (DAHA) and University of Bristol. <https://www.dahalliance.org.uk/media/10214/bristol-uni-housing-and-dva-briefing-final-210819-report.pdf>

¹⁹ Irving-Clarke, Y. and Henderson, K. (2020) *Housing and Domestic Abuse: Policy into Practice*. London: Routledge.

²⁰ Reis, S. (2019) *A Home of Her Own: Housing and Women*. Women’s Budget Group in collaboration with the Coventry Women’s Partnership <https://wbq.org.uk/analysis/reports/a-home-of-her-own-housing-and-women/>

²¹ Bracewell, K., Farrelly, N., Martin, K., Chantler, K., Hargreaves, P., & Stanley, N. (2025). Training trusted professionals: strengthening the response to domestic violence and abuse. *Journal of Gender-Based Violence*.

²² Hastings, A., Mackenzie, M., & Earley, A. (2021). *Domestic Abuse and Housing: Connections and Disconnections in the Pre-Covid-19 Policy World*. UK Collaborative Centre for Housing Evidence.

²³ Henderson, K. (2019). *The role of housing in a coordinated community response to domestic abuse*. Durham theses, Durham University.

²⁴ Irving-Clarke, Y. and Henderson, K. (2020) *Housing and Domestic Abuse: Policy into Practice*. London: Routledge

²⁵ Henderson, K. (2019). *The role of housing in a coordinated community response to domestic abuse*. Durham theses, Durham University.

²⁶ Scottish Women’s Aid. (2015). *Change, Justice, Fairness. Why should we have to move everything and everyone because of him?* Edinburgh. Scottish Women’s Aid.

²⁷ Bracewell, K., Farrelly, N., Martin, K., Chantler, K., Hargreaves, P., & Stanley, N. (2025). Training trusted professionals: strengthening the response to domestic violence and abuse. *Journal of Gender-Based Violence*

²⁸ Kelly, L., Sharpe, N., and Klein, R. (2014). *Finding the Costs of Freedom How Women and Children Rebuild their Lives after Domestic Abuse*. London. Solace Women’s Aid.

²⁹ Irving-Clarke, Y. and Henderson, K. (2020) *Housing and Domestic Abuse: Policy into Practice*. London: Routledge

A1.2 Key legislation and duties

Local authorities must meet certain statutory duties in relation to prevention and relief of homelessness, as follows:³⁰

- The **Housing Act 1996** is the underpinning legislation which prevents homelessness and provides assistance to people threatened with homelessness, or actually homeless.
- The **Homelessness Reduction Act 2017** placed duties on local authorities to intervene at earlier stages to prevent homelessness in their areas. It also required housing authorities to provide homelessness services to all those affected, not just those who have 'priority need'. These included:
 - (a) an enhanced **prevention duty** extending the period a household is threatened with homelessness from 28 days to 56 days, meaning that housing authorities are required to work with people to prevent homelessness at an earlier stage; and
 - (b) a new duty for those who are already homeless so that housing authorities will support households for 56 days **to relieve** their homelessness by helping them to secure accommodation.
- The **Domestic Abuse Act 2021** extended priority need to all eligible victims of domestic abuse who are homeless as a result of being a victim of domestic abuse.

Assessment

Housing authorities have a duty to carry out an assessment in all cases where an eligible applicant is homeless or threatened with homelessness. Broadly speaking, a person is threatened with homelessness if they are likely to become homeless within 56 days. An applicant is to be considered homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them (and their household) and which it would be reasonable for them to continue to live in

Prevention duty

Housing authorities have a duty to take reasonable steps to help prevent any eligible person (regardless of priority need status, intentionality and whether they have a local connection) who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they become actually homeless. The prevention duty continues for 56 days unless it is brought to an end by an event such as accommodation being secured for the person, or by their becoming homeless.

³⁰ Ministry of Housing, Communities and Local Government, Homelessness Code of Guidance for Local Authorities (GOV.UK, updated July 2025) <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation#:~:text=The%20primary%20homelessness%20legislation%20%E2%80%93%20that,threatened%20with%20or%20actually%20homeless.>

Relief duty

If the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the reasonable steps will be focused on helping the applicant to secure accommodation. This relief duty lasts for 56 days unless ended in another way. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and have a priority need they must be provided with interim accommodation.

Main housing duty

If homelessness is not successfully prevented or relieved, a housing authority will owe the main housing duty to applicants who are eligible, have a priority need for accommodation and are not homeless intentionally. Certain categories of household have priority need if homeless, such as pregnant women, families with children, and those who are homeless as a result of being a victim of domestic abuse.

Under the main housing duty, housing authorities must ensure that suitable accommodation is available for the applicant and their household until the duty is brought to an end, usually through the offer of a settled home. The duty can also be brought to an end for other reasons, such as the applicant turning down a suitable offer of temporary accommodation or because they are no longer eligible for assistance.

A suitable offer of a settled home (whether accepted or refused by the applicant) which would bring the main housing duty to an end includes an offer of a suitable secure or introductory tenancy with a local authority, an offer of accommodation through a private registered provider (also known as a housing association) or the offer of a suitable tenancy for at least 12 months from a private landlord made by arrangement with the local authority. Accommodation must always be 'suitable' and there are particular standards set when private rented accommodation is secured for households which have priority need. Under the [Homelessness \(Suitability of Accommodation\) \(England\) Order 2003](#), bed and breakfast accommodation is not considered suitable for families with children and households that include a pregnant woman, except where there is no other accommodation available, and then only for a maximum of 6 weeks.

Domestic Abuse Act 2021 (DAA 2021)

The Domestic Abuse Act 2021 placed additional statutory requirements relating to housing on local authorities including Cheshire East Council. This included a new legal duty (part 4, section 60) on local authorities in England and Wales to commission support within refuges and other safe accommodation.

Under the Act DA survivors are now automatically assessed as 'priority need'. However, victims/survivors with No Recourse to Public Funds remain excluded due to their immigration status.

The Homelessness duty defines a person as homeless if it is not reasonable to continue to occupy their accommodation because of the probability of violence or DA. This means:

- A person at risk of violence or DA is automatically homeless, regardless of availability and legal rights to occupy accommodation.
- A person whose accommodation is unreasonable to occupy because of violence or DA cannot be found intentionally homeless from that accommodation.

Privately-owned and managed temporary accommodation which is not separate or self-contained and with shared toilet, bathroom, or kitchen facilities (such as Bed and Breakfast accommodation) is not considered relevant safe accommodation, and is specifically excluded in the Regulations, so local authorities should not commission domestic abuse support for victims within these types of accommodation under these duties.

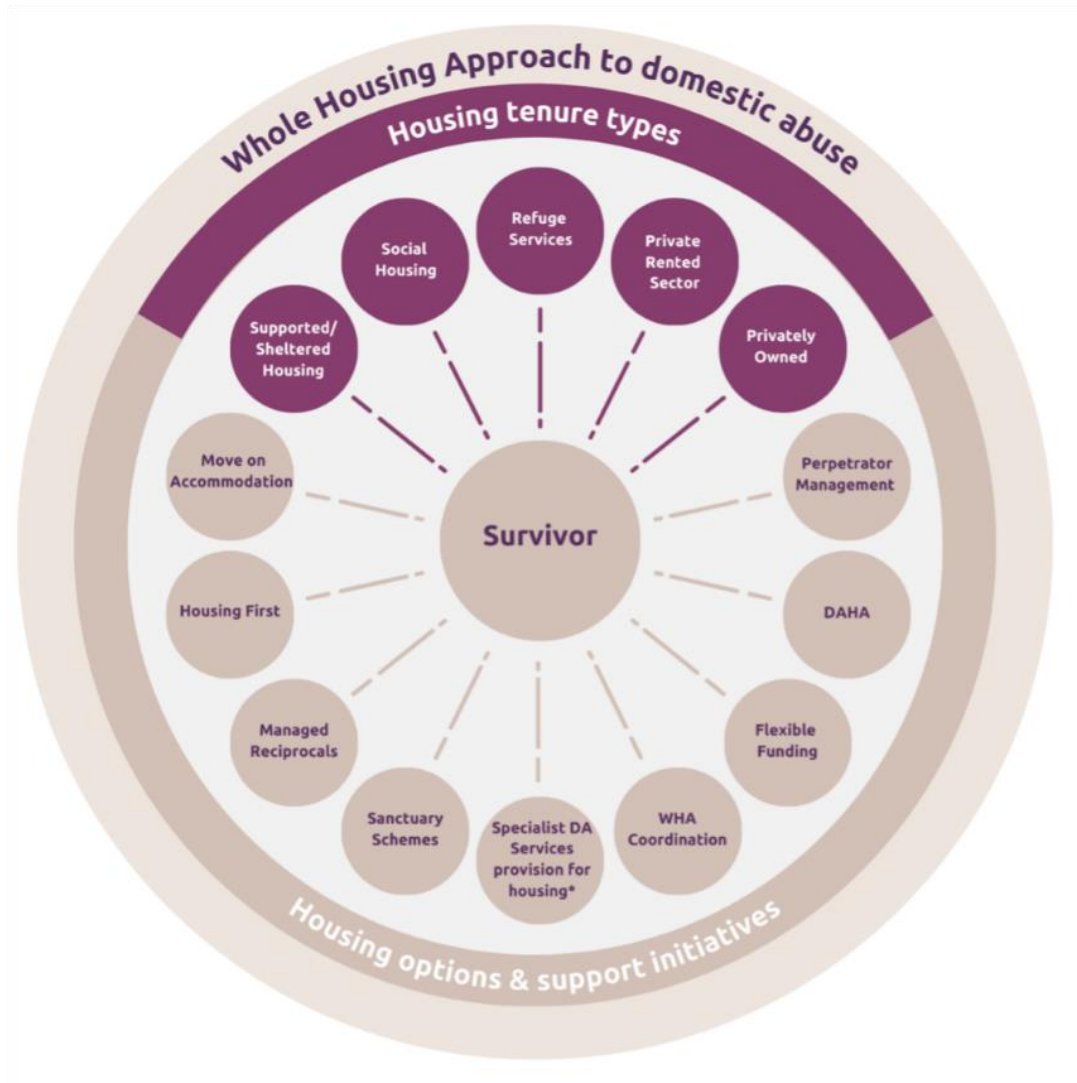
A1.3 The Whole Housing Approach (WHA) Model

The Whole Housing Approach to domestic abuse (WHA) is a framework for addressing the housing and safety needs of victim/survivors in a local area. It was first conceptualised in 2018 by the [Domestic Abuse Housing Alliance \(DAHA\)](#). The goal is to improve housing options and outcomes for people experiencing domestic abuse so that they can achieve stable housing, live safely, and overcome their experiences of abuse. Key aims are to:

- Create earlier identification and intervention for domestic abuse through mobilising social and private landlords and key institutions involved in private ownership.
- Reduce the number of people who are made homeless due to domestic abuse.
- Increase tenancy sustainment options so that people experiencing domestic abuse can remain safely in their homes or do not lose their tenancy status if they relocate. This includes social housing landlords taking action to remove perpetrators from properties through enforcement where appropriate and safe to do so.
- Bring together the housing and domestic abuse sectors through a Coordinated Community Response (CCR)³¹ to keep victim/survivors safe and hold abusers to account.

National domestic abuse charity Standing Together Against Domestic Abuse ('Standing Together' or 'STADA') works with local authorities to promote delivery of the WHA model nationally and with interested local sites authorities in the UK (mainly England). The 14 components of the WHA bring under one umbrella all main housing tenure types alongside the housing options and support initiatives needed to help people experiencing domestic abuse to either maintain or access safe and stable housing (see figure below). *Purple circles* indicate the primary tenure categories, and *beige circles* denote the housing alternatives, initiatives, and domestic abuse support available to victims/survivors across primary tenure categories.

³¹ <https://www.standingtogether.org.uk/what-is-ccr>



A1.4 Previous WHA pilots and evaluations

The Ministry of Housing, Communities and Local Government (MHCLG) financed a preliminary WHA pilot project for a duration of 30 months, from October 2018 to March 2021 in the following three locations:

- Stockton-on-Tees
- Cambridgeshire and Peterborough
- Three West London Boroughs: Kensington and Chelsea, Hammersmith and Fulham, Westminster

Evaluation of these pilots by DAHA (Year 1, published 2020 and Year 2, published 2021)³² suggested that the WHA achieved significant differences for both victims/survivors and their children, as well as for the professionals, housing providers, and agencies with whom they engaged. However, a key limitation was that, in each of the three sites, only some of the 14 components were implemented.

³² <https://www.dahalliance.org.uk/media/11069/whole-housing-project-year-one-report.pdf>;
https://www.dahalliance.org.uk/media/11071/whole-housing-project-report_year-two_final.pdf

A2. The WHA pilot in Cheshire East 2022-2024

A2.1 The WHA Strategy for domestic abuse in Cheshire East

In 2021 Cheshire East Council (CEC) published a Cheshire East Whole Housing Approach (WHA) Strategy 2021-22 which provided a framework for the WHA model in Cheshire East. The WHA Steering Group holds responsibility for the Strategy and its associated Action Plan. The WHA Strategy in Cheshire East has been summarised as follows:³³

- A key aim of the strategy is to increase safety and choice for victim/survivors and their children by providing support for families in safe accommodation. This includes ensuring that where safe and practical, survivors remain in their own homes.
- It aims to achieve this through the following six objectives:
 - (i) To provide support for families experiencing domestic abuse through improved access to housing options especially for those with relevant protected characteristics and/ or who face barriers in accessing safe accommodation due to: Experiencing multiple disadvantage (including mental ill health, problematic substance use and other care and support needs); Larger families; Financial barriers.
 - (ii) To increase skills and knowledge of specialist domestic abuse staff in housing related support options including options available from partner agencies such as the police and the fire and rescue service.
 - (iii) To increase skills and knowledge of staff working across the housing sector in responding to domestic abuse so that families are identified, and support is offered, sooner.
 - (iv) To develop and improve responses to those who harm including the provision of support with housing where this will reduce risk for adult and child victims.
 - (v) To ensure that adult and child victims can remain safely in their own homes, or in the local area, where this is their preferred option, through the provision of a package of support including a sanctuary scheme.
 - (vi) To co-produce a trauma informed preventative programme for young people who are cared-for/ care leavers living in Cheshire East.

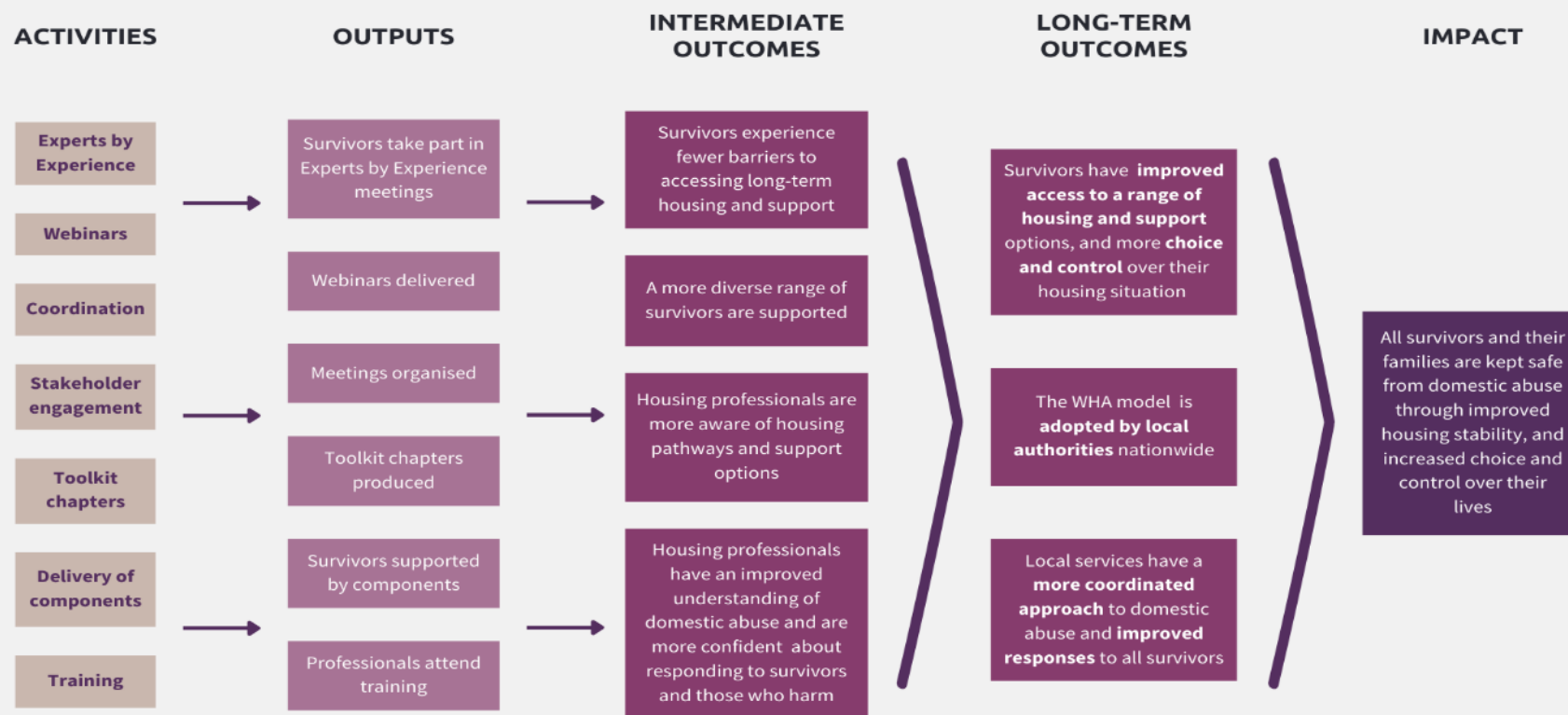
A2.2 Why Cheshire East?

Standing Together wanted to pilot all 14 elements of the WHA in one English local authority. Whilst the WHA had previously been piloted in three English local authority sites, it was felt that those pilots only partially implemented the model (i.e. selected components) whereas the CE Pilot would seek to implement *all* components. Cheshire East was chosen as a pilot site for the pilot following a national selection process led by Standing Together and partners. Stakeholders described a range of contextual factors that made Cheshire East a strong candidate, including its early strategic alignment with the WHA, its infrastructure and partnerships, and its commitment to implementation across all components of the model. These attributes positioned the local area as both ready and ambitious for testing a comprehensive, systems-level approach to domestic abuse and housing.

³³ Standing Together, Cheshire East WHA Needs Assessment 2021 (Published 2022). Note: a further CEC Domestic Abuse Needs Assessment was commissioned from Standing Together in 2023.

A2.3 Theory of Change for a WHA approach in Cheshire East

Context: A lack of long-term, appropriate housing options keeps survivors in dangerous situations, and experience of domestic abuse is a leading cause of homelessness among women



Assumptions:

- Professionals will engage with training and implement their learning in their day-to-day roles
- Once local services have a better understanding of the WHA, they will want to engage with the different components
- When professionals know more about referral pathways to WHA components, they will refer more survivors
- There is sufficient safe, affordable housing available

A3. This independent evaluation – scope and approach

A3.1 Evaluation questions

The purpose of the independent evaluation was twofold: (A) to assess the pilot's effectiveness and impact, and (B) to provide recommendations for the future rollout of the WHA in other areas.

To evaluate these aims, STADA commissioned an external evaluation team from the University of Central Lancashire,³⁴ University of Glasgow and Mutual Ventures. The evaluation examined the following questions:

- 1) What difference have the WHA interventions/activities made for domestic abuse survivors? (Answered in Chapter C). Have they met the overall aims of getting more survivors into longer-term secure tenancies, sooner, and with a greater range of suitable accommodation options? The questions are answered via an **outcome evaluation**. The key outcome measures are analysed for the pilot site compared with (a) a naturally occurring local authority comparison site, and (b) Cheshire East in the year prior to the pilot (January-December 2021). Specific sub-questions included:
 - Has the WHA led to domestic abuse being identified in the range of WHA tenure types?
 - Has domestic abuse been identified earlier, overall, and in the different tenure types?
 - Have more housing interventions been implemented, earlier, for those affected by domestic abuse and do these interventions occur across tenure types?
 - Have fewer people been made homeless due to domestic abuse? Are there difference between tenures?
 - Have more survivors remained safely in their homes?
 - Have fewer survivors lost their tenancy status if they relocate?
 - Which housing types (e.g. temporary, long-term, group, individual etc) and tenure types (owner occupation, PRS, social housing) have proved most acceptable for survivors and their families?
 - Have more perpetrators been removed from properties where appropriate and safe?
 - Have more organisations and professionals (across the range of WHA tenure types) been supported to understand domestic abuse?
 - How well does Cheshire East's Housing Options Team understand domestic abuse and how is the support it offers to survivors perceived?
- 2) In what ways is the WHA model more effective than non-WHA delivery of housing interventions? (Answered in Chapters B & D). These questions are answered via a **process evaluation** exploring how the observed outcomes were achieved; whether the model is being implemented as designed ('fidelity to the model'); and whether model is accessible and acceptable to its target population (survivors). Specific sub-questions included:
 - How has the WHA model and its 14 components been implemented in Cheshire East? Have all components been fully delivered? Have any adaptations been made and why?
 - What has worked well and why?
 - What have been the challenges in implementation and how have these been overcome?
 - Is the WHA model accessible and acceptable to survivors?

³⁴ From 1 September 2025, the University of Central Lancashire will become the University of Lancashire.

- What value does a WHA model add over and above the individual activities/interventions being addressed under the approach? We will consider new activities/interventions delivered as part of the WHA, as well as improvements to number or quality of existing work deriving from the implementation of a WHA.
- 3) What are the costs and benefits to local authorities and commissioners of implementing a WHA model? (Answered in Chapter E).
 - 4) What recommendations can be made to commissioners and policy-makers for implementing a WHA model? (Answered in Chapter F). In particular:
 - What are the lessons for scalability nationally?
 - How can challenges and obstacles to implementation be overcome?
 - How important is high fidelity to the WHA model? To what extent is flexible or selective implementation possible without compromising the integrity and effectiveness of the approach?
 - What are the Core Principles for effective implementation of a WHA; and how can these be flexibly implemented?
 - How can the existing WHA Guidance and Toolkit be updated/improved?

A3.2 Methodology

The evaluation team adopted a mixed methods design combining quantitative and qualitative data including analysis of existing agency, cost, benefit and administrative data, combined with new primary data collection from stakeholder and survivor interviews. Ethics approval was granted by University of Central Lancashire's BAHSS Ethics Committee on 10/6/2024. Methods included:

- 1- **A data mapping survey** (later adapted to a data collection and mapping exercise) to establish what outcomes data existed already at the local level.
- 2- Creation of a **Baseline Dataset** against a validated Data Plan (for the year before the pilot: 1 January to 31 December 2021) – including (where possible) for a comparator local authority site, selected for broadly similar population demographics and size.
- 3- Creation of an **Evaluation Dataset** (for pilot years: January to December 2022, 2023 and 2024) against a validated Data Plan – including for the comparator site. *The Baseline and Evaluation Datasets are combined and can be found at Appendix 5.*
- 4- **Stakeholder consultation:** We completed 16 qualitative in-depth semi-structured interviews involving 22 key stakeholders (ten 1:1 and six 1:2 interviews). The interviews lasted between 30 and 90 minutes, with an average of one hour and 10 minutes. Interviewees included: Cheshire East local authority housing, homelessness and domestic abuse teams; housing providers across the different sectors; specialist domestic abuse services; community organisations; and STADA pilot WHA team. The team were unable to interview Registered Social Landlords (RSLs) who provide social housing in the local authority – we contacted several but had no response.

Interviews explored: how the WHA components and overall model were implemented – challenges, opportunities, learning for future implementation; and what impact the project had, how and why this was different from pre pilot. Interviews were held virtually (MS Teams). They were professionally transcribed. Audio-recordings were then deleted from the University of Central Lancashire's drives including MS Teams Stream and OneDrive. Thematic, grounded, analysis using a framework derived from the interview schedules

was carried out in NVivo. Interviews were written up under themes, anonymising all participant details. Findings were used to inform both Outcome and Process evaluations as well as development of Recommendations. Template interview guides and description of the interviewee sample are appended (Appendices 1 and 2).

5 - Survivor consultation: Semi-structured interviews were carried out with 14 survivors who experienced housing needs due to domestic abuse in Cheshire East. Four were recruited via a 'By and For' homelessness support project, two via a 'By and For' voluntary sector service supporting minoritised women, two were part of a Survivor Consultation Group specifically established to inform the WHA pilot in CE ('WHA Consultants'), and six were recruited via the CEC IDVA team. Four interviews were conducted in person and the rest online via Teams.

Survivors were consulted about their experiences of housing and homelessness in Cheshire East, and the experience and value of the WHA, specifically:

- Their needs and experiences of domestic abuse housing and homelessness
- Their experience of accessing housing support in Cheshire East and outcomes from that support
- Any differences in experience pre and post the implementation of a WHA
- The impact of support on their safety and self-confidence
- Whether and how they have helped shape development of the WHA and the benefits of such participation

A mix of experiences pre and post implementation of the pilot project was sought. Where possible, survivors were recruited via existing Survivor Groups in Cheshire East. Survivors were offered an in-person or virtual interview, according to their own preference. Survivors were given 'thank you' vouchers for taking part in interviews. Interviews were professionally transcribed and anonymised, and audio-recordings then deleted from the University of Central Lancashire's drives including MS Teams Stream and OneDrive. Thematic, grounded, analysis using a framework derived from the interview schedules was carried out in NVivo. Interviews were written up under themes and participant details fully anonymised. Findings were used to inform both Outcome and Process evaluations as well as development of Recommendations. Template interview guides and description of the interviewee sample are appended (Appendices 3 and 4).

5- Cost-benefit analysis of the WHA approach (delivered by partner Mutual Ventures).

In appraising the value of the pilot, it was important to understand and quantify the costs and benefits of the WHA approach. What actual costs are incurred from implementing a WHA model and to whom do the costs fall? What are the benefits, to whom, and when do they accrue? The research team worked with Mutual Ventures, cost-benefit analysis experts, to deliver a formal cost-benefit economic analysis. Mutual Ventures estimated the economic costs and benefits to the public finances and wider society as a result of the interventions by valuing them in monetary terms rather than only focusing on funding and affordability for the public sector. Quality assurance was undertaken to ensure consistency between outputs of the economic modelling and the evaluation work.

A3.3 Evaluation team

The independent evaluation was commissioned from the Connect Centre for International Research on Interpersonal Violence and Harm at the University of Central Lancashire. The

PI was Dr Lis Bates, with Co-Applicants Professor Emerita Nicky Stanley, Dr Kelly Bracewell and Dr Maria Turda. We worked in collaboration with Professor Annette Hastings from the University of Glasgow, and with Principal Consultant Agata Miskowiec from economic analysis specialists Mutual Ventures. This was a highly experienced and qualified research team with expertise across domestic abuse and housing, and a proven track record of delivering high-quality survivor-centric evaluations to time and budget.

B: HOW THE WHA HAS BEEN DELIVERED IN CHESHIRE EAST

This section B answers part of the Process Evaluation about how the WHA model was implemented in Cheshire East, namely:

- How has the WHA model and its 14 components been implemented in Cheshire East? Have all components been fully delivered? Have any adaptations been made and why?

The map below (see B1.5) and supporting commentary is based on implementation of the WHA Model in Cheshire East, drawing on what was planned for each component in the 2021-2024 WHA Project Plan, and supplemented by what key STADA and CEC stakeholders said in interview about which components were implemented and how. See section D4 for analysis of why certain components were easy/difficult to implement and why some implementation differed to the template. Appendix 6 summarises key organisations and roles involved in the pilot.

