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Severe and Multiple Disadvantage in Scotland: Economic Costs and Potential Savings

**A WPI Economics technical report to support
*The Level***

REPORT AUTHORS

Matthew Beebee
Senior Consultant

Marc Brazzill
Senior Consultant

Arushi Chitrao
Senior Consultant

Rob Fontana-Reval
Chief Economist

 wpieconomics.com
 info@wpieconomics.com

 [@wpi_economics](https://twitter.com/wpi_economics)
 [/wpi-economics.com](https://www.linkedin.com/company/wpi-economics)

WPI Economics Limited, registered address Suite 301 Stanmore Business and Innovation Centre,
Howard Road, Stanmore, Middlesex, HA7 1FW. Registered as a limited company in England and
Wales under company number 10086986



Introduction

There is a significant economic cost to people who experience severe and multiple disadvantage (SMD) – the overlapping and mutually reinforcing forms of disadvantage associated with homelessness, substance use and offending – in Scotland. When people's interconnected needs are not addressed effectively, the consequences are felt across public services, the wider economy and the exchequer for many years to come. Repeated crises, missed opportunities for prevention and poorer outcomes create substantial costs, reinforcing the case for moving away from fragmented and reactive support towards a more preventative, joined-up approach.

To illustrate the scale of economic impact of SMD in Scotland, this report estimates the associated additional annual public service, economic and wider fiscal costs. The report then considers a series of illustrative scenarios showing the potential savings that could result from a No Wrong Door approach that helped prevent needs from escalating or improved outcomes.

Together, the analysis provides an indication of both the economic case for change and the potential contribution of more integrated and preventative services to the long-term sustainability of Scotland's public services.

Methodology

The cost analysis estimates the marginal (or additional) costs arising from a person experiencing SMD compared with an otherwise comparable person who is not experiencing SMD. For most cost categories, this involved:

1. Estimating the difference in propensity between people experiencing SMD and a relevant comparison group;
2. Applying the relevant unit cost to estimate a marginal cost per person; and
3. Applying this to the relevant SMD population.

However, the precise methodology varies across cost categories according to the available evidence and the population to which each cost applies. Detailed assumptions, data sources and calculation methods are therefore set out in the accompanying footnotes.

We take a deliberately cautious approach, using conservative assumptions where there is uncertainty in the available evidence. As a result, the estimated marginal costs should be interpreted as a lower bound of the economic costs of SMD.

Our approach draws on WPI Economics' analysis for Trussell which estimated the public service, economic and fiscal costs associated with families living in Hunger and Hardship,¹

¹Trussell (2025) Cost of Hunger and Hardship. See [final report](#) and [technical appendix](#).

defined as families more than 25% below the Social Metrics Commission poverty line.² In Scotland, this analysis found that 670,000 people – including 170,000 children – face Hunger and Hardship with a cost to public services and the economy estimated at around £5.6 billion.³

Moreover, although the Hunger and Hardship analysis provides a framework for estimating the additional costs associated with SMD, there are two key differences we needed to account for:

1. The estimated number of people facing SMD in Scotland is significantly narrower than the population who experience Hunger and Hardship. Around 191,000 people in Scotland are estimated to experience SMD in a typical year.⁴ We use this figure as an indicative benchmark rather than a current prevalence estimate as SMD population figures have not been updated since 2019.
2. Hunger and Hardship is a relative poverty measure, whereas SMD is an experience-based definition. To account for this difference, we established the propensity differences between the Hunger and Hardship and SMD on the basis that an estimated 56% of people experiencing SMD are also in poverty.⁵ Where necessary, unit costs were then updated and adjusted to reflect this difference.

We have estimated costs across eight categories: Healthcare; Substance misuse; Criminal justice; Homelessness; Education; Children's social care; Economic; and Wider fiscal costs. Although this is a broader range of costs compared to the Hunger and Hardship analysis, these categories do not capture all of the costs associated with SMD. For example, costs relating to adult social care and domestic abuse services are not included due to the absence of robust data. This provides a further reason to interpret our estimates as a lower bound of the overall costs of SMD.