B1. Implementation

B1.1 Timeline for WHA pilot implementation

The timeline was guided by a structured and pragmatic approach. Year 1 focused on foundational activities, recruitment, stakeholder engagement, and planning, while Years 2-3 onwards marked the operational phase, with delivery of components and monitoring systems coming into effect. This phasing allowed for a realistic and sustainable implementation process, shaped by local capacity and the need to adapt a complex national model to the local authority context. Stakeholders acknowledged that while progress took time, this measured approach was essential to ensuring success.

Year 1: Laying the foundations (Jan–Dec 2022). The initial year of the pilot was intentionally used to lay the groundwork for implementation. This included recruitment, stakeholder mapping, needs assessment analysis, and development of the project plan.

So January to sort of June, July, August... it was very much setting the groundwork, getting those relationships for the project in place – STADA pilot team.

Key posts such as the CEC WHA Coordinator and WHA IDVA role were recruited during this period, although local authority processes meant this took time. Simultaneously, teams worked through each component of the WHA needs assessment to plan local implementation.

That whole Autumn we took each section of the needs assessment and kind of worked through... how could we do them, do any of them need to be adapted, are there anything that's missing. - STADA pilot team.

Years 2 and 3: Transition to implementation (Jan 2023 to Dec 2024). By early 2023, with key staff in post and planning completed, the pilot moved from design to active

implementation. This included operationalising individual components such as flexible funding and beginning monitoring and evaluation work:

So from the beginning of 2023... [we were] carrying out implementing activities really and then starting to do the monitoring and the data collection - STADA pilot team.

B1.2 What's been implemented to or beyond plan

Refuge. Expansion of refuge provision by MyCWA year on year during the pilot. This validated the dispersed safe accommodation model in Cheshire East, and broadened inclusivity. Demand still outstripped capacity though - in part reflecting CEC / MyCWA decision to support holistic provision for survivors – including taking in survivors from across the country (not limiting access only to Cheshire East residents) and MyCWA offering places for those with No Recourse to Public Funds.

Sanctuary Scheme. Cited as a positive success under the pilot by stakeholders – mainly due to re-shaping and re-commissioning the service. Transition was made to a new provider in September 2024. Focus under the new provider has been achieving quality installations, not necessarily more in number. Registered Social Landlords (RSLs) are expected to carry out their own Sanctuary Scheme installations in social housing.

Flexible funding. Cited by stakeholders as a strong component. One new pot within the Council's Housing Options team (funded via Housing) (for rent arrears, deposits etc – housing specific issues) was seen as a game-changer for helping survivors remain in their own homes. A second, pre-existing pot – the 'Specialist Services Fund' – accessible by MyCWA and the IDVAs (for ring doorbells, furniture, curtains, flooring etc) was also seen as vitally useful. This pot was administered by MyCWA until 2024 when it was moved within the DA Hub in CE Council. MyCWA also continued to separately fund and provide their own specialist services fund.

WHA coordination. Multiple stakeholders cited the WHA Coordinator post as vital to pilot success – both in terms of coordinating activity within the local authority and ensuring focus remained high; and in terms of practical, case-level liaison between IDVA and Housing teams.

Social Housing. (CEC Housing Options Team + RSLs). New Homechoice DA caseworker role within CEC Housing was cited as a flagship success. All of the CEC Housing Options team has been trained on DA and feel confident to refer survivors to DA support. The Homechoice DA Caseworker has developed good links with safeguarding teams in the 3 main RSLs and is able to have direct conversations about safeguarding individual clients and help the RSLs understand if its DA rather than ASB. More broadly, RSLs have been better engaged as a result of the pilot: attending pilot Steering Groups, DA training and the MARACs. There was felt to be good general awareness amongst RSLs about DA now, and the three big providers had put in place referral routes into the DA Hub, introduced DA caseworkers, and had strengthened their safeguarding arrangements.

DAHA accreditation. Achieved for CEC Housing Options Team in June 2022. DAHA accreditation was cited in stakeholder interviews as potentially influencing a jump in referrals into the DA Hub from housing teams. Of the three big RSLs, one had DAHA accreditation prior to pilot but achieved enhanced accreditation during the pilot; another was going through accreditation in 2024; and a third had applied for accreditation.

Perpetrator Management. CE has a number of innovative activities around perpetrators, with the view that helping perpetrators into accommodation directly makes survivors and children safer too. MyCWA does innovative work with perpetrators as part of its Whole Family approach. In 2023 MyCWA took on a 2-unit accommodation for those who harm – one of few perpetrator accommodations in the country. MyCWA complete a housing assessment and offer support to perpetrators to get into housing – most go into social housing, some into private rentals. During 2022-23 a Behaviour Change Worker was funded within MyCWA, and the work they initiated has continued. The Homechoice DA caseworker also uses the Housing Options flexible funding pot to help perpetrators secure accommodation (e.g. deposit, pay off arrears) – this is seen as helping make the victim safe. Under the pilot, the Housing Options team made changes to their case management system to introduce questions about perpetration, and a referral route from this into MyCWA was established for support for those who harm. Other key services for perpetrators were in place before the pilot (e.g. Lifeline/Engage Plus Behaviour Change Programme run by MyCWA) or were implemented outside it (e.g. DRIVE). Stakeholders felt there was more that they would have wanted/would want in future on perpetrators – e.g. a Restart model – as well as expanding the MyCWA perpetrator accommodation.

B1.3 What's been implemented partially

One piece of learning has been that activities under the private rental sector (PRS) and privately owned housing sectors (POH) components are more possible and necessary at the national level in the form of changes to policy/guidance and legislation; actions that can be completed at the local authority level may be more limited in scope.

Private Rental Sector (PRS). A PRS-specific Steering Group was run throughout the pilot. The main delivered activity in CE under this component has been work with the Housing Standards and Adaptations Team. DA training was delivered to that team for the first time, a referral pathway into DAFSU/Hub put in place, policies and procedures written, and a method put in place for flagging DA on their systems. This was a hard-won success, due to challenges with capacity, and no Hub referrals have to date been made by that team – however the HS&A team reports feeling more confident to spot DA and know what to do. By&For services have been consulted about the needs of their clients in PRS and learning fed back to PRS stakeholders. Outside the pilot, but with implications for CE, STADA nationally is developing accreditation via e-learning for PRS landlords and letting agents; and has campaigned nationally for relevant changes to the Renters Reform Bill which will impact the PRS and DA survivors. The pilot team would have liked to develop work to rehouse perpetrators within the PRS.

Privately Owned Housing (POH). Perhaps more limited in scope of activities delivered. This component has mainly been delivered via training from pilot partner 'Surviving Economic Abuse' (SEA) (with very good attendee numbers). A webinar was run in 2024 with SEA on how perpetrators can use joint mortgages to trap survivors. A referral pathway was put in place by Cheshire East for the DA Hub to refer to SEA for support and resources around privately owned accommodation. CEC also added a section into their Allocations policy to say that they would re-house survivors into social housing if they were trapped by a joint mortgage. POH survivors were supported with help on mortgage arrears and related finances via the Housing Options flexible fund. Further engagement and advice work was initially intended with key stakeholders e.g. with estate agents, mortgage providers, CEC mortgage pre-action team – not all of this has happened. As with PRS, the pilot team felt that

the POH component more challenging in terms of where it sits within a local authority and who has ownership of the work.

Sheltered/supported housing. This component was also more limited in delivery. Stakeholders said sheltered housing was hard to engage (because they didn't really acknowledge DA within their client group), but SEA had delivered training to sheltered housing providers which had been well-attended. For supported housing, the key activity to date had been building relationships with Edge 360 (a non-commissioned service) and supporting them to develop a trauma-informed recovery programme for their clients. Several stakeholders cited the work with Edge 360 as a success.

B1.4 What's been implemented differently to the WHA template

Several components were highlighted in key stakeholder interviews as not so relevant for Cheshire East or implemented in a different way locally to how they were envisaged in the WHA model. Important learning has emerged from these about how the WHA model may need to be adapted for implementation in other local areas.

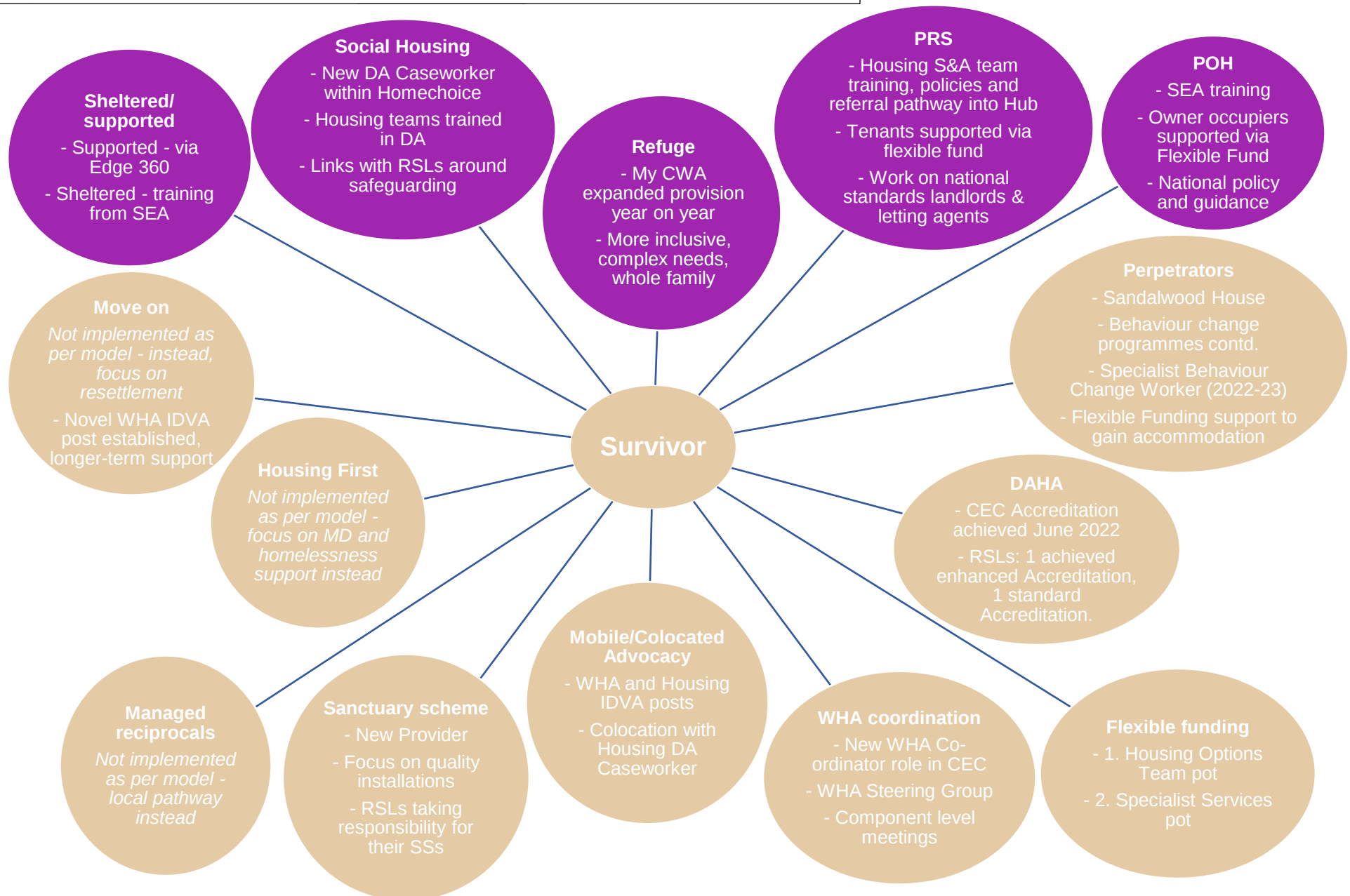
Move On. It was concluded that this model (originally developed in London boroughs) was less relevant in CE. So this component in CE was more focused on Resettlement and DA support over a longer period of time – hence establishing the WHA IDVA role.

Managed Reciprocal. This model – a formal collaboration between housing agencies, mediated by an independent agency – was found to be less relevant in the CE context. Instead of a formal process, Cheshire East implemented an informal pathway/discussion between key personnel from housing, Refuge and DA teams who discuss each case and work out appropriate area to relocate to, which is then actioned via the Homechoice team.

Housing First. Another component where learning from the pilot led to a re-think of the model. In CE the Housing First model was felt to be too prescriptive (and expensive) and not the only way to address multiple disadvantage and homelessness. Learning was that a better approach might be to focus on intended outcomes for clients – i.e. getting secure housing in place for clients with multiple disadvantages and homelessness before addressing DA and substance use – but the nature of the housing could vary. In this context, the work to support Edge 360 also fed into this component.

Mobile/Co-Located Advocacy. The model prescribed a mobile/ co-located DA advocate role, with a supporting job description. This component was implemented differently in Cheshire East. Instead, specialist IDVA (domestic abuse advocate) roles were developed with different focuses. These changed across the pilot years, but the current incarnation of a Housing IDVA and a WHA IDVA were reported to be positive and to have really pioneered longer-term housing support for survivors and supported them moving on. Regular co-location ("the Huddle") between IDVAs and Homechoice DA Caseworker were cited as having facilitated quicker, earlier and more holistic decisions on individual cases.

B1.5 Map of WHA as implemented in Cheshire East



C. OUTCOME EVALUATION: FINDINGS ON OUTCOMES AND IMPACT

C1. Approach taken in Outcome Evaluation

This section C sets out the findings of the Outcome Evaluation which assessed what difference the WHA Model made for survivors, children and perpetrators during the pilot years January 2022 to December 2024, especially when compared with a comparable local authority, and compared to a baseline year (January to December 2021) in CEC. It answers these questions:

What difference have the WHA interventions/activities made for domestic abuse survivors? Have they met the overall aims of getting more survivors into longer-term secure tenancies, sooner, and with a greater range of suitable accommodation options? Sub-questions considered were:

- Has the WHA led to domestic abuse being identified in the range of WHA tenure types?
- Has domestic abuse been identified earlier, overall, and in the different tenure types?
- Have more housing interventions been implemented, earlier, for those affected by domestic abuse and do these interventions occur across tenure types?
- Have fewer people been made homeless due to domestic abuse? Are there difference between tenures?
- Have more survivors remained safely in their homes?
- Have more survivors been supported via refuge accommodation?
- Have fewer survivors lost their tenancy status if they relocate?
- Which housing types (e.g. temporary, long-term, group, individual etc) and tenure types (owner occupation, PRS, social housing) have proved most acceptable for survivors and their families?
- Have more perpetrators been removed from properties where appropriate and safe?
- Have more organisations and professionals (across the range of WHA tenure types) been supported to understand domestic abuse?
- How well does Cheshire East's Housing Options Team understand domestic abuse and how is the support it offers to survivors perceived?

Full outcome measures are reported in the Baseline and Evaluation datasets presented in the table in Appendix 5. These metrics were determined early in the evaluation by a Data Plan which the research team validated with the pilot leads in STADA and CEC through initial scoping discussions.

C2. Commentary on outcome measures

C2.1 Improved identification of domestic abuse amongst housing clients?

Has more domestic abuse been identified amongst housing clients? (Appendix 5, metrics 4.1, 4.3)

Very substantially, yes. Overall, a very positive picture, with many more referrals coming into the DA Hub, from a range of housing agencies under the pilot years.

There was a clear and sustained increase in referrals to DA Hub from CEC housing teams, supported and sheltered accommodation providers into the DA under the pilot, compared with the baseline year. Referral numbers from the comparator LA support the impact of the WHA pilot in CE here: the comparator LA's referral numbers into the equivalent DA Hub in years 2 and 3 (years for which data were available) remain similar to CE in the baseline year, and substantially below CE referral numbers in the pilot years.

This picture is supported by stakeholder interviews, which point to significant efforts in training housing, DA and other teams across CE council, investment and improvements in professional and between-team relationships under the pilot, and the key importance of new WHA roles linking housing and DA teams. These activities seem to be borne out by these impressive referral numbers.

Referrals into DA Hub from CE housing teams and Registered Social Landlords (RSLs) (4.1)

Very positively, there was a substantial rise in referrals made into the DA Hub from housing teams and RSLs under the pilot compared both with the baseline year; as well as year-on-year increases during pilot years – from 108 (adjusted figure) in the baseline year, to 441 in year 1, 484 in year 2 and 541 in year 3.

Referral data from the comparator LA for years 2 and 3 show referrals into their DA Hub from housing teams to be at approximately the level seen in Cheshire East in the baseline year, but significantly less than the CE figures for pilot years (note that the comparator LA figures are thought to not capture all referrals from RSLs into DA Hub in that area, so may be somewhat under-represented).

Referrals into DA Hub from sheltered and supported housing (4.3)

There was also a very big rise in referrals into CE DA Hub from sheltered and supported housing sites under the pilot compared with the baseline year: from 6 in the baseline year, to 41 in year 1, 47 in year 2 and 35 in year 3. Data on this metric was not available from the comparator LA.

Have more housing interventions been implemented, earlier, for those affected by domestic abuse and do these interventions occur across tenure types?

(Appendix 5, metrics 1.4, 1.7)

This proved hard to answer from outcomes data, and breakdown by tenure type was unfortunately not available across most or all key outcome measures.

Average number of days from assessment of needs and circumstances to accepting a Prevention Duty for survivors (1.4)

This sat at under 1 day across the baseline year, and years 1 to 3. The comparator LA was under 1 day in year 2 and 5 days in year 3. This suggests that, for those accepted under a Prevention Duty, that decision happens on the same day the assessment is made; so this metric is not illuminating.

Average number of days from assessment of needs and circumstances to accepting a Relief Duty for survivors (1.7)

This fell from 4 days in the baseline year, to <1 day in year 1, 2 days in year 2 and 5 days in year 3. The comparator LA was <1 day in year 2 and 2 days in year 3. These numbers suggest that under the pilot it took longer for survivors being assessed to be accepted under a Relief Duty, compared with the baseline year, albeit still under a week.

Unfortunately, data were not available by tenure type.

C2.2 Improved support and outcomes for survivors and children?

Have more DA survivors and children been supported with housing? (Appendix 5, metrics 1.1, 3.1)

Yes, significantly.

Number of survivors supported with a housing need by specialist advocates (1.1)

Data from Cheshire East Domestic Abuse Hub shows a rise in the number of survivors with a housing need supported by the DA Hub in each of the pilot years compared with the baseline year (2021), even taking into account an estimated uprating (x1.5) of the numbers supported in the baseline year 2021. There were 447 survivors supported in year 1, compared with 357 survivors the year before the pilot (baseline year) – a 25% increase. Year 2 numbers dropped slightly, to 419, before rising considerably in the final pilot year (2024) to 588. This is a 32% increase in number of survivors supported by the Hub in year 3 of the pilot, when the WHA was fully implemented with new roles and all components, compared with Y1.

Importantly, in addition, new roles introduced under the pilot in Housing (Homechoice DA caseworker) and in the IDVA service (a specialist Housing IDVA and a specialist WHA IDVA roles were in place by year 3) show increasing numbers of survivors being offered specialist housing support. The Homechoice DA caseworker (new post established in late 2021) supported an entirely new case load of 23 in year 1, 19 in year 2 and 16 in year 3. These are clients who would not have been supported if the post had not been established under the pilot. Similarly, 12 clients were supported in year 2 by the new Housing IDVA post, jumping to 88 in year 3 by the Housing IDVA, as well as 41 clients supported in year 3 by the new WHA IDVA role.

The story of housing support offered to survivors through the Hub and these new posts in Housing and DA is a huge success indicator of the pilot (and is supported by findings in Section D about the value of partnership working between these Housing and IDVA roles).

Number of households supported with children (3.1)

Data from housing (not requiring uprating for the baseline year) shows a 3-fold jump from 13 households (with 23 children) supported with housing in the baseline year, to 41 (71 children) in year 1. The number rose again to year 2, with 53 households (109 children), but fell in year 3 to 39 (72 children). The overall picture is of significantly more households with children supported over the three pilot years compared with the baseline year, although the

drop in year 3 (when the pilot was fully implemented, along with new housing support posts as above), warrants some further scrutiny from within the LA.

Have fewer DA survivors been made homeless? (Appendix 5, metrics 1.2, 1.3, 1.5, 1.6)

Approximately the same number of survivors were accepted under the homelessness Prevention and Relief duties in each of the pilot years as the baseline year. This compared with a substantial rise in the number of survivors losing their last settled home due to DA under the pilot years (1.2). This points to significant new homelessness need due to DA across years 1 to 3, but without a corresponding rise in numbers supported for homelessness under the Relief duty or accepted for homelessness prevention under the Prevention duty.

However, there was a rise in successful discharge of Prevention duty in the pilot years (1.5). Calculating the successful discharge of Prevention duty figures (1.5) as a proportion of the number of survivors accepted under Prevention duty each year (1.3) shows that the rate of successful discharge (i.e. homelessness prevented) rose substantially under the pilot: from 63% (29/46) in the baseline year, to 75% (40/53) in year 1, 90% (44/49) in year 2, and 98% (41/42) in year 3.

More positively: (a) the increase in the homeless due to DA numbers from the baseline year to the three pilot years may suggest that more homelessness due to DA was being identified under the pilot; and (b) the fall in numbers made homeless due to DA to 84 in year 3 – the first year that the WHA was fully implemented – could indicate that the pilot was starting to make inroads into prevention by its final year.

Number of survivors made homeless due to DA (1.2)

Housing data shows that substantially more survivors were made homeless (reason for loss of last settled home was 'due to DA') in each of the pilot years (92, 98 and 84 respectively, compared with 29 in Baseline). There was a 14% fall in Y3 from Y2. This indicates a high level of as-yet-unmet need from survivors for better prevention of homelessness due to DA. The numbers indicate that the pilot did not make significant inroads into the prevention of homelessness for DA survivors over its three years; but that increasing survivor need was identified throughout the pilot years.

Number of survivors accepted under homelessness Prevention Duty (1.3) and Relief Duty (1.6)

Approximately similar numbers of survivors were accepted under the Prevention duty (at risk of, but not yet, homeless due to DA) in these years: 53 (Y1) and 49 (Y2) and 42 (Y3), compared with 46 in the baseline year.

Approximately similar numbers of survivors were accepted under the Relief duty (already homeless due to DA) in Y1 (46) and Y2 (47) and Y3 (49), as compared with the baseline year (45).

1.5 Number of survivors for whom Prevention Duty was successfully discharged

Again aligning with greater need, and greater action under Prevention and Relief duties under the pilot years, more survivors in CE had their Prevention Duty successfully discharged (i.e. were prevented from becoming homeless): 40, 44 and 41 in each pilot year, compared with 29 in the baseline year. Numbers available for this metric from the comparator LA for Years 2 and 3 are about one-third of the numbers in CE, but it is not clear if these overall volume numbers can be directly compared. What it does show is that the comparator LA, like CE, had stable prevention of homelessness figures across years 2 and 3.

Have more DA survivors (and children) been supported to remain safely in their own homes? (Appendix 5, metrics 1.12, 1.13, 3.3)

Overall yes, more survivors and children were supported to remain in their own homes.

There was a substantial rise in the number of DA survivors supported by both the Housing Options and MyCWA flexible funds during the pilot years. This was supported in stakeholder interviews, where the flexible funds were pointed to by multiple interviewees as a key benefit of the pilot, which had enabled significant new support to DA survivors to remain in their homes.

The number of full Sanctuary Scheme installations (a component hailed by stakeholders as a key success of the pilot) showed a mixed picture across the pilot years, with increased numbers in some but not all pilot years compared with Baseline. By way of context, under the pilot a wholly new Sanctuary Scheme was designed and a new provider commissioned, which was put in place during 2024, so this may have affected the numbers installed in the pilot years. We would expect to see this stabilise and numbers start to rise during Y3 and then after the pilot years.

Nevertheless, many more clients received broader target hardening measures (e.g. improved security, ring doorbells) under all three pilot years compared with Baseline (61): Y1=140, Y2=153 and Y3=168.

Survivors supported through the flexible funds (1.12)

DA survivors supported by the flexible fund administered by Housing Options rose from 6 in Baseline year to 29 in Y1, 22 in Y2 and 20 in Y3. This was a new fund established and financed by Housing under the pilot so we would expect to see a big rise from the baseline year (which represented a small existing fund).

DA survivors supported by MyCWA's flexible fund ('specialist services fund') also supported substantially more survivors during the pilot years: up from 200 in Baseline year to 339 in Y1, 279 in Y2 and 156 in Y3 January-March (the fund was moved into DA Hub in March 2024). The fact that the final year supported half the number of previous years, in only a quarter of the time, shows the huge, continued demand for this funding.

Sanctuary schemes installed (1.13)

Full sanctuary schemes (installed in Privately Rented or Privately Owned accommodations) fell in Y1 (7) from the baseline year (13) before rising to 26 in Y2 and falling to 12 in Y3.

Figures for all target hardening measures (which ranged from, for example, a new lock or ring-doorbell, to full sanctuary installations), including for Social Housing tenants, rose

significantly under the pilot: from 61 clients supported in the baseline year, to 140 (Y1), 153 (Y2) and 168 in Y3.

Number of children in households supported to remain in their homes/access long-term accommodation (3.3)

The number of households with children where sanctuary schemes were installed was 16 in Y1, 37 in Y2 and 13 in Y3. Data was not available for the baseline year or the comparator LA for this metric.

Have fewer survivors been in emergency or temporary accommodation, for less time? (Appendix 5, metrics 1.8, 1.9, 1.10, 1.11)

No. Cheshire East housing data shows that similar numbers of survivors were in emergency and temporary accommodation in each pilot year and the baseline year. It is worth noting however that (see above) this is against a context of a significant rise in homelessness due to DA under the pilot years compared with the baseline year, albeit against similar numbers of survivors accepted under the Prevention and Relief duties in pilot years, and more survivors overall supported with housing and homelessness. This may indicate that, whilst emergency and temporary accommodation volume numbers remained stable across these years, they were less as a proportion of (greater numbers of) survivors with housing/homelessness needs under the pilot years.

Average time spent in emergency accommodation remained steady at around 3 weeks across the baseline and pilot years; and 2-3 months in temporary accommodation under the Main Housing duty (albeit small numbers).

Comparison with another LA on total volume numbers is tricky to interpret as different local authorities will have different population sizes, and total DA numbers. However, it's worth noting that survivors in Cheshire East spent substantially less time in emergency and temporary accommodation (metrics 1.10 and 1.11) than in the comparator LA for the years where data were available. These average times did not change from the baseline year in CE, though, and so cannot be argued to be attributable to the WHA pilot.

Number of survivors in emergency accommodation under Interim housing duty (s.188) (1.8)

Similar numbers of survivors were in emergency accommodation in the baseline year and across each pilot year (35, 33, 35, 39 respectively). These numbers were less than numbers in the comparator LA for pilot Y2 (108) and Y3 (75) (years for which we have the comparative data).

Average number of days spent in emergency accommodation under s.188 (1.10)

As with 1.8, similar average length of time in emergency accommodation across the baseline and pilot years (26 days, 21 days, 21 days, 25 days, respectively). Less time on average spent in emergency accommodation than in the comparator LA: 49 days in Y2 and 60 days in Y3.

Number of survivors in temporary accommodation under Main Housing Duty (s.193) (1.9)

These are very small numbers overall, but as with 1.8, similar numbers across the baseline and pilot years (2, 3, 1, 4 respectively), and similar numbers to the comparator LA (4 in Y2 and 5 in Y3).

Average number of days spent in temporary accommodation under s.193 (1.11)

These figures are skewed by small numbers, but on average suggests that in CE, survivors are in temporary accommodation for 2-3 months under the Main Duty. That compares with around 4 months in the comparator LA (data for Y2 and Y3 only).

Have more survivors (and children) in temporary accommodation been offered specialist DA support? (Appendix 5, metric 4.6)

Yes, more survivors supported in temporary accommodation under each of the pilot years compared with the baseline year. Unfortunately, data not available on children.

Number of survivors in temporary accommodation receiving specialist DA support (4.6)

There was a substantial rise in survivors supported in temporary accommodation from the baseline year (10) to the pilot years (52, 47 and 45 respectively).

Have more survivors (and children) been accepted into Refuge accommodation? (Appendix 5, metric 1.14)

Yes, slightly more overall accepted to refuge in the pilot years – an increase both in overall volume of acceptances and also acceptances as a proportion of referrals. However, it's important to note that acceptance, driven largely by capacity constraints, remains low compared to overall demand/ referrals.

Number of survivors referred to, accepted, or turned down for refuge (1.14)

Volume of referrals to MyCWA refuges in Cheshire East fell slightly in year 1 of the pilot (93) compared with the baseline year (106) before rising in year 2 (110) and year 3 (128).

The numbers accepted in each pilot year were higher than in the baseline year. This is in part due to the success of MyCWA in opening additional refuge places / sites in each year of the pilot, so increasing overall capacity.

Acceptances as a proportion of referrals for each year were slightly higher in pilot years compared with the baseline year: 19% (20/106 for 2021), 37% (34/93) in year 1, 25% (27/110) in year 2 and 21% (27/128) in year 3. This should be seen against increasing overall demand/referrals.

By way of context, Cheshire East Needs Assessment report 2021-22 states that in 2021-2022 MyCWA refuge services declined 84% of referrals (161/192), and that three-quarters of those declined were due to lack of space. Whilst the timeframe of that report pre-dates most of the WHA pilot, combined with the numbers in 1.14 above, it suggests a high continuing demand for refuge places in Cheshire East, of which only one-fifth to one-third has been able to be met over the past four years. By way of contrast, the comparator LA accepted 53 to refuge in 2021-22, 33 in 2022-23 and 52 in 2023-24: almost twice as many in the last two years as Cheshire East.

Have more survivors (and children) been supported into longer-term accommodation? (Appendix 5, metrics 1.15, 4.4, 4.5, 3.2)

The picture from outcome metrics alone is unclear.

It seems (though the data are partial for some years) that more survivors in both Privately Owned (POH) and Privately Rented (PRS) housing were offered support under the pilot, which is a positive indicator in terms of reach of support into different tenure types.

Refuge data also indicates that more survivors left refuge for their own homes and fewer moved in with friends/relatives or back to the perpetrator in the pilot years compared to Baseline: also positive, albeit small numbers and small numerical changes. Numbers of survivors making planned moves on from refuge were similar in CE and the comparator LA. It is hard to see from these data a clear impact of the pilot in terms of a measurable shift towards longer-term post-refuge accommodation.

The most common tenancy offer for households with children was Registered Provider tenancy, and these numbers increased in pilot years compared with Baseline; but were still small numbers and the type of RP tenancy was not indicated.

Number of survivors supported to move on from refuge (1.15)

There was an increase in pilot years 1 and 3 of the number of survivors supported to move-on from refuge in Cheshire East (30 and 27 respectively, compared with 22 in Baseline and 20 in Y2). There was a slight increase in the pilot years in the number of survivors leaving refuge for a planned move to their own home (16, 15, and 15, compared with 12 in Baseline), and fewer moving on to relatives/friends in the later pilot years (1 in Y2, 1 in Y3, compared with 3 for Baseline and 5 for Y1) and moving back with the perpetrator (0 Y2 and Y3, compared with 2 in Baseline and 1 in Y1) – but these were all very small numbers.

The comparator LA had higher overall numbers supported to move-on from refuge in 2022-23 (26) and 2023-24 (59), but those numbers are commensurate with the comparator LA also having higher numbers overall accepted into refuge (see 1.14). Both LAs had similar proportions of their clients moving-on with a planned move rather than unplanned.

Number of survivors supported living in Privately Owned Housing (4.4)

Data on this measure are not reliable as there was a systems change in Housing in the baseline year and full data were not provided for year 4. It does seem that overall there was an increase in numbers of survivors living in POH offered support in the pilot years 1 and 2 (to 264 and 231 respectively).

Number of survivors supported living in Private Rented Sector (4.5)

Data is partial for the baseline year again, although full data was provided for year 4. There seems to have been increases in numbers of survivors in privately-rented accommodation being offered support during the pilot years (224 in year 1, 164 in year 2, 214 in year 3) compared with the Baseline year. The significance of this is not clear. Stakeholder interviews identified PRS as one of the least stable tenure types, often accommodating the most vulnerable clients – therefore substantial numbers in PRS may not be a desirable picture, though it is impossible to draw firm conclusions from these aggregate numbers alone. That said, reaching more clients in this tenure type to offer support is positive.

Number of households with children offered different types of housing support (3.2)

There was an overall increase in the number of households with children offered a Registered Provider tenancy (the most common tenure type) in the three pilot years compared with the baseline year (21 in year 1, 26 in year 2 and 21 in year 3 compared with 9 in the baseline) year. Data were not provided on what kind of RP tenancy (e.g. secure, short-term, fixed-term). The next most common tenure type offered was supported housing/hostel (6 in each of the pilot years, 0 in the baseline year) – presumably a more insecure tenancy type. Then PRS tenancy (3 in year 1, 5 in year 2, 3 in year 3, 0 in the baseline year) – which could be more secure in the long term, or could be precarious/short term.

Have fewer survivors lost their tenancy status if they relocate? (Appendix 5, metric 1.17 – data not available)

Unclear from outcomes data.

Unfortunately, data was not available from either local authority on metric 1.17 ‘did the client retain their tenancy status if relocated’. This information would be held by individual Registered Social Landlords.

Is there more support to survivors with multiple disadvantages? (Appendix 5, metric 4.7)

Unclear from outcomes data.

Outcomes data only provides figures for those with multiple disadvantages accepted under Prevention and Relief duties (so, a partial picture on overall support to survivors with multiple disadvantages) – but there were substantially fewer accepted under both duties in pilot years 2 and 3 compared with previous years.

Stakeholder interviews did demonstrate that the multiple disadvantage component of the WHA was not implemented fully as planned/as per the model; but that significant engagement and support work was completed by the STADA / CEC pilot team with external (non-commissioned) service Edge 360 which is a By and For service supporting women with multiple disadvantages. Edge 360 itself, and some of the work of the pilot team in engaging with/supporting Edge 360, was cited by stakeholders as a success of the pilot.

Number of survivors supported with multiple disadvantages (4.7)

There was a substantial fall in years 2 and 3 of the pilot in the numbers of survivors with multiple disadvantages being accepted under the Prevention Duty (2 in year 2, 4 in year 3, compared with 15 in the baseline year and 18 in year 1), and similarly under the Relief Duty (4 in year 2, 6 in year 3, compared with 27 in the baseline year and 20 in year 1).

C2.3 Improved action on perpetrators?

Have more perpetrators been removed from properties where appropriate and safe, and rehoused where appropriate? (Appendix 5, metrics 2.1, 2.2)

Yes: more perpetrators lost their settled home due to perpetrating DA, and more were rehoused, under the pilot compared with the baseline year.

The reasons for increased action on perpetrators are not entirely clear, as stakeholder interviews indicate that less action was taken under the perpetrator component compared with other components, so there is no clear driver of increased action on perpetrators. However, MyCWA did increasingly work with perpetrators as well as survivors over these years, including offering a (limited) number of bed spaces for those harming – this increased activity may explain some of the rehousing data. As well, increased action from housing on perpetrators may be linked to increased awareness and understanding of domestic abuse across the local authority.

Perpetrators removed from properties (2.1)

Housing data where the reason for loss of last settled home was 'DA alleged perpetrator excluded from property' shows a large increase in perpetrators removed in the pilot years: 29 in year 1, 24 in year 2 and 25 in year 3, compared with just 3 in the baseline year.

As well, housing data shows that the outcome 'perpetrator causing harm moved out' rose substantially, from 40 in the baseline year, to 154 in pilot year 1, 201 in year 2, and 124 in year 3.

Perpetrators rehoused (2.2)

As with removals, more perpetrators were rehoused during the pilot year compared with the baseline year: just 3 perpetrators secured new accommodation in the baseline year, which rose under the pilot to 16 in year 1, 11 in year 2, and 10 in year 3. Most commonly these perpetrators were rehoused in supported housing/hostel, with smaller numbers achieving a Registered Provider tenancy, private rental or staying with family and friends.

C2.4 Improved partnership working and professional confidence

Has there been improved partnership working as measured by referrals from Housing teams, RSLs and Sheltered/Supported housing into the Hub?

(Appendix 5, metrics 4.1, 4.3)

Very substantially, yes. Overall, a very positive picture, with many more referrals coming into the DA Hub from a range of housing agencies.

There was a clear and sustained increase in referrals from CEC housing teams, supported and sheltered accommodation providers into the DA under the pilot, compared with the baseline year. Referral numbers from the comparator LA support the impact of the WHA pilot in CE here: the comparator LA's referral numbers into the equivalent DA Hub in year 2 and year 3 (years for which data were available) remain similar to CE in the baseline year, and substantially below CE referral numbers in the pilot years.

This picture is supported by stakeholder interviews, which point to significant efforts in training housing, DA and other teams across CE council, investment and improvements in professional and between-team relationships under the pilot, and the key importance of new WHA roles linking housing and DA teams. These activities seem to be borne out by these impressive referral numbers.

Referrals into DA Hub from CE housing teams and Registered Social Landlords (RSLs) (4.1)

Very positively, there was a substantial rise in referrals made into the DA Hub from housing teams and RSLs under the pilot compared both with Baseline; as well as year-on-year increases during pilot years – from 108 (adjusted figure) in the baseline year, to 441 in year 1, 484 in year 2 and 541 in year 3.

Referral data from the comparator LA for years 2 and 3 show referrals into their DA Hub from housing teams to be at approximately the level seen in Cheshire East in the baseline year, but significantly less than the CE figures for pilot years (note that the comparator LA figures are thought to not capture all referrals from RSLs into DA Hub in that area, so they may not be fully representative).

Referrals into DA Hub from sheltered and supported housing sites (4.3)

There was also a very big rise in referrals into CE DA Hub from sheltered and supported housing sites under the pilot compared with the baseline year: from 6 in 2021, to 41 in year 1, 47 in year 2 and 35 in year 3. Data on this metric was not available from the comparator LA.

Have more RSLs gained DAHA accreditation? (Appendix 5, metric 4.2)

Yes. More RSLs achieved DAHA accreditation during the pilot. One major new RSL achieved DAHA accreditation in each pilot year; and for one of the big three RSLs this involved achieving enhanced DAHA accreditation for exemplary practice, indicating commitment to the DAHA principles over and above the minimum requirements.

Is there improved professional knowledge/confidence about DA and housing? (Appendix 5, metric 5.2)

Yes. Clear data shows improved confidence across housing teams to identify and respond to DA following training delivered in years 2 and 3 of the pilot. In total 379 professionals were trained about DA awareness and support by the charity SEA in these years with 98% reporting improved confidence to identify DA.

Professionals feeling more confident to identify and/or support for DA (5.2)

This measure was not systematically available across the pilot years, or in the baseline year, because it was captured following DA training delivered under the pilot by Surviving Economic Abuse (SEA) in 2023 (year 2) and 2024 (year 3).

In total, 129 professionals across a wide range of teams and agencies in CE were trained by SEA in year 2 and 250 in year 3 (metric 5.1). Following training, 98% of participants reported being more confident to identify DA and 93% more confident to support for DA.

As well, a 2023 survey of the Housing Options and Homelessness teams carried out by the STADA pilot team found that 70% were more confident to support for DA following training. And a similar survey of sheltered housing providers in year 3 found that 100% reported being more aware of signs of DA, and 80% more confident about signposting survivors to support.

Have more organisations and professionals (across the range of WHA tenure types) been supported to understand domestic abuse? (Appendix 5, metric 5.)

Yes. An impressively wide range of professionals and organisations/teams were trained by charity Surviving Economic Abuse (SEA), as well as via training delivered by MyCWA and 'By and For' services Vesta and Pride of Romany.

Number of professionals trained under the pilot (5.1)

In year 2, 129 professionals were delivered DA awareness training by charity SEA. In year 3, a further 250 were trained by SEA. As well, MyCWA delivered training on responding to DA to 14 participants, 'By and For' service Vesta trained 45, and 'By and For' service Pride of Romany trained 26.

Training was delivered to an impressively wide range of professionals / teams including Housing, Health, Education, Criminal Justice, Welfare/Benefits, Fire and Rescue, DA Services, Children's Services, Adult Social Care, Council Business Support & Operations teams, Town Councillors, By and For services and Rape/Sexual Assault services.

Do survivors report feeling safer after housing support from IDVAs? (Appendix 5, metric 5.4)

Yes. Compared with the baseline year (n=56 answered 'yes'), more survivors reported feeling safer at case closure under each pilot year (Year 1=203; Year 2=209, Year 3=229).

How well does Cheshire East's Housing Options Team understand domestic abuse and how is the support it offers to survivors perceived?

Survivors were generally positive about interactions with CEC's Housing teams. See section D5 for more detail on support from the IDVA service, which was particularly appreciated.

Positive survivor views on CE Housing support

Several survivors were positive about interactions with CEC's Housing teams. Cheshire East Council staff (individuals) were described as empathetic and proactive:

They were so understanding... nothing like any other Council I've ever been around.
– SU7

She really went above and beyond to find something for me locally... she made all the arrangements for me to get support. – SU12

Some described quick action taken by the Council to offer support:

The Council said about getting me in... I rang up and got in...– SU3

I just filled out the form online... within a day or two, Cheshire East contacted me.– SU5

Negative survivor views on CE Housing support

Other survivors described minimal or ineffective support, leading to feelings of abandonment, frustration, or continued vulnerability:

It's hit and miss... some housing providers are informed, others aren't... definitely not experienced any speed or consistency. - SU11

I've done everything myself... they just lent me a finger, not a hand. – SU12

D. PROCESS EVALUATION

“The Whole Housing Approach pilot has opened conversations and closed gaps”

– CEC WHA Pilot Lead

D1. Approach taken in Process Evaluation

The Process Evaluation used stakeholder and survivor interviews to answer these questions:

In what ways is the WHA model more effective than non-WHA delivery of housing interventions? Why the observed outcomes were achieved; whether the model is being implemented as designed ('fidelity to the model'); and whether model is accessible and acceptable to its target population (survivors). Specific sub-questions included:

- What has worked well?
- Why have those elements worked well?
- What have been the challenges in implementation and how have these been overcome?
- Is the WHA model accessible and acceptable to survivors?
- What value does a WHA model add over and above the individual activities/interventions being addressed under the approach?

D2. What has worked well? Positive impacts of the pilot.

D2.1 New DA policies, allocation and commissioning procedures

Several stakeholders described concrete changes resulting from the pilot, including the introduction of new domestic abuse policies, revisions to housing allocation procedures, and internal protocols to support early identification and response to DA. Housing teams, for example, developed new pathways and were provided with guidance documents to strengthen their ability to recognise and respond to domestic abuse:

We didn't even have a domestic abuse policy at some point, so there's definitely been some significant changes in the nuts and bolts of what we do. So yeah, we changed the allocations policy. We changed the procedures that's behind the allocations policy. We've added in processes, and we've included it into the housing strategy. It's fed into the homelessness and rough sleeping strategy, so yeah, there's been some significant changes. (ST09 CEC Housing Teams)

We've got a [DA] policy and process in place and I know that Homechoice has that, the Housing Options Team have that, but we didn't have anything for our team [Housing Standards] and even though we both work in the same service, within the housing service, you know, we've all [had] different approaches to things. (ST12 CEC Housing Standards Team)

The pilot also influenced how services were designed and commissioned. Stakeholders pointed to the merging of tenders for refuge and rough sleeper accommodation as an example of how housing and domestic abuse are now being approached with greater coherence:

We're just seeing now our tender for refuge accommodation is being put with rough sleepers' accommodation tender, so they're being joined together, which I think is quite interesting and they'll all be managed within the housing area...What that does show is the coalition between domestic abuse and housing needs to be strong.
(ST05 DA Hub)

D2.2 New referral pathways between housing and DA teams

Clearer referral pathways under the pilot gave frontline staff a greater sense of security and clarity when supporting survivors:

our housing colleagues having a broader understanding of identifying domestic abuse and therefore you know referring people and kind of identifying and enabling people to be able to access support, likewise, our specialist domestic abuse services having a better understanding of how and where they can refer people to for support in relation to housing, so those sort of, you know, that sort of greater understanding, creating that connectivity and improved pathways. (ST04_02 CEC DA team)

The referral pathway between the CE DA Hub and commissioner refuge providers MyCWA was already strong, but was strengthened further under the pilot:

we've kind of just like changed the process in the sense of like the information we gather, to try and ensure that people are being referred that are eligible for that accommodation [refuge], so like it's no recourse, or things like that, we need to understand that, but I would say that, from an IDVA perspective, we've always had a really good level of referrals from [the CEC DA Hub] and we still have a really good level of referrals. (ST_08_01 MyCWA)

D2.3 Improved partnership working and relationships

Stakeholders agreed that there had been significant 'improvements around partnership working' (ST01_01 STADA Pilot Team) and that the WHA created opportunities for services to come together and open up conversations across what had previously been siloed working between housing and DA and social work teams:

Whole Housing Approach is about bringing those services together, it's about kind of encouraging that partnership working and making sure that they're kind of a little bit more coordinated than I think they are traditionally. (ST01_01 STADA Pilot Team)

it's been a really positive thing for us as housing and the local authority and I think we can often work in silos in departments and I think it's really brought us together and I think it's like a one-approach domestic abuse, whereas before, it definitely was a bit bitty, but now it feels like we're all having the same conversations and on the same page, so I think that's a huge step forward for us. (ST07_02 CEC Housing Teams)

getting people to work together ... the pilot pushes us to work as a whole multi-agency approach, but all agency approach. (ST08 MyCWA)

Crucial to success was building those relationships and being able to have regular, case-level discussions across teams to resolve housing situations quickly and earlier:

... previously, relationships with social workers and housing hasn't been great. ... but the [social workers] that attend the Marac and the e-Maracs, I know those people now, ... we all link in now and we have conversations. ... there's a link there that I now have with both children's and adults social care, that didn't happen previously. (ST07 CEC Housing DA Caseworker)

... it is absolutely about relationships. And joined-up work on quite a lot of occasions, but the relationship in terms of / because we've had an IDVA there from the IDVA service that has had housing as a specialism effectively area, and linked in heavily with her with housing, the ability to know in terms of where to go to and what to get / how to get that information quickly for victim survivors, so there's no delay in their cases. (ST05 CEC DA Hub)

These relationships were reinforced through formal co-location, day-to-day collaboration, and shared working environments but also through daily informal interactions – especially between the CEC IDVA team and the Homechoice DA caseworker roles:

You might bump into someone by the kettle or the toilets, those little interactions matter (ST06 CEC IDVA team).

The WHA pilot has fostered greater cohesion across housing and local authority departments, breaking down siloed working and creating a more joined-up, consistent response to domestic abuse. Participants described a shift from fragmented practices to a “one-approach” model, where teams are “all having the same conversations and on the same page” (ST07 CEC Housing Leads). This helped in providing a shared understanding across departments.

Improved partnership working also extended to closer relationships between CEC housing teams and external Registered Social Landlords (RSLs), especially with their safeguarding teams, leading to improved coordination and safeguarding. CEC Housing stakeholders described building direct connections with these RSLs, allowing them to effectively escalate cases, flag concerns, and ensure tenants receive support from RSLs, such as target hardening and tenancy-related assistance.

Trust built between professionals' teams through the pilot also facilitated IDVAs getting better engagement with hard-to-reach survivors:

and that's really big, because a lot of those women, you know, their levels of trust are on the floor, their levels of / they don't want to engage your services, but if [the Edge 360 team] say to them, this is someone that we have trust in, our chances of engagement go up. (ST06_02 CEC IDVAs)

D2.4 Improved perpetrator work

Stakeholder interviewees cited improved engagement with perpetrators around housing as a key innovation under the pilot. Prior to the pilot, MyCWA was the main service to have been working holistically to offer family support, including engaging perpetrators with housing needs. Although perpetrator work overall remained only a partially-implemented component under the pilot, the WHA helped integrate perpetrator work into the wider housing landscape including by provision through MyCWA of some specialist perpetrator accommodation (opened in 2024), and the WHA put perpetrator work on the radar of a range of teams who had not previously considered it:

Perpetrator pathways were new, so those changes that were made within the Housing Options Teams, for them to be curious about asking people about harmful behaviours and for there to be a pathway from them into services for support, that was new. (ST04 CEC Housing Leaders)

... supporting perpetrators with housing, you know, that didn't happen before. We had people on to programmes, we support them, we held them to account and that was what their support was. (ST08 MyCWA)

D2.5 Better support to multiply-disadvantaged clients and minoritised communities

A key WHA pilot aim was to ensure that housing and domestic abuse services could more effectively support individuals with intersecting and complex needs. Stakeholders across the WHA pilot reflected on the importance and ongoing challenge of recognising and responding to the complex, overlapping forms of disadvantage that many survivors face.

Stakeholders said that the WHA pilot helped raise awareness of the presence and needs of often-overlooked groups such as minoritised survivors, Romany Gypsies, disabled people, and other communities, often invisible in a predominantly rural area like Cheshire East. Under the pilot there was much closer engagement with By&For organisations supporting these communities, and those organisations delivered key awareness training to CEC teams. This helped housing and DA professionals think more inclusively about who lives locally and who is at risk:

... its been great, just to make sure everyone's voice has been heard equally and has really been taken on board by everyone else who is working in the particular area, like housing, but hasn't really thought about honour based violence, or disability, or you know, Polish speaking community and everything else, because that's not what they do, they concentrate on housing, but its opened their eyes to the fact that they need to think about more than just the housing solution. (ST13 By & For services)

I think a lot of the work with the By and Fors as well has been around communicating to both to CEC DA Hub and Housing Teams that they are there as an option for support. (ST01 STADA Pilot Team)

The WHA pilot created valuable opportunities to amplify the voices and needs of people with multiple disadvantages, contributing to a stronger foundation for inclusive, survivor-led housing and domestic abuse responses. Sustaining progress will require continued investment in cultural competency, intersectional thinking, and the inclusion of By&Fors organisations as equal partners from the outset.

D2.6 Shift from ‘Refuge only’ to consideration of wider range of accommodation options

Stakeholders described a paradigm shift in thinking within Cheshire East Council and their partners, especially the housing teams, under the pilot. This involved moving away from seeing DA housing options as ‘Refuge only’ towards considering a wider range of safe and longer-term accommodation. The most cited example of this was supporting survivors to stay in their own homes – principally this was said to be achieved via sanctuary schemes and provision of flexible funding to support survivors to stay safely in their own homes.

The introduction and expansion of flexible funding (two pots, one within CEC Housing Options Team, one administered by MyCWA) was repeatedly identified as one of the pilot’s most impactful features. It enabled survivors to access items and support that were often not covered by statutory budgets but which were instrumental to helping survivors feel safe to stay in their own homes, or move safely to other accommodation: such as ring-doorbells, furniture, curtains, or transport to refuge. These practical supports were seen as vital in helping survivors settle safely and with dignity into new accommodation; or to remain safely in their own homes:

The flexible funding that [Housing DA caseworker] had access to, that was an entirely new pot of money, so there’s like two flexible funding pots, there’s one that sits within the Housing Options Team that’s used for like you know rent, paying off rent arrears, deposits, that sort of thing, something that’s specifically directly related to housing - and then there’s the flexible funding that’s administered through My CWA, which is for you know more things like furniture or flooring and that type of thing – that pot did exist prior to the Whole Housing Approach, but the pot that sat within Housing was brand new. (ST04 CEC Housing Leaders)

D2.7 More confident and knowledgeable professionals

Stakeholders consistently reported that housing teams now felt more confident in identifying and supporting survivors of domestic abuse:

... housing options ... and the homeless relief team, particularly, ... I think they’ve got much more knowledge around domestic abuse and ... spot the signs ... I think they’re much more kind of clued in about how to respond ... and who to go to, to get the kind of support that they might need. (ST01_01 STADA Pilot Team)

all the team are trained now, so it doesn’t matter who answers the phone, that victim/survivor is going to be dealt with appropriately from that first telephone call, I think makes a massive difference”. (ST07 CEC Housing Teams)

This improved confidence and knowledge amongst professionals, in turn, empowered survivors:

Without the knowledge that’s come through the Whole Housing Approach, I think, when people have phoned up saying, the social worker’s told me I’ve got to go - now

we can have those conversations because we're empowered and we have more knowledge, and we can then empower the survivor (ST_07_01 CEC Housing Teams)

Improved knowledge also helped housing staff to 'see' the domestic abuse rather than just seeing clients through a single siloed lens (e.g. complex needs, No Recourse to Public Funds (NRPF), disabled etc):

where previously some of these complex clients that were homeless maybe weren't being recognised as being victims of domestic abuse, they were being recognised as whatever complexity they had, so their substance misuse, so that's why they're homeless, whereas now it's kind of like more of an acknowledgement that, okay, this person also has experiences of domestic abuse and that's contributed to their homelessness and therefore we will do a referral to refuge, so I think we see more referrals coming for complex clients. (ST_08_02 MyCWA)

D2.8 Closer relationships with 'By and For' services

A significant impact of the WHA was strengthening of relationships between statutory services and By&For organisations (community organisations run by, and supporting, particular minoritised groups). Several stakeholders described how the pilot opened up conversations that had not previously existed, particularly around the support needs of survivors from minoritised groups or those with multiple vulnerabilities:

bringing the By and Fors into the pilot and speaking to the survivors that they support and then kind of sharing those stories, I think it's actually opened people's eyes to the fact that those people are in the area, they're just being missed by services, so that's very valuable (ST01 STADA Pilot Team)

Participants praised the WHA pilot for being inclusive and responsive to diverse needs. For By & For organisations, particularly those representing Gypsy, Roma, Traveller, disabled and migrant communities, the pilot marked the first time they had been invited to co-produce responses alongside statutory partners:

it was the first time really when the Council showed interest in the By&Fors organisations in Cheshire East. Been working here in Cheshire for the past 10 years, we have never been approached or been consulted about anything before, to be involved in any planning strategies, anything like that, so it was something new I have to say (ST14 By & For service)

The By&For staff interviewed unanimously agreed on the positive of creating and developing these relationships with the other organisations and the benefits of "bringing everyone together":

hopefully there's you know they gained a lot of confidence and knowledge about different services, and they could at least make their voices heard and then the voices of you know the survivors that are extremely marginalised, might not speak English, etc. so I think that's a good outcome. (ST02 STADA Pilot Team)

However, there was some concern that these gains might be lost after the pilot ended, if funding to support By&Fors to engage with a WHA/attend meetings etc was withdrawn:

Having all the By and Fors involved and getting to know the Council staff, I think that will hopefully be a legacy that continues after the pilot involvement, because otherwise, you know, if there's no one to set up those meetings, people don't end up meeting each other... (ST02 STADA Pilot Team)

D2.9 Summary

The Whole Housing Approach pilot has significantly impacted organisational behaviour and system-level structures in Cheshire East. By embedding DA awareness and responses across housing services, making DA 'everyone's business', improving pathways and policies, and strengthening partnerships, especially with By&For organisations, the pilot has laid strong groundwork for a more joined-up and survivor-centred housing system. Though described by some as still a 'draft,' the pilot has tested, adapted, and reinforced mechanisms that can be sustained and scaled. It represents a step change in how organisations understand their role in addressing domestic abuse as a core part of housing and homelessness prevention.