Following on from the cost analysis, we developed a series of illustrative scenarios to show the potential scale of savings from different forms of joined-up intervention. For each scenario, we identify a relevant group experiencing SMD, apply an illustrative improvement in outcomes and estimate the resulting reduction in service costs or wider fiscal impacts, with the underlying assumptions and evidence set out in the accompanying footnotes.

The costs of SMD in Scotland

As outlined in Table 1, the marginal cost of SMD in Scotland across the eight categories is estimated to be at least **£5.8 billion per year**, which is equivalent to **£30,600 per person in SMD**. This total cost is equivalent to more than Scotland's entire annual education budget.

² For an overview of the Social Metrics Commission's measure of poverty please see:

<https://socialmetricscommission.org.uk/>

³ Trussell (2025) [Cost of Hunger and Hardship: Headline findings for Scotland](#)

⁴ Bramley et al. (2019) [Hard Edges Scotland](#) and the [Hard Edges Scotland Technical Report](#).

⁵ Bramley et al. (2019) [Hard Edges Scotland Technical Report](#).

Table 1: Overview of the marginal costs of SMD in Scotland

Cost category	Total Marginal Costs of SMD	Marginal costs per person in SMD
Healthcare: physical and mental health	£92,800,000	£486
Healthcare: substance misuse	£76,000,000	£398
Criminal justice	£626,500,000	£3,278
Homelessness	£530,900,000	£2,778
Education	£17,400,000	£91
Children's social care	£69,700,000	£365
Economic costs	£2,199,200,000	£11,507
Wider fiscal costs	£2,227,400,000	£11,655
Total cost of SMD	£5,840,000,000	£30,600

The largest marginal costs arise through reduced employment and earnings, which account for around £2.2 billion per year. These impacts in turn leads to around £1.9 billion in lost tax receipts and £335 million in additional Universal Credit spending. There are also substantial marginal costs to public services, particularly through custodial costs within the criminal justice system (£553.2 million) and homelessness services (£462.1 million).

The subsections below provide a fuller breakdown of the costs within each of the categories.

Physical and mental health costs

As set out in Table 2, there are a wide range of healthcare services which experience higher costs as a result of SMD.⁶ These higher costs are driven by higher use of healthcare services from people experiencing SMD due to higher needs than people who are not experiencing SMD.⁷ Across the services included, we estimate total additional physical and mental healthcare costs of £92.8 million per year associated with SMD. The largest components are mental health (£37.2 million) and hospital inpatient admissions (£34.3 million).

⁶ Some additional costs are captured separately through the substance misuse and rough sleeping estimates.

⁷ Healthcare costs are assumed to apply to all people experiencing SMD. The difference in propensity is estimated using the additional healthcare service use associated with deep poverty, drawn from Trussell's Hunger and Hardship analysis, and adjusted to reflect the proportion of people experiencing SMD who are in poverty, based on the [Hard Edges Scotland Technical Report](#). This is intended to be a conservative assumption, as the severity and complexity of SMD may result in higher healthcare use.

Table 2: marginal healthcare costs associated with SMD

Physical and mental health costs	SMD propensity difference	Marginal unit cost of SMD	Total yearly cost
Hospital inpatient admissions	5.7%	£180	£34,300,000
Mental health	6.5%	£194	£37,200,000
A&E visits	13.6%	£40	£7,600,000
Ambulance use	13.6%	£60	£11,500,000
GP visits	6.4%	£4	£700,000
Prescriptions	6.4%	£2	£400,000
Dental	4.0%	£5	£1,000,000
Total:			£92,800,000

Substance misuse costs

Substance misuse is one of the three core domains of SMD and, for people affected, generates substantial costs across acute and community treatment services. As set out in Table 3, our estimates capture alcohol- and drug-related inpatient admissions, outpatient attendances and community contacts.⁸ Across these services, we estimate total additional substance misuse costs of £76 million per year associated with SMD. Inpatient admissions account for the largest cost component for both alcohol- and drug-related substance misuse – £32.3 million and £9.7 million respectively.⁹ Overall, alcohol-related treatment accounts for around three-quarters of the estimated substance misuse costs.