D3. How were outcomes achieved? Key mechanisms underpinning success.

D3.1 Meeting DA Act 'Part 4 duty' with a Whole Housing Approach

The Domestic Abuse Act 2021 Part 4 introduced a new statutory duty for local authorities to provide accommodation-based support for survivors of domestic abuse. Cheshire East Council planned to meet its Part 4 duty via the WHA model. Stakeholders agreed that a WHA model offered an effective way of meeting the Part 4 duty:

I think [a WHA] is the only thing that will help...it gives [local authorities] the tools they need to absolutely meet their Part 4 duties and it does it in what I believe is a cost-effective way...you can get people, wherever possible, into safe secure accommodation, without having to put them through temporary accommodation, it's not just the best thing for that survivor, saving them an immense amount of trauma, it's also going to save an absolute fortune for local authorities. (ST11 STADA WHA Lead)

Despite the opportunities Part 4 presents, stakeholders raised concerns about how inconsistently it is being interpreted across local authorities across the country. Some other councils were seen to meet the duty by offering temporary accommodation alone, which was viewed as insufficient and contrary to the spirit of the legislation:

The problem is that different authorities are interpreting it in very different ways, so some, quite a lot, in fact, absolutely interpret temporary accommodation as having met their Part 4 duty, because [survivors] are out of the home and they're safe and that's not how it should be, it's not what was envisaged I don't think under the Act. (ST11 STADA WHA Lead)

D3.2 Making DA a strategic priority in the LA: 'everyone's business'

Stakeholders explained that the pilot had really embedded DA as a strategic priority across Cheshire East local authority and especially within housing:

the focus within housing on domestic abuse didn't exist, but likewise, the other way round, it didn't, you know, we didn't have, in our domestic abuse strategy, there wasn't a focus on housing in the same way that there has been since we've introduced this model. (ST04_01 CEC Housing Leader)

Success also relied on buy-in from senior local authority leaders:

I think it's been about having the buy-in from the top to put the model in place, the model then gives structure to the authority around where they need to go, what they need to do. (ST03 CEC WHA Lead)

One key shift as a result of the WHA was the formal and cultural recognition of domestic abuse as a housing issue. Housing teams began to see their role not just in terms of allocating accommodation, but in shaping safe and sustainable outcomes for survivors across the whole housing system, including the private rented sector, temporary accommodation, and rough sleeping strategies:

I would say it's made a massive difference... [domestic abuse] is much more prioritised... The staff are all aware that work within that housing team, they all know what to do... so it's the awareness I suppose that the Whole Housing Approach has brought to the whole authority around why domestic abuse is important, why housing is important to domestic abuse and why you can't really have a good response without that. (ST11 STADA WHA Lead)

D3.3 WHA pilot structures – WHA Steering Group

The pilot introduced new structures, including high-level strategic steering group/s, operational meetings, and focused workshops which supported successful outcomes. Stakeholders described these as helpful for ensuring that both long-term strategic planning and day-to-day coordination were addressed. This structure allowed for both quick responses to emerging issues (via operational meetings/'The Huddle') and reflective strategic development. The WHA Steering Group brought together a diverse range of partners, including statutory housing teams, IDVAs, MyCWA, By&For organisations, and in some cases, other partners such as fire and rescue services and PRS representatives. These forums allowed for case-based discussions, policy co-production, and cross-sector learning, helping ensure that change extended beyond frontline practice:

you wouldn't want to lose the connections to the sort of wider stakeholders that we've kind of created through this project, so with the By and Fors and with different teams across the council who have sort of haven't really come together with like social housing providers, but who have come and attended all the steering groups and workshops. (ST_01_02 STADA Pilot Team)

The WHA Steering Group was seen as instrumental in creating space for smaller grassroots organisations to contribute their insights on marginalised survivors' needs:

I've done hundreds of steering groups over the years... I think what was great about this is it was a steering group around housing and the response around domestic

violence, but it brought in the By and Fors as part of that discussion and I think that's the first time that I've known that to happen like that....I don't think they would have got the same level of richness that they've got by including the variety of partners that they've had round the table. (ST13 By & For services)

The establishment of new meetings and steering groups under the WHA pilot enabled significant progress toward integrated working across housing and domestic abuse services. These structures created more equitable spaces for collaboration, facilitated shared problem-solving, and helped build the cross-sector relationships necessary for a truly whole housing approach.

D3.4 WHA Co-ordinator and key new roles

Another central facilitator of the pilot was the creation of newly-funded key roles in CEC: a) the WHA Co-ordinator role; (b) the Homechoice DA caseworker; (c) the specialist WHA and Housing IDVA roles within the DA Hub; and (d) a dedicated Data Analyst post within the CEC DA Hub. These roles enabled practitioners to move beyond generalist duties and take ownership of specific aspects of the WHA model.

In particular, the WHA Co-ordinator role was consistently highlighted as vital for joining up disparate systems, translating the model into practical steps, and resolving issues on a case-by-case basis, especially across the complex landscape of housing provision:

The Whole Housing Approach Co-ordinator role was part funded by the pilot and part funded by Cheshire East and that was specific because that hadn't been put in place before. They [CEC] didn't have any Whole Housing Approach roles necessarily. They had IDVAs under DA Hub and you know housing staff - but no one who could sort of straddle the two and bring those together. (ST01 STADA Pilot Team)

Not only were these new roles key, but it was also important to have the right individuals in post:

Having a WHA Co-ordinator - one of the things for me that the model's made a massive difference in is getting [WHA Co-ordinator] into position and she's so the right person ... if you could bottle [her] and put her in every local authority ... it would be absolutely key to getting it put in right (ST11 STADA WHA Lead).

The creation of a dedicated WHA IDVA with a focus on move-on and resettlement filled a crucial gap between crisis intervention and long-term recovery. The role supported people through stressful transitions, offering practical help with safety, utilities, grants, and emotional support. This change marked a shift away from 'case closure' once immediate risk ended, recognising the longer journey survivors face:

Risk really increases at a time of moving... We identified that somebody was needed to be part of that resettlement journey.... the WHA IDVA would pick up that client as a step-down and then continue with that journey. (ST03 CEC WHA Lead)

One piece of learning was that in any future WHA roll-out, to focus on having these key posts in place from the start:

I feel like if we had that role in place from the beginning, you could sort of start there and then maybe our advice, going forward, to local authorities, would be build those teams first. (ST01_02 STADA Pilot Team)

The new DA Caseworker role within the Homechoice team was described as a “*pivotal link for prevention of homelessness*,” provided a crucial interface between Housing Options, Marac, and other services. Colleagues noted how her presence improved clarity, saved time, and enabled earlier intervention—something they “*don’t know how we managed without*”:

it’s just really beneficial to have that go-to, so she primarily works on the housing side, the housing needs. She can look at banding choices and can put that request in for that change [...] I’ve listened to the Whole Housing Approach IDVA and the DA caseworker having conversations and [the WHA IDVA] will say, right, this Section 21 is happening, what are we doing and [DA caseworker] will say, well I need this, this and this, you need to be doing this, this and this, and then [WHA IDVA] will say, but I need this in return, and it’s just then for the client that those conversations are happening, that they don’t have to have. (ST03 CEC WHA Lead)

Establishing a dedicated Data Analyst role within CEC DA Hub also supported the roll-out:

there’s definitely been a huge kind of push on I think the whole team improving their kind of data collection processes since he started in post. (ST01 STADA Pilot Team)

D3.5 Support from Standing Together (STADA)

Stakeholders expressed strong appreciation for the support received from STADA during the pilot and discussed the potential for continued STADA involvement post-pilot. While no formal agreements were in place at the time of interviews, both STADA representatives and local partners indicated a willingness and desire for ongoing collaboration, particularly through the development of a future membership and accreditation model.

D3.6 Dedicated funding

Some additional funding was a critical enabler of the WHA pilot, allowing Cheshire East to pilot new approaches, sustain partnerships, and ensure voices from smaller or marginalised groups were heard. Stakeholders described how various funding streams, particularly flexible funding and resources for staffing and collaboration were essential to the delivery and impact of the pilot. This funding established the new roles described in D3.4 and also funded dedicated posts in STADA (the WHA Pilot Lead and WHA Research and Evaluation Analyst role). Stakeholders acknowledged that these roles would not have been possible without the additional pilot funding, and their contribution was seen as instrumental in sustaining momentum and visibility for the work:

if you don’t have people funded to do that work, it just doesn’t happen. (ST02 STADA Pilot Team).

Pilot funding also allowed small charities and By&For services—such as Pearls of Cheshire, Pride of Romany, Disability Positive, Vesta, and Savera—to be meaningfully included in planning and decision-making processes. For many of these groups, this was the first time their contributions had been financially recognised, enabling them to participate in Steering Groups, prepare case studies, and conduct community research. This investment supported the representation of communities who are often overlooked in mainstream consultations and service design:

this allowed us to actually have a voice, for our community to have a voice, and on a higher level of service provision and also its helped us to promote the needs of our community and we also receive funding from them, which allowed us to take part in the consultations and round tables... thanks to that small pot of funding, we can carry out that little research project about the needs, so that helps us to explore the need of the Polish community in Cheshire East more. (ST14 By & For service)

Others noted that mid-project budget cuts, particularly due to broader pressures on local authority budgets, and especially reductions to the funding of key partner MyCWA, led to reduced capacity and service scope as well as narrowing of eligibility criteria and slowed progress on certain initiatives such as the sanctuary scheme and flexible funding:

The availability of funds within flexible funding, so we did have to introduce some level / you know some kind of criteria. We wanted it to be a truly...you can apply for / you access this pot for whatever you need, and we had to then you know restrict that because the pot just shrunk and it certainly stalled on the progress that we made with Sanctuary as well. (ST04 CEC Housing Leads)

D3.7 Training delivered under the pilot

Training – on DA awareness raising to a wide audience across different teams and fields; additionally on specific elements of abuse / specific groups to housing teams and key CEC staff – was also key to facilitating pilot successes.

General DA awareness training

Improved professional knowledge and confidence to identify and support around DA was directly attributed to training and workshops delivered under the pilot:

All the Housing Options Team have also been attended training etc. on domestic abuse ... So everybody that answers those calls that come in, whether that person's just making an enquiry about a social housing register, or whether they're want to present as homeless, all my team know how to answer those calls now. (ST07 CEC Housing Teams).

Training was especially valued by teams such as Housing Standards and Adaptations which had not previously been involved with DA:

We received training through the project and that was incredibly helpful. For the team they just felt a greater confidence should they come across any issues. It was the signs of domestic abuse, how to respond and we touched on kind of the internal processes that we should follow for that. (ST12 Housing Standards and Adaptations Team).

Minoritised groups training

By&For organisations, including Pride of Romany, Pearls of Cheshire, Savera UK, Vesta, and Disability Positive, delivered training that helped professionals develop cultural competency and better understand the needs of marginalised communities. These sessions addressed barriers to engagement, historical mistrust, and culturally specific responses to abuse. Such training was particularly valued by professionals attending:

The training I've done, to do with maybe I suppose the gypsy traveller, that's a really good one, understanding you know from their point of view, and so that we can reach

out and support, so that when a traveller or a gypsy telephones, then at least we've got some basic understanding, not saying we know everything, but we've got something, we've been / understand where it's coming from their end. (ST07 CEC Housing Teams).

it gave them a better insight into the disabled people who were experiencing domestic violence, and it gave us a better insight into disabled people who were experiencing domestic violence. (ST13 By&For)

Economic abuse training

Training from Surviving Economic Abuse (SEA) was particularly highlighted as transformative, equipping professionals with the understanding and tools to identify and respond to economic abuse—an often overlooked but highly damaging form of control. Several professionals described how it improved their understanding and ability to spot long-term effects of financial control:

the most impactful training that was brought in by Whole Housing Approach was all the economic abuse stuff, all the SEA training. The team absolutely loved that. I don't think that's something that they'd even thought about as an abusive thing, financial control and how you get out of debts that have been kind of built up around you... That was a really impactful training session, yeah, that a lot of people jumped on the back of, so a lot of our support providers, as far as I'm aware, they attended also and were able to pick things up. (ST09 CEC Housing Teams)

Private rented sector training

Several workshops focused specifically on the private rented sector (PRS), aiming to improve housing professionals' and IDVAs' understanding of tenancy law, economic abuse in rental agreements, and the risks of Section 21 evictions. This helped break down traditional knowledge silos and allowed domestic abuse workers to better support survivors in PRS contexts.

Trauma-informed training

Innovative, survivor-facing workshops also formed part of the WHA training offer. The "Let's Do This" programme at Edge 360, re-developed in partnership with the CEC and STADA pilot teams, was cited as an example of tailored, trauma-informed education for women with multiple disadvantages. It was described by one stakeholder as "ground-breaking". The programme focused on building awareness of abuse, recognising red flags, and breaking cycles of harm in a gentle and accessible way. The approach was seen as vital in preparing women for safe, independent living and building long-term housing stability:

I think it's quite a ground-breaking course really. I'm not aware of the Freedom Programme or other Domestic Abuse Courses for Survivors being adapted in this way, so I think that's really important. (ST04 STADA Housing Leads)

D3.8 Improved data

A major driver of pilot success was significant improvements in the quality and relevance of data collected. This was enabled by dedicated resourcing, particularly the introduction of a Data Analyst role within the CEC DA Hub, and a dedicated WHA Research and Evaluation Analyst role within STADA to support the WHA pilot throughout. Recruitment of the dedicated

Data Analyst within the CEC DA Hub, a role that did not exist before the pilot, provided essential capacity and technical skill to drive data quality forward:

... in terms of direct work that he [data analyst] does around the data ... it has been a dramatic shift for the [DA Hub]... it has been really really interesting to actually see some direct work in terms of breaking the Whole Housing Approach data down and what that means and then actually what that means across the other datasets that we have to give to PCCs [Police and Crime Commissioners] and stuff. (ST05 STADA DA Hub)

The STADA WHA Research and Evaluation Analyst post which was established in January 2023 made a marked difference in reforming and harmonising the information gathered by Housing and DA within CE (especially IDVAs), allowing more disaggregation (e.g. to show intersectional characteristics such as sex and ethnicity) and also allowing key information to be captured for the first time e.g. changes in survivors' housing tenures over time:

I don't think anybody really had the capacity to kind of do all of that work of improving the data collection... I think that's one of the really big things that has been a benefit of the pilot is, us as a pilot team, have had that capacity to do that work, which local authorities normally they generally don't ... so that's been quite a big difference to what was there before. (ST01 STADA Pilot Team).

These data improvements happened incrementally through the pilot, with many only coming to fruition in Y3 or Y4 and some still to be fully implemented. This means that some data – including those allowing us to measure key outcomes – were not available by the end of the pilot or during this evaluation. It is therefore crucial that CEC keeps capturing and reporting on these key outcome data to measure the full impact of the pilot beyond 2024/25.

The importance of continuing to do this data improvement work was underpinned by interviewees from By&For organisations, who emphasised that data remains poor around protected characteristics such as disability, nationality, or language needs. Participants stressed the need for more inclusive data collection and proactive engagement to ensure these voices are represented in planning and service design:

They don't record nationality very often... that limits our access to data and our understanding of the scale of the problem... there is, for example, a large Romanian Bulgarian community in the Cheshire East and nobody knows where they are, what their needs are, nobody is exploring that, so there's much more to be done in Cheshire East in terms of housing needs of other minority groups. (ST14 By & For service).

D3.9 DAHA Accreditation

DAHA accreditation is one of the 14 WHA Model components. During the pilot, CEC Housing Team achieved DAHA Accreditation, as did one of the RSLs, with another big RSL achieving Enhanced Accreditation. DAHA was seen as crucial for engaging Registered Social Landlords (RSLs) and improving their standards and engagement with DA; and as a vehicle for rolling out housing standards for DA beyond just housing providers:

DAHA was very much focused on social housing and social housing landlords, whether they were local authorities or housing providers and this in Whole Housing Approach is really an opportunity to expand that out, so DAHA takes a really rigorous approach to looking at social housing providers ... it was an opportunity to take that to the private rented sector, to the privately owned sector, and how we would work with those tenure types, because they're very different in their setup, they're very different in their ethos... it really meant expanding [DAHA] to those housing types. (ST01 STADA Pilot Team)

D3.10 Informed by survivors

Three survivors were recruited by the pilot team to be 'WHA Consultants' – to inform the pilot development and delivery. These survivors described having had meaningful engagement and opportunities to shape services, as set out in section D5. They felt that they had been listened to, given a platform to influence key elements of the WHA (e.g. Housing IDVA role), and to help professionals develop better understanding of DA via their participation in workshops and meetings. They did express some frustration that there could have been more frequent feedback to the WHA Consultants about pilot progress and benefits.

Stakeholders reflected on the importance of continuing to amplify survivor voice, including through focus groups and by exploring intersectionality and accessibility of services. Additionally, they noted the need for long-term feedback mechanisms to assess how survivors experience services like the Sanctuary Scheme or the IDVA model:

One of the things I would have liked to have done a bit more of is getting that kind of longer-term feedback from survivors around how they've experienced the Sanctuary Scheme and how they've experienced being supported by an IDVA .. I know that [DA Hub] are working on improving collecting that kind of survivor feedback and gathering that survivor voice at the moment, so I'd definitely like to see them continue to do that work. (ST01 STADA Pilot Team).

D3.11 Summary

Effective coordination between DA and Housing teams, making DA a strategic priority, establishment of crucial new roles, training and data improvement, as well as support from STADA and integrating survivor voices into the pilot design and delivery, were widely seen as the glue that held the WHA pilot together. The introduction of new dedicated roles helped bridge gaps between housing and domestic abuse services strengthened case-by-case responses, and built essential trust and knowledge across the partnership. Stakeholders consistently recognised that the success of the model depended not only on strategic commitment but also on the day-to-day, relational work of connecting people, systems, and services. Sustaining these roles, retaining DA as a strategic priority, and retaining a whole-system perspective which makes DA 'everyone's business' will be critical to maintaining impact and embedding the approach long-term. As well, the model offers a strong way of meeting Part 4 duties under the Domestic Abuse Act and doing so in a way that remains survivor-centric and avoids flimsier interpretations of Part 4 duty, such as that it can be discharged via temporary accommodation alone.

New funding under the pilot was a fundamental enabler of the pilot's impact, driving innovation, inclusion, and responsiveness across the housing and domestic abuse sectors,

especially for smaller partners. The availability of flexible funding empowered survivor-led outcomes and practical problem-solving.

D4. Implementation: Fidelity to the Model?

Section B describes how the model was implemented in Cheshire East, which components were fully, partially, and not implemented as per the WHA template model. Here we describe what stakeholders said about what was learned through the pilot about implementing the WHA Model: what was straightforward, what was implemented differently, and what were the challenges to implementation.

D4.1 What was straightforward to implement?

Several components of the Whole Housing Approach were described by stakeholders as relatively straightforward to implement or adapt. These tended to be areas where existing practices already met WHA requirements, or where they could be adapted to fit WHA principles. Stakeholders emphasised that success in implementation was often tied to strong pre-existing relationships, local flexibility, and the ability to build on current systems rather than starting from scratch.

Existing components that ‘ticked along’

Components such as refuge provision, perpetrator management, social housing provision and DAHA accreditation were largely seen as already established, requiring minimal input beyond light-touch oversight and occasional guidance. This allowed project teams to focus more energy on areas needing active coordination, while still recognising the value of monitoring and integrating these components into the wider approach.

Existing components which could be adapted

CEC leads described the process of developing the WHA model for their local context, and realising that existing provision could be adapted or adjusted rather than re-invented from scratch:

There are some things that were already in place and then recognising how we could use them as a tool in the Whole Housing Approach just gave everything sort of meat to the bones...there were some big chunks of the delivery where we already do something a bit similar to that ... so we can just tidy that up and put some processes in place and write a procedure or do some training with some providers, and then suddenly we’re actually doing it already. (ST09 CEC Housing Lead).

The sanctuary scheme and flexible funding were widely described as “relatively easy” to set up or scale, in part because similar mechanisms were already in place. These components were perceived as simple, practical tools that could be shaped to local needs and quickly embedded into routine practice. The pilot made existing funding streams more visible, accessible, and they were embedded into housing and domestic abuse responses. The pilot helped shift flexible funding from a little-known pot into a strategic intervention to sustain tenancies and reduce homelessness risk.

D4.2 What was not implemented or implemented differently?

Housing First → Multiple Disadvantage

In other cases, partial implementation or designing a component differently for the local context was the approach selected. For instance, the Housing First component was determined to be not achievable or appropriate for the Cheshire East context:

Housing First is basically too specific... what we should now be looking at is multiple disadvantage and homelessness, having that as a much broader scope. (ST11 STADA WHA Lead).

This led to a reframing of the Housing First component in CE as a broader, locally-defined response to survivors facing multiple disadvantages. Key activities under this broader umbrella included adapted training about, and for, multiple-disadvantaged survivors:

We didn't do a full Housing First model, but we've used the principles, and we've delivered some training to the Shared Lives Team to enable there to be a pathway for people experiencing domestic abuse into the Shared Lives Programme, so yes, we've done that. (ST04 CEC Housing Leads)

In another example, DA teams from CEC worked with Edge 360 to adapt a recovery programme for their clients, survivors with multiple disadvantages. While well suited to some survivor groups, the programme was found to be potentially retraumatising in settings with highly vulnerable clients:

That programme doesn't work, as far as I'm concerned... it was retraumatising women and unravelling a lifetime of trauma... We stripped it back... we tell them the word [abuse], but then we explain it simply... we don't put expectations on them (ST10_01).

Managed Reciprocals

Although Managed Reciprocals (formal reciprocal housing exchanges with other authorities) were part of the original WHA model, stakeholders felt they were unnecessary, given the strength of existing relationships with housing providers. Informal case-by-case approaches were preferred over creating a formalised scheme. These insights led to a broader learning that certain components need not be implemented uniformly but adapted to what works best locally. Instead, stakeholders advised using the local context and existing arrangements to decide whether this component adds value:

Reciprocal arrangements sometimes are not needed because local authorities already work together so ...you might not need a formal reciprocal scheme, you can just do the partnership working, you were working on before... it depends what you have in place, what partnership working already exists within the local authority and with neighbouring local authorities (ST02 STADA Pilot Team).

Move-On Accommodation → Resettlement

Similar to managed reciprocals, move-on accommodation was seen as unnecessary as a formal component in Cheshire East, where transition from refuge to permanent housing was relatively quick. Instead, the move-on component evolved into a broader focus on resettlement and long-term support:

Move-on accommodation... doesn't fit into Cheshire East and what they need... but resettlement could be a whole component... We've learned from that component... how 'move-on' could maybe become 'resettlement'. (ST01 STADA Pilot Leads)

This experience reinforced the idea that Whole Housing components should offer a menu of options for implementation to a local context, rather than a fixed blueprint.

Perpetrator Housing: An area of unfinished work.

Although there was initial interest in exploring accommodation pathways for perpetrators, including learning from the Restart Project, this component remained underdeveloped due to time constraints and competing priorities. Some stakeholders noted that, despite interest and early conversations, limited time and resources made this area difficult to prioritise during the pilot:

We wanted to work a little bit more on perpetrators... but I think we never really got round to starting that work. (ST02 STADA Pilot Leads)

Two new housing/accommodation places for perpetrators were opened up under the pilot during 2024 – a pioneering approach from refuge provider and local DA service MyCWA. This was felt to be an exciting innovation, for which there would be increasing demand. Further, CEC also implemented the DRIVE programme for perpetrators during Y3 of the pilot, though it was still in a pilot phase with limited scope.

D4.3 What were the challenges to implementation?

This section explores stakeholders' reflections on aspects of the pilot that were more difficult to deliver, less effective in practice, or potentially unnecessary in certain contexts. The implementation of the pilot was ambitious in its scope and cross-sector reach, involving multiple teams, agencies, and housing sectors. While significant progress was made, stakeholders consistently reported some challenges that hindered or complicated delivery. These challenges often reflected wider structural constraints, including limited housing stock, overstretched council services, insufficient funding, and data gaps; but also revealed important learnings about engaging different teams, and the adaptability of the WHA model to local conditions. Some of the tensions, barriers, and insights that have emerged through the implementation are highlighted below.

Funding, resources and capacity constraints

Cuts to council budgets significantly impacted component delivery, including perpetrator behaviour change work and flexible funding. This necessitated limiting access to funds and delays to initiatives such as sanctuary scheme improvements.

So the broader commissioning that we were delivering, the budgets for that were just completely slashed because of the pressures on the local authority... And we had to shift some resource that we were going to put into the Whole Housing Approach. We had to shift that into making sure that we could sustain some of the other areas of delivery. (ST04 CEC Housing Leads)

Staffing capacity, particularly in housing teams, probation, and among IDVAs, was also cited as a barrier:

we as a department have you know we've had some long-term sickness this year or we've had people leave, so I'd just say it's like the amount / the sheer volume of work we've got at the moment it's hard to add anything else on. (ST06 CEC IDVA team)

Housing supply

A really significant lack of availability of overall social housing stock was cited as a critical barrier, especially to getting survivors into secure, longer-term housing:

it comes back to, there's no housing to move on to, so that's really difficult, especially if you're working in domestic abuse, because you need the housing and very quickly a lot of the time and it's just not available is it, so that's very hard (ST06 CEC IDVA Team).

Data gaps

Problems with collecting consistent, disaggregated, meaningful data on housing and DA outcomes created significant difficulties in evidencing impact and progress. Stakeholders consistently highlighted that local authorities typically lack the time or headspace to conduct such strategic data work.

From early on, data collection represented a priority for the WHA pilot, and they noted gaps with previous systems and ensured that they could provide both resources and guidance to improve the practice:

...until quite recently, they weren't able to capture the housing tenure type of survivors, for instance, but they've made improvements around that, so they are able to collect that information now, and they're able to kind of capture the change as well, so where somebody moves from say from PRS to social housing, they are able to capture that change now. (ST01_01 STADA Pilot Team).

Private Rented Sector (PRS) and Privately Owned (POH) engagement barriers.

Work with both the PRS and privately owned sectors presented major structural and relational hurdles. This included difficulty engaging landlords and letting agents, fears of retaliatory evictions and unaffordable rent levels. Survivors often lacked tenancy security or financial stability to sustain accommodation.

In contrast to social landlords (RSLs), the pilot team found it challenging to meaningfully engage private landlords. There was not great awareness or interest in DA amongst private landlords, but there were also fewer mechanisms to engage them or levers to encourage them to act. Attempts to improve this through accreditation and awareness-raising were ongoing, but remained underdeveloped by the end of the pilot:

Our weakest point, but the bit that I think probably still could do with some work is our access to the private rented sector. I don't think our relationship with the private rented sector is particularly good. I don't think that landlords in Cheshire East take responsibility. (ST11 STADA Housing Leads)

...I think we were counting on the Council to have a bit more engagement locally with their letting agents and landlords. (ST02 STADA Pilot Team)

There was particular difficulty with the Council being able to act against private landlords, as their tenants were often vulnerable or in precarious tenancy positions and were fearful of complaining (which would have allowed the Council to take action):

The Housing Standards team... they don't act unless a tenant makes a formal complaint, which survivors often fear doing. (ST12 CEC Housing Standards)

The absence of private letting agents from WHA steering groups was also viewed as a missed opportunity.

Inconsistent engagement from some partners

One of the most commonly cited challenges was inconsistent engagement from some key partners, particularly where participation was dependent on specific individuals. For example, ST04_01 and ST04_02 described how their engagement with one service changed according to which individual from that agency attended meetings. This kind of reliance on personal relationships rather than structural involvement presented risks to consistency and sustainability.