Table 3: Marginal substance misuse costs associated with SMD

Substance use services / treatment costs	Marginal unit cost of SMD	Relevant SMD population	Total yearly cost
Acute alcohol intoxication inpatient admission	£1,096	29,400	£32,300,000

⁸ These costs are applied only to people affected by the substance misuse SMD domain. For these services, the SMD propensity difference is assumed to be 100%, reflecting the assumption that usage by people outside the SMD substance misuse cohort is negligible.

⁹ For inpatient admissions, the relevant population is based on the [latest annual admissions data from Public Health Scotland](#). For other forms of treatment, we assume an average of one outpatient attendance and two community contacts per person per year.

Alcohol services outpatient attendance	£117	71,000	£8,300,000
Alcohol services community contact	£112	71,000	£15,900,000
Total alcohol costs:			£56,400,000
Acute drug intoxication inpatient admission	£954	10,200	£9,700,000
Drug services outpatient attendance	£144	24,600	£3,500,000
Drug services community contact	£130	24,600	£6,400,000
Total drug costs:			£19,600,000

Criminal justice costs

Offending is another of the three core domains of SMD, leading to additional costs across the criminal justice system, particularly where offending results in court proceedings and custodial sentences. As set out in Table 4, we estimate total additional criminal justice costs of **£626.5 million per year** associated with SMD.¹⁰ The vast majority of this cost (£553.2 million) relates to the cost of custody.¹¹

Table 4: Marginal criminal justice costs associated with SMD

Criminal justice costs	Marginal unit cost of SMD	Relevant SMD population	Total yearly cost
Custody in prison	£57,916	9,600	£553,200,000
Criminal proceedings	£1,228	59,700	£73,300,000
Total:			£626,500,000

¹⁰ These costs are applied only to people affected by the offending SMD domain, and conservatively assumes only one incident per year for each person in the domain. For these services, the SMD propensity difference is assumed to be 100%, reflecting that the relevant offending population is captured entirely within the SMD cohort.

¹¹ To estimate prison costs, the analysis applies the proportion of convictions in Scotland that result in a custodial sentence (16%) to the SMD offending cohort.

Homelessness costs

Homelessness is the final of the three core domains of SMD, and, by definition, results in substantial costs for homelessness services as well as support for people sleeping rough. As set out in Table 5, we estimate total additional homelessness costs of £530.9 million per year associated with SMD.¹² The majority of this cost relates to wider homelessness services (£462.1 million), with a further £68.8 million associated with rough sleeping.¹³

Table 5: Marginal homelessness costs associated with SMD

Homelessness costs	SMD propensity difference	Marginal unit cost of SMD	Relevant SMD population	Total yearly cost
Rough sleeping	99.2%	£9,800	7,000	£68,800,000
Homelessness services	99.2%	£6,700	69,000	£462,100,000
Total:				£530,900,000

Education costs

Children living in households affected by SMD may require additional support through the education system.¹⁴ This is particularly the case where SMD is associated with low household incomes and poverty.¹⁵ As detailed in Table 6, additional education costs associated with SMD are estimated at £17.4 million, the majority of which (£12 million) comes from Pupil Equity Funding.

¹² These costs are applied only to people affected by the homelessness SMD domain. The SMD propensity difference is calculated by comparing the rate of homelessness among people in the SMD homelessness cohort with the rate of homelessness in the general population. The number of rough sleepers is estimated to be 9% of the overall SMD homelessness cohort, based on the ratio of rough sleepers to homeless adults in Scotland.

¹³ Rough sleeping costs include the cost of rough sleeping services and associated healthcare costs, excluding substance misuse treatment and criminal justice costs because these are captured elsewhere.

¹⁴ Education costs are estimated for the children of adults experiencing SMD. The relevant population is estimated using the average number of children in a family in Scotland (1.66) and the proportion of adults experiencing SMD who have children (19%), taken from the [Hard Edges Scotland Technical Report](#).

¹⁵ The SMD propensity difference is estimated using the difference between the proportion of SMD households in poverty and the proportion of households receiving Universal Credit, with Free School Meals and Pupil Equity Funding treated as low-income benefits passported through Universal Credit. We also make the conservative assumption that everyone in poverty within the SMD cohort receives Universal Credit, which is likely to result in an underestimate of costs.

Table 6: Marginal educational costs associated with SMD

Education costs	SMD propensity difference	Marginal unit cost of SMD	Relevant SMD population	Total yearly cost
Free School Meals (Secondary School)	16.2%	£90	60,200	£5,400,000
Pupil Equity Funding (Secondary School)	16.2%	£199	60,200	£12,000,000
Total:				£17,400,000

Children's social care costs

Children of adults experiencing SMD may also place additional demand on children's social care services, reflecting the wider effects that SMD can have on family circumstances and children's needs. As a result, our estimate of the additional children's social care costs associated with SMD is significantly higher than the education costs detailed above.¹⁶ We estimate that the total additional children's social care costs are £69.7 million, with residential care accounting for the largest component at £57.7 million.

Table 7: Marginal children's social care costs associated with SMD

Children's social care costs	SMD propensity difference	Marginal unit cost of SMD	Relevant SMD population	Total yearly cost
Children in Need	1.7%	£75	60,200	£4,500,000
Foster care	0.3%	£125	60,200	£7,500,000
Residential care	0.3%	£959	60,200	£57,700,000
Total:				£69,700,000

Economic costs

As well as generating costs across a range of public services, there are wider economic costs associated with SMD through reduced participation in the labour market and lower earnings. As set out in Table 8, we estimate these additional economic costs to be around £2.2 billion per

¹⁶ Children's social care costs are estimated for the children of adults experiencing SMD, applied to the same estimated population of children used in the education costs. There is limited evidence on the use of children's social care by this group, so we assume that the SMD propensity difference is the same as the additional propensity associated with deep poverty in Trussell's Hunger and Hardship analysis. This is likely to be a conservative assumption, as children whose parents experience SMD may have a greater likelihood of requiring social care support than children living in poverty alone.

year. The largest component is employment scarring (£1.6 billion), reflecting the lower employment rate among people experiencing SMD.¹⁷ A further £581 million of economic costs is associated with wage scarring among those who are in employment.¹⁸

Table 8: Marginal economic costs associated with SMD

Economic costs	SMD propensity difference	Marginal unit cost of SMD	Relevant SMD population	Total yearly cost
Employment scarring	39%	£8,465	191,000	£1,617,800,000
Wage scarring	100%	£8,651	67,200	£581,300,000
Total:				£2,199,200,000

Wider fiscal costs

While the economic costs above capture the impact of lower employment and earnings on individuals and the wider economy, the fiscal costs capture the associated impact on the public finances in the form of reduced tax receipts and increased expenditure on Universal Credit.¹⁹ We estimate these wider fiscal costs to be around £2.2 billion per year. As set out in Table 9, the majority of this impact (around £1.9 billion) comes in the form of lost tax receipts, with £335 million in additional Universal Credit spending.

Table 9: Marginal fiscal costs associated with SMD

Fiscal costs		Total yearly cost
Loss in tax receipts from lower employment and lower earnings	Calculated using OBR Ready Reckoner	£1,892,300,000
Increase in UC spending from lower employment	Calculated using OBR Ready Reckoner	£335,100,000
Total:		£2,227,400,000

¹⁷ Employment scarring is applied to all adults experiencing SMD, using an SMD employment rate of 35% taken from the [Hard Edges Scotland Technical Report](#). The propensity difference for employment scarring is estimated from the gap between the rate of non-employment among adults experiencing SMD and the rate for adults in Scotland overall.

¹⁸ Wage scarring is applied only to adults experiencing SMD who are in employment. For wage scarring, we apply a 100% propensity difference and estimate the unit cost as 40% of the minimum wage, based on evidence on average wage scarring following unemployment in the UK in Beduk et al. (2026) [Insurance against risk? Cost and compensation of job loss in different welfare states](#)

¹⁹ Fiscal costs are derived from the employment and earnings impacts estimated in the economic cost analysis using the Office for Budget Responsibility (2025) [Ready reckoner](#). Unlike the other cost categories, these estimates do not apply a separate propensity difference, marginal unit cost or SMD population.