Another stakeholder (ST09) also pointed to gaps in engagement from Adult Social Care and Mental Health Services, noting that survivors with complex needs, including trauma, addiction, and low-level mental health challenges, often fell through the cracks. These services were viewed as essential to a whole-person approach, but their absence around the table meant some survivor needs went unmet:

It's that low level mental health kind of link-in I think is probably the weakest bit and a partner that I perhaps would have liked to have seen more of around the table. ...yeah, I think that perhaps Adult Social Care and Mental Health Services, they're the bit where somebody / they haven't got eligible needs, they're not getting something and yet there are still vulnerabilities (ST09 CEC Housing Leads)

Engaging with large social housing providers (RSLs) also proved slower and more difficult than expected in some areas. One participant noted that while most providers were on board and working towards DAHA accreditation by the end of the pilot, it took time to build those relationships. Factors such as changing staff and lack of existing contacts delayed progress. Some teams did not initially see domestic abuse as within their remit and were harder to engage or bring on board. What seemed to underpin this was a context of highly-stretched teams who felt unable to take on new remit, and teams whose strategic mandate did not include domestic abuse and who therefore found it hard to defend taking on this extra role to their management:

[one CEC team] kind of pushed back in terms of their capacity to do anything about it ... we said, look, we're going to work with you to put in place some process, you know, provide training and then put in place an easy process where you take referrals internally to specialist domestic abuse workers ... but it's not of course your role to intervene directly or to follow up on a case. (ST02 STADA Pilot Team)

In this case, the team felt that they were being asked “to do more and more” and considered that dealing with DA was “not our job”. Nevertheless, this team engaged well with the DA training offered, put in place a referral pathway to the DA Hub, and reported feeling more confident to spot the signs of DA. So, even when encountering remit challenges or initial resistance, the pilot was able to make meaningful change.

This feedback highlights the importance of early engagement and dedicated capacity to build relationships with key partner agencies, particularly with organisations that are new to engaging with domestic abuse.

D4.4 Learning about what could be implemented differently

Components that could be removed or de-prioritised

Participants identified components that might be less impactful or necessary in certain local contexts. Rather than removing components entirely, most stakeholders recommended a local audit or mapping exercise to identify which components are already being delivered effectively and where there are gaps or duplications against the WHA template. This ensures that efforts are focused where they are most needed, without unnecessarily replicating services. Participants did not advocate for wholesale removal of any elements, but rather contextualisation and prioritisation:

...have a look at what you're already delivering, as we did with, for example, with managed reciprocals, if you can see that you're already doing something that effectively delivers on that component, then you can put it to one side and think, okay, that's alright, we're doing that. (ST04 CEC Housing Lead).

These reflections highlight the importance of thoughtful implementation, with flexibility to adapt the model based on local capacity, need, and infrastructure. By mapping what already works and recognising where duplication or limited role alignment occurs, future efforts can reduce inefficiency and build on local strengths.

Phased implementation and strategic prioritisation

The pilot demonstrated that implementing all WHA components simultaneously is not financially feasible for many local authorities. Instead, a “stepped” approach may be more realistic, prioritising the most impactful and cost-effective components.

There's no way [Cheshire East] could have done [the pilot] without the National Lottery funding... I see it very much as a stepped approach for authorities, ticking things off. (STADA WHA Lead)

Toward a sustainable national model

Stakeholders reflected on the Whole Housing Approach not just as a pilot project but as a scalable, long-term model for transforming local authority responses to domestic abuse across housing sectors. Perceptions of the WHA's broader vision revealed a desire for national consistency, sustainability through future funding models, and realism about what implementation requires in diverse local contexts. The development of a national, scalable WHA model is already underway. STADA described fledgling plans for a Phase III “membership-funded” WHA model to support wider adoption of WHA across the UK. This could include accreditation, toolkits, staff support, and a standardised offer:

We're currently applying for what we call the Phase III Funding, so funding basically to come up with a sustainable model that we can roll out to all local authorities, so that's where we are with it. That would be a membership funded model similar to what we do with DAHA, so the members would pay and that would pay for the staff to support them and do those / that hand-holding and produce the toolkit resources and all of those things. (ST11 STADA WHA Lead).

Similarly, there is a growing recognition that “Whole Housing” must be implemented with fidelity to its core principles. Simply taking elements of the model without consistent oversight was seen as insufficient:

People used to take the toolkit and go off and think, oh yeah, I can do [WHA]... but if you're going to say you're implementing Whole Housing... it needs to have credibility. (ST11 STADA WHA Lead)

D4.5 Sustainability beyond the pilot in Cheshire East

We note that, by the time of report delivery, CEC has committed to continue to fund a number of key roles including the WHA Co-ordinator post, for a further period. This is welcome news.

We asked stakeholders what they felt must be sustained beyond the pilot, and what might threaten the continued success of the WHA model in Cheshire East.

Sustainability emerged as a significant area of uncertainty across stakeholder interviews. While many expressed hope that core components of the WHA would continue beyond the pilot period, there was little clarity about future funding, strategic planning, or organisational commitment at the time of interviews. Responses revealed a widespread lack of information and confidence about long-term continuation, with several stakeholders pointing to leadership gaps, contract timelines, and local authority financial pressures as potential barriers.

Importance of sustaining the WHA model

There was general agreement that the WHA model in Cheshire East should continue:

...it needs to continue for longer to really make a dent on some of the elements, such as social housing, private landlords. I think we're just scraping the surface. There's been so much work hasn't there gone into it, but you need longer to make those sustained changes in those areas. (ST07_02 CEC Housing Leads)

Embedded components

Stakeholders generally agreed that some components of the WHA model were deeply embedded and were confident those would continue beyond the pilot. The sanctuary scheme was identified as a lasting and effective intervention. There was also optimism about the flexible funding pots, although their future and size and availability are dependent on continued funding. Refuge accommodation was also seen as well-embedded:

I would definitely say the sanctuary element that we brought in under it will continue because it's additional funding source. I would like to see flexible funding scheme stay under that as well. (ST05 STADA DA Hub)

Embedded cultural and practice change

Participants felt that the WHA pilot had led to lasting shifts in organisational culture and daily practice, especially around survivor pathways and joint working. This included target hardening, joint case working, trauma-informed practice, and improved internal referral routes, now considered part of "business as usual" in many teams: *We'll still continue to look out for those signs and we will make referrals if appropriate, so we wouldn't stop doing that. (ST12 CEC Housing Teams)*. This extended to some of the improved partnership work with By&For groups (although continued funding for those organisations to attend meetings was flagged by other By&Fors as crucial):

...if there was a piece of work we wanted to look at and there was a crossover again around that intersectionality, we would absolutely look at doing that again, whether we got paid for it or not, quite frankly. (ST13 By & Fors)

Threats to sustainability

Loss of funding for key posts

Stakeholders expressed concern about losing key staff and coordination functions. Among the most significant potential losses identified was the specialist IDVA roles:

The posts that will finish will be most of them... [the WHA IDVA] post... all of those posts will have to go. (ST05 CEC DA Hub).

Loss of funding for partner engagement

Participants were also concerned about engagement with By&For organisations as particularly vulnerable without dedicated funding:

when the pilot stops, the Council's involvement with By and Fors will be reduced as well, because now they are actually able to reach out to us and do more work with us because they had the funding and they have resources to do it... when that's gone that probably will be the end of their involvement with us. (ST14 By & For service)

Loss of training to underpin systems change

Some elements were identified as only likely to continue if there was ongoing training on new interventions or practices:

It's proven that we need to have a perpetrator intervention, so in some way shape or form, that will be retained, certainly the pathways will, because they're established now. The changes to the system on the housing system that we made, that kind of bring up flags, when somebody says something about their partner, or whatever, that will all be there. It's just whether or not, in order to sustain that in an effective way, there'll need to be ongoing kind of you now training offered or something like that, that bit may be at risk. (ST04 STADA Housing Leads)

Late decision-making on continuation of key posts and funding

As well as concerns about losing additional funding under the pilot for key WHA posts and functions, stakeholders pointed to the risks of late decision-making by the Council on what would happen to these posts. Decisions about the future of the pilot, key structures (e.g. DA Hub) and posts (WHA Co-ordinator, specialist IDVA roles) were still pending towards the end of Y3 of the pilot (late 2024) when stakeholder interviews took place. Disruption or uncertainty in sustaining key posts creates a risk of losing momentum, institutional knowledge, and coordination, particularly during a critical phase of transitioning from pilot to permanence. This reflects a broader concern that financial pressures could limit the ability to embed and scale successful practices unless funding streams are secured sooner or integrated into core budgets. Thus, short-term contracts and financial pressures in the local authority raise concerns about future delivery capacity.

D4.6 Implementation – Summary

While the WHA pilot introduced new elements into Cheshire East's housing and domestic abuse response, some components already existed prior to the pilot. Rather than starting from scratch, a good deal of the pilot's success came from reviewing, reshaping, and strengthening existing systems, services, and partnerships. Stakeholders described how the pilot helped build on these foundations to drive improvement, create clarity, and bring consistency across services. Quick wins like the sanctuary scheme and flexible funding provided visible results with minimal resistance, while established components such as refuge and DAHA accreditation required only light oversight. This dual focus on improvement and innovation proved especially valuable in a context of limited resources, where building on existing infrastructure offered both practical and impactful gains.

At the same time, the pilot served as a springboard for significant innovation in Cheshire East. It enabled the development of new services, partnerships, and policy areas that extended the domestic abuse response into previously disconnected parts of the housing system. Innovations such as the introduction of dedicated WHA and Housing IDVA roles, collaboration with Housing Standards, and engagement with smaller community groups became embedded in everyday practice, reflecting a wider shift toward more holistic, inclusive, and survivor-centred support. As a result, the WHA pilot not only improved frontline delivery but also catalysed strategic change, elevating the profile of domestic abuse within housing services and embedding a more flexible, trauma-informed understanding of survivors' housing needs into local strategy, policy, and commissioning.

The WHA pilot created valuable opportunities to amplify the voices and needs of people with multiple disadvantages, contributing to a stronger foundation for inclusive, survivor-led housing and domestic abuse responses. Sustaining progress will require continued investment in cultural competency, intersectional thinking, and the inclusion of By&Fors organisations as equal partners from the outset.

Not all components of the WHA pilot were delivered as planned, but the reasons for this often reflected thoughtful adaptation to a local context. Where delivery proved difficult or not appropriate to the local context, such as with Housing First, managed reciprocals, or move-on accommodation, stakeholders re-evaluated local needs and adjusted accordingly. These experiences underscore the importance of local flexibility, realistic resourcing, and acknowledging what already works within local systems. Rather than rigid implementation, the WHA pilot encouraged critical reflection, adaptation, and a more nuanced understanding of what sustainable housing responses can look like in practice.

On sustainability, while there was a strong commitment to sustaining core elements, stakeholders acknowledged that the future of certain roles, structures, and activities depended heavily on funding, capacity, and local priorities. Many described a '*core shell*' of WHA activity that would remain in place, including statutory duties, embedded practices, and organisational commitments. At the same time, there was concern that the loss of specific posts, project infrastructure, and coordination mechanisms could reduce momentum. While there is a strong foundation for continuity, particularly in statutory services and embedded practices, stakeholders stressed that without deliberate funding and strategic prioritisation, vital components of the WHA model, especially around coordination, inclusivity of multiple voices (through By&Fors), and survivor support may fall away. The work is not finished, and sustaining impact will require active commitment to maintaining momentum, relationships, and roles built through the pilot.

D5. Accessibility and acceptability of WHA model to survivors

When analysing survivor interviews it was not always possible to distinguish clearly between experiences within Cheshire East under the WHA pilot, in Cheshire East prior to the pilot, and experiences outside Cheshire East. The themes and quotes presented here were selected as being most clearly linkable to geographic location and activities under the pilot.

D5.1 Survivors interviewed

Interviews involved 14 female participants aged between 26 and 46, most in their 30s or 40s. Ethnicity was predominantly White British or English (n=11); other ethnic backgrounds (n=3) were White East European, Pakistani, Persian/Iranian. Most identified as heterosexual, one as bisexual. Several reported disabilities or mental health challenges including depression and anxiety. Most participants had children, ranging from 1 to 6 children. Ages of children varied from 2 months to young adults (20 years). Participants came from diverse educational and professional backgrounds (including business, accounting, nursing and teaching). Immigration status and lack of local support networks were significant barriers for some, especially those not born in the UK. Three were 'WHA Consultants' – survivors specifically recruited locally to inform CE's WHA pilot.

D5.2 Which housing and tenure types proved most acceptable for survivors?

A strong theme from survivors was the crucial importance of housing stability. The emotional toll of housing insecurity was a recurring theme. Survivors linked housing with safety, recovery, and emotional well-being:

I just want to have a peaceful life and without drugs... if I had my own place it would be so much better. – SU3

This informed their preferences for housing/tenure types. The interviews revealed clear differences in how women perceive and experience different types of housing—as well as what they would ideally prefer. Social housing with decent tenancy options were desirable; private ownership was an aspiration, but often out of reach; refuge and sheltered accommodations were appreciated but short-term; emergency accommodations were judged unsafe and insecure, and private rented accommodation was described as precarious and expensive.

Preference for social housing

Social Housing was viewed as more secure, affordable, and supportive. Some survivors were in the process of moving into social housing or had recently done so. There was a strong preference for social housing due to stability, lower costs, and potential to buy. It was seen as a pathway to long-term independence:

Social housing, at least you've got that little bit more stability... especially with my health. – SU1

Aspiration to privately owned property

Some had previously owned homes with partners. A few expressed a long-term goal of owning again, often through schemes like rent-to-buy. Home ownership was seen as ideal but often unrealistic in the short term due to financial or personal recovery needs.

Refuges/ Supported Accommodation safe and appreciated but temporary

Refuges were often women-only and felt secure, with strict rules (e.g., no male visitors, confidentiality of location). Survivors described them as emotionally supportive, structured, and safe. Typically, supported accommodation offered step-down/move-on housing after refuges, and was often shared with one other woman. This housing type offered greater independence but retained access to support. Residents appreciated the peaceful environment and continuity of care:

I'm in a two-bed bungalow with one other lady... it's more quiet, peaceful. – SU3

Privately Rented Housing insecure and expensive

Private rentals were often seen as unstable and financially burdensome. Survivors expressed concerns about landlords selling properties or rent increases. Generally, private rentals were not preferred unless no other options were available. Some women had stayed in private rentals due to lack of awareness or access to alternatives:

It's always worrying now... because this situation may occur again. - SU1

I'm sort of running myself into debt where I am. - SU5

Several survivors began their journey in private rented accommodation, often under financial or emotional strain. When these tenancies ended—due to eviction, abuse, or landlords reclaiming property—many found themselves with no immediate alternatives. SU1 lived in private rent for seven years before being forced out:

We tried to do the right things before it happens... but none of that seemed to work for us. Until you're actually homeless, a lot of these measures can't be put into place.

SU13 became homeless overnight:

The landlord wanted the apartment for his son... we looked for everything but couldn't find any place. So that same night we became homeless.

Emergency Accommodation isolating and insecure

Emergency accommodation (e.g. council-provided hotel or hostel rooms) were often temporary, isolating, and insecure. Some survivors described these as traumatising, especially when placed in mixed-gender settings or inadequate facilities:

I didn't sleep... I was up, pacing... what's going to happen if he comes in the room? – SU4

Council-Run Emergency Housing provided basic shelter but no emotional or follow-up support. Survivors appreciated the roof over their heads but felt abandoned afterwards:

They let me stay in the house... but that's all they did – SU12

Mixed gender hostels were widely criticised for being unsafe, impersonal, and lacking trauma-informed care. Survivors felt neglected, judged, and unsupported:

They just give you a bed... you're just a number... I went missing for a week and they didn't even notice. – SU2

Gender-Specific Spaces

Women-only environments were consistently preferred. Mixed-gender settings were linked to relapse, trauma, and fear:

In mixed housing, I didn't feel safe... women's-only projects are better. - SU2

D5.3 Do survivors report improved support under the WHA model?

Survivors reported a number of positive experiences with housing support under the pilot, described here.

Cheshire East was favourably contrasted with other local authorities

Some experiences in other local authorities outside Cheshire East were described as characterised by temporary accommodation or homelessness:

It was just mattresses on the floor... I was the only woman in there with men who had been in jail for murder or paedophilia. – SU7 (Another local authority in the region)

I had to go back to [big city] ...they said I'd intentionally made myself homeless. – SU7 (Another local authority in the region)

Quick support from CEC housing teams

Several survivors were positive about interactions with CEC's Housing teams. Cheshire East Council staff (individuals) were described as empathetic and proactive:

They were so understanding... nothing like any other Council I've ever been around. – SU7

She really went above and beyond to find something for me locally... she made all the arrangements for me to get support. – SU12

Quick and clear referrals from the Council helped survivors access safe accommodation without delay:

The Council said about getting me in... I rang up and got in... I'm glad they put me here. – SU3

I just filled out the form online... within a day or two, Cheshire East contacted me. – SU5

IDVA support

Survivors were highly positive about support from CEC's IDVA team, especially the WHA and Housing IDVAs. IDVAs played a crucial role in navigating housing systems, providing emotional support, advocating for survivors in legal and housing processes:

My IDVA came and picked me up... she paid out of her own pocket because this charity couldn't pay for it anymore. – SU07

[Housing IDVA] was with me the whole time, even came with me to court... she supported me in that. – SU10

Some survivors reported that IDVA support helped them rebuild trust, confidence, and emotional resilience:

They've made me trust people again... my children are trusting me now. - SU7

I'm no longer scared inside my house... I'm grateful for all the help I've had... I just can't wait to start this new life. - SU6

These quotes illustrate the importance of ongoing IDVA support in the longer-term, as is offered via the pioneering housing IDVA roles in Cheshire East.

Praise for third sector providers

There was praise for accommodation support provided by third sector partners, especially Edge 360 (sheltered, longer-term accommodation for women with complex needs and homelessness), MyCWA and Savera UK. Charities and community-based services played a crucial role, especially when statutory services were limited or inaccessible. Whilst Edge 360 is not a commissioned service and operates independently to the WHA pilot, CEC and STADA teams did build closer engagement, training support and referral pathways into Edge 360 under the pilot. Edge 360 was repeatedly praised for its holistic, person-centred approach:

They actually care... you're a person not just a number... they always got time for you. – SU2

They saved my life, really... if I'd had to go back out to the street, I would have died.– SU1

Therapy and emotional support helped survivors process trauma and rebuild confidence, especially when delivered by trusted services. This survivor described the service she received from MyCWA:

They just want to help me understand... why I didn't understand... they were really good. – SU14.

Savera UK provided culturally sensitive support and therapy:

They were better than anyone else I've spoken to... they gave me therapy. – SU14

Financial support (e.g. flexible fund)

Financial support (e.g. via flexible funding) was very important. Even modest financial assistance made a significant difference in enabling survivors to leave abusive situations and secure housing. For example, help to pay emergency deposits enabled relocation:

Without that £500, I wouldn't have been able to move... they helped me out massively.– SU5

D5.4 Do survivors report improved outcomes under the WHA model?

Feeling safer at home

Survivors described the impact of housing support on their safety, self-confidence, and overall wellbeing. Many survivors described feeling significantly safer and more secure due to the housing support they had received, particularly in women-only environments with on-site staff and security features; or with sanctuary scheme/target hardening measures in place on their own property:

Now I'm in an apartment, on the third floor... they've got to buzz before they can get in. So secure now. – SU7

I feel safe here... there's cameras on the door with a security system... it's a no-brainer for peace of mind. - SU5

Preventing eviction

Few survivors reported that housing support directly prevented eviction. Many marked this as 'not relevant', especially if they were already homeless or had left their previous accommodation voluntarily. SU1 noted that while eviction wasn't prevented, the move impacted her ability to see her children due to distance.

Preventing Homelessness or Rough Sleeping

Most survivors said housing support did prevent homelessness or rough sleeping:

Yeah, I was homeless before I got in here... I'm glad they put me here. - SU3

Preventing further domestic abuse incidents

Responses were mixed. Some said yes to this question, particularly where housing created physical distance from the perpetrator. Others said 'not relevant', especially if they were no longer in a relationship. One survivor credited her IDVA with helping her recognise abuse and avoid returning to the perpetrator:

She opened my eyes massively... I would have constantly kept taking him back. - SU9

Improved outcomes for children

This question attracted mixed responses. Some survivors said the support received had helped children stay in school or avoid social services involvement. Others said it had no impact or was not relevant (e.g., if children were adults or living elsewhere).

Yes, it helped my child remain in school. - SU5

My IDVA and family support worker helped avoid social services involvement. – SU9

Other Impacts

Survivors highlighted other emotional and relational benefits, including: improved family relationships (e.g., one survivor reconnected with her daughter and mother); increased safety and structure (e.g., safety plans, check-ins, and staff support at Edge 360); sense of stability and belonging:

They've given me a new life... I feel strong now. - SU7.

D5.5 Negative experiences of housing support under the WHA

Little or no housing support from CEC

Other survivors described minimal or ineffective support from CEC housing teams, leading to feelings of abandonment, frustration, or continued vulnerability:

It's hit and miss... some housing providers are informed, others aren't... definitely not experienced any speed or consistency. - SU11

Very little support... the Council did the minimum... maybe 5% of what I needed. - SU12

Barriers to long-term housing

Even after securing temporary housing, many survivors faced barriers to long-term stability, for three key reasons: banding and eligibility, lack of suitable housing stock, and financial insecurity:

Banding and eligibility

Survivors felt 'stuck' due to low housing priority bands. Even when ready to move on, they could not due to lack of available housing:

I'm on a Band D because I've got no connections to here... you're not going anywhere probably for 10, 20 years. – SU4

Lack of suitable housing options

Survivors were often offered unsuitable or 'hard to let' properties:

They offered me a place in [town]... but I refused it because I wasn't ready... it would have just set me up to fail. – SU3

Some survivors felt they had no real choice in the housing they were offered or were unaware of their options. One survivor said:

There was no option for that... I didn't try, to be honest with you, but they didn't offer either. – SU5

Financial insecurity / unaffordable rents

High rents and lack of benefits made some housing unsustainable:

They gave me a house I couldn't refuse... £1200 a month. I wasn't very happy with that. – SU14

Long waits

Some survivors experienced long waits or uncertainty in securing stable housing:

From January 2024 to September 2024... [WHA IDVA] helped and Cheshire Home Choice they helped me. – SU10

Their accounts show that even when housing is eventually secured, the process can be prolonged and stressful.

Need for ongoing support after move-on

Even when survivors were able to access longer-term accommodation options, they had continued need for practical and emotional support:

We moved into a house with no support... no furniture, no emotional help... it's been traumatic. - SU8

They should look at people's situations... some are ready to move on, some aren't. - SU3

Perpetrator housing help perceived to be priority

Some survivors felt that perpetrators were receiving more, or faster, support, despite the survivors' greater vulnerability and need for safety. One survivor described feeling overlooked and unsupported, despite having a child and being the victim of abuse. She noted that her ex-partner was contesting the occupation order to retain the house, even though he was receiving alternative housing support:

He seems to be getting all the help in the world, where I'm just like here trying to scream out and reach out for it. - SU9

In some cases, perpetrators were actively supported by local authorities, particularly through housing schemes like Cheshire Home Choice. This support included priority banding, grants, and placement options. Survivors expressed frustration and confusion about the disparity in support. Even when survivors had children or were at risk, they were sometimes placed on lower housing bands (e.g., Band D) and received less practical help. The system was seen as favouring perpetrators in some instances, especially when survivors had to fight for basic support or were left in limbo. The same survivor quoted above expressed frustration that her ex-partner, the perpetrator, was receiving significantly more support than she was. He had been placed on Band B (a high housing priority) due to being a care leaver, and was offered grants for essential household items like carpets and appliances:

He's being offered like a grant... for carpets and washing machine, fridge freezer and things, yet he's getting all that support, and I've not got that. – SU9

Perpetrators of domestic abuse were reported to have received practical housing support, sometimes more readily or effectively than the survivors themselves. SU1 shared that her partner, who became homeless with her, was still street homeless. However, the Council was actively trying to help him, including placing him on Cheshire Home Choice: *'They're trying to get him into a place in [town] ... a shorter-term solution and then a longer-term one.'*

D5.6 Have survivors benefitted from helping shape and influence development of the WHA?

Most survivors interviewed had not heard of the Whole Housing Approach before being asked about it. Two (SU5 and SU8) who were involved as WHA Consultants (i.e. were survivors recruited specifically to inform the pilot) - had some detailed understanding. These survivors described having had meaningful engagement and opportunities to shape services.

Being listened to and given a platform

The Survivor WHA Consultants appreciated being listened to, included in decision-making, and given platforms to share their stories:

I've told them all what happened... I've been able to sit and tell each and every one of them... they've been very helpful. - SU5

Influencing development of key WHA roles

They were involved in key development meetings and felt pleased they had influenced the creation of key posts under the WHA:

We've been to strategy meetings... the Housing IDVA role was created based on our discussions. - SU8

Improving professionals' DA understanding

Some survivors noted early signs of change in how professionals understand and respond to domestic abuse. Multi-agency workshops and meetings were described as raising awareness:

The understanding of domestic abuse wasn't there really... now it's being considered more seriously. - SU8

Lack of feedback on pilot progress

However, some survivors expressed frustration with inconsistent or unclear communication about the WHA and its benefits:

We don't know everything that's been implemented... meetings are short and infrequent. SU5

Every housing association should be reading from the same page... but they're not.
– SU11

D5.7 Survivor recommendations

The evaluation team asked survivor interviewees for their recommendations on what they want from housing support, what works well and what needs improvement. They said:

What Women Want

Across all housing types, women consistently expressed a desire for:

- Safety and security (e.g., alarms, secure entry, safe neighbourhoods)
- Accommodation choice/options where possible
- Stability (long-term tenancies, no sudden evictions)
- Support (emotional, practical, and financial – ongoing, beyond initial encounter)
- Independence (their own space, ability to host children or family)
- Affordability (especially for those unable to work)

What Works Well

- Quick responses and referrals from Council housing teams
- IDVA support, especially from Housing/WHA IDVAs

- Third sector providers (Edge 360/MyCWA/By and Fors)
- Women-only housing with 24/7 staff
- Security features (e.g., cameras, doorbells, deadbolts)
- Financial support (e.g. via flexible funds)
- Emotional support and group therapy
- Continuity of care and trauma-informed staff
- Longer term emotional and practical support, into move-on/longer term housing

What Needs Improvement

- Consistency across housing providers
- Faster response times and consistently clearer communication
- Survivors getting priority banding for social housing
- More affordable housing – especially in the private rental sector
- Move away from temporary/emergency accommodation, especially unsafe/mixed gender/hotel and hostel based
- More comprehensive emotional and mental health support
- Better support for those still living near perpetrators
- Housing support for survivors that matches or exceeds that offered to perpetrators

Recommendations from Survivors

Survivors offered several concrete ideas to improve the WHA and housing support more broadly:

- More trauma-informed, consistent, and compassionate support
- Better access to emergency housing and long-term accommodation
- Improved communication and coordination between services
- Greater awareness and accessibility of financial and legal support
- Recognition of the long-term impact of abuse on housing and wellbeing
- More IDVAs, especially those embedded in housing teams / offering longer-term support post crisis and into resettlement
- Better communication and updates on WHA progress (e.g. newsletters)
- Consistent training across housing providers
- Practical support with moving home (e.g., vans, furniture, decorating help)
- Nationally linked systems to track abuse patterns and histories

D6. How is a WHA model more than the sum of its parts?