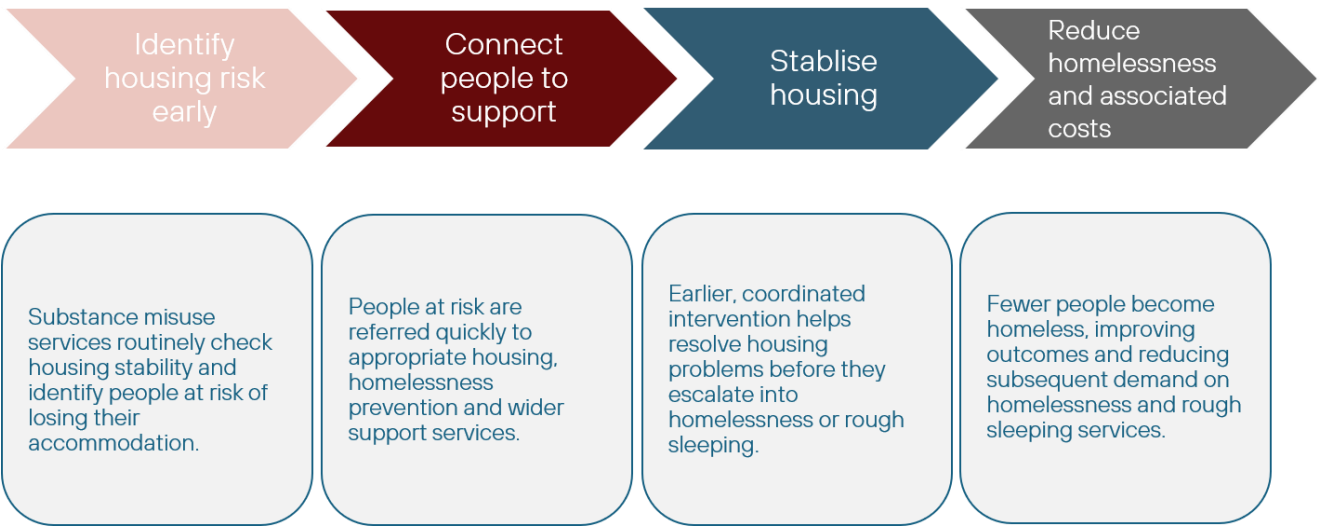
The savings from a No Wrong Door approach to SMD

A No Wrong Door approach has the potential to reduce the costs associated with SMD by intervening earlier, preventing needs from escalating and improving outcomes for people already experiencing disadvantage. To illustrate what this could mean in practice, we provide a series of hypothetical scenarios showing how more joined-up and preventative support could reduce demand on services or improve economic outcomes.

Scenario 1: Preventing homelessness through substance misuse services

By building housing stability checks into substance misuse treatment and support, a more preventative approach to homelessness for those experiencing substance misuse could be put in place. The scenario aligns with commitments in Scotland’s Alcohol & Drugs Strategic Plan to integrate alcohol and drug services into homelessness prevention and expanding Housing First for people affected by both substance use and homelessness.²⁰ The Logic Model in Figure 1 shows how earlier identification of housing risk within substance use services could lead to coordinated support, greater housing stability and fewer people falling into homelessness.

Figure 1: Reducing housing risk through treatment for substance misuse



To illustrate the potential savings, we estimate that around 57% of people captured by both the homelessness and substance misuse SMD domain may have experienced substance misuse

²⁰ Scottish Government (2026) [Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035](#).

before becoming homeless, equivalent to 4,720 people.²¹ If a No Wrong Door approach successfully prevented just 10% of this group from becoming homeless,²² we estimate annual savings of £1.3 million through reduced use of homelessness and rough sleeping services.

Scenario 2: Improved housing support after leaving institutional settings

As people leave institutional settings – such as prison and hospital inpatient services – the risk of homelessness for some of this group could be reduced by ensuring that housing needs are identified and addressed before, or immediately after, discharge or release. This reflects the new ‘Ask and Act’ duties established by the Housing (Scotland) Act 2025, which extend responsibility for homelessness prevention to relevant bodies, including Health Boards and the Scottish Prison Service.²³ The Logic Model in Figure 2 shows how the Ask and Act duties could support earlier identification of housing risk and coordinated action before prison release or hospital discharge, reducing subsequent homelessness.