A key question for the evaluation was: does a WHA model bring benefits/improvements for survivors beyond the individual activities being delivered under the model (which could be delivered under non-WHA models); and in what ways? This helps to pinpoint how and why a WHA model might be better than other models of supporting survivors around housing. Stakeholders identified a number of ways in which the WHA model added value beyond the individual components and activities:

D6.1 Bringing together Domestic Abuse and Housing Teams

As described earlier in section D, this huge improvement in partnership working across and between DA and housing teams was a key pilot success. Underpinned by training, co-location and new cross-specialist posts, this is a success that would be very unlikely to have

been achieved under non-WHA, more traditional, housing and DA service structures in a local authority. The WHA was described as unique in how it brings housing and domestic abuse services together, ending siloed approaches and enabling more coordinated and effective responses:

It brings it all together doesn't it, the housing and the domestic abuse, whereas before it was so separate, I think. Housing was doing their job and domestic abuse, but no one was really speaking to each other, so now it's more connected in that way. (ST06 CEC IDVA Team)

we certainly met the objectives in terms of making significant improvements in housing pathways, in bringing together our domestic abuse services and our housing teams much better connectivity with our housing providers and you know engaging them in their responses to domestic abuse, so yeah, I think it did meet its objectives. (ST04_01 – CEC Housing Leads)

D6.2 Making domestic abuse 'everyone's business'

This makes for a more consistent approach from a range of services with increased likelihood that diverse needs can be met and it is very unlikely to have happened under a more siloed, non-WHA approach:

[WHA] is the only model that I've seen that actually looks at the whole set of circumstances that a survivor may find themselves in, so the Whole Housing Approach enables that local authority to be really consistent in their response, whatever the circumstances of the survivor. (ST11 STADA WHA Lead)

D6.3 A holistic and tenure-inclusive model

One of the elements of the WHA most frequently highlighted by stakeholders was its inclusion of all housing tenures, beyond just the traditional components of social housing and refuge. Stakeholders described how WHA represents a significant shift in scope and ambition compared to previous models (e.g. DAHA). This expansion allows survivors in all kinds of housing circumstances to receive support and has encouraged local authorities to develop expertise and pathways that had previously been absent:

to provide a range of options for survivors across all housing tenure types, so the aim is to look at stable accommodation. It's to look at safety. (ST03 CEC WHA Lead)

It does take into consideration all the different tenure types... people who are living in their own properties, temporary accommodation, sheltered housing... the full spectrum... although we've got this kind of range of different components, it's very much for areas to be able to lift and adapt and make it work for them and their local area, so I think the combination of those two things makes it quite a unique model. (ST04 CEC Housing Leads)

D6.4 Adaptability to local contexts and needs

A standout feature of WHA identified by many was its flexibility. Unlike rigid frameworks, stakeholders appreciated that WHA could be adapted to suit local infrastructures, demographics, and challenges. This was echoed in reflections on how WHA supported both strategic leadership and frontline staff to develop new relationships and tailor delivery to local need:

Although we've got this kind of range of different components, it's very much for areas to be able to lift and adapt and make it work for them (ST04 CEC Housing Leads).

a goal originally from the pilot, was to like really test the Whole Housing Approach, see how it works in one local authority area and I feel like there's been loads of learning in terms of what we need to change, loads we need to change in a positive way...it feels like a draft, a good draft, but a draft that we've brought in and through that relationship with Cheshire East, we've been able to test parts of it, put / test the sort of model and the communication model, we've realised that so much needs to be adapted to how a local authority works (ST01_02 STAD WHA Leads)

D6.5 A survivor-centred and choice-based approach

Stakeholders described the WHA as fundamentally survivor-led, supporting personalised and empowering housing options:

... it's much more about giving the survivor the options that they've got and providing them with that choice, so it's not the onus is not always on them to kind of uproot their life and move, ...the idea behind it is a very like survivor-centred approach. (ST01 STADA Pilot Team)

a victim-led approach, that looks at ways of breaking down barriers to people finding housing, in whatever guise they need it to be, whether that's staying in their own home, moving to their safety, finding a private let, whatever it is that best suits that individual or family. (ST08 MyCWA)

E. COST-BENEFIT ANALYSIS OF THE WHA HOUSING INTERVENTION

E1. Overview

This section presents the findings of a cost-benefit analysis (CBA) of the WHA housing intervention in Cheshire East, carried out by the evaluation team's partner Mutual Ventures. The analysis aims to assess the fiscal, economic, and social value generated by the programme, using a structured approach in line with HM Treasury's Green Book³⁵ guidance.

The analysis is framed through two lenses:

1. Financial case – This perspective focuses on affordability of the intervention for the public sector, comparing the direct cost of delivering the intervention with the savings generated for public services.
2. Economic case – This broader view considers the public value created by the intervention, including economic benefits to individuals and wider society, as well as improvements in health and wellbeing.

To ensure rigour and comparability, the analysis uses the Greater Manchester Cost-Benefit Analysis model³⁶, which has formed part of Green Book supplementary guidance since 2014 and has been also used by previous cost-benefit analyses of WHA programmes.

E2. Methodology

The analysis uses consistent assumptions and data across both cases, with costs and benefits calculated on a per annum basis for simplicity. Results are presented as benefit-cost ratios (BCRs), which express the monetary value of benefits generated for every £1 invested in the programme.

Key methodological considerations include:

- Conservative estimates and assumptions throughout. For instance, where multiple sources of data to calculate impact exist, the most conservative estimates were applied.
- A 30% adjustment factor applied to account for deadweight, leakage, and optimism bias (meaning that 70% of the benefits value is included in BCR calculation).
- Benefits are assumed to accrue immediately after the intervention, for one year only – although in practice, some benefits (e.g. sustained tenancy, reduced alcohol or drugs misuse or reduced truancy) may last longer.
- For simplicity, no discounting for time value of money is applied, as the analysis considers only the three years of active intervention (2022–2024).

³⁵ HM Treasury, Green Book (2022), <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020>

³⁶ Greater Manchester Cost Benefit Analysis model, <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>

E3. Programme costs

Programme costs were based on actual spend over the three-year period of the intervention. These costs were provided by the WHA delivery team and include all direct support and staffing costs.

The annual cost of delivering the programme ranged from £103k in 2022, to £172k in 2023, and £129k in 2024. A detailed breakdown of costs and an explanation of year-on-year fluctuations is provided in Table 1 below. The lower cost in 2022 reflects the fact that not all components of the intervention were fully operational at that time (e.g. WHA / Multiple Disadvantage Team IDVA). The spike in 2023 was primarily driven by increased use of flexible funding and higher expenditure associated with the sanctuary scheme. The 2024 cost reflects a more stable, mature programme phase.

Table 1. Programme costs.

Cost item	Jan-Dec 2022 (Y1)	Jan-Dec 2023 (Y2)	Jan-Dec 2024 (Y3)	Comments
Flexible funding	£30,832	£48,610	£16,985	£20,000 provided by STADA per year 2023 figure includes payments made through the Specialist Services Fund administered by MyCWA. This fund was discontinued from Q1 2024.
Sanctuary	£2,531	£11,211	£3,972	2023 costs are higher than other years due to an increase in installations and an increase in costs on the part of the sanctuary provider. In summer 2024, CEC switched to a new provider with lower costs. This process meant there was a drop in referrals and installations in 2024
WHA IDVA	N/A	N/A	£42,000	In post from Jan 2024
Housing IDVA	£45,000	£45,000	£45,000	In post for the entirety of the pilot
MDT IDVA	N/A	£42,000	N/A	In post Jan-Dec 2023, this role was not continued beyond this period
Central costs – WHA Coordinator	£25,000	£25,000	£25,000	
Total	£103,363	£171,821	£128,985	

E4. Programme benefits

The analysis quantifies benefits in the following areas, using standard cost categories from the Greater Manchester Unit Cost Database (numbers in brackets refer to cost codes used in that database).

Housing

- Evictions prevented (HO1.0)
- Homelessness applications prevented (HO3.0)
- Rough sleeping prevented (HO6.0)

Crime

- Domestic violence incidents prevented (CR2.0)

Health

- Ceased alcohol misuse (HE22.0)
- Ceased drug misuse (HE23.0)

Education

- Truancy prevention (E&S1.0)

Monetary value of impact for all the above benefits are summarised in Table 2 below.

Table 2. Overview of benefits quantified for CBA.

Benefit indicator (GM Unit Cost Database)	Unit	Main beneficiary (fiscal savings)	Monetary value of impact (base year 2024/25)		
			Fiscal value	Economic value	Social value
Housing					
Evictions prevented: Number of evictions prevented (HO1.0)	Per incident	LA	£8,885		
Homelessness: Number of homelessness applications prevented (HO3.0)	Per application	LA	£3,327		
Rough sleeping: Number of rough sleepers prevented (HO6.0)	Per person, per year	LA	£10,508		
Crime					
Domestic violence: Number of domestic violence incidents prevented (CR2.0)	Per incident	Multiple (NHS, police, LA, criminal justice system)	£3,393	£2,023	£9,333
Health					
Substance misuse: Number of beneficiaries who ceased to misuse alcohol (HE22.0)	Per person, per year	NHS	£2,434		£1,891

Substance misuse: Number of beneficiaries who ceased to misuse drugs (HE23.0)	Per person, per year	Criminal justice system, NHS	£4,538	£11,243	£4,789
Education					
Truancy: Number of children that were able to remain settled in school, meaning that truancy was prevented (E&S1.0)	Per person, per year	Multiple (LA, NHS, criminal justice system)	£2,259	£1,260	

To calculate the total benefits of the WHA housing intervention, the monetised impact values outlined earlier must be applied to the number of participants who experienced each specific outcome. However, in practice, detailed outcome data was not always available at the individual level.

To address this limitation, a two-step estimation process was adopted:

- 1. Identification of beneficiary numbers:** We first compiled data on the number of beneficiaries who engaged with relevant components of the intervention across the three-year programme period. This included participation in services such as IDVA input, sanctuary scheme access, and other types of support.
- 2. Application of benchmark outcome rates:** In the absence of granular outcome data, we drew on external research and evaluations to apply benchmark outcome rates. These represent the proportion of similar beneficiaries who, in previous studies, achieved the relevant outcomes (e.g. evictions prevented, domestic abuse incidents reduced). These rates were applied conservatively and reflect best-available evidence from comparable interventions.

Table 3 below presents the number of beneficiaries for each intervention component over the course of the programme, the data sources used, and the assumptions or benchmark rates applied to calculate the expected impact. This approach ensures consistency and transparency in how benefits were derived, while acknowledging the limitations of available data.

Table 3. Number of beneficiaries

Area of analysis / What is it used for	Data to estimate number of beneficiaries	Jan-Dec 2022 (Y1)	Jan-Dec 2023 (Y2)	Jan-Dec 2024 (Y3)	Data to estimate impact on beneficiaries
Housing					
Evictions prevented: Number of evictions prevented (HO1.0)	Housing Options data: Homeless presentations where 'main reason for loss of settled home' is 'domestic abuse victim', applicant is owed a Prevention Duty, and the outcome was 'secured existing accommodation'	10	5	2	- WHA case data
	Flexible funding data: Survivors able to remain in their homes/avoid eviction	11	2	2	
Homelessness: Number of homelessness applications prevented (HO3.0)	Cheshire East data: # DA survivors for whom Prevention Duty successfully discharged - i.e. prevented from becoming homeless	40	44	41	- WHA case data
Rough sleeping: Number of rough sleepers prevented (HO6.0)	As above	40	44	41	- 4.8% of households were rough sleeping at the time of application in 2022-23 [2] - assumed that 4.8% of households prevented from homelessness applications (see above) were prevented from rough sleeping
Crime					
Domestic violence: Number of domestic violence incidents prevented (CR2.0)	IDVA: Number of WHA / Housing / MDT IDVA beneficiaries	558	715	1154	- Cessation of abuse experienced by the victims who are using IDVA services: between 65 and 79% [3]; between 61% and 83% [4] - assumed 61% to be conservative - Victims experience an average of 20 incidents of domestic violence in a year [5] - assumed 1 incident per annum to be conservative and avoid duplication for calculation of economic and social value
Health					

Substance misuse: Number of beneficiaries who ceased to misuse alcohol (HE22.0)	MDT IDVA: Number of clients accessing support from a drug & alcohol service	N/A (MDT IDVA not in post)	3	N/A (MDT IDVA not in post)	- 42% of people in contact with drug and alcohol services received treatment for problems with alcohol [6] - Outcomes of substance misuse treatment: of the people who left treatment, 46% completed their treatment successfully and were discharged as 'treatment completed' [6]
Substance misuse: Number of beneficiaries who ceased to misuse drugs (HE23.0)		N/A (MDT IDVA not in post)		N/A (MDT IDVA not in post)	- 70% of people in contact with drug and alcohol services received treatment for problems with drugs [6] - Outcomes of substance misuse treatment: of the people who left treatment, 46% completed their treatment successfully and were discharged as 'treatment completed' [6]
Education					
Truancy: Number of children that were able to remain settled in school, meaning that truancy was prevented (E&S1.0)	Sanctuary scheme: Number of children living in homes that have received sanctuary works	16	37	13	- Evidence that sanctuary schemes enable children to remain in their schools [7] - No data to estimate the impact, assumed 50% of children avoid truancy , confirmed with professionals

Data sources used in the table:

[1] The effectiveness of schemes to enable households at risk of domestic violence to remain in their homes, Research report, <https://assets.publishing.service.gov.uk/media/5a79aa16ed915d07d35b7310/1697772.pdf>

[2] Statistics: statutory homelessness in England: financial year 2023-24, <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2023-24/statutory-homelessness-in-england-financial-year-2023-24>

[3] NICE, Economic analysis of interventions to reduce incidence and harm of domestic violence, <https://www.nice.org.uk/guidance/ph50/evidence/economic-analysis-domestic-violence-final-report-for-consultation-pdf-430410637>

[4] Save Lives, Insights Idva dataset 2022-23, <https://safelives.org.uk/wp-content/uploads/Idva-insights-dataset-2022-23.pdf>

[5] Key facts about domestic violence, The Women's Commission: Women's Voices to Government, https://assets.publishing.service.gov.uk/media/5a7ba29740f0b62826a04d6c/h12_key_facts_about_domestic_abuse.pdf

[6] Adult substance misuse treatment statistics 2022 to 2023: report, <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2022-to-2023/adult-substance-misuse-treatment-statistics-2022-to-2023-report#treatmentoutcomes>

[7] Sanctuary Schemes for Households at Risk of Domestic Violence. Practice Guide for Agencies Developing and Delivering Sanctuary Schemes, <https://assets.publishing.service.gov.uk/media/5a7909d2e5274a3864fd5e36/1697793.pdf>



E5. Cost-benefit results

E5.1 Financial case

The fiscal benefit-cost ratio (BCR) is 10.2, meaning that for every £1 invested in the WHA housing intervention, £10.20 in public sector savings is generated This reflects exceptional value for money that can be achieved from whole housing interventions (according to the HMT Green Book, a BCR greater than 4 is considered very high value for money).

It is important to note that not all of the estimated fiscal benefits identified through the cost-benefit analysis are likely to translate into immediate, cashable savings. In many cases, the benefits are more appropriately understood as efficiency gains—such as reduced demand on overstretched services or avoidance of more intensive interventions—rather than direct budget reductions. Whether savings can be fully realised in cash terms will depend on the strategic financial approaches of individual organisations, including their capacity to decommission services, reinvest savings, or reallocate resources.

Furthermore, even where benefits are cashable, they may take time to materialise and could require additional investment to unlock—such as service redesign or workforce development. These transitional costs and time lags should be factored into local implementation plans and investment cases.

A second important consideration is that the reported benefit-to-cost ratio represents an average across the programme as a whole. As demonstrated by the case study analysis conducted by STADA, the financial return varies significantly between individual cases, depending on the level of need and the intensity of support required. For those exploring the adoption or scaling of similar interventions, this variability underscores the importance of considering the complexity of beneficiaries' needs when estimating potential fiscal returns.

Finally, these benefits are dispersed across multiple public agencies, including local authorities, the NHS, the police, and the wider criminal justice system. If we apply a narrow lens that takes into consideration:

- all costs borne by the local authority (although in East Cheshire, STADA also contributed to some costs), and
- only those benefits that can be directly accrued to the local authority (in this case – housing benefits only),

then the local authority-only BCR falls to 1.2. This means that for every £1 spent by the local authority, only £1.20 is saved in directly attributable housing costs.

In practice, the actual benefit to the local authority is likely higher, as it also shares in benefits from areas such as domestic abuse prevention and reduced truancy.

E5.2 Economic case

The social benefit-cost ratio is 39.4, reflecting the extremely high public value generated beyond direct fiscal savings

In addition to fiscal benefits, this metrics also takes into account economic benefits that accrue to individuals and businesses (e.g. linked to reduced absenteeism in education), and social benefits in terms of improved individual health and wellbeing.

E6. Limitations

Despite drawing on the most widely accepted and transparent tools available – the Greater Manchester cost-benefit analysis model – the analysis has several limitations. Some of the unit costs used in the Greater Manchester database are based on research that, while credible, may now be dated, potentially affecting the precision of estimates.

Additionally, for certain outcomes, robust local data was unavailable, requiring reliance on proxy indicators and national benchmarks derived from national studies. The benefit estimates rely on national benchmarks rather than data specific to East Cheshire. While this approach aligns with the Green Book guidance and is consistent with previous WHA evaluations, it limits the ability to pinpoint actual cashable savings for East Cheshire Council and local public sector partners. Conducting detailed, local costing of service impacts would require extensive and forensic primary cost research with local services. Given the size of the intervention, this level of research may be deemed disproportionately costly. These attribution challenges introduce a degree of uncertainty into the results. Future cost-benefit evaluations of a Whole Housing Approach would benefit significantly from enhanced data collection at the individual level, enabling more accurate tracking of outcomes and a stronger evidential link between observed impacts and the intervention itself.

Finally, the analysis only considers the WHA intervention and does not account for the costs of other services or interventions that service users may also be receiving, such as substance misuse therapies.

E7. Conclusions

The WHA housing intervention in East Cheshire represents a highly cost-effective and socially valuable intervention.

While the full benefits are spread across multiple public sector partners, the overall return on investment is compelling:

- Strong fiscal value: Even under conservative assumptions, the intervention delivers significant savings to public services.
- Even greater economic and social value: The broader impacts on individuals and families demonstrate the power of coordinated, trauma-informed, place-based support.

However, the distribution of benefits also highlights the limitations of siloed funding structures. To unlock the full potential of this type of intervention, pooled funding arrangements – allowing for shared investment and shared return across public partners – could be considered.

F. CONCLUSIONS AND RECOMMENDATIONS

This chapter summarises learning and conclusions from across this report; and answers Part B of the evaluation, namely: What recommendations can be made to commissioners and policy-makers for implementing a WHA model? In particular:

- What are the lessons for scalability nationally?
- How can challenges and obstacles to implementation be overcome?
- How important is high fidelity to the WHA model? To what extent is flexible or selective implementation possible without comprising the integrity and effectiveness of the approach?
- What are the Core Principles for effective implementation of a WHA; and how can these be flexibly implemented?
- How can the existing WHA Guidance and Toolkit be updated/improved?

F1. Conclusions

F1.1 Whole Housing Approach: a paradigm shift in domestic abuse and housing

Stakeholders understood the WHA as a transformative and system-wide shift in responding to domestic abuse and housing. What makes WHA unique, they argued, is its embrace of all tenure types, survivor-led ethos, bridging of previously disconnected sectors, adaptability, and potential for greater impact and efficiency. The approach was described not just as a new set of services, but as a new paradigm, one that brings housing and domestic abuse work together in a more equitable, practical and empowering way for survivors. The following quote sums up the general view of participants:

Whole Housing has closed some of those gaps, the bridge is linked, whereas before there was missing bits...its opened conversations, which ultimately benefits our survivors... I do feel, as a project, as a pathway, as a theory, its been beneficial to the Council. I think it's beneficial to the teams working within it, to external teams, to partners ... I do think in terms of value-for-money, in terms of outcomes, for survivors absolutely, I do feel that [the pilot] has been hugely positive. (ST03 CEC Pilot Lead).

The WHA pilot has prompted a significant shift in how housing teams conceptualise and deliver support, moving beyond statutory duties to a more integrated, trauma-informed approach. Stakeholders reflected on how it has encouraged housing services to move away from a model of signposting toward embedding specialist support within their own teams. This includes co-locating domestic abuse specialists directly within housing services, and vice-versa, to address survivors' complex needs in real-time. Rather than ending support once a tenancy is secured, housing teams and IDVAs are now focused on sustaining tenancies and promoting long-term recovery. One participant explained:

We're not just dropping somebody into a house, with no carpets, no curtains, no flooring... but actually let's make that property feel like home... (ST09 CEC Housing Lead).

This holistic approach, combining legislative delivery (e.g. delivering the local authority's accommodation duties under Part 4 of the Domestic Abuse Act 2021) with embedded support, is seen as key to creating “life-changing and sustainable” housing outcomes for survivors:

It is bigger picture thinking isn't it. Linking everything together, looking at the full picture, looking at how a survivor makes their way through all the different pathways that they can come to us from and trying to ensure that those journeys are smooth,its enabled us to reflect fully on all of our practices, processes and to make sure that we've got strong links with partners and that we're not doing anything on our own. (ST09 CEC Housing Leads)

This represents a shift from a “Refuge-only” view to a whole-person, whole-journey model—seeking a wider range of more secure, longer-term accommodation options, and treating accommodation as a stepping stone in recovery, not the end point.

F1.2 Better housing outcomes for survivors? (outcome evaluation)

Limitations to quantitative outcomes data

Key to evaluating success of the pilot is being able to measure the impact the pilot activities had on core outcomes for survivors and their children, as well as on professionals in Cheshire East. It was important to have a baseline year measure of how key outcomes looked in the year before the pilot (2021), as well as – where possible – comparator data from another local authority. There were three linked challenges in assessing outcomes:

- a) Pilot components and activities were implemented incrementally across the three years, meaning that not all were in place throughout.
- b) New posts under the pilot were implemented incrementally, both in Cheshire East Council and in the STADA pilot team. For instance, within CEC the Housing IDVA was only in place from year 2 and the WHA IDVA from year 3; the Homechoice dedicated DA Caseworker only in post from end of year 1; and a dedicated Data Analyst improving data collection and analysis within the DA Hub only in place from year 3. On the STADA side, the WHA Research and Evaluation Analyst post was in place from the start of year 2.
- c) A good deal of data improvement work was carried out during the pilot meaning that some key metrics / data only started to be available consistently from years 2 and 3.

With this in mind, we would expect to see medium term shifts in practice and outcomes from the middle towards the end of the pilot (year 2 into year 3), and consistent, good-quality outcomes measures across the all pilot metrics probably only in and beyond year 3.

Overall, the outcomes data supports this picture: some activities can be clearly seen to improve outcomes from the start of, and throughout, the pilot years compared with the baseline year; whilst partial or mixed data for other metrics makes conclusions on those outcomes challenging without further data. Only one metric had a negative outcome (numbers in emergency/temporary accommodation did not fall).

Clear positive outcomes

The quantitative outcomes data, compared with the baseline year data (and keeping the above caveats on time-lag in mind), showed clear evidence of progress on these outcomes:

- *Has more domestic abuse been identified amongst housing clients?* Very substantially, yes. Overall, a very positive picture, with many more referrals coming into the DA Hub each year of the pilot compared with the baseline year, from a range of housing agencies.
- *Have more domestic abuse survivors and children been supported with housing?* Yes, significantly. Substantial and sustained rises in the number of survivors with a housing need supported by specialists in the DA Hub each year including a 32% increase from year 1 to year 3. Importantly, in addition, new roles introduced under the pilot in Housing (Homechoice DA caseworker) and in the IDVA service (a specialist Housing IDVA and a specialist WHA IDVA roles were in place by year 3) show increasing numbers of survivors being offered specialist housing support. The story of housing support offered to survivors through the DA Hub and these new posts in Housing and DA teams is a huge success indicator of the pilot (and is supported by findings in Section D about the value of partnership working between these Housing and IDVA roles). As well, significantly more households with children were supported over the three pilot years compared with the baseline year, although a drop in year 3 (when the pilot was fully implemented, along with new housing support posts as above), warrants some further scrutiny within the local authority.
- *Have more domestic abuse survivors (and children) been supported to remain safely in their own homes?* Yes, more survivors and children were supported to remain in own homes via sanctuary scheme installations, target hardening, and flexible funding. There was a substantial rise in the number of survivors supported by both the Housing Options and MyCWA flexible funds during the pilot years. The number of full sanctuary scheme installations (a component hailed by stakeholders as a key success of the pilot) showed a more mixed picture across the pilot years, with increased numbers in some but not all pilot years compared with the baseline year – but this can be linked to a major re-commissioning which happened in year 3. As well, many more clients received broader target hardening measures under the pilot in years 2 and 3.
- *Have more survivors (and children) in temporary accommodation been offered specialist domestic abuse support?* Yes, more survivors in temporary accommodation were offered support around domestic abuse in each of the pilot years compared with the baseline year. (Unfortunately, data were not available on children).
- *Have more survivors (and children) been accepted into Refuge accommodation?* Yes, slightly more overall were accepted into refuge in the pilot years – an increase both in overall volume of acceptances and also acceptances as a proportion of referrals. However, that acceptance rates, driven largely by capacity constraints, remain low compared to overall demand/ referrals.
- *Have more perpetrators been removed from properties where appropriate and safe, and rehoused where appropriate?* Yes: more perpetrators lost their settled home due

to perpetrating domestic abuse, and more were rehoused, under the pilot years compared with the baseline year.

- Have more survivors felt safer after domestic abuse and housing support? Yes. The number of survivors reporting feeling safer at IDVA case closure increased from 56 in the baseline year to 203, 209 and 229 in each of the pilot years.
- Has there been improved partnership working between housing teams, Registered Social Landlords (RSLs) and domestic abuse teams? Very substantially, yes. There was a clear and sustained increase in referrals from CEC housing teams, RSLs, supported and sheltered accommodation providers into the DA Hub under the pilot, compared with the baseline year.
- Have more RSLs gained DAHA accreditation? Yes. More RSLs achieved DAHA accreditation during the pilot. One major new RSL achieved DAHA accreditation in each pilot year; and for one of the big three RSLs this involved achieving enhanced DAHA accreditation for exemplary practice, indicating commitment to the DAHA principles over and above the minimum requirements.
- Is there improved professional knowledge/confidence about domestic abuse and housing? Yes. Data shows improved confidence across housing teams to identify and respond to domestic abuse following training delivered in years 2 and 3 of the pilot. In total 379 professionals were trained about domestic abuse awareness and support by the charity Surviving Economic Abuse (SEA) across the pilot years with 98% reporting improved confidence to identify domestic abuse.
- Have more organisations and professionals (across the range of WHA tenure types) been supported to understand domestic abuse? Yes. An impressively wide range of professionals and organisations/teams were trained by charity Surviving Economic Abuse (SEA), as well as via training delivered by MyCWA and 'By and For' services.

Unclear or partial outcomes

These outcomes showed partial or unclear progress:

- Have more housing interventions been implemented, earlier, for those affected by domestic abuse and do these interventions occur across tenure types? Whether housing interventions for survivors were implemented sooner proved hard to answer from outcomes data alone; and breakdown by tenure type was unfortunately not available across most or all key outcome measures.
- Have fewer DA survivors been made homeless? A mixed picture across different metrics. Approximately the same number of survivors were accepted under the homelessness Prevention and Relief duties in each of the pilot years as the baseline year. This compared with a substantial rise in the number of survivors losing their last settled home due to DA under the pilot years. This points to significant new homelessness need due to DA across Years 1 to 3, but without a corresponding rise in numbers supported for homelessness under the Relief duty or accepted for homelessness prevention under the Prevention duty. However, there was a rise in successful discharge of Prevention duty in the pilot years. Calculating the successful

discharge of Prevention duty figures as a proportion of the number of survivors accepted under the Prevention duty each year shows that the rate of successful discharge (i.e. homelessness prevented) rose substantially under the pilot: from 63% (29/46) in the baseline year, to 75% (40/53) in year 1, 90% (44/49) in year 2, and 98% (41/42) in year 3.

- *Have more survivors (and children) been supported into longer-term accommodation?* Unclear picture from outcome metrics alone. More survivors in both Privately Owned and Privately Rented housing were offered DA support during the pilot years, which is positive. Refuge data indicates more survivors left refuge for their own homes and fewer to friends/relatives or back to the perpetrator under the pilot years compared to the baseline year. Albeit small numbers, more households with children were offered a Registered Provider tenancy under the pilot (though unclear what type of RP tenancy). Overall data was not available to track the total number of survivors (or children) supported into longer-term accommodation, which makes it hard to see from these data a clear impact of the pilot in terms of a measurable shift towards longer-term post-refuge accommodation.
- *Have fewer survivors lost their tenancy status if they relocated?* Again, unclear from outcomes data. Unfortunately, data was not available from either local authority on metric 1.17 'did the client retain their tenancy status if relocated'. This information would be held by individual Registered Social Landlords.
- *Is there more support to survivors with multiple disadvantage?* Unclear from outcomes data, which only provides figures for those with multiple disadvantages accepted under Prevention and Relief duties – but there were substantially fewer accepted under both duties in pilot year 2 and 3 compared with previous years.

Negative outcomes

These outcomes showed negative progress:

- *Have fewer survivors been in emergency or temporary accommodation, for less time?* No. Cheshire East housing data shows that similar numbers of survivors were in emergency and temporary accommodation in each pilot year and the baseline year. It is worth noting however that this is against a context of a significant rise in homelessness due to DA under the pilot years compared with the baseline year, and more survivors overall supported with housing and homelessness. This may indicate that, whilst emergency and temporary accommodation volume numbers remained stable across these years, they were less as a proportion of (greater numbers of) survivors with housing/homelessness needs under the pilot years. The average time spent in emergency accommodation remained steady at around 3 weeks across the baseline and pilot years; and 2-3 months in temporary accommodation under the Main Housing duty (albeit small numbers).

Summary: Improved outcomes for survivors?

In summary, positive outcome measures clearly support the positive, and quick, impact of the pilot's structural, partnership and capacity-building work (e.g. new posts such as Housing IDVA, WHA IDVA, Homechoice DA caseworker, WHA co-ordinator role in CEC; training on

DA to housing and other CEC teams; close partnership working, referral routes, professional relationships and co-location between DA and housing teams; and training).

Other outcome measures show a mixed or partial picture which aligns with key stakeholder interviews, which identified that the full impact of the pilot would not be apparent until near to or beyond the pilot end date. It is vital that core pilot components – especially key posts and continued data improvement and reporting – remain in place beyond the pilot end, so that the full impact of the WHA on outcomes for survivors, children and professionals can be measured.

F1.3 Pilot successes: what elements worked well (process evaluation)

The WHA pilot has driven a meaningful cultural shift in how domestic abuse and housing are approached, replacing fragmented, siloed practices with a more unified, survivor-led system. Though described by some as still a ‘draft,’ the pilot has tested, adapted, and reinforced mechanisms that can be sustained and scaled. It represents a step change in how organisations understand their role in addressing domestic abuse as a core part of housing and homelessness prevention.

The process evaluation found specific successes to be:

- A mindset shift from short term or ‘refuge only’ accommodation to a wider range of housing and accommodation support
- Improved DA policies, referral pathways and practice across CEC housing and other teams
- Greatly improved partnership working between DA and housing teams, supported by cross-disciplinary expertise and roles, close co-working and joint training
- Better work with perpetrators around housing
- Improved support and awareness to multiply-disadvantaged survivors and minoritised groups
- Professionals being more confident and knowledgeable to identify and support DA
- Closer relationships with By&For services

F1.4 Mechanisms underpinning success (process evaluation)

The pilot has laid strong groundwork for a more joined-up and survivor-centred housing system. It has achieved this by embedding DA awareness and responses across housing services, improving partnership working between DA and Housing teams, making DA a strategic priority (‘everyone’s business’), improving referral pathways and policies, establishing crucial new roles, improving training and data improvement, and integrating survivor voices into the pilot design and delivery.

The introduction of dedicated roles helped bridge gaps between housing and domestic abuse services, strengthened case-by-case responses, and built essential trust and knowledge across the partnership. Stakeholders consistently recognised that the success of the model depended not only on strategic commitment but also on the day-to-day, relational work of connecting people, systems, and services. Sustaining these roles, retaining DA as a

strategic priority, and retaining a whole-system perspective which makes DA ‘everyone’s business’ will be critical to maintaining impact and embedding the approach long-term. As well, the model offers a strong way of meeting Part 4 duties under the Domestic Abuse Act, and doing so in a way that remains survivor-centric and avoids flimsier interpretations of Part 4 duty, such as that it can be discharged via temporary accommodation alone.

New funding through the Whole Housing Approach was a fundamental enabler of the pilot’s impact, driving innovation, inclusion, and responsiveness across the housing and domestic abuse sectors, especially for smaller partners. The availability of flexible funding empowered survivor-led outcomes and practical problem-solving, while newly-funded roles ensured capacity for collaboration and strategic focus. However, challenges in procurement, administration, and sustainability underscore the need for longer-term resourcing models and more agile local funding mechanisms if the benefits of WHA are to be maintained and scaled.

The process evaluation found that specific mechanisms underpinning pilot successes were:

- Meeting the Part 4 accommodation duty under the DA Act 2021
- Making DA a strategic priority in the local authority: ‘everyone’s business’
- New structures under the pilot e.g. WHA Steering Group and operational meetings
- Dedicated new posts under the pilot, especially WHA Coordinator, Housing and WHA IDVAs, Homechoice DA Caseworker
- Support from STADA’s WHA pilot team and wider housing experts
- Dedicated funding under the pilot, especially for flexible funding and key posts
- Close engagement with By & For services
- Delivery of training to a wide range of partners
- Data improvement
- DAHA Accreditation
- Ensuring survivor voices were integrated throughout the pilot

F1.5 Learning from implementation

Building on existing components

While the WHA pilot introduced some new elements into Cheshire East’s housing and domestic abuse response, many components already existed prior to the pilot’s launch. Rather than starting from scratch, much of the pilot’s success came from reviewing, reshaping, and strengthening existing systems, services, and partnerships. Refuge provision, perpetrator management, social housing and DAHA accreditation were pre-existing components in Cheshire East. Other elements could be tweaked for delivery such as sanctuary scheme and flexible funding. This dual focus on improvement and innovation proved especially valuable in a context of limited resources, where building on existing infrastructure offered both practical and impactful gains.

Different implementation

Not all components of the WHA pilot were delivered as planned, but the reasons for this often reflected thoughtful adaptation. Where delivery proved difficult or not appropriate to the local context, such as with Housing First, managed reciprocals, or move-on accommodation, stakeholders re-evaluated local needs and adjusted accordingly. These experiences

underscore the importance of local flexibility, realistic resourcing, and acknowledging what already works within local systems. In Cheshire East, Housing First was re-interpreted as activities to support survivors with multiple disadvantage; Move-On was redefined as resettlement work (supported by new Housing IDVA roles); and perpetrator housing was delivered differently to plan, albeit the pilot team would have liked to do more on perpetrators. Managed Reciprocals were found to be unnecessary in the local context. Rather than rigid implementation, the WHA pilot encouraged critical reflection, adaptation, and a more nuanced understanding of what sustainable housing responses can look like in practice.

Implementation challenges

Stakeholders identified key challenges to implementation as:

- Funding, resourcing and capacity constraints
- Low housing supply overall
- Data gaps
- Difficulty engaging some partners or teams
- Lack of levers to change practice in the private rental (PRS) and privately owned (POH) housing sectors

F1.6 Sustainability of the model in Cheshire East beyond the pilot

There was some anxiety expressed about the sustainability of WHA in Cheshire East beyond the pilot. While there was a strong commitment to sustaining core elements beyond the pilot, stakeholders acknowledged that the future of certain roles, structures, and activities depended heavily on funding, capacity, and local priorities. Many described a ‘*core shell*’ of WHA activity that would remain in place, including statutory duties, embedded practices, and organisational commitments. At the same time, there was concern that the loss of specific posts, project infrastructure, and coordination mechanisms could reduce momentum. While there is a strong foundation for continuity, particularly in statutory services and embedded practices, stakeholders stressed that without deliberate funding and strategic prioritisation, vital components of the WHA model, especially around coordination, inclusivity of multiple voices (through By&Fors), and survivor support could fall away. The work is not finished, and sustaining impact will require active commitment to maintaining momentum, relationships, and roles built through the pilot.

F1.7 How important is fidelity to the WHA model?

Components that could be removed or de-prioritised

Rather than removing any of the WHA model’s components entirely, stakeholders recommended a local audit or mapping exercise to identify which components are already being delivered effectively and whether there are gaps or duplications locally in what the WHA proposes. This ensures that efforts are focused where they are most needed, without unnecessarily replicating services. Participants did not advocate for wholesale removal of any elements, but rather contextualisation and prioritisation, as well as understanding “if *you’re already doing something that effectively delivers on that component*”. (ST04 CEC Housing Leads).

These reflections highlight the importance of thoughtful implementation, with flexibility to adapt the model based on local capacity, need, and infrastructure. By mapping what already works and recognising where duplication or limited role alignment occurs, future efforts can reduce inefficiency and build on local strengths.

Phased implementation and strategic prioritisation

The pilot demonstrated that implementing all WHA components simultaneously is not financially feasible for many local authorities. Instead, a “*stepped*” approach may be more realistic, prioritising the most impactful and cost-effective components.

Toward a sustainable national model

Stakeholders reflected on the Whole Housing Approach not just as a pilot project but as a scalable, long-term model for transforming local authority responses to domestic abuse across housing sectors. Perceptions of the WHA's broader vision revealed a desire for national consistency, sustainability through future funding models, and realism about what implementation requires in diverse local contexts. These reflections also provided insight into the learning from the Cheshire East pilot and the direction for future expansion.

The development of a national, scalable WHA model is underway. STADA described fledgling plans for a Phase III “membership-funded” model, similar to DAHA, to support wider adoption of WHA across the UK. This would include accreditation, toolkits, staff support, and a standardised offer.

Similarly, there is a growing recognition that “Whole Housing” must be implemented with fidelity to its core principles. Simply taking elements of the model without consistent oversight was seen as insufficient. Additionally, accreditation, similar to DAHA, was considered to help ensure that WHA delivery meets a consistent standard and offers reassurance to survivors, funders and commissioners:

The broad vision for the Whole Housing Approach is ambitious, aiming for national reach, consistent standards, and locally adaptable delivery. Stakeholders acknowledged the importance of balancing fidelity to the full model with practical realities of implementation. Lessons from Cheshire East have informed a roadmap for future rollout: beginning with high-impact components and building towards the full WHA model. With the development of a Phase III membership structure and accreditation process, WHA is poised to transition from a pilot project to a sustainable and credible national standard in domestic abuse and housing practice.

F1.8 Cost-benefit analysis

Fiscal benefit-cost ratio

Mutual Ventures found that the fiscal benefit-cost ratio (BCR) of the WHA in Cheshire East is 10.2, meaning that for every £1 invested in the WHA housing intervention, £10.20 in public sector savings is generated. This reflects exceptional value for money that can be achieved from whole housing interventions (a BCR greater than 4 is considered very high value for money). Some limitations should be noted:

- a) these fiscal benefits are best understood as efficiency gains (e.g. reduced demand on stretched services) rather than immediate, cashable savings

(b) the reported fiscal benefit-to-cost ratio represents an average across the programme as a whole. As demonstrated by the case study analysis conducted by STADA, the financial return varies significantly between cases, depending on the level of need and the intensity of support required. For those exploring the adoption or scaling of similar interventions, this variability underscores the importance of considering the complexity of beneficiaries' needs when estimating potential fiscal returns

(c) these benefits are dispersed across multiple public agencies, including local authorities, the NHS, the police, and the wider criminal justice system. If we apply a narrow lens that takes into consideration:

- all costs borne by the local authority (although in East Cheshire, STADA also contributed to some costs), and
- only those benefits that can be directly accrued to the local authority (in this case – housing benefits only)

then the local authority-only BCR falls to 1.2. This means that for every £1 spent by the local authority, only £1.20 is saved in directly attributable housing costs. In practice, the actual benefit to the local authority is likely higher, as it also shares in benefits from areas such as domestic abuse prevention and reduced truancy.

Social benefit-cost ratio

The social benefit-cost ratio is 39.4, reflecting the extremely high public value generated beyond direct fiscal savings.

Cost-benefit conclusions

Overall, Mutual Ventures concludes that “the WHA housing intervention in Cheshire East represents a highly cost-effective and socially valuable intervention”. While the full benefits are spread across multiple public sector partners, the overall return on investment is compelling:

- Strong fiscal value: Even under conservative assumptions, the intervention delivers significant savings to public services.
- Even greater economic and social value: The broader impacts on individuals and families demonstrate the power of coordinated, trauma-informed, place-based support.

However, the distribution of benefits also highlights the limitations of siloed funding structures. To unlock the full potential of this type of intervention, pooled funding arrangements – allowing for shared investment and shared return across public partners – could be considered.

A WHA model has the potential to offer long-term efficiency gains by reducing system duplication, reliance on crisis services, and repeated housing breakdowns. Multiple stakeholders recognised the WHA's potential for cost-effective system change. For instance, one noted how the pilot helped unblock expensive, stuck cases by providing low-barrier flexible funding or creative housing solutions. Others highlighted the model's value for money in enabling early intervention, preventing repeat referrals, and streamlining service delivery. They pointed out that some components (e.g., Sanctuary Scheme) have already demonstrated savings and can be built upon with existing funding (ST01_01; ST01_02).

F1.9 Survivor views

Survivors reported varied experiences with housing services. Access to housing support was inconsistent, with some placed in emergency accommodations like hostels or hotels, while others faced bureaucratic hurdles. Overall, support received and housing experiences in Cheshire East (especially during the pilot years) compared favourably with experiences in other local authorities. There were good experiences reported with the Cheshire East Housing Options team, with quick action and the compassionate and caring approach of individual staff mentioned. The Housing and WHA IDVAs were singled out for excellent practical and emotional support, with survivors especially appreciating the longer time-frame of housing support received from IDVAs, beyond the initial 'crisis' and into move-on or longer-term accommodation. Individual staff members often made a significant difference.

Voluntary services like Edge 360, MyCWA and By&For services supporting minoritised groups were praised for their compassionate, person-centred approaches.

Housing support significantly improved survivors' safety, confidence, and well-being, especially in secure, women-only environments. Many survivors transitioned from private rentals or homelessness into temporary or supported housing. Services like Edge 360 and Cheshire Home Choice played key roles. However, long-term stability was hindered by issues like low housing priority bands, unsuitable housing offers, and financial insecurity. Survivors emphasized the importance of secure, affordable, and supportive housing.

Housing processes could be prolonged and stressful, with survivors experiencing delays and uncertainty. The emotional toll was significant, with many linking housing stability to recovery and well-being. Survivors expressed a need for ongoing support even after being housed, including help with budgeting and emotional care.

Survivors preferred social housing for its stability and affordability. Private rentals were seen as unstable and costly, while home ownership was an aspirational but often unrealistic goal. Women consistently prioritized safety, stability, support, independence, and affordability in their housing preferences. Women-only refuges and supported housing were highly valued for their safety and emotional support. In contrast, mixed-gender hostels were widely criticized for being unsafe and lacking trauma-informed care.

Some survivors expressed frustration that perpetrators received more or faster housing support than they did. This included priority banding and financial grants. This made some survivors feel overlooked and unsupported, despite being more vulnerable and in need of safety.

Most survivors said housing support prevented homelessness and rough sleeping. Fewer reported that it prevented eviction or domestic abuse incidents. Emotional and relational benefits included improved family ties, increased safety, and a sense of stability.

Awareness of the WHA was limited among the survivors interviewed. Those involved in the pilot (the 'WHA Consultants' group of survivors recruited to advise the pilot) appreciated the opportunity to shape services and felt that their participation had made a real difference, but also called for increased communication about progress of the pilot.

F2. Recommendations

STADA has already started updating the WHA Guidance and Toolkit drawing on lessons learned from its Internal Evaluation of the Cheshire East pilot:

we've taken a lot of learning from Cheshire East ... We've realised [the WHA Model] needs to be a lot more flexible ... we're going to make a lot of changes ...because what we've learned from [Cheshire East], components like move-on accommodation, managed reciprocals, ...don't fit into Cheshire East and what they need. (ST_01_02 STADA Pilot Team)

The learning and recommendations set out in this Chapter should be read across into the updating process underway by STADA.

F2.1 The future of a Whole Housing Approach in Cheshire East

Overall, the pilot has been a success in Cheshire East, especially its impact on outcomes for survivors and children, on improving domestic abuse knowledge amongst housing teams and housing knowledge amongst domestic abuse teams, closer partnership working, expanding accommodation options for survivors (and perpetrators) and offering longer-term accommodation support via the IDVAs.

Given that the pilot funding and STADA support formally ended in March 2025, there is an imperative to focus on embedding and continuing the model in Cheshire East beyond the pilot. We believe these key actions are core to successful sustainability:

- 1) A commitment by Cheshire East Council to continue to fund and maintain key posts which the evaluation has shown are pivotal for success:³⁷
 - DA Caseworker within Housing Options Team
 - WHA Co-ordinator role
 - WHA IDVA
 - Data analyst within DA Hub (externally funded)
- 2) Similarly, given that the flexible funding pots have been repeatedly cited as core to the pilot, there must be continuation funding for these.
- 3) Continue with key structures including the WHA Steering Group and component-level meetings; and continue to involve By&For services in these meetings.
- 4) Strong engagement with By&For services has been identified as a core pilot success. A small amount of funding to allow stretched By & Fors to attend meetings and continue to advise on their clients' needs across the WHA would be helpful.

³⁷ Since this evaluation completed, CEC has confirmed continued funding for some key posts beyond the pilot – this is welcome news and should be continued beyond 2025-26.

- 5) Data improvements have underpinned the pilot but many are still being implemented. It is crucial that Cheshire East Council and their partners keep capturing and reporting on key outcome data, especially housing outcomes, to measure the full impact of the pilot beyond 2025.
- 6) Continue to offer domestic abuse training to housing and other core teams in future years.

F2.2 Roll-out of the WHA Model in other areas: Core Principles

In the pilot, not all 14 components were implemented as per the WHA Model template. Some were deemed not relevant to the local context (e.g. Managed Reciprocals); others were being implemented in different ways already (e.g. Housing First; Move-on); a few elements were not implemented due to lack of time or momentum, where the team would have liked to do more (perpetrator work); or because it was hard to engage those needed to effect change (e.g. Private rented sector (PRS), Privately owned housing sector (POH)). Learning from the Cheshire East pilot allows us to conclude the following core principles for rolling-out a WHA model in other areas:

- a. High fidelity to the 14-component WHA Model is not crucial to success. A successful WHA can be established without every component needing to be implemented according to a prescriptive blueprint. A flexible model, such as that described by STADA, is achievable - but must not become a pick and mix of convenience or a race to the bottom.
- b. It is vital to consider each component carefully for local context. Whilst the model could be less prescriptive about how each component is implemented, and more flexible to local context, all 14 components are important. All 14 should form a checklist for meaningful engagement for local authorities, who should explain what they are doing to address each component, or give a rationale as to why some will not be implemented or will be implemented differently.
- c. A flexible 'minimum standards' approach (and/or a gold-silver-bronze accreditation model) could support a more flexible implementation of a Whole Housing Approach. For instance, rather than mandating Housing First, that component could focus on improvement of specific core outcomes for survivors with multiple disadvantages and homelessness.
- d. Core criteria, considerations and outcomes could be provided by STADA for each component, offering local authorities more control over the method of implementation, but ensuring that they evidence how they have considered and met core standards.
- e. There are pitfalls with moving away from any prescriptive model and safeguards will be needed. STADA is well placed to oversee a standards/accreditation model (having a successful track record with DAHA) but will need to guard against lowest common denominator implementation e.g. authorities using the WHA terminology but not accurately implementing the activities. Support from the

STADA team proved highly important to pilot success in Cheshire East – especially on design, implementation, expert knowledge on key aspects e.g. PRS, multiple disadvantages, data improvement. Consideration is needed to how to ‘bottle’ and offer the core parts of that STADA support to other local authorities without the intense support and additional funding that a pilot brings. STADA could support local authorities by providing:

- Best practice WHA resources and updating how-to guides;
 - A peer-support model with other local authorities who are further down the implementation journey;
 - STADA expert support on particular components or issues via a ‘helpdesk’.
- f. This evaluation has found that some core roles/posts are crucial to successful implementation of a Whole Housing Approach, namely a WHA Co-ordinator, WHA IDVA, and a DA worker within housing. We recommend retaining these key posts/roles as non-negotiable elements for local authorities implementing a Whole Housing Approach. The cost-benefit analysis shows that the costs of these posts are recouped in benefits and savings.
 - g. Implement key WHA structures including a WHA Steering Group which brings together key statutory and non-statutory partners (including By&For services);
 - h. Commit to collecting and reporting consistent, disaggregated, data to evidence core outcomes for survivors. Where necessary, commit to making data improvements and/or integrating data reporting across services.
 - i. Ensure ringfenced flexible funding to support survivors to stay safely in their own homes, or to move on to longer-term accommodation.
 - j. Ideally, implementing authorities should commit to a minimum three-year WHA. This evaluation shows that fully embedding a WHA takes at least three years, and even then certain activities and data capture are only just underway meaning that quantitative outcomes may take longer to evidence.
 - k. Expert input from survivors and By&For services is crucial, and should be built in throughout the design, implementation and evaluation of a WHA.
 - l. This evaluation evidences that for every £1 invested in the WHA housing intervention, £10.20 in public sector savings is generated - exceptional value for money. This should reassure local authorities that, even facing tight spending envelopes, some dedicated funding for a WHA is money well spent.



Appendix 1: Stakeholder interviews – Topic Guide

Interview Schedule Topic Guide for WHA Stakeholders

Demographics participants

- Job role
- Service/organisation employed by
- Type of service provided (e.g. housing, homelessness, move on, refuge)
- How long in role

Professional experience

- Please describe the role you have in relation to housing and domestic abuse and the service/s you deliver. Have you had any previous roles that you consider relevant?
- Is your organisation principally a housing or principally a domestic abuse service?
- Which WHA sector do you sit within (e.g. privately owned, social housing, privately rented, refuge etc)?
- Which DA client group do you work with (victims, perpetrators, children)?
- Do you deliver direct services or second tier (e.g. training to other professionals)?

Awareness and attitude to WHA

- Were you aware before we contacted you that Cheshire East is piloting a WHA model?
- What do you know about a Whole Housing Approach and what do you think it means?
- Do you think it will improve services for users? In what ways? (If not, explain)

Implementation

- Did your role/service change as a result of implementing a WHA and If so, how? Are you delivering different services or the same service in a different way? and if so what?
- Are you delivering everything you intended to under the WHA plan? Why/why not? Have any components not been implemented?
- What has been challenging to implement (or delayed in implementation)? Why? What has helped to overcome these challenges?
- What has been easy to implement? Why?
- What would you say is the most significant new or different practice in your service as a result of the WHA?

Outcomes (for direct services – ask the questions relevant for the nature of the service)

- How many service users with experience of DA & housing need per year did you support in 2022 (Jan-December) and in 2023 (Jan-December) and in 2024 Year To Date?
- How many DA victims (or, if relevant, perpetrators) were identified in your service for each of these years?
- What would you judge to be the average time each service user was with your service in each of these years? (from referral to case closure)

- What would you judge to be the average time from referral to identifying DA for service users in each of these years?
- How many, and which, housing interventions were accessed for these service users in each year?
- How many service users were made homeless due to domestic abuse in each of these years?
- Were more survivors supported to remain safely in their homes in 2023 and 2024 compared with 2022?
- Were more survivors supported to retain their tenancy status if they relocated in 2023 and 2024 compared with 2022?
- Have more perpetrators been removed from properties where appropriate and safe in 2023 and 2024 compared with 2022?

Outcomes (for second tier - ask the questions relevant for the nature of the service)

- How many professionals and/or elements of your service have received training in domestic abuse as a result of the WHA (i.e. since January 2023)?
- How useful do you think the training was in identifying and supporting more DA survivors on a scale of 1-5 where 1 is low? Why did you give this answer?
- What changes have been made to guidance/policy/practice in your service/sector as a result of the WHA? Can we see copies of this (before and after)

WHA Model

- Has implementing a WHA model made a positive difference? Why/why not?
- In what ways has a WHA been valuable beyond the individual interventions being delivered under the model?
- Has the WHA helped DA and housing services to work more closely together in Cheshire East? In what ways (discuss formal structures such as meetings/co-location or softer influences such as personal relationships/leadership)?
- Are there any ways in which it has made it harder to identify DA or support survivors (or perpetrators) to more secure housing?

Recommendations

- What do you think is the biggest benefit of a WHA? Would you recommend implementing a model to other local areas and why?
- Which are the 3 most important of the 14 WHA intervention areas to implement in your view?
- Are there elements of the 14 intervention areas under the WHA model that you think are not worth implementing and why?
- Are there any elements you would adapt or do differently?
- Are there any sectors/services or partners who have been less engaged than you would like, and which? Any thoughts as to why they have been harder to engage and what could help engage them better?

Anything else that we should have asked you? Thank you very much for your time and contribution!

Appendix 2: Stakeholder interviewees - sample description

Participants in this research represented the main organisations involved with the WHA pilot, under different roles as organisations such as: Standing Together (STADA), Cheshire East Council (CEC), Domestic Abuse Family Safety Unit (DAFSU), Cheshire East Domestic Abuse Hub (CEDAH), Refuge provider MyCWA, various By&Fors (Edge 360, Disability Positive, Pearls of Cheshire, Pride of Romany, Vesta and Savera UK). Although we reached to social housing providers (RSLs), we were unsuccessful in including them as interviewees

Participant number	Component area/ role	Organisation
1	WHA Pilot Team	STADA
2	WHA Pilot Team	STADA
3	Private Rented Sector expert	STADA
4	WHA Pilot Lead	CEC
5	WHA Pilot Lead	CEC
6	Homelessness/Housing First expert	STADA
7	DA Hub team	CEC
8	DA Hub team	CEC
9	IDVA team	CEC
10	IDVA team	CEC
11	Homechoice DA lead	CEC
12	A Housing Team lead	CEC
13	Refuge/accommodation lead	My CWA
14	Refuge/accommodation lead	My CWA
15	A Housing Team lead	CEC
16	Leadership team (supported housing org)	By & For service
17	WHA Pilot Team	STADA
18	A Housing Team lead	CEC
19	Leadership team (minoritized community org)	By & For service
20	Leadership team (minoritized community org)	By & For service
21	Leadership team (minoritized community org)	By & For service
22	Leadership team (disability community org)	By & For service
23	Leadership team (minoritized community org)	By & For service

Appendix 3: Survivor interviews – Topic Guide

Interview Schedule Topic Guide for WHA Service Users

Demographics participants – run through and ask them to answer each (if happy to)

- Age
- Gender
- Ethnicity
- Sexuality
- Disability
- Children? If yes, ages.
- Time in refuges/housing/services?