Figure 2: Preventing homelessness at discharge and release



²¹ This is an illustrative estimate based on the relative prevalence of the substance misuse and homelessness SMD domains reported in Bramley et al. (2019) [Hard Edges Scotland](#) and the [Hard Edges Scotland Technical Report](#). This aligns with evidence from Fitzpatrick et al. (2013) [Multiple exclusion homelessness in the UK: Key patterns and intersections](#) that substance misuse typically occurs earlier in pathways and may often contribute to subsequent experiences of homelessness.

²² The 10% assumption is intended to be cautious. For comparison, Ministry of Housing, Communities & Local Government (2025) [Evaluation of the Changing Futures programme](#) recorded a 12.7 percentage-point reduction in recent homelessness among people receiving joined-up support for multiple disadvantage after around 12 months. As the evaluation did not include a matched comparison group, this should not be interpreted as a causal programme effect, but provides a useful benchmark for the scale of improvement that may be achievable.

²³ Scottish Government (2025) [Robust homelessness prevention measures in Housing Bill](#).

For people leaving prison, we estimate that approximately 2,300 people experiencing SMD who leave custody subsequently fall into homelessness.²⁴ For hospital inpatient services, we estimate around 1,200 people experiencing SMD could be discharged into homelessness.²⁵

If improved housing support around prison release and hospital discharge prevented 10% of these groups from becoming homeless,²⁶ we estimate annual savings of £963,000 from reduced usage of homelessness and rough sleeping services for people leaving institutional settings, split £631,000 in savings for those leaving prison and £332,000 in savings for those leaving hospital.

Scenario 3: Improving employment outcomes for those facing SMD

Improving employment outcomes for people experiencing SMD would involve making employability support a more routine part of the response provided by other services, with people referred to appropriate support when they are ready to move towards work. This could build on Scotland's existing No One Left Behind approach to employment support, which provides locally delivered, person-centred employability support for people facing barriers to employment and seeks to strengthen referral pathways between employability and other public services.²⁷ A No Wrong Door approach could therefore help connect more people experiencing SMD with existing employment support through the health, housing, justice, substance use and other services they already engage with, rather than requiring a new standalone programme. The Logic Model in Figure 3 shows how stronger referral pathways into No One Left Behind could connect more people experiencing SMD with tailored employability support and ultimately improve employment outcomes.

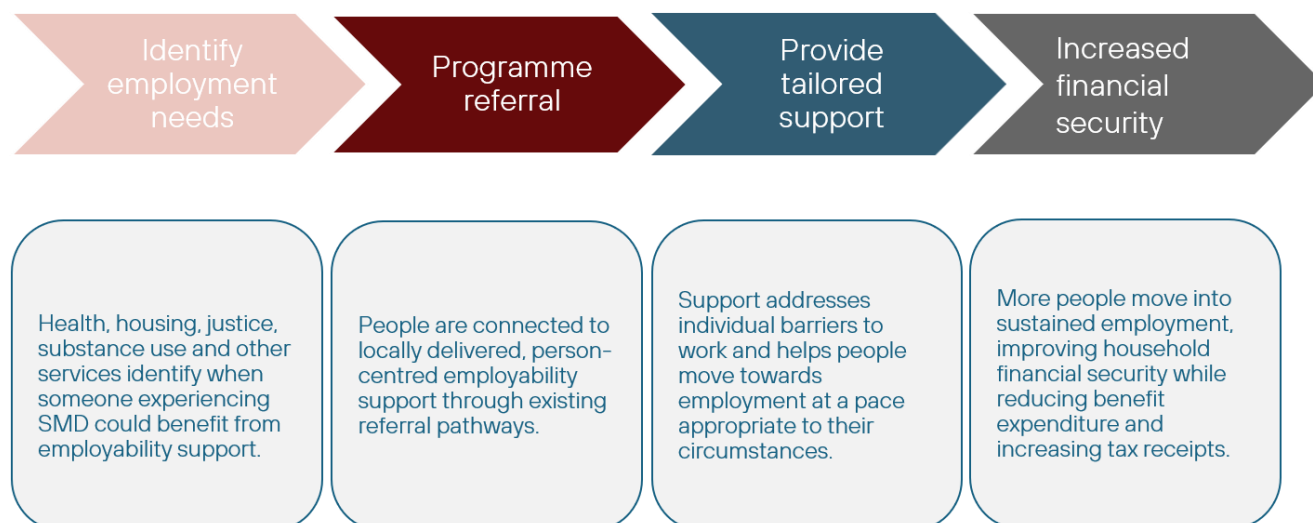
²⁴ Based on figures in Bramley et al. (2019) [Hard Edges Scotland](#) and the [Hard Edges Scotland Technical Report](#).

²⁵ We estimate around 23,900 hospital inpatient admissions among people experiencing SMD. This is estimated by applying the general population inpatient admission rate (12.5%) to the SMD population (191,115) based on figures in Public Health Scotland (2025) [Acute hospital activity and NHS beds information \(annual\)](#). In the absence of evidence quantifying the proportion of inpatient admissions among people experiencing SMD that result in homelessness, we use an illustrative assumption of 5% which is equivalent to around 1,200 admissions annually.

²⁶ The 10% assumption is intended to be illustrative. For example, Hewett et al. (2016) [Randomised controlled trial of GP-led in-hospital management of homeless people](#) found that street homelessness following discharge among 3.8% of people receiving enhanced support via a 'Pathway' hospital model compared with 14.6% receiving standard care, a difference of around 11 percentage points. Centre for Homelessness Impact (2025) [Evaluation of the accommodation for ex-offenders programme](#) also demonstrates that targeted support can successfully secure and sustain housing for prison leavers, although estimates of their direct impact on homelessness are less robust.

²⁷ Scottish Government (2024) [No One Left Behind: employability strategic plan 2024 to 2027](#).

Figure 3: Connecting people to employability support



Currently, around 123,900 people experiencing SMD are not in employment, equivalent to 64.8% of the SMD population.²⁸ We assume improved referral and support leads to a 10% increase in employment among the SMD population who are not in employment.²⁹ Under this assumption, around 12,400 people experiencing SMD would move into employment. Based on the resulting increase in earnings and reduction in unemployment, this would generate estimated annual fiscal savings of around £377.6 million, comprising £282.3 million in increased tax receipts and £95.3 million in reduced Universal Credit expenditure.

Scenario 4: Reducing crisis service use among people experiencing SMD and chronic threat of violence

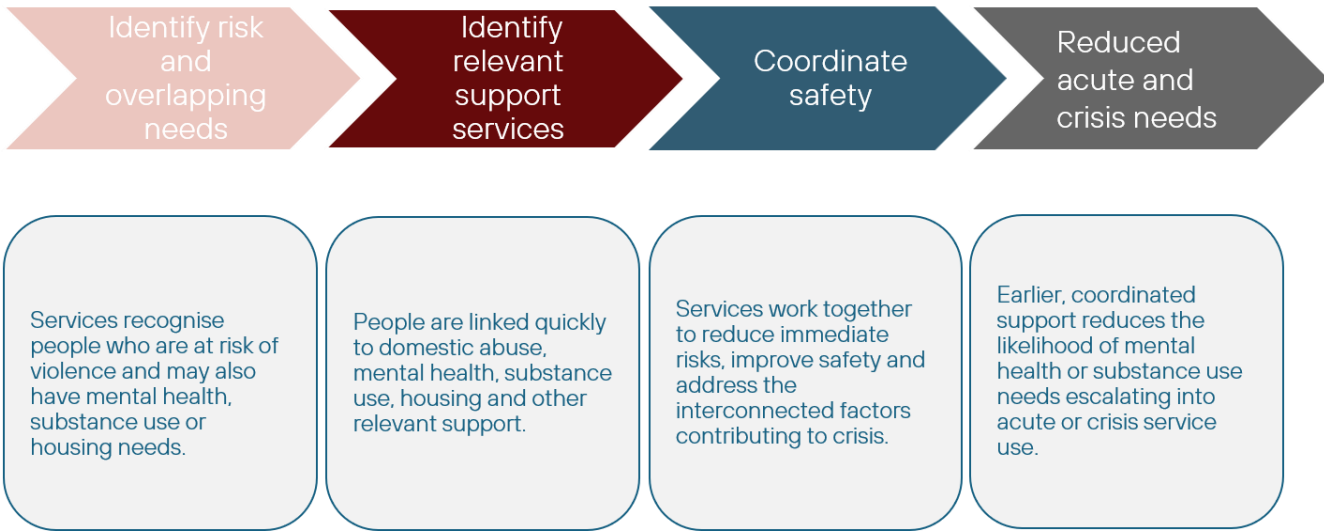
People experiencing SMD who have a history of domestic violence and abuse can face overlapping mental health needs, substance use, cumulative trauma and ongoing exposure to violence, increasing the risk of severe emotional distress and repeated crisis contact with services. A No Wrong Door approach could help address these interconnected needs by coordinating support across mental health, substance use, housing and community-based services, particularly where unsafe housing or ongoing threat contributes to crisis. This could be supported through more consistent delivery of Medication Assisted Treatment (MAT) Standard 9, which seeks to ensure that people with co-occurring substance use and mental health needs – such as those with ongoing exposure to violence – can access appropriate