Experience of housing services in Cheshire East (will need to select some questions based on their housing status/sector)

1. Could you tell us about your experience of needing housing support as a result of domestic abuse?
2. Which housing, homelessness or refuge service/s in Cheshire East have you used, and when? (checking pre/post Jan 2023) [List: Refuge accommodation (which is dispersed)/Hotel/Hostel/B&B/Shared housing (DA specific)/Shared housing (Mixed needs)/Self-contained emergency or temporary accommodation (non DA specific).
3. How did you first get in touch with the housing or homelessness service/s?
4. Did you have any support to access housing? (e.g. from domestic abuse advocate) Any particular services who assisted here in terms of help/ signposting? Is there anything that could have made this easier?
5. Could you share more about your experiences of accessing housing in Cheshire East? Did you get the help you wanted, how were you treated by staff, was it timely, were staff knowledgeable about different options and in what ways? Was there anything you would have liked to happen that didn't? Could anything have made it easier?
6. What was your housing situation before you sought support? (check tenancy status, private owner, renter, social housing tenant)
7. What housing options were you offered? Were you given any choice? What accommodation did you move into?
8. How long did it take to get housing/homelessness help?
9. Were you able to retain a secure tenancy (if applicable)?
10. If you accessed social housing, was your housing support worker/the housing association aware of your domestic abuse experience and did that help you access housing support?
11. If you were a private renter or owner, did anyone give you support around housing (e.g. with landlord/estate agent/bank/mortgage provider/conveyancing solicitor)? If so, what was helpful? If not, what would have been helpful?
12. If in refuge, how long for and what help was provided to move on? What did you move on to and was it what you wanted?

13. Did your abusive partner receive any help with their housing? If so what?
14. Did your children (if you have them) receive any help with housing? If so what?
15. Did having children influence the housing support you received? If so how?
16. What kind of housing (e.g. social, private rented, privately owned) would you prefer and why? In what ways would that help you feel safer or more settled as a DA survivor?
17. Overall, how would you describe the impact of the housing support on your safety and self-confidence?

Benefits

18. In your opinion, how did the housing / accommodation support you received benefit you and your family (Yes / No / Not relevant):
 - a. Prevented me from being evicted;
 - b. Prevented me from becoming homeless;
 - c. Prevented me from becoming a rough sleeper;
 - d. Prevented domestic abuse incidents (if yes – how many?);
 - e. Helped my child / children to remain settled in school / prevented them from skipping lessons (if yes – how many children?);
 - f. Prevented my child / children from being assessed by social services (if yes – how many children?);
 - g. Prevented my child / children from being taken into care by social services (if yes – how many children?);
 - h. Any other impact on you and your family?

Whole Housing Approach

19. Have you heard of a WHA model? What do you understand it to be?
20. Would you say you experienced any changes (positive/negative) in professionals' understanding or in speed or quality of housing service in Cheshire East as a result of the WHA (implementation began January 2023)?
21. Did you feel like you contributed in shaping the development of the WHA? How?
22. What could be done differently to improve the experience of survivors who access housing support?

Anything else that we should have asked you?

Thank you very much for your time and contribution!

Check wellbeing at end of interview; Check safe email address to send thank you voucher; Go through debrief sheet.

Appendix 4: Survivor interviewees - sample description

Partc. #	Age	Sex	Ethnicity	Sexuality	Disability	Housing situation before support	Housing situation after support
1	44	F	White	Heterosexual	Maybe	Privately rented with partner	Long-term supported accommodation
2	40	F	White	Bisexual	No	Homeless	Long-term supported accommodation
3	40	F	White	Heterosexual	MH	Hostels, homeless	Long-term supported accommodation
4	36	F	White	Heterosexual	MH	Hostels, homeless	Long-term supported accommodation
5	43	F	White	Heterosexual	No	Private rental	Private rental
6	28	F	White	Heterosexual	No	Private rental	Social housing
7	36	F	White	Heterosexual	No	Social housing	Social housing
8	43	F	White	Heterosexual	Physical, long term health conditions	Social housing	Social housing
9	26	F	White	Heterosexual	No	Social housing	Not moved
10	38	F	Iranian /Persian	Heterosexual	No	Private rental	Social housing
11	39	F	White	Heterosexual	Physical	Social housing	Social housing
12	46	F	White Eastern European	Heterosexual	No	Husband home owner.	Social housing
13	32	F	Pakistani	Heterosexual	No	Private rental	Private rental
14	32	F	White British	Heterosexual	Physical health	Private rental	Social housing

Appendix 5: Baseline and Evaluation Datasets

Outcome metrics (Cheshire East & Comparator LA)							
		Cheshire East Council				Comparator local authority	
WHA Objective	Measure	Baseline Jan-Dec 2021	Year 1 Jan-Dec 2022	Year 2 Jan-Dec 2023	Year 3 Jan-Dec 2024	Year 2 Jan-Dec 2023	Year 3 Jan-Dec 2023
1. DA survivors feel safer due to improved access to safe and stable housing	1.1 # survivors with housing need supported by specialist advocates (11b)	238 Clients supported by DA Hub (DAFSU) x1.5 = 357	447 Clients supported by DA Hub (DAFSU) 23 clients supported by Homechoice DA caseworker (new role based in Housing)	419 Clients supported by DA Hub (DAFSU) 12 clients supported by specialist Housing IDVA (new role) 19 clients supported by Homechoice DA caseworker (based in Housing)	588 Clients supported by DA Hub (DAFSU) 88 clients supported by specialist Housing IDVA 41 clients supported by specialist WHA IDVA (new role) 16 clients supported by Homechoice DA caseworker (based in Housing)	Data not available from LA.	Data not available from LA.

	1.2 # DA survivors made homeless due to DA – loss of last settled home was due to DA (16b)	29 <i>Housing data</i>	92	98	84	Data not available from LA.	Data not available from LA.
	1.3 # DA survivors accepted under homelessness Prevention Duty	46	53	49	42	46	64
	1.4 Average number of days from assessment of circumstances and needs to accepting Prevention Duty for DA survivors	<1 day	<1 day	<1 day	<1 day	<1 day	5 days
	1.5 # DA survivors for whom Prevention Duty successfully discharged - i.e. prevented from becoming homeless (23b)	29	40	44	41	13	12
	1.6 # DA survivors accepted under Relief Duty	45	46	47	49	311	259
	1.7 Average number of days from assessment	4 days	<1 day	2 days	5 days	<1 day	2 days

	of circumstances and needs to accepting Relief Duty for DA survivors						
	1.8 # DA survivors in Emergency accommodation under Interim Duty (s.188) (17b)	35 <i>No need to uprate as data from Housing system</i>	33	35	39	108	75
	1.9 # DA survivors in temporary accommodation under Main Duty (s.193)	2 <i>No need to uprate as data from Housing system</i>	3	1	4	4	5
	1.10 Average days spent in Emergency Accommodation (s.188)	26 days	21 days	21 days	25 days	49 days	60 days
	1.11 Average days spent in temporary accommodation under Main Duty (s.193) <i>n.b. small numbers bump up averages here</i>	28 days	85 days	0 days	45 days	142 days	137 days
	1.12 # survivors supported with accommodation	Housing FF pot: 6	Housing FF pot: 29	Housing FF pot: 22	Housing FF pot: 20	The LA was unable to provide	The LA was unable to provide data on this metric.

	through Flexible Funding (19b)	Specialist services pot: 200 <i>This data was complete for Baseline year, no uprating needed.</i>	Specialist services pot: 339	Specialist services pot: 279	Specialist services pot: 156 (to 31 March) (<i>fund moved from MyCWA in March 2024</i>)	data on this metric.	
	1.13 # survivors supported to remain in their homes by Sanctuary measures (21b) <i>Nb. Target hardening means additional security measures given to survivors e.g. locks, ring-doorbells</i>	13 installations DAFSU Target Hardening: 61 clients <i>Data reliable for Baseline year, no need to uprate</i>	7 installations DAFSU Target Hardening: 140 clients	26 installations DAFSU Target Hardening: 153 clients	12 installations DAFSU Target Hardening: 168 clients	2022-23: 7 <i>nb. Successful sanctuary schemes defined as target hardening + 8 weeks engagement with DA service – comparable to DAFU target hardening metric</i>	2023-24: 51
	1.14 # Survivors referred to, accepted or turned down for refuge (31b)	Referrals: 106 Accepted: 20 Offered & Declined: 28 <i>No need to uprate as data from Refuge provider system</i>	Referrals: 93 Accepted: 34 Offered & Declined: 29	Referrals: 110 Accepted: 27 Offered & Declined: 15	Referrals: 128 Accepted: 27 Offered & Declined: 20 <i>Nb. Partial data Jan-Sept was provided for 2024 This was uprated to a full year using multiplier x1.33</i>	2021/2022 Accepted: 53 Declined (capacity): 5 Declined (other reason): 16 2022-23 Accepted: 33	2023-24 Accepted: 53 Declined (capacity): 8 Declined (other r.): 22

						Declined (capacity): 11 Declined (other r.) 6	
	1.15 # survivors supported to move on from refuge & where moved to (20b, 24b)	22 Planned move to friend/relative: 3 Planned move to own home: 12 Planned move to other supported accommodation: 1 Planned move back with perp: 2 Asked to leave safe accom/ unplanned move: 4 <i>No need to uprate as data from Refuge provider system</i>	30 Planned move to friend/relative: 5 Planned move to own home: 16 Planned move to other supported accommodation: 1 Planned move back with perp: 1 Asked to leave safe accom/ unplanned move: 2	20 Planned move to friend/relative: 1 Planned move to own home: 15 Planned move to other supported accommodation: 0 Planned move back with perp: 0 Asked to leave safe accom/ unplanned move: 4	27* Planned move to friend/relative: 1 Planned move to own home: 15 Planned move to other supported accommodation: 3 Planned move back with perp: 0 Asked to leave safe accom/ unplanned move: 6 <i>*Nb. Partial data Jan-Sept was provided for 2024. This was uprated to a full year using multiplier x1.33 for overall figure – breakdown of</i>	2022/2023: 26 Planned move (not specified where to): 24 Planned move to other safe accommodation: 0 Planned move back with perp: 0 Asked to leave safe accom/ unplanned move: 2	2023/2024: 59 Planned move (not specified where to): 37 Planned move to other safe accommodation: 3 Planned move back with perp: 0 Asked to leave safe accom/ unplanned move: 19

					where moved to rounded up accordingly.		
	1.16 Average time client spent with service (number of days supported by DA Hub) (12b)	N/A	41	54	51	<u>2022:</u> Less than month 110 1-3 months 490 3-6 months 216 6-12 months 81 12 months + 10 <u>2023:</u> Less than month 110 1-3 months 579 3-6 months 300 6-12 months 123 12 months + 26	<u>2024:</u> Less than month 134 1-3 months 643 3-6 months 307 6-12 months 115 12 months + 15
	1.17 Did client retain tenancy status if relocated (22b)	N/A	N/A	N/A	N/A	Data not available from LA.	

2. Perpetrators removed from properties, and (where appropriate) their housing needs addressed	2.1 # perpetrators removed from properties (26b)	Housing data: 3 DVPN/O Authorised: 11 'Perp causing harm moved out': 40 <i>No need to uprate as data from Housing system</i>	Housing data: 29 DVPN/O Authorised: 13 'Perp causing harm moved out': 154	Housing data: 24 DVPN/O Authorised: 2 'Perp causing harm moved out': 201	Housing data: 25 DVPN/O Authorised: 7 'Perp causing harm moved out': 124	Not asked	Not asked
	2.2 # perpetrators rehoused (27b)	3 <u>Outcomes:</u> 1 Registered Provider tenancy 1 supported housing/hostel 1 Not Known <i>No need to uprate as data from Housing system</i>	16 <u>Outcomes:</u> 3 Registered Provider tenancy 12 supported housing/hostel 1 Family/friends	11 <u>Outcomes:</u> 3 Registered Provider tenancy 5 supported housing/hostel 2 Private rental 1 Not Known	10 <u>Outcomes:</u> 3 Registered Provider tenancy 5 supported housing/hostel 1 Family/friends 1 PRS	Data not available from LA	Data not available from LA
3. Children	3.1 # households supported with children (28b)	13 households (23 children)	41 households (71 children)	53 households (109 children)	39 households (72 children)	Data not available from LA	Data not available from LA
	3.2 # households with children offered different types of housing support	9 RP tenancy 1 refuge 1 homeless 1 NK	21 RP tenancy 6 supported housing/hostel 3 PRS	26 RP tenancy 6 supported housing/hostel 5 PRS	21 RP tenancy 7 no housing outcome	Data not available from LA	Data not available from LA

	(28b)	<i>Nb. partial year due to data systems change in Housing</i>	1 family/friends 1 refuge 8 NK	1 homeless 1 family/friends 1 hospital 1 temp accom 12 NK	6 supported housing/hostel 3 PRS 1 temp accom 1 NK		
	3.3 # households with children supported to remain in their homes via Sanctuary Scheme installations (29b)	N/A	16	37	13	Data not available from LA	Data not available from LA
4. Organisations improve the level of support they offer to survivors through their participation in a Whole Housing response	4.1 # referrals to local authority DA Hub from housing and RSL's (Registered Social Landlords) (11a)	72 x1.5 = 108	441	484	541	2023: 114 <i>nb. numbers may be higher as referrals into DA Hub from RSLs might be listed under 'Voluntary Organisations' rather than 'Housing'</i>	2024: 112
	4.2 # landlords achieving DAHA accreditation	1 – Guinness Partnership RSL accredited since Baseline (since 2020)	1 – Cheshire East Housing Options Team	1 – Guinness Partnership RSL gained enhanced DAHA accreditation for exemplary practice	1 – Torus Homes RSL	Data not available from LA	Data not available from LA

	4.3 # referrals to DA Hub from Sheltered and Supported Housing sites (12a)	4 x1.5 = 6	41	47	35	Data not available at this detail	Data not available at this detail
	4.4 # survivors supported living in Privately Owned Housing (POH) (13a)	34 <i>Nb. 2021 is partial year due to data systems change in Housing</i>	264	231	132	Data not available from LA	Data not available from LA
	4.5 # survivors supported living in Private Rented Sector (PRS) (15a)	30 <i>Nb. partial year due to data systems change in Housing</i>	224	164	214	Data not available from LA	Data not available from LA
	4.6 # survivors in temporary accommodation receiving specialist DA support (16a)	10 <i>Nb. partial year due to data systems change in Housing</i>	52	47	45	Data not available at this detail	Data not available at this detail

	4.7 # survivors supported with multiple disadvantage (criteria: having at least 3 indicators of multiple disadvantage) (17a, 30b)	Accepted under Prevention Duty: 15 Accepted under Relief Duty: 27 <i>No need to uprate as data from Housing system</i>	Prevention 18 Relief 20	Prevention 2 Relief 4	Prevention 4 Relief 6	Data not available at this detail	Data not available at this detail
5. Professionals improve their confidence to respond to domestic abuse	5.1 # professionals trained under pilot training and workshops	N/A	No WHA training delivered	129 professionals trained by SEA	250 professionals trained by SEA MyCWA – session responding to DA (14 participants) 45 trained by Vesta 26 trained by Pride of Romany	N/A as pilot specific – not asked	N/A as pilot specific – not asked
	5.2 % of professionals reporting feeling more confident about responding to DA (18a, 32b)	N/A	No WHA training delivered	98% more confident to identify DA 93% more confident to support for DA Housing Options and Homelessness teams survey:	98% more confident to identify DA 93% more confident to support for DA Sheltered housing 100% more aware of signs	N/A as pilot specific – not asked.	N/A as pilot specific – not asked

				70% said confident or very confident to support for DA Housing Standards and Adaptations team survey: 27% confident or very confident to support for DA.	80% confident about signposting Debt advice 100% confident awareness signs 100% confident they can support Pride of Romany 90% better awareness 81% more able to respond to their needs		
	5.3 % of professionals reporting improved knowledge of housing options available (19a, 33b)	Professionals not surveyed in CE.	Professionals not surveyed in CE.	Professionals not surveyed in CE.	Professionals not surveyed in CE.	N/A as pilot specific – not asked.	N/A as pilot specific – not asked
	5.4 # survivors reported feeling safer after IDVA and housing intervention (25b, 36b) <i>Also answered via survivor interviews</i>	56	203	209	229	Data not available – survivors not surveyed on these metrics in relation to Housing interventions.	Data not available – survivors not surveyed on these metrics in relation to Housing interventions.
	5.5 # survivors benefit from helping to shape	N/A	N/A	N/A	N/A	N/A as pilot specific – not asked.	N/A as pilot specific – not asked

	and influence the development of WHA <i>Answered via survivor interviews</i>						
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Notes on data:

It is important to note that, due to implementation of a new data system in DAFSU (Cheshire East Council's Domestic Abuse Hub) during 2021, baseline year data from DAFSU is partial for some metrics. The new data system started to be populated from April 2021, but data wasn't fully populated in the system until September 2021. Having reviewed the data in their system for 2021, DAFSU data leads suggested a multiplier of x1.23 to create a more comparable baseline year, but we have applied x1.5 to be on the conservative side.

The comparator LA (who were not implementing a WHA approach) kindly volunteered to provide data on some key metrics by way of creating some comparison data on DA and housing with another site. Their software system for recording housing and homelessness data also changed during the time of this pilot – in December 2022 – so data is only partially available for 2021 and 2022. As well, due to data being extracted from existing data returns to the Ministry of Housing, Communities and Local Government (MHCLG), some of the metrics for this comparator LA site are by financial year rather than calendar year.

Appendix 6: Key organisations and roles under the pilot

STADA

Standing Together is a national DA charity which leads advocacy and implementation of a Whole Housing Approach. In partnership with CEC, STADA secured funding for the pilot from Big Lottery and planned and supported pilot delivery in CEC. Core pilot roles within STADA (new roles established under the pilot are starred):

- ***Whole Housing Programme Manager (in post from January 2022) **** - oversees the Whole Housing Approach Programme for STADA and thus the pilot in CE.
- ***WHA Pilot Lead (in post from August 2022) **** - has a key project management and advisory role, supporting the monitoring, evaluation, and implementation of the pilot. Since August 2022, the role has focused on monitoring and evaluation, developing guidance and monitoring requirements for each component of the pilot, supporting and developing guidance and monitoring requirements for each component of the pilot. Other responsibilities include project management, advisory and support role, collaboration with CEC. The WHA Pilot Lead served as a background guide, ensuring structured project management and resource provision, while Cheshire East was responsible for local implementation. The WHA Pilot Lead played a crucial role in ensuring effective project management, data monitoring, and strategic guidance, working closely with Cheshire East to facilitate successful implementation and evaluation of the Whole Housing Approach pilot.
- ***WHA Research & Evaluation Analyst (in post from January 2023) **** - focuses on data collection, research, and impact measurement. Supported Cheshire East in Data Collection & Evaluation by improving data collection processes to ensure accurate and comprehensive impact measurement and ensuring that ensuring sufficient and relevant data is gathered to assess the effectiveness of the pilot. The role is strengthening data collection and evaluation processes, ensuring that the impact of the WHA pilot is effectively measured and evidenced.
- ***Private Rented Sector (PRS) Lead*** – a dual role, working both locally in Cheshire East and nationally to improve the response to domestic abuse in the private rented sector (PRS) as part of the Whole Housing Approach (WHA) Team and Project. Among the main responsibilities, the role supports the local engagement in Cheshire East (e.g., working with local authorities and partners), works on national policy and legislative work (e.g., PRS focused policy and advocacy, influencing key legislative changes, insights from CEC to inform wider policy). The PRS Lead contributes to shaping domestic abuse responses within the private rented sector, both locally through the Cheshire East pilot and nationally through policy development and legislative influence. Their role ensures that insights from the pilot can be scaled and implemented across other local authorities, extends protections and support for survivors in private rental housing.

- **Multiple Disadvantage and Homelessness Programme Manager** – post focuses on improving responses to survivors of domestic abuse who experience multiple disadvantages, working with homelessness services, supported accommodation providers, local authorities, and a wide range of agencies. Joined the WHA pilot in May 2023 to support Cheshire East in strengthening their response to survivors with multiple disadvantages. Ongoing work to ensure the needs of survivors facing complex and intersecting challenges are properly addressed within the WHA framework.

Cheshire East Council (CEC)

The Whole Housing Approach involved an array of teams across Cheshire East Council and local partner organisations, each contributing differently to the pilot, with varied levels of prior experience in addressing domestic abuse. Core pilot roles within CEC (new roles established under the pilot are starred) were:

DAFSU (renamed ‘DA Hub’ during this evaluation). In Cheshire East, DAFSU is the umbrella service for domestic abuse support. It has two main components:

1. **High-Risk IDVA team:** Supports high-risk victims through the MARAC process, focusing on risk mitigation, safety planning, and onward referrals.
2. **Medium-Risk Service:** Acts as a safety net to triage cases for risk and need, ensuring no high-risk victims are missed due to misclassification by police or external partners.

For *High-Risk Support* IDVAs (Independent Domestic Violence Advisors) provide intensive one-to-one support, including - liaising with social/private landlords, working with homelessness teams, considering refuge accommodation, addressing tenancy and housing-related risks.

For *Medium-Risk Support*, they identify needs related to housing, mental health, children’s welfare, and safety planning. They offer education and awareness about domestic abuse cycles, power and control dynamics, and equality.

- **DAFSU Manager** – oversees two key areas of high-risk IDVA service and Domestic Abuse Front Door (formerly CEDAH). The DAFSU manager plays a crucial role in managing high- and medium-risk domestic abuse cases in Cheshire East. His involvement in the WHA has been limited but recently expanded, ensuring domestic abuse services continue to align with housing-focused interventions in the absence of a dedicated WHA domestic abuse provider.
- **WHA Co-ordinator (in post from October 2022) *** - Postholder initially starting as an IDVA (Independent Domestic Violence Advisor) in Cheshire East in July 2021, the role transitioned into Housing IDVA and later into the WHA Co-ordinator position.
- **IDVA team; Multiple Disadvantage IDVA (in post from January to December 2023, then discontinued) *, Housing IDVA (in post from pilot start), WHA IDVA (in post from January 2024) ***

Housing Options and Homechoice Team. The Housing Options Team, including the Homechoice Team. The Homechoice Team manages the housing register and liaises directly with those presenting as homeless, helping assess safe placements for survivors.

- **Housing Options Manager** - oversees several teams including a small Temporary Accommodation Service for people experiencing homelessness. Led on DAHA accreditation within the Housing Service and became involved in the Whole Housing Approach (WHA) after the successful pilot bid. As a liaison across WHA strands, she contributed to progressing different components, evaluating existing local practices, and identifying where current approaches may be more effective than prescribed models, particularly in areas like private renting and social housing access.
- **Domestic Abuse Caseworker within the Homechoice Team (in post from late 2021) *** - New role established as part of the Whole Housing Approach pilot, within the Housing Options Team.
- **Housing Support Team Leader** - Oversees floating support, temporary accommodation, and the Rough Sleeper Team. Works closely with DA Caseworker on the flexible funding aspect of WHA, using this resource to support survivors of domestic and economic abuse, particularly those in temporary accommodation who have not accessed refuge services, helping remove financial barriers to safe housing and enabling move-on support.

CEC Strategic Housing Service. The Strategic Housing Service encompasses the Access to Social Housing Team, Homelessness Prevention Team, Relief Team, and Supported Accommodation Services. This team delegated WHA tasks across senior officers such as the Homelessness Team Leader and Domestic Abuse Specialist.

Housing Standards Team (Environmental Health)/Private Sector Housing Team. The Housing Standards Team, responsible for inspecting housing conditions and ensuring properties in the private rented sector are fit for habitation, inspects disrepair complaints and licenses HMOs, had limited prior engagement with domestic abuse but was seen as important due to their front-line role potentially interacting with survivors/perpetrators.

- **Housing Standards and Adaptations Manager** – leads the team focuses on supporting homeowners with repairs and adaptations, and on ensuring private landlords maintain property standards.

Multiple Disadvantage Team (MDT). The MDT was a newer team within CEC and, while not wholly a product of the Whole Housing pilot, its inclusion of domestic abuse perspectives was shaped by the WHA.

Business Intelligence Team / Data. This small but vital Business Intelligence Team supported WHA by adapting data systems to reflect housing journeys and domestic abuse interventions.

- **Data Analyst role (in post from 2024) ***

Social housing providers / Registered Social Landlords.

In Cheshire East, participants reported that Peaks and Plains, Guinness Partnership and Plus Dane were the largest three social housing providers; there were 16 or 17 RSLs in total in the local authority including a number of smaller providers. RSLs worked closely with CEC Housing and Homelessness teams, offering social housing places and Registered Provider tenancies to those deemed by council teams as eligible for social housing, in priority order.

MyCWA

Commissioned DA service in Cheshire East, providing refuge places and administering the Specialist Service Funding (one of two 'flexible funds' in CE) until that fund was moved into the DA Hub in CEC in 2024 (MyCWA continued to provide their own flexible funding to survivors from 2024).

MyCWA received some funding under the pilot via STADA. MyCWA also support the perpetrator work within the WHA and housing providers who engage with perpetrators. My CWA told us they have consistently prioritized inclusivity, making it a fundamental component of the Whole Housing Project. Unlike many traditional refuge provisions, where inclusivity is not always standard. MyCWA's refuge model is dispersed accommodation.

- ***Perpetrator Behaviour Change Worker*** * (in post from 2022 to 2023)
- ***Children and Young People Worker*** * (in post from 2021/22 to 2023)
- ***Specialist Mental Health Support Worker*** * (in post from 2021/22 to 2023)

By&Fors (*Community services in CE run 'by and for' survivors – often with a focus on specific minoritised groups*)

Edge360 is a specialist housing project providing longer-term accommodation for individuals with complex needs, including those who have fled domestic abuse, or have addiction and behavioural challenges. Unlike traditional services where residents face short-term housing limits (e.g., 3-6 months), Edge 360 allows individuals to stay as long as needed. This reduces anxiety about housing instability, ensures individuals are fully ready to transition before moving on and provides a stable environment for long-term support and recovery. As most participants agreed, Edge 360 provides housing support for some of the most vulnerable women in Cheshire, offering stability, long-term accommodation, and specialized support tailored to their complex needs. The no time limit approach ensures that residents can recover and transition at their own pace, reducing the risk of housing instability, exploitation, and further trauma.

Disability Positive is a representative organization led by and for people with lived experience of disability and long-term health conditions. Disability Positive is a disability-specific organization that provides services, opportunities, and advocacy to improve the lives of disabled people. While their primary focus is not domestic abuse, they engage with individuals who may also have lived experience of abuse and address housing-related barriers as part of their broader commitment to independent living and inclusion.

Savera UK is a specialist charity that provides support, advocacy, and education for individuals at risk of or experiencing honour-based abuse (HBA) and harmful practices, including FGM, forced marriage, and conversion therapy. Savera UK plays an important role in supporting survivors of HBA through direct intervention, research, training, and advocacy. Relocation remains a key housing challenge, and while their work in Cheshire is still expanding, their expertise contributes to shaping housing solutions within the WHA.

Vesta provides specialist support for Polish families in the areas of mental health, domestic abuse, and parenting. Originally established as a Polish domestic violence helpline, the organization has expanded to offer family support services for both victims and perpetrators of domestic abuse. Their services, which can be commissioned by British agencies, include domestic abuse awareness programs (Gateway), perpetrators programmes, parenting courses, counselling, educational resources and community awareness.

Pearls of Cheshire supports women and children from all walks of life, in particular offering culturally appropriate support to Black and Minoritised women in Cheshire East.

Pride of Romany is a charity dedicated to preserving Romany Gypsy culture and heritage. It provides cultural awareness training to professionals.