²⁸ Based on figures in Bramley et al. (2019) [Hard Edges Scotland](#) and the [Hard Edges Scotland Technical Report](#).

²⁹ This is intended to be a cautious assumption. As a point of comparison, 20% of No One Left Behind participants with three or more long-term health conditions entered employment between 2019 and 2026. While these figures do not present causal impact and the long-term health condition group is not directly comparable with people experiencing SMD, it provides a useful benchmark for the employment outcomes that can be achieved among people facing multiple and complex barriers to work. See: Scottish Government (2026) [Scotland's Devolved Employment Services: No One Left Behind Statistical Summary August 2026](#).

support.³⁰ The Logic Model in Figure 4 shows how earlier identification of people at risk of violence and more coordinated support could improve safety and reduce escalation into acute or crisis support needs.

Figure 4: Reducing crisis needs through earlier support for people at risk of violence



Domestic abuse is one important manifestation of the wider experience of violence and trauma that can intersect with SMD, mental health needs and substance use.³¹ To illustrate the potential impact, we estimate that 900 people experiencing SMD requiring mental health support and 11,700 people experiencing SMD requiring substance misuse treatment have a history of domestic abuse – a total of around 12,600 people.³² If a No Wrong Door approach achieved a 10% reduction in usage of acute or crisis mental health and substance use services for victims of domestic abuse,³³ we estimate a saving of around £485,000. Substance misuse services account for the majority of the savings (£468,000).

Concluding thoughts

SMD carries substantial costs for individuals, public services, the economy and the public finances, with our analysis estimating **at least £5.8 billion in additional costs each year in Scotland**. These estimates are deliberately conservative and do not capture every potential cost, meaning the true economic impact is likely to be higher.

³⁰ Scottish Government (2021) [Medication Assisted Treatment \(MAT\) Standards for Scotland](#)

³¹ Scottish Government (2023) [Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls](#)

³² Based on figures in Bramley et al. (2019) [Hard Edges Scotland](#) and the [Hard Edges Scotland Technical Report](#).

³³ The 10% assumption is intended to be illustrative. Halliwell et al. (2019) [Cry for health: a quantitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse](#) found hospital-based domestic abuse advocacy substantially reduced emergency department attendance, ambulance use and inpatient stays following intervention. These outcomes indicate the direction of travel associated with earlier, coordinated support.

Critically, these costs are not all inevitable. The current system pays repeatedly for crisis. Shifting from fragmented crisis response towards earlier intervention, prevention and coordination would improve outcomes for people experiencing SMD. The economic case for change reinforces the human case for change. As our illustrative savings scenarios show, even a relatively modest improvement in outcomes could generate meaningful economic savings.

